



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **21 October 2025**  
Time **9:30 AM - 1:30 PM**  
Location **Ystwyth Boardroom/Microsoft Teams Meeting**

# Finance and Performance Committee Meeting

21 October 2025

## Agenda - 21 October 2025

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### 1 GOVERNANCE

9:30 AM, 0 min

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#### 1.1 WELCOME AND APOLOGIES

9:30 AM, 0 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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#### 1.2 DECLARATION OF INTERESTS

9:30 AM, 0 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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#### 1.3 MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 26 AUGUST 2025

9:30 AM, 5 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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#### 1.4 MINUTES OF EXTRAORDINARY FINANCE AND PERFORMANCE COMMITTEE HELD ON 15 SEPTEMBER 2025

9:35 AM, 5 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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#### 1.5 TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 26 AUGUST 2025

9:40 AM, 0 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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#### 1.6 ASSURANCE AND RISK REPORT

9:40 AM, 10 min

*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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### 2 ESCALATION OVERVIEW

9:50 AM, 0 min

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#### 2.1 ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

9:50 AM, 10 min  
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

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### **3 ESCALATION RESPONSE – RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES**

10:00 AM, 0 min

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#### **3.1 AMBULANCE HANDOVER PERFORMANCE (VERBAL UPDATE)**

10:00 AM, 15 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

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#### **3.2 CLINICAL CARE GROUP FINANCIAL SAVINGS – PLANS AND MILESTONES TO CLOSE GAP TO TARGET**

10:15 AM, 20 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

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#### **3.3 ELECTIVE REFERRAL TO TREATMENT AND CANCER PATHWAY – TRIANGULATION OF DEMAND AND CAPACITY ACTIVITY TRAJECTORY FROM FUNDING BASKETS WITH PERFORMANCE TARGETS**

10:35 AM, 20 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

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#### **3.4 NEURODIVERGENT AND PSYCHOLOGICAL THERAPIES PATHWAYS – PERFORMANCE AND MILESTONES TO TARGETS**

10:55 AM, 20 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

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#### **3.5 RADIOLOGY AND THERAPIES – TRIANGULATION OF DEMAND AND CAPACITY ACTIVITY TRAJECTORY WITH RESOURCE PLANNING AND ROSTER STRUCTURES WITHIN FINANCIAL ENVELOPE**

11:15 AM, 20 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

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### **4 BUSINESS CASE SCRUTINY**

11:35 AM, 0 min

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#### **4.1 BUSINESS CASE: URGENT AND EMERGENCY CARE TRANSFORMATION**

11:35 AM, 0 min  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

- DEFERRED

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## 5

### FINANCE

11:35 AM, 0 min

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#### 5.1

#### FINANCIAL PERFORMANCE ASSURANCE REPORT

11:35 AM, 20 min

*Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)*

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#### 5.2

#### FINANCIAL DEFICIT SAVINGS CATEGORY UPDATE

11:55 AM, 15 min

*Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)*

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#### 5.3

#### INVESTMENT AND BENEFITS REALISATION REPORT

12:10 PM, 10 min

*Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)*

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#### 5.4

#### BALANCE SHEET REPORT

12:20 PM, 5 min

*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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#### 5.5

#### PROCUREMENT SCRUTINY

12:25 PM, 5 min

*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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#### 5.6

#### PLANNING OBJECTIVES Q2 2025/26 UPDATE REPORT

12:30 PM, 5 min

*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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#### 5.7

#### PLANNING OBJECTIVE 2: FINANCIAL RECOVERY AND ROUTE MAP

12:35 PM, 20 min

*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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## 6

### PERFORMANCE

12:55 PM, 0 min

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#### 6.1

#### INTEGRATED PERFORMANCE ASSURANCE REPORT



12:55 PM, 10 min  
Anthony Tracey (Hywel Dda UHB - Digital Director)

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## **6.2 PUBLIC SECTOR EMISSIONS REPORTING**

1:05 PM, 5 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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## **7 FOR APPROVAL**

1:10 PM, 0 min

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### **7.1 FINANCIAL PROCEDURES**

1:10 PM, 5 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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### **7.2 FINANCIAL POLICIES**

1:15 PM, 5 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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### **7.3 PERFORMANCE POLICIES**

1:20 PM, 5 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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## **8 FOR INFORMATION**

1:25 PM, 0 min

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### **8.1 ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

1:25 PM, 5 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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### **8.2 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS**

1:30 PM, 0 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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### **8.3 WELSH NHS CONFEDERATION RESPONSE TO THE FINANCE COMMITTEE'S SCRUTINY OF THE WELSH GOVERNMENT 2026-27 DRAFT BUDGET PROPOSALS**

1:30 PM, 0 min  
Huw Thomas (Hywel Dda UHB - Director of Finance)

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**8.4**                    **FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26**

1:30 PM, 0 min

*Michael Imperato (Hywel Dda UHB - Independent Board Member)*

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**9**                        **ANY OTHER BUSINESS**

1:30 PM, 0 min

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**10**                      **DATE OF NEXT MEETING**

1:30 PM, 0 min

- **Tuesday 16 December 2025; 09:30 - 13:00**

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**10 - DATE OF NEXT MEETING** 699

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## 1 - GOVERNANCE

1.1

9:30 AM, 0 Mins

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1.1 - WELCOME AND APOLOGIES

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

1.2

9:30 AM, 0 Mins

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## 1.2 - DECLARATION OF INTERESTS

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

1.3

9:30 AM, 5 Mins

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1.3 - MINUTES OF FINANCE AND  
PERFORMANCE COMMITTEE HELD ON 26  
AUGUST 2025

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[Unapproved Minutes FPC 26 August 2025.pdf](#)

## UNAPPROVED MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE MEETING

**DATE OF MEETING:** 9:30 AM, Tuesday 26 August 2025  
**VENUE:** Ystwyth Boardroom/Microsoft Teams Meeting

**PRESENT:** Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)  
 Anna Lewis (Hywel Dda UHB – Independent Member) (Vice Chair) (VC)  
 Rhodri Evans (Hywel Dda UHB – Independent Member)  
 Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair) (VC) (part)  
 Winston Weir (Hywel Dda UHB - Independent Board Member) (VC)

**IN ATTENDANCE:** Shaun Ayres (Hywel Dda UHB - Director of Delivery) (VC)  
 Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)  
 Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer) (VC)  
 Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)  
 Gemma Deverill (NWSSP - Procurement) (VC) (part)  
 Siân Jenkins (Hywel Dda UHB - Deputy Director of Finance)  
 Tracy Price (Hywel Dda UHB - Head of Performance) (VC)  
 Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)  
 Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)  
 Anthony Tracey (Hywel Dda UHB - Digital Director)  
 Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)  
 John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

| MINUTES REF. | ITEM | ACTION |
|--------------|------|--------|
|--------------|------|--------|

|           |                              |  |
|-----------|------------------------------|--|
| FPC(25)46 | <b>WELCOME AND APOLOGIES</b> |  |
|-----------|------------------------------|--|

Mr Michael Imperato welcomed all to the Finance and Performance Committee (FPC) meeting.

Apologies had been received from:

- Mr Huw Thomas, Executive Director of Finance
- Mr Mark Henwood, Executive Medical Director
- Miss Jill Paterson, Director of Primary Care, Community and Long Term Care)
- Mr James Severs, Executive Director of Allied Health Professions and Health Science

|           |                                 |  |
|-----------|---------------------------------|--|
| FPC(25)47 | <b>DECLARATION OF INTERESTS</b> |  |
|-----------|---------------------------------|--|

There were no declarations of interest.

**FPC(25)48**

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE  
HELD ON 26 JUNE 2025**

The minutes of the Finance and Performance Committee (FPC) meeting held on 26 June 2025 were reviewed and agreed as an accurate record of proceedings.

**Decision:** The minutes of the Finance and Performance Committee meeting held on the 26 June 2025 were **APPROVED** as a correct record of proceedings.

**FPC(25)49**

**TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE  
COMMITTEE HELD ON 26 JUNE 2025**

The Table of Actions from the FPC meeting held on 26 June 2025 was reviewed and noted that all actions were complete.

Mr Andrew Spratt advised that further to the observations on the reporting process of the Committee that were highlighted at the meeting on 26 June 2025, discussions had been undertaken to review the structure of the Committee agenda in line with the request of members of the Committee to provide a focused overview at the start of the FPC agenda with reports containing detailed actions plans and trajectories for oversight by the Committee proceeding from and as a response to the Escalation Oversight and Highlight report.

**Decision:** The Finance and Performance Committee **REVIEWED** and **NOTED** the Table of Actions from the Finance and Performance Committee meeting held on 26 June 2025.

**FPC(25)50**

**SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS: SIX-  
MONTH REVIEW**

Mrs Joanne Wilson presented the Six-Month review of the Self-Assessment of Committee Effectiveness resulting from the review of the previous Sustainable Resources Committee (SRC) from 2024/25 and noted that there were three agreed actions arising from the review that had been completed.

Mrs Wilson advised that a full self-assessment of FPC would be undertaken at the end of the 2025/26 year.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee **RECEIVED ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

FPC(25)51

## **ASSURANCE ON GOVERNANCE ARRANGEMENTS**

Mrs Wilson introduced the new Assurance on Governance Arrangements report and advised that the new report had been developed to consolidate the overview of principle, corporate and operational risks, audit, inspections and regulatory reports and an assessment of the Health Board's compliance with Welsh Health Circulars (WHCs) and Ministerial Directions (MDs).

Mr Spratt advised that in relation to Risk 1199 ('Achieving financial sustainability'), a review of the Financial Road Map for the Health Board would be presented to the Committee on 21 October 2025 ahead of presentation to the Board for consideration on 27 November 2025.

Mr Spratt advised of a new corporate risk, Risk 2104 ('Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity'). Mr Andrew Carruthers advised that a more detailed discussion on the components contained within the new risk would be discussed in greater depth in the Escalation Response section of the current meeting agenda.

Mrs Wilson highlighted a new operational risk with a high risk score, Risk 2110 ('Risk of not achieving savings targets for 2025/26 due to significant, strategic change required across whole CCGs'). Mrs Eleanor Marks believed that a risk with a risk score of 20 and a target risk score of 16 was concerning.

In response to a question from Mr Imperato on the audits and inspections contained within the report, Mrs Wilson advised that they had been raised through the Executive Improving Together Sessions (EITS) as part of the governance escalation procedure and was also reported to the Audit and Risk Assurance Committee (ARAC).

In response to a question from Cllr Rhodri Evans on the rationale for a number of target completion dates being revised to 2027 and 2028, Mrs Wilson advised that a number of target dates for actions to address recommendations made as a result of inspections and audits had been made unrealistically too short due to a date being required to be set as opposed to being unknown and that the revised dates were a realistic target completion date for the respective actions.

**Decision:** The Finance and Performance Committee, in relation to the areas presented in this paper:

### **RISK MANAGEMENT**

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and;
- **CHALLENGED** where assurances are inadequate Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

### **AUDITS, INSPECTIONS AND REGULATORY REPORTS**

- **RECEIVED ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

### **WELSH HEALTH CIRCULARS**

- **RECEIVED ASSURANCE** from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

### **MINISTERIAL DIRECTIONS**

- **RECEIVED ASSURANCE** that the Health Board is compliant with the NSIs (MDs) issued by Welsh Government.

**FPC(25)52**

### **FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE**

Mrs Wilson presented the proposed revised terms of reference for the Committee to include reference to the responsibility of the Committee to approve policies ahead. The revised Terms of



Reference were subject to approval by Board on 25 September 2025.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee **APPROVED** the Finance and Performance Committee's Terms of Reference (version 3) for onward ratification by the Board on 25 September 2025.

## FPC(25)53

## ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

Mr Shaun Ayres introduced the Escalation Oversight and Highlight Report to the Committee and highlighted two recent items of correspondence between the Health Board and Welsh Government (WG) following the quarterly escalation meeting on 29 July 2025 and the feedback received from WG following the Health Board's submission of its restated 2025/26 Annual Plan and financial position.

Mr Ayres believed that the feedback received from WG was paradoxical and placed a need on the Health Board to balance the competing expectations of WG. Mr Ayres advised that the Month 4 financial position was a deficit of £47.6m with a revised plan forecast of £30m that was predicted on expected savings. Mr Ayres advised that WG expected the Health Board to go further than the £30m deficit position to £24m. Mr Ayres advised that only 58% of the savings required to attain the £30m deficit position with the remaining savings gap predominantly within the Clinical Care Group (CCG) space.

Mr Ayres believed that the competing expectation was performance and believed that a significant level of the Health Board's performance was derived from purchased capacity that cost the Health Board on average £2.2m a month with a £2.4m spend in Month 4 2025/26 and overtime equating to the cost of 77 whole-time equivalent (WTE) members of staff and that 60% of the Health Board's savings were linked to workforce controls or considerations.

Mr Ayres advised that purchase capacity related to diagnostics and radiology cost the Health Board £1.9m a month non-recurrently and was capacity that the Health Board was unable to deliver by itself and relied on external parties to provide and gave the example of cancer performance where the enhanced monitoring target was 63% of patients treated within 62 days of the first suspicion of cancer with the most recent performance level being 61.4% being predicated on diagnostics with the Health Board not having sufficient capacity of its own to deliver what was required across all of the relevant pathways.

Mr Ayres advised that in relation to planned care, the Health Board's R1 ophthalmology performance was stagnant between 34% and 36% equating to 2,800 patients breaching the 52-week target for treatment and 1,800 patients breaching the 104-week target.

Mr Ayres advised that within urgent and emergency care (UEC), 883 ambulance handovers exceeded 1 hour against the targeted intervention threshold of 680 with the target time reducing to 45 minutes on 1 October 2025 and July 2025 performance showing that 7.3% of patients waited over 12 hours in an Emergency Department (ED), only marginally above the 7% de-escalation target however the median time to clinical assessment in July 2025 was 80 minutes, 33% above the target of 60 minutes having deteriorated from 70 minutes in May 2025.

Mr Ayres believed that within the context of the UEC Accelerated Transformation programme, while a number of actions could be taken without incurring any additional cost, it would be realistic to believe that any additionality would have a negative impact on the Health Board's run rate with it not being possible to disaggregate performance considerations from financial considerations with an expectation on the Health Board to achieve the £24m deficit position while delivering improvements to UEC, planned care and diagnostics that relied greatly on variable pay and non-recurrent solutions.

Mr Spratt advised that the Escalation Oversight and Highlight report would serve as an introduction to the more detailed focus on specific areas contained within the Escalation Response section of the meeting and the Finance Report. Mr Carruthers believed that the operational risks that were emerging were a result of the challenge articulated by Mr Ayres with the need to balance delivery of improved performance and attaining the £24m deficit position.

Mr Imperato believed it was the role of FPC to seek assurance that the correct balance was being struck between the conflicting demands of improving performance while simultaneously delivering increased savings to achieve the financial expectations of the Health Board.

**Decision:** The Finance and Performance Committee:

- **NOTED** the reset £24.0m outturn expectation and the £6m improvement required from the revised plan, with particular focus on closing the £19.5m savings gap that falls entirely within CCG areas and improving the recurrent versus non-recurrent split from current £11.6m to £19.0m target.
- **SCRUTINISED** the QIA-assessed savings menu (£22.5m gross options) including pausing overtime to March (£5.1m), reducing on-contract agency (£4.9m), and recruitment freeze for non-patient facing roles (£2.188m) and agree next steps.

- **RECEIVED ASSURANCE** on immediate action for R1 Ophthalmology given static 34.9% performance where delays risk irreversible sight loss, including regional workforce solutions and service reconfiguration options beyond local management.
- **RECEIVED ASSURANCE** on site-specific recovery plans for Withybush Hospital and Glangwili Hospital to achieve ambulance handover targets (currently 883 versus 680 threshold representing 30% breach) and ED 12-hour performance (7.3% versus 7% target), with weekly oversight and readiness for 45-minute handover standard from October 2025.
- **RECEIVED ASSURANCE** that delayed pathways of care reduction plans address the fundamental constraint of 211 medically fit patients occupying acute beds (21% above 174 target) that directly causes the cascade of ambulance handover delays and emergency department congestion across the entire system; and
- **RECEIVED ASSURANCE** - on immediate escalation measures for CAMHS ASD assessment performance given sustained three-year deterioration to 15.6% against 80% target affecting 2,901 children; and approve a comprehensive deep-dive review at the next Committee meeting if August 2025 performance fails to demonstrate improvement.

FPC(25)54

## CLINICAL CARE GROUP FINANCIAL SAVINGS

Mr Carruthers introduced the CCG Financial Savings report that considered the progress achieved by the CCGs in respect of confirmed savings plans as of M4 and to consider the additional opportunities being explored by CCGs to further improve the financial position.

Mr Carruthers advised that there had been an in-month improvement in the delivery of cash-releasing savings schemes classified as amber and green against the target of £39.0m, in year-plans total £21.9m factoring in blue, red, amber and green (BRAG), recurrent and non-recurrent schemes. The full year estimate of recurrent schemes is £17.1m across all BRAG categories. Mr Carruthers believed that despite significant operational pressures experienced by CCGs, confirmed in-year delivery in respect of amber and green cash releasing schemes has increased since M3 by £2.1m, from £14.9m to £17.0m as of M4 2025/26.

Mr Carruthers advised that there were significant pressures on surge capacity on the UEC system across Carmarthenshire and Pembrokeshire with a deterioration on medical staffing workforce availability with further challenges to make the medical staffing position more resilient. Mr Carruthers advised that there had been

increased referral-to-treatment (RTT) delivery costs as part of mitigation taken to reduce the operational impact of theatre cancellations as a result of staffing challenges that had seen a £5.7m underspend within the Planned and Specialist Care CCG converted into a net spend to recover RTT activity and reinforcing theatre workforce to deliver RTT capacity within the emergency theatre position.

Mr Carruthers advised that a significant contribution to the overall financial position through the manner in how in-month underspends were transacted into the savings position. Mr Carruthers believed there was a significant challenge that while maintaining the current run rate would result in the delivery of the original £31.5m planned deficit articulated within the Annual Plan the savings delivered were non-recurrent with the challenge to convert the non-recurrent savings into recurrent savings to avoid greater challenges from being carried forward into the next financial year.

Mr Carruthers advised that there had been positive movements within the Planned and Specialist Care CCG and the Mental Health and Learning Disabilities CCG on converting savings schemes classified as blue and red into green and amber schemes within the previous month.

Mr Carruthers advised that the saving scheme conversion represented an in-year improvement of £3.4m over the cash-releasing profile of schemes confirmed as at M4, totalling £25.3m in-year delivery and that within the additional opportunities that totalled £3.4m, £2.9m were cash-releasing, with £0.5m of non-cash releasing Mental Health and Learning Disabilities (MHLD) opportunities also identified.

Mr Carruthers advised that the outcome would be an in-year variance of £13.7m from the combined CCG 2025/26 target of £39m with the full-year impact of the additional opportunities of £24.1m. Mr Carruthers advised that the additional opportunities were subject to review by Executive Team ahead of presentation to In-Committee Board on 9 September 2025.

In response to a question from Mr Imperato on the attainment of the £31.5 Annual Plan deficit position, Mr Spratt confirmed that the Health Board was in a position whereby it would achieve its £31.5m Annual Plan position should it maintain the current run rate however the means in which that position was being achieved was different to how the Annual Plan described it would be achieved. Mr Spratt advised that underspends delivered by Executive Functions were being 'banked' as underspends each month to over-deliver their savings requirements by not delivering what was proposed within the Annual Plan. Mr Spratt advised that should Executive Functions spend what they were allowed to spend within the Annual Plan then the delivery of the £30m will be

challenged as the run rate would exceed the current plan each month.

In response to a question from Ms Anna Lewis on whether there was sufficient capacity within the Health Board to deliver both the non-recurrent and recurrent savings and actions to enact the service changes required to make longer term changes within the organisation, Mr Carruthers believed that there was sufficient capability and competence within the operational leadership however there was a capacity issue with the scale of changes that was being asked of the organisation and acute conflicting demands to improve performance while making recurrent systemic changes to the operational delivery of the organisation.

In response to a question from Mrs Marks on the need for a collective Board decision on the need to meet the financial and performance expectations of WG, Mrs Wilson advised that the choices and options to enable progress towards meeting the £24m deficit position would be presented to the In-Committee Board meeting on 9 September 2025.

**Decision:** The Finance and Performance Committee undertook a **ROBUST DISCUSSION** and **HIGHLIGHTED CONCERNS** of the progress achieved by Clinical Care Groups in respect of confirmed savings plans as at M4 and the additional opportunities being explored by Clinical Care Groups to further improve this position.

FPC(25)55

## **COMMUNITY AND INTEGRATED MEDICINE PERFORMANCE AND PRODUCTIVITY**

Mr Carruthers presented the report on the Community and Integrated Medicine CCG performance and productivity with the key areas that the Health Board wished to improve performance against both the targeted intervention (TI) criteria and to tackle areas of significant pressure for the Health Board with an analysis of both a Health Board-wide and site-specific metrics.

Mr Carruthers highlighted ambulance hand-over performance and advised that despite recent improvement there was still a level of delay that was over the TI target, with the number of ambulance handovers taking more than 1 hour being 883 against a TI target of 680 with notable improvement reported at Bronglais Hospital (BGH) and at Glangwili Hospital (GGH).

Mr Carruthers advised that the proportion of patients waiting over 12 hours in ED had shown a consistent trend of improvement however there was significant challenge experienced at Withybush Hospital (WGH).

In response to a question from Cllr Rhodri Evans on what actions had been taken and what plans were in place to tackle ambulance

handover times, Mr Carruthers advised that the Board meeting on 21 August 2025 had been used as a catalyst to drive engagement and that there had been a positive response from all levels of the organisation with a review of the planning process across all acute sites to refine the plans at site-level for ambulance handovers ahead of 1 October 2025.

Mr Carruthers believed that ambulance handovers and the time patients were waiting within ED was not solely an ED problem and responsibility and that it was a whole-system issue and that every specialty and department in the Health Board had a role to play in driving improvement.

Mr Carruthers advised that there was a planned system reset from the 8 September 2025 where all sites would work with the plans that had been developed to assess the impact of measures such as aligning discharge lounge opening times to enable patients to be discharged earlier in the day and a rolling out of a 'Your Next Patient' programme that has been implemented successfully within other Health Boards to ensure that the wider hospital site engages better with the ED.

Mr Carruthers advised that an internal Professional Standards document that established expectations on the timeliness of the response within the emergency pathway from medics and their engagement in relation to assessment, admission and the review of patients within ED would be issued by the Medical Director and would be reviewed following monitoring. Mr Carruthers believed there was a need to increase the connection between the ward areas and specialty patients that they are due to receive to encourage wards to take ownership of patients while they were within ED.

Mr Carruthers advised that work was being undertaken with Cwm Taf Morgannwg University Health Board (CTMUHB) as a Health Board with similar challenge as Hywel Dda University Health Board (HDdUHB) with the number of acute sites to review how to strengthen the front door assessment capacity as it had been demonstrated during the Resident Doctor industrial action when consultants were deployed to the ED front door that less patients were admitted to ED and performance was improved through the increased senior decision-making capacity.

In response to a question from Mr Imperato that given a significant number of the target dates for actions were between the end of August 2025 and early October 2025, would any impact be expected that would be reported to the next FPC meeting on 21 October 2025, Mr Carruthers believed that there was an expectation that there would be an improvement in metrics such as the ambulance handover times and lengths of time that patients were waiting within ED with a report on the impact on performance to be presented to the FPC meeting on 21 October

2025 to scrutinise whether the actions taken had had the impact of performance as anticipated.

Mr Gareth Cottrell believed that the initial impression of ED performance following the summer Bank Holiday weekend when there was increased pressure on ambulance handover times and ED demand that the system had coped relatively well and reflected positively on the initial actions taken to date and believed that the committee could take a degree of assurance that improved performance would be able to be demonstrated to the FPC meeting on 21 October 2025.

**Decision:** The Finance and Performance Committee **RECEIVED ASSURANCE** from recent progress achieved, and further actions currently being progressed by the Community and Integrated Medicine CCG and its constituent Site/System Leadership Teams to support improvements in UEC performance and productivity.

## FPC(25)56

### PLANNED CARE AND CANCER PERFORMANCE AND PRODUCTIVITY

Mr Carruthers presented the Planned Care and Cancer Performance and Productivity report to the Committee and highlighted the two key areas of the escalation report.

Mr Carruthers advised that the first area relative to high-risk eye care patients where R1 ophthalmology patients waiting within their clinical target date or within 25% beyond their clinical target date was required to be at 65% for three consecutive months, the health Board's performance had been static at 34%-35% since autumn 2024.

Mr Carruthers advised that the second area related to delays for follow-up appointments, with the number of patients waiting 100% longer than their clinically recommended dates where performance had been static for 2 years with the TI de-escalation criteria requiring a 12% reduction for three consecutive months.

In relation to the high-risk eye care patients, Mr Carruthers advised that the Annual Plan had agreed a level of investment to support improved performance to mitigate patient harm and improve patient experience and address the performance risk. Mr Carruthers believed that there had been a recruitment challenge with posts anticipated to be filled within Q3 2025/26 that would result in an improvement in performance. Mr Carruthers believed that there had been a degree of improvement in relation to the very high-risk patients through work undertaken to treat more patients in the community and to avoid patients entering the pathway and that the improvement work had been acknowledged by WG.

Mr Carruthers believed that the issue of follow-up delays had received less attention than other areas of concern and that HDdUHB follow up waiting lists were the lowest per head of the population compared to other Health Boards in Wales with discharge rates following first outpatient appointment the highest amongst Welsh Health Boards.

In relation to cancer performance, Mr Carruthers advised that Single Cancer Pathway (SCP) performance of the proportion of patients starting treatment within 62 days of the first suspicion of cancer had met the de-escalation criteria for five consecutive months. Mr Carruthers believed that to reach the next level of performance required the backlog of patients waiting over 62 days to be addressed, that currently numbered 535 patients with a significant proportion of those patients predominantly within urology. Mr Carruthers advised that within Q3 2025/26 there was an intention to undertake a targeted approach to progress as many of the urology patients through the diagnostic pathway as possible to enable diagnosis and progress to a treatment plan. Mr Carruthers believed that this may have an adverse impact on performance with WG advised of the intended course of action who understood the Health Board's rationale for the intended course of action. Mr Carruthers believed that while this course of action may impact on performance within one month of Q3 2025/26 it would enable progress to achieve 70% of SCP patients starting treatment within 62 days.

In response to a question from Ms Lewis on diagnostics having a limiting impact on cancer performance, Mr Carruthers advised that in July 2025 no patient waiting over 8 weeks for endoscopy diagnostics and advised that the Annual Plan had provided for investment within radiology to help create a more sustainable workforce and to support an increased level of activity through purchased capacity from external providers. Mr Carruthers advised that there was a significant operational challenge relating to the age of equipment causing significant computed tomography (CT) and magnetic resonance imaging (MRI) scanning downtime resulting in patients having to be diverted to different sites across the Health Board to access diagnostic tests.

In response to a question from Cllr Evans on whether the ophthalmology plans were realistic and within the current financial constraints, Mr Carruthers advised that the actions were currently in progress and that it had been hoped to have been completed by the end of Q1 2025/26 however they had taken longer than anticipated.

**Decision:** The Finance and Performance Committee **RECEIVED ASSURANCE** from recent progress achieved, and further actions currently being progressed by the Planned and Specialist Care CCG, with support from other CCGs, to enable improvements in planned care and cancer performance and productivity.



Mr Carruthers presented the Radiology Update to the Committee and advised that following the allocation of funding for the service within the Annual Plan attempts had been undertaken to make the existing workforce more sustainable and to implement a recovery solution to provide additional MRI and ultrasound capacity.

Mr Carruthers advised that the number of patients waiting more than 8 weeks for radiology diagnostic direct access had reduced from 7,108 breaches in January 2025 to 3,123 breaches in July 2025 through the commissioning of additional capacity. Mr Carruthers advised that there had been an improvement in reporting and scanning times on the SCP.

Mr Carruthers advised that notification had been received in July 2025 that WG had allocated the Health Board and additional £1.4m of funding to support further improvement of the Health Board's diagnostic position. Mr Carruthers believed that there were questions of whether there was ultrasound capacity within the wider market.

In response to a question from Cllr Evans on whether the £1.4m of additional funding was conditional, Mr Carruthers advised that the funding was to assist delivery of the 8-week maximum wait for radiology diagnostics and to support the increased level of outpatient activity that the Health Board was undertaking as part of the nationally-commissioned additional capacity arrangements that was expected to see an additional 14,000 outpatient appointments anticipated to have an impact on diagnostics.

In response to a question from Mr Imperato on radiology workforce sustainability, Mr Carruthers advised that an Organisational Change Process (OCP) for the radiology senior leadership was scheduled to be presented to Executive Team for approval on 3 September 2025 with an anticipated challenge to ensure that all posts in place by 30 September 2025. In response to a question from Mr Imperato on the impact of the delay, Mr Carruthers believed that the OCP would address the fragility of the senior leadership team however would not impact on performance or delivery.

In response to a question from Ms Lewis on how external sources were able to provide the resources for outsourcing and insourcing solutions that the Health Board were not able to provide for itself, Mr Carruthers believed that the ability to provide additional capacity was due to the additional rates of pay that external providers, particularly the independent sector, were able to pay to provide the additional capacity without the substantive staffing costs incurred by the Health Board. Mr Cottrell believed that the Health Board had made a decision to undertake investment within

the radiology service to make the service more sustainable for the future with the aim of the Health Board being less reliant on insourcing and outsourcing solutions.

In response to a question from Ms Lewis on whether any consideration on the longer term aim of being less reliant on insourcing and outsourcing arrangements and ensuring that Health Board activity was undertaken by Health Board staff, Mr Cottrell believed that due to the nature of separate pockets of non-recurrent funding provided, short-term insourcing and outsourcing solutions were undertaken and when longer term recurrent funding streams were established more sustainable means of utilising substantive Health Board staff would be developed. Mr Carruthers advised that the Health Board was constrained by national terms and conditions on what the Health Board could offer its substantive workforce. Mr Spratt advised that at a national level proposals for diagnostic hubs was currently in its infancy and that the outcome of deliberations would be monitored by the Health Board.

**Decision:** The Finance and Performance Committee:

- **NOTED** progress to date in implementing the Radiology Service Stabilisation and Transformation Plan for 2025/26
- **RECEIVED ASSURANCE** from the progress achieved by the Operational Allied Health and Health Sciences Clinical Care Group (OAH&HS CCG) in improving Radiology service performance year to date; and
- **NOTED** the further actions planned during the remainder of 2025/26.

FPC(25)58

## FINANCIAL PERFORMANCE ASSURANCE REPORT

Mr Spratt presented the M4 Financial Performance report to the Committee and advised that a revised Annual Plan had been submitted to WG that reduced the planned annual deficit figure from £31.5m to £30m. Mr Spratt advised that the consequence of the revised annual deficit figure on the monthly deficit figure was to reduce the planned monthly deficit from £2.6m to £2.5m.

Mr Spratt advised that M4 had shown a slight deterioration compared to previous months, with M2 being £100k short of the planned deficit total and M3 being £100k better than the planned deficit total with M4 showing a £500k gap from the planned deficit following the 'catch-up' from the restated annual deficit figure.

Mr Spratt highlighted the trends that were of concern within the Finance Report and referred to the savings challenge within the CCGs previously discussed within the CCG Financial Savings report. Mr Spratt advised that there was on-going dialogue with WG on the expectation of WG of the Health Board to improve the

Health Board's financial position further from a £30m planned annual deficit to a £24m position.

Mr Spratt advised that medical pay continued to be an issue for the Health Board, and a key financial focus given the costs of premium agency and locum usage. Mr Spratt advised that there was a medical workforce stabilisation programme in progress that had stabilised but had not resulted in an improved position to date.

Mr Spratt highlighted some initial concerns relating to long term agreements (LTAs) with other Health Boards, predominantly Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB) and that the Contracting and Commissioning Team were in dialogue with the other Health Boards to ensure that the correct contractual arrangements and clinical coding processes were in place.

Mr Spratt advised that the operational OCP process has yet to conclude with an over-establishment of managerial posts within the new CCG structure having a non-recurrent financial impact that needed to be managed to a conclusion that will have an impact within the current financial year with that impact unknown at present with nine members of staff currently in post that are not part of the new CCG structure.

Mr Spratt highlighted an alert to the Committee within the Finance Report that NHS Wales Shared Services Partnership (NWSSP) have advised of a potential risk that the risk share arrangements may be invoked for the Welsh Risk Pool where the level of claims resulting in court proceedings had increased during 2025/26 and that the impact for HDdUHB was estimated to be £4.1m which would result in a review of the Health Board's reported financial forecast.

Mr Spratt advised of the cash implication of the revised planned annual deficit of £24m to the Health Board that any request for strategic cash assistance would only be supported above the £24m position and not the £30m position with further consideration of a cash management strategy would be presented to the Committee.

Mr Spratt highlighted that 30 September 2025 was a key deadline for meeting a ministerial priority to reduce the Health Board's agency bill by 30% compared to 2024/25 and to eliminate the use of healthcare support worker (HCSW) agency usage completely by 30 September 2025. Mr Spratt advised that only a small number of HCSW agency staff being used within the Mental Health and Learning Disabilities (MHLDD) Directorate with plans being progressed to eliminate the remaining estimated £10k a month HCSW agency usage by the 30 September 2025 deadline.

In response to a question from Ms Lewis on WG's concerns on the ability of the Health Board to plan and manage its finances

appropriately, Mr Spratt advised that the Health Board was consistently overdelivering on its planned savings in previous months that WG had indicated raised credibility concerns on the plan proactively as opposed to reactively. Mr Spratt advised that this was due to underspends in previous months being transacted as savings non-recurrently. Mr Spratt advised that there were proposals being developed to revise the Health Board's financial forecasting methodology to give a more credible and reliable forecast of the Health Board's savings expectations.

In response to a question from Mrs Marks on why the operational OCP had previously been anticipated to be cost-neutral however there were now cost pressures being reported, Mr Spratt advised that currently there were more management posts being carried that was driving additional cost however it was envisaged that by the conclusion of the OCP that the overall process would be cost neutral with the additional cost incurred by the carrying of additional staff mitigated by the end of the process.

Ms Siân Jenkins presented the appendix to the Finance and Performance Assurance Report detailing the options to achieve the £24m annual deficit position and recapped that following the Board meeting on 31 July 2025 when the list of options to provide a route to curtail spending to improve the financial forecast outturn for 2025/26 to the £24m position, Quality Impact Assessments (QIA) and financial assessments had been undertaken by budget holders to develop an understanding of the impacts associated with the list of cost-reducing options.

Ms Jenkins advised that the work to undertake the QIAs was on-going with an initial QIA panel having been held and believed that the QIA panel had recognised the paradox highlighted by FPC of having to make financial savings while simultaneously improving performance to improve against the Health Board's TI de-escalation criteria and performance metrics. Ms Jenkins believed that the QIA panel recognised that the QIA panel did not readily support undertaking financial savings as a means to improve performance.

*Mrs Eleanor Marks left the meeting*

Ms Jenkins advised that a further QIA panel would be held on 26 August 2025 to review all outstanding QIA submissions and to assess the list of options to provide a ranking of least impact to most negative impact for patients ahead of the Integrated Quality, Financial Performance and Delivery (IQFPD) Group on 27 August 2025 would be utilised to review the QIA process with the CCGs directly. Ms Jenkins advised that a set of principles would be developed to steer budget holders into considering their delivery options and a communication plan would be developed to be activated following any Board decision with the output of the work to inform the In-Committee Board meeting on 9 September 2025.

Mr Carruthers believed that the options assessed by the QIA panel naturally found that there would be consequences to taking a decision on each option and that a plan to achieve the £24 deficit position would look quite different to the plan to achieve £31m as would what the Health Board could commit to deliver and that the Board would be need to be informed of what was originally planned to be delivered now could not be as a consequence of choosing to undertake the prescribed options and believed that there may need to be a compromise on whether the deliver fully on levels of finance, quality and performance and require the Health Board to adjust its level of risk threshold accordingly.

In response to a question from Ms Lewis on how the QIA balanced the short term and long term impacts of the choices considered, Mrs Daniel advised that the service leads from the relevant services attended the QIA panel to provide a holistic overview of the impact of the option should it be taken with further consideration to be undertaken at the IQFPD meeting on 27 August 2025.

In response to a question from Cllr Evans on whether the In Committee Board on 9 September 2025 would be sighted of the full QIAs, Mrs Wilson advised that a summary would be presented to the meeting however the full versions would be made available for further inspection.

In response to a question from Ms Lewis on whether the Chair of the Committee could be updated on the outcome of the QIA panels on the 26 August 2025 and the IQFPD meeting on 27 August 2025 ahead of the In-Committee Board meeting on 9 September, Mrs Wilson advised that for Mrs Daniel, Mr Spratt and Ms Jenkins to arrange a briefing for Mr Imperato and Chair of FPC and Ms Lewis as Chair of the Quality, Safety and Experience Committee (QSEC).

SD/AS/  
SJ

**Decision:** The Finance and Performance Committee:

- **NOTED** that the Health Board's revised annual plan deficit is £30.0m, with a savings target of £46.4m, and the aspiration is to improve beyond this in the coming months, in-line with WG expectations.
- **RECEIVED ASSURANCE** on progress of savings actions to bridge the recurrent and non-recurrent savings gap from those Executive portfolios that have yet to identify their full target.
- **RECEIVED ASSURANCE** there are sufficiently robust plans in place to eliminate the use of all Healthcare Support Worker agency by the 30 September 2025 deadline set in the Ministerial Priorities.
- **DISCUSSED** and **CONSIDERED** the further choices and actions being proposed to achieve an additional financial improvement by the 11 September 2025 Welsh Government deadline, contained within Appendix 2.

- **ACKNOWLEDGED** that a proposal is being drafted to revise the approach taken for declaring future savings plans, due to the lack of a proactive approach to date across service areas.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and that will only be reduced via robust recurrent savings delivery improvements.

FPC(25)59

## INVESTMENT AND BENEFITS REALISATION REPORT

Ms Jenkins presented the Investments and Benefits Realisation Report to the Committee to provide an overview of the Health Board's position on the £11.9m of investments agreed within the Annual Plan and an update of which of the earmarked investments had been approved and made within 2025/26.

Ms Jenkins advised that subsequent to the previous update, the Annual Plan had been revised from a £31.5m annual deficit position to £30m resulting in a consequence for the list of proposed investments with WG funding of £200k secured for overseas medical recruitment releasing the earmarked funding into the broader financial position.

Ms Jenkins advised that £600k of further investment options had been released into the financial position and advised that the next steps would be a renewed focus of the scrutiny process to complete a review of the original cases for 2025/26 with the process having provided positive learning that will be applied in framing the process for the 2026/27 planning cycle. Ms Jenkins advised that the review included the development of a standardised template for proposals, to include delivery milestones and benefits realisation, also the timeline for each investment to be considered, to ensure there is scrutiny of plans ahead of proposals being prioritised within the 2026/27 Annual Plan.

Ms Jenkins highlighted two schemes that we not in the 2025/26 Annual Plan relating to ED nursing at GGH BGH with further work is being undertaken to ensure a complete financial assessment was reflected within the plans and consideration of the UEC programme and associated impact on appropriate capacity and nursing workforce implications.

**Decision:** The Finance and Performance Committee:

- **RECEIVED ASSURANCE** that investment cases for 2025/26 are being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team. Also, that this process has incorporated the consideration of essential proposals to enable key quality and safety priorities for the Health Board

in respect of fire enforcement notices and review of nursing workforce in particular areas; and

- **NOTED** that the process for investment cases is being reviewed to inform the 2026/27 annual planning cycle in a bid to standardise the approach both in respect of business cases and benefits realisation.

## FPC(25)60

### PLANNING OBJECTIVES UPDATE REPORT

Mr Spratt presented the Planning Objectives (POs) Update Report to the Committee with an overview of the four POs aligned to FPC with Mr Spratt advising that all four POs were noted as being on-track with a detailed 'plan-on-a-page' being provided for each of the four POs.

In response to a question from Mr Imperato that many of the issues contained within the PO Update Report had been covered under the Escalation Response section of the agenda, Mr Spratt confirmed and advised that PO2: Financial Recovery and Road Map would be presented to the FPC meeting on 21 October 2025 as a stand-alone item to enable a more detailed consideration of the medium-term financial outlook of the Health Board.

**Decision:** The Finance and Performance Committee:

- **NOTED** the current position of the four Planning Objectives which are aligned to it; and
- **RECEIVED ASSURANCE** on the current position in regard to the progress, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status or not achieving against its key deliverables.

## FPC(25)61

### PROCUREMENT PLAN AND SCRUTINY

*Ms Gemma Deverill joined the meeting*

Mr Spratt presented the Procurement Report to the Committee and advised that there were two elements contained within the report, the annual review of the Procurement Plan and the items of procurement for the Committee's scrutiny ahead of onward submission to the Board for approval.

Mr Spratt advised that the procurement plan aimed to deliver financial improvements during the financial year with £200k delivered in Q1 2025/26 against a target of £156k and advised that there was a greater level of activity anticipated within Q3 and Q4 2025/26 than the first two quarters of the year.

Mr Spratt presented the contract renewals for the Committee's review. In response to a question from Cllr Evans on whether new Procurement Act 2023 that came into force in February 2025 would make a material difference to the Health Board's procurement activity, Mrs Wilson advised that the new Act would ensure that if the Health Board undertook any direct awards of contracts that it would be done so in a more open and transparent manner by ensuring that the Health Board goes out to market given the Act's emphasis on early planning and requiring robust route-to-market justifications.

Ms Deverill advised that the new Act allowed the Health Board to be more flexible in including small to medium sized enterprises (SMEs) within the tender process provided a robust justification to enable increased transparency with the wider market.

In response to a question from Cllr Evans on the balance between supporting the local economy against the availability of potentially lower tenders from less local providers, Mr Spratt advised that little had changed within the new Act and that the Health Board was still able to weight tender assessment scoring and award contracts as at present however the new Act provided increased flexibility to engage with smaller partners in the marketplace and SMEs to enable the Health Board to support the foundational economy where appropriate.

*Ms Gemma Deverill left the meeting*

**Decision:** The Finance and Performance Committee scrutinised and recommended for Board to:

- **NOTED** and **ENDORSED** the Procurement Plan for the Financial Year 2025/26
- **APPROVED** the award of a Histopathology Managed Service Contract Renewal to Leica Microsystems UK Ltd for the period 1 December 2025 to 30 November 2029, with no option to extend. This contract will have onwards submission to Hywel Dda University Health Board Public Board and Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).
- **APPROVED** the award of an Outsourcing of Ophthalmology Services – Mobile Theatres (Stage 4 - Cataracts) contract to SpaMedica for the period 1 November 2025 to 31 March 2025, with the option to extend for a further one year. This contract will have onwards submission to Hywel Dda University Health Board Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership), as well as to Welsh Government for approval.
- **APPROVED** the Renewal of the National Care Homes Framework Agreement. This Procurement will be undertaken by AW Commissioning to establish a framework agreement. Award of the framework agreement



will have onwards submission to Hywel Dda University Health Board Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership), as well as to Welsh Government for approval, on completion of the procurement.

FPC(25)62

## **ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

Mr Spratt presented the All-Wales Capital Programme, the 2025/26 Capital resource Limit (CRL) and Capital Financial Management Update to the Committee and advised that there were no risks highlighted within the report that the Health Board's CRL had been increased. Mr Spratt believed that the in-year delivery of the Capital Financial Management Plan was positive.

Mr Spratt advised that a profile of the capital plan would be presented to a future FPC meeting to assist the Capital Team with forward planning to avoid any issues towards the latter part of the financial year.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee:

- **NOTED** the 2025/26 Capital Resource Limit (CRL); and
- **NOTED** the project update.

FPC(25)63

## **INTEGRATED PERFORMANCE ASSURANCE REPORT**

Mr Anthony Tracey presented the Integrated Performance Assurance Report (IPAR) for M4 2025/26 and advised that in addition to the items previously considered by the meeting highlighted a deterioration in the psychological therapies performance for the eight consecutive months due to patients waiting more than 26 weeks to start a psychological therapy. Mr Tracey advised that in June 2025, 55.2% of patients were treated within 26 weeks against a target of 80%.

Mr Tracey advised that the current waiting list for an autism spectrum disorder (ASD) assessment was 3,436 patients with work currently being undertaken by the Mental Health and Learning Disabilities CCG and the Digital Team to address the position.

Mr Tracey highlighted the work being undertaken as part of the Executive Improving Together Sessions (EITS) of a thematic review of infection with 13 cases of clostridioides difficile (C. diff) and 38 cases of Escherichia coli (E. coli) in July 2025 mostly in

community areas and advised that hygiene audit and education programmes were in place to address the issue.

Mr Tracey advised that staff sickness levels were currently at 6.5% on a 12-month rolling basis compared to a target of 6.6% and advised that Estates and Facilities sickness rates were the highest across the health Board and were receiving ongoing focused support from the Workforce Team.

In response to a question from Ms Lewis on the psychological therapies performance showing a deterioration for eight consecutive months and what measures were being taken to address the situation, Mr Carruthers advised that there was a capacity issue as a result of patients opting to undertake one-to-one therapy as opposed to group therapy and a propensity for patients to opt to stay on the waiting list to receive one-to-one therapy as opposed to the relatively quicker wait for group therapy. Mr Carruthers advised that the proposal was to only offer one-to-one therapy to patients whom it was clinically required to do so that was anticipated to result in an improvement in performance.

**Decision:** The Finance and Performance Committee **DISCUSSED** the IPAR Month 4 2025/2026 report and **RECEIVED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

FPC(25)64

#### NWSSP PERFORMANCE REPORT QUARTER 1 2025/26

Mr Spratt presented the Q1 2025/26 NHS Wales Shared Services Partnership (NWSSP) Performance Report to the Committee and advised that of the 18 key performance indicators agreed with NWSSP to track quality and responsiveness of service, 17 were classed as 'green'.

Mr Spratt highlighted the one KPI currently classified as 'red' being the Public Sector Purchase Programme (PSPP) for NHS organisations being a new KPI that was intended to drive improvement towards the target of 95% compared to July 2025 performance of 80.2%. Mr Spratt advised that an action plan had been agreed between HDdUHB and NWSSP to address the systematic nature of how NHS invoices are approved.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 1 2025/26 that services provided are being delivered to expected standards; and

- **NOTED** the work being developed regarding outcome measures reporting.

**FPC(25)65**

## **BUSINESS CASE: URGENT AND EMERGENCY CARE TRANSFORMATION**

*Deferred to the Extraordinary Finance and Performance Committee Meeting, 12 September 2025*

**FPC(25)66**

## **FINANCIAL PROCEDURES**

Mr Spratt presented three updated financial procedures and one new procedure to the Committee for approval:

- Financial Procedure 084 - Oracle E-Business Suite - System Access and Ledger Security Financial Procedure
- Financial Procedure 093 - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Procedure
- Financial Procedure 973 - Cash Financial Procedure
- Contract Management Procedure (New Procedure)

Mr Spratt advised that the new Contract Management procedure was introduced following a recent audit of the Health Board's contract management arrangements that made a number of recommendations and were supported by an All-Wales contract management approach that was overseen by NWSSP and the Health Board's Procurement Team.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee **APPROVED** the following updated financial procedures:

- Financial Procedure 084 - Oracle E-Business Suite - System Access and Ledger Security Financial Procedure
- Financial Procedure 093 - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Procedure
- Financial Procedure 973 - Cash Financial Procedure
- Contract Management Procedure (new procedure)

**FPC(25)67**

## **POLICIES**

Mr Carruthers presented the updated Policy 534: Patient Access – Elective Care policy to the Committee and advised that the policy had been updated to incorporate the updated RTT rules issued by WG in April 2025.

In response to a question from Mrs Wilson on how the change in policy would be communicated to patients, Mr Carruthers advised that this would be undertaken by WG at a national level. In response to a question on whether any engagement had been undertaken with Llais, Mr Carruthers agreed to engage with Llais to ensure that they were aware of any local implications for patients on the change in national policy.

AC

In response to a question from Ms Lewis on what work was being undertaken to improve the content of communication with patients, Mr Tracey advised that work was being undertaken with Mrs Alwena Hughes Moakes to improve the quality of communication and the language used in communicating with patients on waiting lists.

**Decision:** The Finance and Performance Committee **APPROVED** the following updated policy:

- Policy 534: Patient Access – Elective Care Policy

#### FOR INFORMATION

FPC(25)68

#### JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

Mr Spratt presented the Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub-Committee highlight report from its meeting on 15 July 2025 to the Committee.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee **RECEIVED** and **NOTED** the Highlight Report from the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee meeting on 15 July 2025.

FPC(25)69

#### FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

Mr Imperato presented the FPC Annual Work Plan for 2025/26 to the Committee for review.

There were no questions from members of the Committee.

**Decision:** The Finance and Performance Committee **RECEIVED** and **NOTED** the Committee Work Plan 2025/26.

**FPC(25)70            ANY OTHER BUSINESS**

There was no other business transacted at the meeting.

**FPC(25)71            DATE OF NEXT MEETING**

The next meeting of FPC will be held on Tuesday 21 October 2025.

It was advised that there would be an extraordinary Finance and Performance Committee on Friday 12 September 2025 to consider the UEC Transformation Business Case.

1.4

9:35 AM, 5 Mins

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1.4 - MINUTES OF EXTRAORDINARY  
FINANCE AND PERFORMANCE COMMITTEE  
HELD ON 15 SEPTEMBER 2025

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

Unapproved Minutes ExtraFPC 15 September 2025.pdf

## UNAPPROVED MINUTES OF THE EXTRAORDINARY FINANCE AND PERFORMANCE COMMITTEE MEETING

Date of Meeting: **16:00, Monday 15 September 2025**

Venue: **Microsoft Teams Meeting**

Present: Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)  
Anna Lewis (Hywel Dda UHB – Independent Member) (Vice Chair)  
Winston Weir (Hywel Dda UHB - Independent Board Member)  
Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)  
Rhodri Evans (Hywel Dda UHB – Independent Member)  
Sarah Harraway (Hywel Dda UHB - Independent Board Member)  
Maynard Davies (Hywel Dda UHB - Independent Board Member)  
Ann Murphy (Hywel Dda UHB - Independent Board Member)  
Chantal Patel (Hywel Dda UHB - Independent Board Member)

In Attendance: Lisa Gostling (Hywel Dda UHB - Director of Workforce & OD/Deputy CEO)  
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)  
Huw Thomas (Hywel Dda UHB - Director of Finance)  
Siân Jenkins (Hywel Dda UHB - Deputy Director of Finance)  
Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)  
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)  
Cathie Steele (Hywel Dda UHB - Interim Assistant Director of Nursing Assurance and Safeguarding)  
Claire Evans (Hywel Dda UHB - Committee Services Officer) (Secretariat)

| Minutes Ref.     | Item                                                                                                                                                                                                                                           | Action |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>FPC(25)72</b> | <b>WELCOME AND APOLOGIES</b>                                                                                                                                                                                                                   |        |
|                  | Mr Michael Imperato welcomed all to the Extraordinary Finance and Performance Committee (FPC) meeting.                                                                                                                                         |        |
| <b>FPC(25)73</b> | <b>DECLARATION OF INTERESTS</b>                                                                                                                                                                                                                |        |
|                  | There were no declarations of interest.                                                                                                                                                                                                        |        |
| <b>FPC(25)74</b> | <b>FINANCIAL CHOICES AND DECISIONS</b>                                                                                                                                                                                                         |        |
|                  | Mrs Joanne Wilson explained to the Committee that the extraordinary meeting was convened in response to concerns raised at the recent In-Committee (IC) Board meeting, where it was believed that decisions were being made without sufficient |        |

supporting information, particularly regarding the quality impact in terms of each scheme. She highlighted that more detailed consideration of quality, particularly focusing on your diversity was needed to support the decisions required. Mrs Wilson also noted that following further discussions some of the figures previously reported to Board had now changed. Mrs Wilson apologised for the earlier omission of quality and other relevant information from the IC Board meeting papers acknowledging that this had limited the depth of discussions at that time.

Mrs Sharon Daniel introduced a presentation setting out the saving options categories, focussing on the schemes in category one. Category two options would be reviewed by the end of September 2025.

Mrs Daniel's team were tasked in identifying £6m of in year savings to achieve the overall target of £24m. They were also asked to monitor the quality impact against some of the proposed saving schemes. In total 69 Quality Impact Assessments (QIAs) were received. The information was reviewed, and the schemes were split into three categories: Category one, two and three. The presentation provided includes Category one schemes.

#### Health Board Wide Recruitment freeze on non-patient facing roles.

A total of nine individual QIAs were received for this proposal. The panel reviewed an overarching QIA compiled by the workforce team. This assessment scored "red 20", across all six domains of quality, safe, timely, effective, efficient, equitable, and person-centred, indicating significant risk. As a result, the panel's decision was to apply enhanced scrutiny to all recruitment requests rather than implement a blanket freeze, due to the potential negative impact on service quality and operational effectiveness. Instead, the committee agreed to strengthen the existing recruitment process by applying enhanced scrutiny to all non-patient facing vacancies. This revised approach involves clinical care groups reviewing vacancies before submitting them to the Financial Control and Scrutiny Group (FCSG) for approval. Mrs Daniel confirmed that this decision aligned with discussions held at the previous IC Board meeting. The enhanced scrutiny model allows for a more nuanced and risk-aware approach, avoiding a blanket freeze while still contributing to financial control. This method acknowledges the critical role that some non-patient facing roles play in supporting clinical services and maintaining operational continuity.

In response to Ms Sarah Harraway's query regarding how many roles or whole time equivalent (WTE) the £1. represents, Mrs Lisa Gostling explained that £600k relates to the non-recruitment of apprentices this year, which typically equates to 40 WTE. The remaining funds are allocated to posts within services. However, as this is based on projected staff turnover and current vacancies,



it is difficult to provide a precise WTE figure for the remainder, aside from the apprentices.

Ms Harraway stressed the need to understand the financial savings from unfilled roles and the impact on staffing and essential work, without increasing pressure on remaining staff or transferring the burden to clinical teams. Mrs Gostling agreed, highlighting the importance of balancing savings with the impact of staff wellbeing.

Mrs Marks expressed the need for assurance that all options have been explored before proceeding, while expressing concerns about the impact of proposed cuts on service quality; particularly the essential role of non-patient-facing staff in mental health. However, supported weekly reviews to monitor effects, acknowledging the difficult balance between quality and finance, and anticipates future decisions on reallocating resources.

#### MHLD Neurodevelopment Outsourcing Core Funding

The QIA scored 20 or 25 across all domains. The proposal was to suspend further outsourcing of children and adult's neurodevelopmental diagnostic assessments, however the panel requested further information on the service impacts before making a decision. Mrs Daniel has met with the Deputy Directors and the services have developed a plan to meet improvement requirements. A slippage of circa £230k has now been identified.

The panel were provided with two savings options. Option one was not supported by the panel, however option two was not considered to have direct impact on patient quality/safety.

Mrs Eleanor Marks questioned why the revised savings figures had not been brought to the Board and whether this meant that additional savings would now need to be found. In response, Mrs Daniel explained that the updated figures had only become available after further discussions late in the week, and Mr Andrew Carruthers confirmed that the reduction in anticipated savings created a new financial gap that would need to be addressed. Mrs Marks also expressed concern about the potential impact of such cuts on service quality, particularly highlighting the importance of non-patient facing roles in supporting clinical teams. She emphasised the need for ongoing, weekly monitoring of the situation and concluded that while she could offer assurance at this stage, it was accompanied by significant concerns. Other members echoed her sentiments, agreeing that continued rigorous scrutiny would be essential as the Board moved forward.

Ms Sian Jenkins added that savings would be required via another route.

Mrs Anna Lewis raised concerns about the fairness and implications of targeting specific clinical services for savings, particularly the neurodevelopmental outsourcing proposal. She

noted that the original plan appeared to single out one clinical group, which could set a precedent requiring justification for not applying similar cuts to other services. Mrs Lewis emphasised that this could lead to a problematic domino effect in decision-making. However, she welcomed the revised approach, which replaced the blanket freeze with enhanced scrutiny of recruitment requests, as it demonstrated proper process and balanced financial control with service quality. She expressed confidence that the organisation had followed a robust process, and received assurance that the revised decision was reasonable, even though it meant the Board would need to find savings elsewhere.

Mrs Chantal Patel questioned the clarity and consistency of the savings process, expressing confusion about how the committee moved from initial directorate-led savings plans to reconsidering or reversing some proposals. She sought a clear explanation of the rationale behind these changes and wanted to know what alternative plans were in place if the required savings could not be achieved.

Mr Imperato highlighted that the recruitment freeze required deeper scrutiny due to fairness concerns and the potential for legal or reputational challenges if specific groups felt disproportionately affected. He acknowledged that this scrutiny led to a revised proposal with reduced savings and asked the Committee to consider whether they were comfortable with this outcome and its implications for meeting Welsh Government financial expectations.

Mrs Lewis emphasised the importance of trusting the internal assessment process and felt reassured that the scrutiny applied was necessary and effective. While acknowledging that the change reduced the savings figure and created a financial gap, she accepted this as a consequence of making a fair and well-considered decision.

Within the online chat, Mr Caruthers commented that the key difference in this instance of outsourcing was that the Health Board had not yet awarded contract or completed the process in relation to allocating funding. The correspondence from WG highlighted the importance of scrutinising areas of funding not yet committed. This situation does not require reversing a decision, instead deferring a resolution to an issue that is already being managed. The Board's response last week was that the same approach should apply to exceeding the £230k savings target. Achieving this would also require scaling back on referral to treatment time (RTT) related outsourcing, as it would fall under a category two scheme issue.

Within the online chat, Mr Thomas highlighted the importance of monitoring the impact of each post that is rejected by the Financial Control Group.

Mr Imperato acknowledged the importance of maintaining ongoing, rigorous scrutiny even when assurance has been provided. He emphasised that the Board's role is not to disengage once assurance is received, however, to continue monitoring the situation. Regarding neurodevelopmental outsourcing, he noted that the issue has been properly scrutinised, resulting in changes that are more acceptable, though challenges still remain.

Within the online chat, Mrs Wilson clarified for Members who were unable to attend the In-Committee meeting that one of the reasons behind the recruitment recommendation was to ensure corporate services are not overlooked. She emphasised that these services are essential in supporting front line services and without them, there would be increased pressure and in some cases the inability to meet legislative duties.

Mr Imperato indicated that while the Committee is assured, ongoing robust scrutiny of neurodevelopment, should remain.

#### Strategic Planning Budget

The panel reviewed the scheme. The RAG ratings were set as Red for safe, timely, efficient, effective domains and Amber for equitable/ person. The proposal was for the removal of the budget. The panel requested further information on the strategic planning budget, although they identified no impact on quality during this financial year.

#### Cease minor Works Other than Essential

The positive and negative impacts were scored. However following a discussion at IC Board, this has now been moved into a Category two scheme.

#### Pause Procurement Non-Essential Equipment

The panel supported the proposal and noted the negative score which was due to the potential inequity between clinical and non-clinical groups, as this was specifically relating to non-clinical procurement.

#### Mandate Virtual Meetings

The proposal for mandatory virtual meetings included exceptions for specific scenarios requiring in person meetings, such as interviews, disciplinary meetings and clinical meetings. It was agreed that a set of principles and guidance would be developed to support implementation of the mandate.

Mrs Gostling outlined that the Workforce and Organisational Development team were drafting a list of meetings considered to be suitable for virtual meetings. The key decision would be made relating to staff requirements to meet face-to-face. Geography of meetings are also considered to ensure travel is used efficiently.

Mr Thomas commented that it is important to consider the effectiveness of staff time together online versus face-to-face.

Ms Murphy queried the impact on Independent Members (IMs) who travel frequently as part of their role and asked whether IMs travel was being evaluated as part of this exercise. In response, Mrs Wilson confirmed that a review in terms of which activities can move online to improve efficiency. Patient safety visits will remain in-person due to their importance. A meeting with the Chair will explore this further, with outcomes feeding into the draft shared by Mrs Gostling to Executive Directors. The aim is to ensure consistency across the organisation, with some potentially going virtual to save costs.

#### Pause non-statutory CPD Training & Conferences

The Committee was informed that on the third slide of the presentation, no opportunities for savings were identified with the exception of non-statutory Continuing Professional Development (CPD) training. Mrs Daniel advised that for this scheme, the overarching ward QIA was used as a benchmark. The panel noted the impact on leadership training programmes, which have supported the reduction in targeted intervention status, and acknowledged the potential effect of reduced CPD on clinical skills and patient care. The average impact score was six across all domains. The decision by the panel was to enhance scrutiny pause existing commitments where appropriate and explore charitable funding options. Principles are being developed to guide teams in this process.

Mr Imperato questioned whether category two options would be impacted if there have been changes to category one proposals affecting the original figures.

Mrs Gostling stated that in terms of category two, the on-contract agency, particularly for nursing, was discussed at the IC Board meeting and has been added it into the enhanced scrutiny document. Whilst some have already been included in existing plans, others have not. With newly qualified nurses are joining the Health Board in October 2025 and in March 2026, there is additional capacity that can be classified as Category one savings, as they will directly replace agency staff. The team is currently mapping where these individuals will be placed to align with agency usage.

Mrs Wilson explained that the IC Board did not ask the Committee to review category two schemes. While background work is ongoing, any proposals with significant impact will need to return to the Public Board for transparent decision-making. The current focus is on reviewing existing schemes, with financial implications still being assessed due to recent changes.

Ms Jenkins outlined that there was original £2m in Category one savings has now reduced. Updated figures will be reflected in the report to Board on 25 September 2025.

Within the online chat, Mr Winston Weir noted that Category one schemes do not achieve the additional £6m required by WG, and therefore attention needs to shift to Category two. He expressed satisfaction that QIA's have been, and continues to be, carried out for Category one schemes and he was assured that the savings figures for these schemes are adjusted accordingly. Ms Lewis explained that the additional information at today's meeting had provided the necessary assurance.

Mr Maynard Davies stated that some of those concerns he had raised following the IC Board meeting have now been addressed, and he is consequently more reassured by the current position.

The Committee reviewed and scrutinised the Category one savings in detail, resulting in a revised overall figure. Members acknowledged changes, including to the neurodiversity scheme, and were asked to confirm whether they felt assured ahead of the upcoming public Board meeting. While there were no objections, the overall tone was one of cautious acceptance rather than strong support.

Mrs Daniel expressed thanks to Ms Cathie Steel and her team for maintaining the database and acknowledged the panel's efforts in reviewing QIAs. Although the process is becoming more robust as collective experience increases, it continues to represent a significant undertaking and is considered essential in the current operating context.

**Decision:**

The Committee **RECEIVED ASSURANCE** from the Presentation on QIA Impacts.

**FPC(25)75**

**DATE OF NEXT MEETING**

**Finance and Performance Committee: Tuesday 21 October 2025; 09:30 - 13:00**

1.5

9:40 AM, 0 Mins

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1.5 - TABLE OF ACTIONS FROM FINANCE  
AND PERFORMANCE COMMITTEE HELD  
ON 26 AUGUST 2025

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

FPC Table of Actions 26 August 2025.pdf



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

**26 AUGUST 2025**

**TABLE OF ACTIONS / TABL GWEITHREDOEDD**

| Minute No. | Meeting Date   | Subject                                               | Action                                                                                                                                          | Lead     | Timescale        | Progress/Date Achieved                                                                                                                            |
|------------|----------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1        | 26 August 2025 | Financial Performance Assurance Report                | To brief Michael Imperato and Anna Lewis on outcome of QIA Panel/IQFPD/Exec Team discussion on Financial Choices and Decisions on 26/27 August. | SD/AS/SJ | 5 September 2025 | Completed. Briefing conducted on 4 September 2025 in addition to In-Committee Board on 9 September and Extraordinary FPC meeting on 15 September. |
| 6.3        | 26 August 2025 | Policies (Policy 534: Patient Access – Elective Care) | To engage with Llais on local implications of implementation of national policy.                                                                | AC       | 21 October 2025  | In progress.                                                                                                                                      |

1.6

9:40 AM, 10 Mins

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## 1.6 - ASSURANCE AND RISK REPORT

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Assurance and Risk Report FPC 21 October 2025.pdf](#)

[Appendix 1 FPC Principal Risk Register.pdf](#)

[Appendix 2 FPC Operational Risk Register.pdf](#)





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



# Assurance and Risk Report

Finance and Performance Committee – 21 October 2025

This report provides the Finance and Performance Committee (FPC) with the status of the principal risks, operational risks, and Welsh Health Circulars (WHCs).

The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, and that WHCs are being implemented by the Health Board.

Corporate risks, audit and inspections recommendations and Ministerial Directions are reported at alternate meetings, and due to be presented to FPC at its next meeting on 16 December 2025.

Principal Risks:

1

Operational Risks

15

Welsh Health Circulars

0

# Risk Management - Overview



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

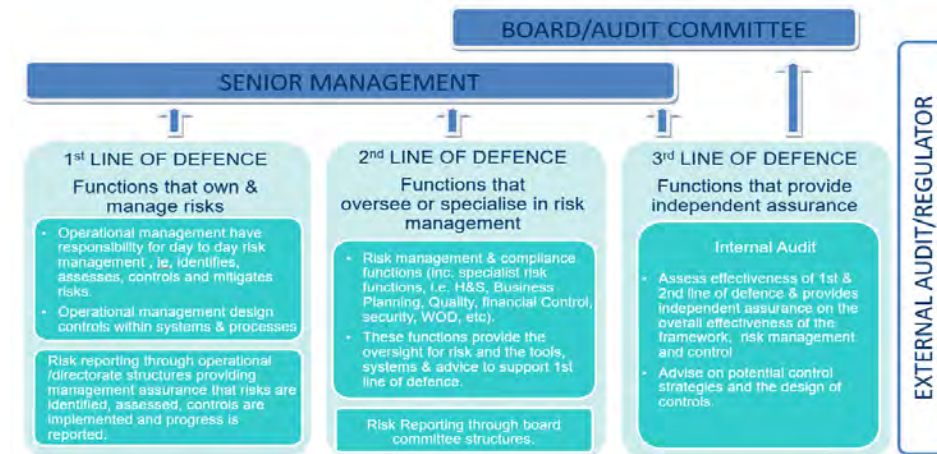
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g. where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.





# Principal Risks Assigned to FPC



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Each risk on the principal risk register (PRR) has been mapped to a Board level Committee to ensure that risks on the PRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

Principal risks have been identified by the Executive Team via a top down and bottom-up approach and are associated with the delivery of the Health Board's strategic (long-term) objectives. Each principal risk has been also been aligned to a sub-group of Formal Executive Team.

There is 1 risk currently aligned to FPC (out of the 15 that are on the PRR as of 30 September 2025).

The following slide provides a summary of the reportable principal risk aligned to FPC. The PRR attached at **Appendix 1**, provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, and sources of assurance.

Principal risks will be reviewed as part of the strategy refresh that is currently underway.

# Principal Risks assigned to FPC

| Risk Reference and Title                  | Lead Director       | Current Risk Score             | Target Risk Score (TRS) | Expected Date to Achieve TRS                   |
|-------------------------------------------|---------------------|--------------------------------|-------------------------|------------------------------------------------|
| 1199 - Achieving financial sustainability | Director of Finance | 25<br>→<br>(Reviewed 23/09/25) | 8                       | To be reviewed as part of the strategy refresh |

## Rationale for Current Risk Score

The significant underlying financial deficit in the current and future years is likely to result in the Health Board being unable to meet its cash obligations as they fall due and presents a going concern risk. Early indications from WG is that the WG are unable to support both the revenue and cash implications. With the Health Board reporting a significant in-year and recurrent underlying deficit, WG initially escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance, and in January 2024, the whole organisation was escalated into targeted intervention. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan, with strategic and operational changes required in an attempt to erode the financial deficit.

The Health Board's underlying deficit is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits. There is a need to, not only shift resources to more appropriate settings but, provide care at considerably lower cost. Significant workforce constraints remain; and the planning function remains small with significant opportunities to develop.

## Rationale for Target Risk Score (TRS)

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required over a number of years, and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

# Operational Risks assigned to FPC

16 operational risks on Datix are aligned to FPC, all of which are within review date.

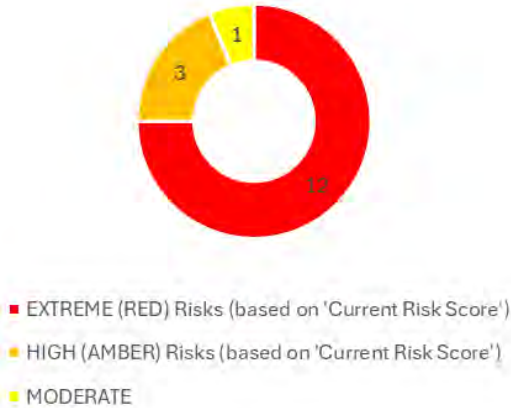
Of these, 15 have been identified as reportable to FPC based on the following criteria:

- FPC has been selected by the risk lead as the ‘Assuring Committee’ on Datix;
- Risks have been identified at operational level (previously Service and Directorate level) on Datix risk module;
- The current risk score is ‘extreme’ or ‘high’; and
- The current risk score is either equal to or exceeds the target risk score.

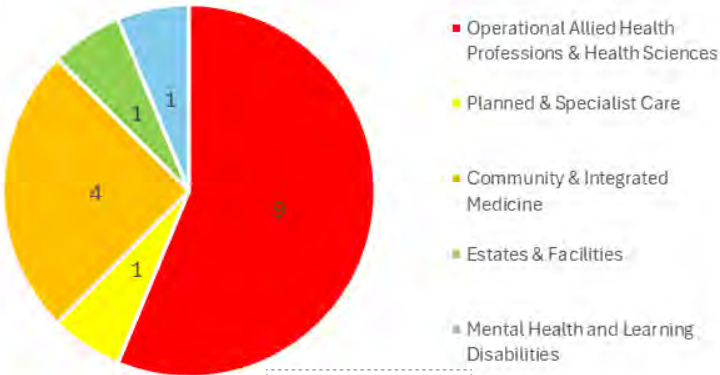
The following slides summarise the operational risks aligned to FPC. The Risk Register attached at **Appendix 2**, provides full detail of each risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

|                                                           |    |
|-----------------------------------------------------------|----|
| Total Number of Open Risks meeting criteria for reporting | 15 |
| New Risks since last reported to FPC                      | 5  |
| Closed Risks since last reported to FPC                   | 2  |
| Increase in Risk Score since last reported to FPC ↑       | 0  |
| Decrease in Risk Score since last reported to FPC ↓       | 0  |
| No Change in Risk Score since last reported to FPC →      | 10 |
| EXTREME (RED) Risks (based on ‘Current Risk Score’)       | 12 |
| HIGH (AMBER) Risks (based on ‘Current Risk Score’)        | 3  |

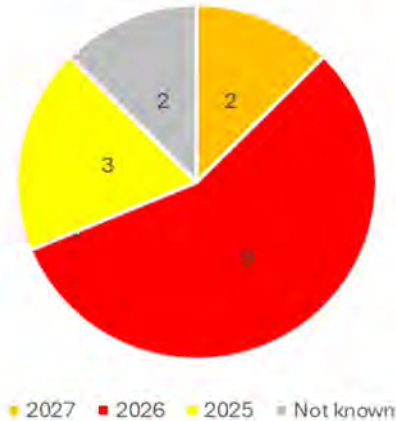
Current Level of Risks assigned to FPC



Risks split out by Clinical Care Group/Executive Function



Risks by Target Risk Score Expected Date (Year)



# New Operational Risks Reportable to FPC



GIG  
CYMRU  
NHS  
WALES

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| Risk Reference and Title                                                                                                             | Overseeing Clinical Care Group / Executive Function     | Lead Director           | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|--------------------|-------------------|--------------------------------------------|--------------------------|
| 2167 - There is a risk of non pay cost pressures of circa £200k due to increases in unit price of surgical appliances (33% increase) | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 25                 | 5                 | 31/03/2026                                 | 22/09/2025               |
| 2132 - Risk of overspend due to cost pressures related to variable pay                                                               | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 25                 | 20                | 31/03/2027                                 | 24/09/2025               |
| 2148 - Risk of significant financial pressures impacting on service delivery due to reliance on RIF funding for key clinical roles   | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 20                 | 10                | 31/03/2027                                 | 08/09/2025               |
| 2131 - Risk of overspend due to cost pressures related to Everlight radiology                                                        | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 20                 | 15                | 31/03/2026                                 | 25/09/2025               |
| 2040 - Risk of decommissioning of current FCP Physio Primary care service due to funding uncertainty from April 2026                 | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 15                 | 4                 | TBC                                        | 11/09/2025               |

\*Risk 2040 previously aligned to Quality, Safety and Experience Committee

# Operational risks closed since previous report



GIG  
CYMRU  
NHS  
WALES

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Hywel Dda  
University Health Board

| Risk Reference and Title                                                               | Overseeing Clinical Care Group / Executive Function | Lead Director           | Rationale                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2095 - Risk to delivery of urgent and suspected cancer hysteroscopy diagnostic pathway | Planned & Specialist Care                           | Chief Operating Officer | One stop Post-Menopausal Bleeding (PMB) service being established across the health board<br><br>Date of risk closure: 01/08/2025                                                                                          |
| 1084 - Risk of unsustainable surgical rota in PPH due to reliance on locum doctors     | Planned & Specialist Care                           | Chief Operating Officer | Replaced by risk 2137 ( <i>Unsustainable Surgical SAS Level Rota in Carmarthenshire</i> ) which is reportable to People, Organisational Development and Culture Committee (PODCC).<br><br>Date of risk closure: 12/08/2025 |



# No Change in risk score since previous report



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University Health Board

| Risk Reference and Title                                                                                                 | Overseeing Clinical Care Group / Executive Function     | Lead Director                                             | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|--------------------|-------------------|--------------------------------------------|--------------------------|
| 2110 - Risk of not achieving savings targets for 2025/26 due to significant, strategic change required across whole CCGs | Community & Integrated Medicine                         | Chief Operating Officer                                   | 20<br>→            | 16                | 31/10/2025                                 | 25/09/2025               |
| 1631 - If the delegation of budget manager responsibilities are unmet then finances will be adversely affected           | Operational Allied Health Professions & Health Sciences | Chief Operating Officer                                   | 20<br>→            | 15                | 31/03/2026                                 | 29/09/2025               |
| 975 - Risk of failure to remain within allocated budget due to financial constraints (Estates and Facilities).           | Estates & Facilities                                    | Director of Allied Health Professions and Health Sciences | 20<br>→            | 10                | 31/03/2026                                 | 22/07/2025               |
| 2107 - Risk of physiotherapy financial overspend due to unfunded respiratory on call services.                           | Operational Allied Health Professions & Health Sciences | Chief Operating Officer                                   | 16<br>→            | 2                 | 31/03/2026                                 | 11/09/2025               |
| 1906 - Risk of not achieving savings targets within our annual plan due to ongoing service demand                        | Community & Integrated Medicine                         | Chief Operating Officer                                   | 16<br>→            | 12                | 31/10/2026                                 | 24/09/2025               |
| 1892 - Risk of not achieving savings targets due to continued expenditure without mitigating savings plans               | Operational Allied Health Professions & Health Sciences | Chief Operating Officer                                   | 16<br>→            | 12                | 31/03/2026                                 | 25/09/2025               |

# No Change in risk score since previous report



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NHS  
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Hywel Dda  
University Health Board

| Risk Reference and Title                                                                                                      | Overseeing Clinical Care Group / Executive Function     | Lead Director           | Current Risk Score | Target Risk Score | Expected Date to Achieve Target Risk Score | Date of last risk review |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|--------------------|-------------------|--------------------------------------------|--------------------------|
| 971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (MH&LD)             | Mental Health and Learning Disabilities                 | Chief Operating Officer | 16<br>→            | 3                 | 31/03/2026                                 | 18/09/2025               |
| 2124 - Risk of being unable to identify recurrent savings required due to spend on ad-hoc pay and non-pay                     | Planned & Specialist Care                               | Chief Operating Officer | 12<br>→            | 4                 | 31/03/2026                                 | 25/07/2025               |
| 1951 - Risk of overspend against Specialist Palliative Care budget due to potential withdrawal of funding for permanent posts | Community & Integrated Medicine                         | Chief Operating Officer | 12<br>→            | 4                 | 29/08/2025                                 | 29/08/2025               |
| 1646 - Risk of cost pressure (external test service level agreements PHW) due to increased workload/costs                     | Operational Allied Health Professions & Health Sciences | Chief Operating Officer | 8<br>→             | 8                 | 23/04/2025                                 | 24/07/2025               |

Risk owners can assign ‘themes’ to risks on Datix, allowing risk information to be shared on specific areas with relevant subject matter experts within the Health Board. They in turn can offer specific support and guidance to risk owners in the management of risk and identify trends and areas of concern. Each risk theme is aligned to a specific and relevant committee or sub-committee to provide assurance that processes are in place to deliver a holistic approach to risk management.

Theme owners are provided with a thematic risk register on a bi-monthly basis to identify trends, or risk clusters, and to consider whether there are gaps in controls in the Health Board’s control framework, and to determine whether further action is required to prevent risks from materialising.

The following themes are currently aligned to FPC as of September 2025:

| Risk Theme | Definition                                                              | Number of risks |
|------------|-------------------------------------------------------------------------|-----------------|
| Finance    | Risks associated with the possibility of financial loss and uncertainty | 83              |



Welsh Health Circulars (WHCs) provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are understood and managed appropriately.

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

WHCs included within this report are based on the following criteria:

*3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies*

Progress updates relating to the implementation of WHCs are extracted from the AMAT system.

**As of 30 September 2025, there are no open WHCs assigned to FPC. No change since previous report.**

# Recommendations



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The committee is requested, in relation to the areas presented in this paper, to:

## Risk Management

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively, and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

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Hywel Dda  
University Health Board

| Risk Ref | Risk (for more detail see individual risk entries) | Executive Director | Domain              | Previous Risk Score | Risk Score Jun-25 | Trend | Target Risk Score (tolerable score) | Expected Date of achieving Target Risk Score |
|----------|----------------------------------------------------|--------------------|---------------------|---------------------|-------------------|-------|-------------------------------------|----------------------------------------------|
| 1199     | Achieving financial sustainability                 | Thomas, Huw -      | Finance inc. claims | 5×5=25              | 5×5=25            | →     | 2×4=8                               | TBC                                          |

| Risk Ref | Strategic Objectives            | Risk Title (for more detail see individual risk entries) | Executive Director | Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domain              | Current Risk Score (L x I) | Target Risk Score (L x I) (tolerable score) | Performance Indicators                                                                                                                                                                                                                                                                                                                             | Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Latest paper                                                                                                                                                                                                                                                                                                                                                                                        | Assurance Sufficient? (Y/N) | Control RAG rating (see below key) | Risk on page no... |
|----------|---------------------------------|----------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|--------------------|
| 1199     | 6. Sustainable use of resources | Achieving financial sustainability                       | Thomas, Huw -      | <p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> | Finance inc. claims | 5×5=25                     | 2×4=8                                       | <p>See Our Outcomes section on the BAF Dashboard</p> <p>Operational agreement to underlying deficit assessment.</p> <p>Welsh Government accept and approved Integrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p> | <p>Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work (L1)</p> <p>Financial Reporting to Sustainable Resources Committee (L2)</p> <p>Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery (L2)</p> <p>Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap (L2)</p> <p>Planning Objectives overseen by Sustainable Resources Committee (L2)</p> <p>Structured Assessment 2023</p> | <p>Annual Plan Update 2024/25 - SRC &amp; Board Seminar (Feb24)</p> <p>Developing a roadmap to financial balance - SRC (Jun23)</p> <p>Medium term financial strategy- Board Seminar (Jun23)</p> <p>Annual Plan Update 2024/25 - Board Seminar (Feb24)</p> <p>Financial Strategy and Roadmap Update 2025/26 - SRC (Dec25)</p> <p>Annual Plan and Strategy Update 2025/26 - Board Seminar (Feb25)</p> | Y                           |                                    |                    |



|  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |      |  |                                                       |  |  |
|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------|--|-------------------------------------------------------|--|--|
|  |  |  |  | <p>New Executive team governance and escalation structure and reporting groups (Value &amp; Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group.</p> <p>Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous business case implementations and disinvest if appropriate.</p> <p>Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.</p> |  |  | (L3) |  | Annual Plan and Strategy Update 2025/26 - SRC (Feb25) |  |  |
|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------|--|-------------------------------------------------------|--|--|

|      |                                                |                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |        |       |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |   |  |  |
|------|------------------------------------------------|------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 1196 | 5. Safe, sustainable, accessible and kind care | Insufficient investment in facilities/equipment/digital infrastructure | Davies, Lee | <p>Annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process.</p> <p>When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.</p> <p>Completion of the medical devices inventory by the operational management team which helps in the prioritisation of available funds.</p> <p>Communication with Welsh Government via Planning Framework and IMTP (Infrastructure &amp; Investment Enabling Plans) including the prioritised 10 year capital plan and regular dialogue through Capital Review meetings.</p> <p>Preparation of priority lists for equipment, Estates and IM&amp;T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans. This is also addressed through the identification of high priority</p> | Business objectives/projects | 5×4=20 | 2×3=6 | See Our Outcomes section on the Dashboard | <p>Development of Integrated Assurance and Approval Plan in support of PBC and SOC (L1)</p> <p>Governance structure to oversee delivery of the Business Cases (L1)</p> <p>Oversight by A Healthier Mid and West Wales Group which reports into Executive Team with Assurance sought by Strategy and Planning Committee (L2)</p> <p>Internal Audit Programme aligned to Business Case Development (L3)</p> <p>Internal Audit AHMWW Programme Forward Look Governance Review (L3)</p> <p>Gateway review of PBC and SOC by WG Assurance Hub (L3)</p> | <p>PCB - Implementing the Healthier Mid and West Wales Strategy - Board (Jan23, Mar23, May23, Jul23 &amp; Sep23) &amp; SDCODC (Apr23, Jun23, Aug23 &amp; Jan24)</p> <p>AHMWW PBC Programme Group Update - Board Seminar (Apr22)</p> <p>TMH Update - Board Seminar (Jun22)</p> <p>Executive Team - Apr22</p> <p>Planning Objectives Update (Planning) - SDODC ((Jun22, Oct22, Feb23, Jun23, Oct23, Feb24 &amp; Jun24)</p> | Y |  |  |
|------|------------------------------------------------|------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|

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|  |  |  | <p>issues through the annual planning cycle.</p> <p>Implementation of the Digital Strategy which is also funding dependant.</p> <p>A governance structure has been established with the Director of Strategy and Planning as SRO to develop the business cases required in support of the Health and Care Strategy, A Healthier Mid and West Wales. It is likely that all the capital mitigations for the over arching risk will be interim solutions only pending the major infrastructure investment plans to ensure the sustainability of the health and care strategy.</p> <p>Programme Business Case (PBC) for Business Continuity supported in principle by WG and funding for first phase BJC developments.</p> <p>Funding for Community Schemes are being progressed via the Integration and Rebalancing Fund (IRCF).</p> <p>Co-production of 10 Year Capital Investment Plan with the RPB.</p> |  |  |  | <p>Pentre Awel Update - SDODC (Dec23)</p> <p>DCP Update - SDODC (every meeting)</p> <p>Forward Look Governance Review - ARAC (Feb23)</p> <p>Regular reporting to Board and Board Seminar</p> |  |  |  |
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|------|------------------------------------------------|--------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 1197 | 5. Safe, sustainable, accessible and kind care | Implementing models of care that do not deliver our strategy | Davies, Lee | <p>Healthier Mid and West Wales Strategy approved by Board Nov18.</p> <p>Delivery Groups and processes:</p> <ol style="list-style-type: none"> <li>1. Programme Business Cases (PBC) steering groups</li> <li>2. Cluster groups &amp; locality plans</li> <li>3. Regional Partnership Board, ARCH and other regional/national collaboratives</li> <li>4. AHMWW Group, reporting to Executive Team, with underpinning governance structure overseeing alignment and delivery of the strategy working through a sub group structure of 6 Sub Groups including a Strategic Refresh Group.</li> </ol> <p>Assurance provided to Board via scrutiny of delivery of the above by relevant assurance committees.</p> | Business objectives/projects | 4×4=16 | 1×4=4 | See Our Outcomes section in the BAF Dashboard | <p>AHMWW Group reporting to Executive Team (L2)</p> <p>Board and Committee oversight of Planning Objectives (L2)</p> <p>QSEC to measure harms (L2)</p> <p>WG Gateway process re accessing capital (L2)</p> <p>Internal Audit reviews of Major Capital Programme (L3)</p> <p>Audit Wales Structured Assessment Process review delivery of Health Board Strategy &amp; Planning (L3)</p> | <p>PBC - Implementing the Healthier Mid and West Wales Strategy - Board (Jul24)</p> <p>Annual Plan 2023/24 Update - Board (Jan25)</p> <p>Refreshing the Healthier Mid and West Wales Strategy - Board (Jan25)</p> | Y |  |  |
|------|------------------------------------------------|--------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|

|      |                                                                                                  |                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |        |       |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |   |  |  |
|------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---|--|--|
| 1185 | 1. Putting people at the heart of everything we do, 2. Working together to be the best we can be | Consistent and meaningful engagement through our workforce | Davies, Lee | <p>"Skills to Deliver Engagement<br/>Two additional posts were added to the Engagement team in early 2023. However, these roles have, due to staff departure and financial pressure, have been held.<br/>Recruitment to the Head of Engagement is currently underway in October 2024, with additional posts to follow. Additional resource has been requested to enable engagement during CSP.</p> <p>Expert engagement team in place with ongoing training needs reviewed regularly.</p> <p>Operational engagement lead for each county.</p> <p>Engagement training provided to operational on an ad hoc/as required basis.</p> <p>Organisational Structures to Support the Delivery of Engagement<br/>Stakeholder Reference Group provide oversight/ input from an advisory group perspective around key HB priorities.</p> <p>Close working relationship with Llais.</p> | Business objectives/projects | 4×4=16 | 2×3=6 | See Our Outcomes section on the BAF Dashboard | <p>Management process in place to monitor Engagement Team objectives (L1)</p> <p>Key projects / programmes of work will be provided with advice, guidance and support around the design and delivery of robust engagement plans (and where required consultation plans) (L1)</p> <p>Reflective review of the engagement to ensure learning from the process is recorded and influences future work. This will include a programme / project group review to inform future learning and delivery of engagement. The operational reflection by the Engagement Team will form part of the team's learning log, to ensure there is continuous improvement embedded within engagement practice. Ongoing process in place (L1)</p> | Continuous Engagement Plan - Board (May22) | N |  |  |
|------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---|--|--|

|  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
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|  |  |  | <p>Voices of Children and Young People's Group established</p> <p>Newly established 'improving the use of feedback across the organisation' group to explore how the triangulation of feedback from different parts of the organisation including engagement, corporate office, communications, diversity and inclusion, quality improvement, transformation, patient experience and workforce and organisational development can be used to inform key pieces of work around service change.</p> <p>Engagement mechanisms to support the delivery of continuous engagement across the organisation include:</p> <ul style="list-style-type: none"> <li>- provision of engagement, advice, guidance and support around continuous engagement and consultation to services across the HB</li> <li>- management of the Siarad Iechyd / Talking Health involvement and engagement scheme</li> <li>- management of the stakeholder management system Tractivity</li> <li>- Management of the online engagement tool Have Your Say (EngagementHQ)</li> <li>- advice, guidance, support around the planning and delivery of traditional engagement methods</li> </ul> |  |  | <p>SRG used a oversight assurance mechanism (L2)</p> <p>For major pieces of engagement and consultation work sign off will be via Board (L2)</p> <p>Where contentious engagement / consultation is identified the organisation can seek external advice and guidance through Consultation Institute to minimise risk of judicial review (L3)</p> <p>The Health Board and Llais have key duties around changes to health services. Changes to health services should be presented to the CHC at Services Planning Committee (L3)</p> |  |  |  |  |
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|------|---------------------------------|----------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 1198 | 6. Sustainable use of resources | Ability to shift care in the community | Carruthers, Andrew | <p>Transformation Steering Group (TSG) &amp; Strategic Enabling Group (SEG) to support strategic innovation and development in the UHB.</p> <p>Operations Innovation 'Board' (new Silver) to aid planning to optimal level, with workstreams and system overarching group.</p> <p>5 Facet Survey completed in 2022 to establish a baseline for the GMS estate.</p> <p>CHC and UHB Protocol for managing low level service change.</p> <p>All Business Cases need to be taken through Transformation Steering Group.</p> <p>Plan on a page developed and included in the Health Board's Annual Plan 2024/25 for clusters.</p> <p>WHC (18) 025 - Improving Value through Allocative &amp; Technical Efficiency: A Financial Framework to Support Secondary Acute Services Shift to Community/Primary Service Delivery confirmed as</p> | Business objectives/projects | 4×4=16 | 2×4=8 | See Our Outcomes section in the BAF Dashboard | <p>Lightfoot Viewer for urgent care to track improvements (L1),</p> <p>County Management Systems Leadership Forum focus on performance and delivery (L1),</p> <p>Locality Leads meeting oversee integrated locality development (L1),</p> <p>Primary Care &amp; Long Term Care SMT meeting (L1),</p> <p>Regional Partnership Fund Group (L2),</p> <p>Board Seminar discussions (L2),</p> <p>Delivery of Planning Objectives overseen by Executive Team and Board Committees (L2),</p> | <p>TMH Update - Board (May22).</p> <p>Three Year Draft Plan for Children's Services - Board (Jul21).</p> <p>PCB- Implementing the Healthier Mid and West Wales Strategy - Board (Nov23).</p> <p>Implementing the Healthier Mid and West Wales Strategy - Board - (Jan23).</p> | N |  |  |
|------|---------------------------------|----------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|-------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|

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| 1186 | o, 2. Working together to be the best we can be, 3. Striving to deliver and develop excellent services | Attract, retain and develop staff with the right skills | Gostling, Lisa | <p>A flexible and responsive recruitment process.</p> <p>A multidisciplinary approach to clinical education.</p> <p>A comprehensive package that enables local people to know what and how they can access workforce development initiatives in the Health Board</p> <p>HR policies (including those for employee relations) in place with programme of review</p> <p>Training programmes in place (a suite of programmes covering management and leadership, Making a Difference, etc)</p> <p>County workforce teams/OD Relationship Managers/Workforce Planners in place to provide workforce support to services (covering sickness absence, etc)</p> <p>Staff Well-being Service and Psychological Service in place</p> <p>Regular contact with Trade Union</p> | Workforce/OD | 3×5=15 | 2×5=10 | See Our Outcomes section on BAF Dashboard | <p>Workforce Leadership Group review progress of planning objectives, measures and staff feedback in detail (L1)</p> <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>SSPEG oversees people planning and education development (L2)</p> <p>Oversight of Delivery of planning objectives, measures and staff feedback at People, OD &amp; Culture Committee (L2)</p> <p>Staff Partnership Forum (L2)</p> <p>Medical Engagement scale feedback (L3)</p> <p>IA PADR Follow up - Reasonable (May-20) (L3)</p> | <p>Approach to Workforce Planning Paper (including WAO reports) and Workforce Risk Paper and Planning Objectives Update - PODCC (Oct23)</p> <p>Discovery Report: Understanding the Staff Experience in HDUHB during 2020-21 COVID-19 Pandemic - Board (Sep21)</p> <p>Workforce Planning Report provided to every other PODCC meeting (latest February 2025)</p> <p>Delivery Against Planning Objectives Aligned to the People, Organisational</p> | N |  |  |
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| 1. Putting people at the heart of everything we do |  |  | representatives/Staff Partnership forums                                                              |  |  |  | Internal Audit on Workforce Planning - Substantial (Apr22) (L3)                                       | Development and Culture Committee (May 2025) |  |  |
|                                                    |  |  | Annual NHS staff surveys providing feedback from staff                                                |  |  |  |                                                                                                       |                                              |  |  |
|                                                    |  |  | Separate clinical education programmes in place                                                       |  |  |  | Wales Audit on Workforce Planning (Report Sep23) (L3)                                                 |                                              |  |  |
|                                                    |  |  | Apprenticeship programme and work experience programmes in place                                      |  |  |  | Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans |                                              |  |  |
|                                                    |  |  | Grow your Own programmes in place                                                                     |  |  |  | SPPEG (Strategic People Planning & Education Group)                                                   |                                              |  |  |
|                                                    |  |  | Leadership development programmes in place                                                            |  |  |  |                                                                                                       |                                              |  |  |
|                                                    |  |  | Internal and External talent programmes                                                               |  |  |  |                                                                                                       |                                              |  |  |
|                                                    |  |  | Directorate Improving Together Sessions aligned with Internal Escalation Framework                    |  |  |  |                                                                                                       |                                              |  |  |
|                                                    |  |  | Strategic Workforce Planning Forum (oversight of education commissioning) and People Profession Plans |  |  |  |                                                                                                       |                                              |  |  |
|                                                    |  |  | SPPEG (Strategic People Planning & Education Group)                                                   |  |  |  |                                                                                                       |                                              |  |  |

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| 1194 | 4. The best health and wellbeing for our individuals, families and our communities | Increasing uptake and access to public health interventions | Gjini, Ardiana | <p>National screening programmes in place (including Breast, Bowel, Cervical, DES, AAA, new-born, etc). These programmes are national services, planned, delivered, monitored and quality assured by PHW, also the quality improvement sits with PHW.</p> <p>Local initiatives in place such as Cervical Screening and Refugees, and Barriers to Screening Uptake in Carers.</p> <p>Vaccination and immunisation programme in place, and recently has seen significant changes with introduction of national immunisation framework (NIF). Vaccination and Immunisation as programmes are planned in line with WG policy.</p> <p>Local health protection service in place.</p> <p>Local and National health promotion initiatives.</p> <p>Multi-agency Health Protection and Co-ordination Group established (with operational delivery groups for adult immunisation, infant and pregnancy immunisation and respiratory immunisation, school age immunisation, occupational immunisation)</p> <p>Tobacco Control Group in place.</p> <p>Area Planning Board (Alcohol and Substance Misuse).</p> | Health Equity | 4×3=12 | 2×2=4 | <p>See Our Outcomes section on the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p> | <p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>A Healthier Mid and West Wales Group (L2)</p> <p>All Wales Wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW. Relevant ONS data - published resources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p> |  | N |  |  |
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| 1191 | 3. Striving to deliver and develop excellent services | Underestimation of Excellence | Henwood, Mr Mark | # Quality Assurance System including Clinical effectiveness<br># Process re NICE and professional guidance.<br># National & Local Clinical Audits Programme<br># Peer Reviews<br># Healthcare standards<br># Major cause of harm<br># National Quality setting.<br># AMAT system in place to monitor NICE compliance<br># TSG to learn from best in World.<br># Advisory Board.<br># Clinical Director for Clinical Effectiveness - role to secure clinical engagement.<br># Monitoring system in place for NICE guidance.<br># QSEC Approved Research & Development (RDI) Strategy with Implementation Plan<br># Research & Innovation Sub Committee with strengthened membership for improved scrutiny<br># Strengthened RDI Management Team<br># Partnership and collaborative working initiatives - some joint funded posts and research and innovation projects in place.<br># University partnership arrangements in | Business objectives/projects | 3×4=12 | 2×3=6 | See Our Outcomes section on the BAF Dashboard | # Participation in the NICE Welsh Health Network where specific guidelines are proposed for review on a national basis - to provide benchmark information (L1)<br># Senior management Team meeting monitor delivery of RDI activities and RDI Strategy/Plan (L1)<br># VBHC Programme Plan for rollout of PROM/PREM collection and capture of resource utilisation (L1)<br># Medical Leadership Forum (L2)<br># VBHC facilitated Service Review Meetings with operational and clinical staff followed by presentation to Executive colleagues for action (L2)<br># Reporting through the Effective Clinical Practice Advisory Panel and Clinical Standards and Guidelines Group (L2)<br># Alignment with Health Board | Update ECPAP Reports to QSEC (Oct23)<br><br>Effective Clinical Practice Strategic Plan for ratification to ECPAP (Sep22)<br><br>Effective Clinical Practice Delivery Plan to ECPAP (Dec22) | N |  |  |
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|  |  |  |  | place.<br># Strategic Enabling Groups<br># Value Based Health Care Sponsoring Group<br># Value Based Health Care Programme Team<br># National Value Based Health Care Community of Practice<br># Improving Together Programme<br># Regular attendance at Directorate/ County Quality and Governance Groups to improve engagement on clinical effectiveness<br># Establishment of the Clinical Standards and Guidelines Group as a forum to support better engagement with service areas and promote excellence through a focus on clinical effectiveness standards and guidelines and support from teams across the quality system to identify gaps and improve services.<br># Multi-Professional Clinical Workshop, led by Clinical Executives |  |  |  | Quality and Governance Groups (L2)<br># Responses to letters from Welsh Government (DCMO) relating to specific guidelines (L2)<br># RDI Sub Committee & HCRW monitor delivery of RDI Strategy/Plan (L2)<br># Board Committees & Executive Team (through its reporting groups) oversee delivery of Planning Objectives (L2)<br># Annual Performance Review by WG/HCRW (L3)<br># RDI Activity overseen by UK RD - Peer Review to review arrangements in place for research activities (L3)<br># IA on NICE Guidelines Follow-up (Reasonable Assurance) (L3)<br>IA on Job Planning - May24 (Limited Assurance) (L3)<br># HCRW Annual Review of R&D (awaiting final report - positive verbal feedback to date) (L3) |  |  |  |  |
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| 1192 | 4. The best health and wellbeing for our individuals, families and our communities | Wrong value set for best health and well-being | Gjini, Ardiana | <p>Statutory member of Public Service Boards (PSBs) with statutory members undertaken a Wellbeing Assessments in 2022, with a set of wellbeing objectives agreed by each of the PSBs the Board in March 2023 setting actions for partners to implement</p> <p>Key member of Regional Partnership Board (RPB)</p> <p>Engagement underpinning the Healthier Mid and West Wales Strategy</p> <p>Equality Impact Assessments, consultation and engagement undertaken on service change</p> <p>Patient participation groups in place for some services, eg maternity, respiratory</p> <p>Close links between services and voluntary sector groups, eg AgeConcern, MIND</p> <p>Speaking to people re outcomes (Prog7 of Trans Fund)</p> <p>Together for change (supporting community led programme)</p> | Health Equity | 3×4=12 | 2×4=8 | See Our Outcomes section in the BAF Dashboard | <p>Population health measures collected by Public Health Wales (vaccinations, screening, etc) (L1)</p> <p>Tracking of crude mortality, risk-adjusted mortality and other data (L1)</p> <p>Oversight of delivery of Planning Objectives undertaken by Assurance Committees (L2)</p> <p>Overseeing the development of Wellbeing Assessment as statutory member of PSB (L2)</p> <p>Oversight of Programme 7 of transformation fund by RPB (L2)</p> <p>Oversight of delivery of New Hospital Programme Business Case by SDODC (L2)</p> <p>SRG advisory role to the Board (L2)</p> | PO Update Report to Committees (Feb24) | N |  |  |
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|  |  |  |  | <div>Relationship with Llais (2 weekly meeting with Chair and CEO and bi-monthly planning meetings)</div> <div>Community engagement and outreach work with disadvantaged/vulnerable groups</div> <div>Stakeholder Reference Group</div> <div>Staff Partnership Forum</div> <div>Development and sign up to the principles of the Social Model for Health &amp; Wellbeing Charter in the region by all partners</div> <div>RPB Preventions Board ownership of elements of the Social Model for Health &amp; Wellbeing</div> |  |  |  | <div>Director of Public Health</div> <div>Annual Report to Board (L2)</div> |  |  |  |  |
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| 1193 | 4. The best health and wellbeing for our individuals, families and our communities | Broadening or failure to address health inequalities | Gjini, Ardiana | <p>Health inequalities is embedded across public health teams, working closer with the planning and CSP work.</p> <p>HB Planning Objectives on Health Population setting plan of work for 2024/25.</p> <p>Population Health and Strategic Equity Oversight Group working across the HB and strategic partners.</p> <p>Strategic Plan for Health Improvement and Wellbeing (3 year plan) going to Board for approval in July 2024.</p> <p>Immunisations Equities Strategy in place.</p> <p>Development of Health Equities Framework for Health Services.</p> <p>PSB Wellbeing Plans in place, developed and agreed by Public Service Boards identifying key priorities for population well-being (the self-assessments and new objectives were set in Apr23).</p> <p>Community Development Outreach Team engage with minority ethnic communities and those who face barriers to accessing health and care services.</p> | Health Equity | 3×3=9 | 2×1=2 | <p>See Our Outcomes section of the BAF Dashboard</p> <p>Wellbeing, Public Health Outcome and Health Inequality, Deprivation metrics to aid baseline setting to map progress</p> | <p>Oversight of delivery of delivery of Planning Objectives at Executive Team and SDODC (L2)</p> <p>Population Health and Strategic Equity Oversight Group (L2)</p> <p>Health Equity Group in place engage with different groups for feedback on service and wider inequities (L2)</p> <p>All Wales wellbeing and Public Health Outcome indicators published by PHW Observatory. QA responsibility of PHW Relevant ONS data - published sources. Other ad hoc published works/resources from various recognised and credible bodies/foundations (L3)</p> |  | N |  |  |
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| 1188 | 2. Working together to be the best we can be | Effective leveraging within partnerships | Gjini, Ardiana | <p>The Health Board is a key member of strategic and statutory partnership groups, including Regional Partnership Board and Public Service Board.</p> <p>The Health Board approved a Partnership Governance Framework and Toolkit in September 2017 to provide a mechanism to ensure effective arrangements are in place for the governance of partnerships.</p> <p>Representatives on strategic partnerships groups to provide regular updates to the Board/Executive Team.</p> <p>ARCH Recovery and Strategic Delivery Plans</p> <p>Digital strategy</p> <p>Regular formal and informal contact with local authority partners via CEO/Chair and Integrated Executive Group</p> <p>Research, development and innovation strategy</p> | Business objectives/projects | 3×3=9 | 1×3=3 | See Our Outcomes section in BAF Dashboard | <p>Statutory Partnerships Update to Board (L2)</p> <p>Chief Executive and Chair Reports to Board (L2)</p> <p>ARCH Reports to Strategic Development and Operational Planning Committee (SDODC) (L2)</p> <p>Delivery of Planning Objectives are being overseen by Executive Team and Board Committees (L2)</p> | Strategic Partnerships Update every Board (May24) | N |  |  |
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| 1189 | 3. Striving to deliver and develop excellent services | Timely and sufficient learning, innovation and improvement | Daniel, Sharon | <p>Risk Management Framework and Board Assurance Framework (BAF)</p> <p>Established governance structures</p> <p>Established Assurance Trackers for audits, inspectorates &amp; regulators, Welsh Health Circulars, Ministerial Directions</p> <p>Healthcare Standards (HCS) 6 Domains of Quality embedded within governance framework to improve clinical quality and patient experience</p> <p>Research, Development and Innovation Strategy approved by QSEC</p> <p>The Improving Together programme which aims to shift the organisation from one that manages performance to one that manages quality and embeds an improvement culture into all of its working arrangements</p> <p>Quality framework, with the Enabling Quality Improvement in Practice (EQIIP) programme, improvement coach development programme and access to supporting resources/ teams (QIST/ VBHC/</p> | Business objectives/projects | 3×3=9 | 1×3=3 | See Our Outcomes section of BAF Dashboard | <p>Tracker Performance reports issued to Lead Directors on bi-monthly basis (L1)</p> <p>Committee oversight of delivery of WHCs and MDs (L2)</p> <p>ARAC oversight of Audit Tracker (L2)</p> <p>RD&amp;I Sub Committee overseeing delivery and success of RDI Strategy (L2)</p> <p>IQPFDP overseeing quality performance (L2)</p> <p>Quality Impact Assessment Panel reporting to QSEC (L2)</p> <p>Quality and Safety Intelligence Group (L2)</p> <p>Internal Quality &amp; Engagement Act Implementation Group (L2)</p> <p>Directorate Improving</p> | <p>Tracker Report - every ARAC</p> <p>Strategic Business intelligence - Board (Aug21)</p> | N |  |  |
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|  |  |  |  | <p>TPO/ PMO/ OD/ workforce/ R&amp;D etc)</p> <p>Effective clinical practice (Clinical Audit, Clinical Standards and Guidance, Clinical Written Control Documents, Mortality Reviews etc)</p> <p>OD Cultural Plans</p> <p>A comprehensive range of Leadership Development pathways in place to create cohorts of leaders (includes Medical Leadership Programme, Clinical Leads Forum, Consultant Programme, HEIW Clinical Leadership Programme, LEAP, CLIMB and increased coaching capacity)</p> <p>Quality Impact Assessment process and panel and Quality Safety Intelligence Group</p> |  |  | <p>Together Sessions aligned to the internal Escalation Framework (Bi-monthly) (L2)</p> <p>IA Health and Care Standards to review adequate procedures in place to ensure, and monitor, effective utilisation of the standards to improve clinical quality and patient experience - Reasonable Assurance (Feb21) (L3)</p> <p>AW &amp; IA Plan includes annual review of risk management arrangements &amp; BAF (L3)</p> |  |  |  |  |
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| 1195 | 5. Safe, sustainable, accessible and kind care | Comprehensive early indicators of shortfalls in safety | Daniel, Sharon | Range of performance measures/metrics in place<br><br>Updated Datix Incident reporting system<br><br>Standardised approach through a standard agenda in Quality Governance meetings<br><br>CIVICA system is available and being rolled out to gain feedback to let us know issues in services<br><br>Range of different mechanisms to capture feedback from service users and staff<br><br>Speak Up Arrangements are in place, however further developing required in light of the Speak Up Framework as issued by Welsh Government in October 2023<br><br>Listening and Learning Sub-Committee<br><br>Quality, Safety and Experience Committee<br><br>Clinical Audit Programme<br><br>Quality Safety Intelligence Group | Quality/Complaints/Audit | 3×3=9 | 2×4=8 | See Our Outcomes section of the BAF Dashboard | Quality and Safety Intelligence Group (L2)<br><br>Directorate Quality Governance Meetings in place (L2)<br><br>Patient and staff feedback (L2)<br><br>Harms Dashboard is reported monthly to Formal Executive team with Our Performance and other intelligence for triangulation of data (L2)<br><br>Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2)<br><br>Performance reports through power BI and Committee reports (L2)<br><br>PTHB/HDUHB LTA/CQPR | Patient Experience Report - every Board (May24)<br><br>Healthcare Contracting Update - SRC (Aug22)<br><br>QIA - QSEC (Oct 23)<br><br>Quality and Commissioning Update - QSEC (Oct 23) | N |  |  |
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|  |  |  | <p>External reports (HIW, HSE, MWWFRS, Peer Reviews, etc)</p> <p>Mortality Reviews and Medical Examiners Service</p> <p>National Accreditation Standards for service specifications</p> <p>6 Domains as noted in the Duty of Quality Act (STEEEP)</p> <p>PROMS and PREMs in identified services</p> <p>Directorate and Service Quality Governance Meetings established</p> <p>Directorate Improving Together Sessions</p> <p>Increased quality element of commissioned services from external organisations</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly hot and happening meetings.</p> <p>Quality Impact Assessments process now in place</p> <p>Quality Management System now in place</p> <p>Increased use of AMAT across the Health Board to track the implementation of recommendations raised.</p> |  |  | <p>Meeting and Hywel Dda &amp; SBU (SLA &amp; LTA) Meetings to review quality aspects from commissioning arrangements (L2)</p> <p>Commissioning arrangements overseen by Sustainable Resources Committee (SRC) (L2)</p> <p>GIRFT Reports reported to QSEC (L2)</p> <p>Quality Impact Assessments and Panel (L2)</p> <p>HIW patient complaints (L3)</p> <p>Quality Governance Follow up Report (Oct21) (L3)</p> <p>Annual Structured Assessments by Audit Wales (L3)</p> <p>Internal audit on Safety Indicators (Reasonable Assurance (L3)</p> <p>Internal Audit plans which include reviewing Quality Governance (L3)</p> |  |  |  |  |  |
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| 1184 | 1. Putting people at the heart of everything we do | Measuring how we improve patient and workforce experience | Daniel, Sharon | <p>Central Communication Hub in place with workstreams established supporting 27 operational teams in communicating with patients</p> <p>Central Communication Hub lead appointed</p> <p>Civica system capturing feedback from patients implemented, with significant roll out across services</p> <p>Change mechanisms established through improvement and transformation programmes with direct impact on how clinical services are structured linked to CSP</p> <p>Organisational Development Relationship Managers to influence the culture change journey and support the creation of transformational and compassionate culture within the Health Board, and actively work with services</p> <p>Methodology to manage change with services to facilitate clinical engagement and pace of delivery (Engagement Team, Quality Improvement Team and</p> | Finance inc. claims | 2×4=8 | 2×2=4 | See Our Outcomes section of BAF Dashboard | <p>Pulse surveys sampling 1000 employees each month, selecting different staff each month (L1)</p> <p>Communication Hub and WLSP Steering Group overseeing delivery of the plan and the workstreams (L2)</p> <p>Improving Together performance sessions with clinical and corporate directorates aligned to the Internal Escalation Framework (L2)</p> <p>Formal Executive Team review and triangulate data from the Harms Dashboard, Our Performance Dashboards and other intelligence (L2)</p> <p>Communication Hub Steering Group (L2)</p> <p>Executive Team, through its reporting groups, oversee</p> | <p>Single Point of Contact Report - Board (Mar21)</p> <p>Patient Experience Report - every Board (May24)</p> <p>Periodic update reports to Executive Team on the impact of the Communication Hub and WLSP</p> <p>Staff Feedback Reports - PODCC</p> <p>QIA reported to QSEC (Sep23)</p> | Y |  |  |
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|  |  |  | Transformation Team) underpinned by the Safe Care Collaborative and 6 Goals Urgent and Emergency Care programme of work                                                                                                       |  |  | delivery of Planning Objectives (L2)                                                                                  |  |  |
|  |  |  | Waiting List Support Programme (WLSP) Plan with workstreams established to support continued engagement with clinical staff and services following the National 3 Ps policy and directly supporting patients on waiting lists |  |  | Board Committee oversight of Planning Objectives (L2)                                                                 |  |  |
|  |  |  | WLSP Phased Iterative Implementation Plan which is regularly reviewed                                                                                                                                                         |  |  | Patient Experience Report to every Board (L2)                                                                         |  |  |
|  |  |  | Ongoing evaluation of WLSP now in place following initial evaluation to inform programme development                                                                                                                          |  |  | Listening and Learning Sub Committee oversight of patient experience (L2)                                             |  |  |
|  |  |  | Power BI Performance dashboards on IRIS                                                                                                                                                                                       |  |  | Periodic reporting of engagement index survey results to People, OD and Culture Committee and Board (from Nov21) (L2) |  |  |
|  |  |  | Engagement in place with Llais Cymru (formal and informal arrangements in place)                                                                                                                                              |  |  | Public Service Ombudsman for Wales Reports (L3)                                                                       |  |  |
|  |  |  | Staff Partnership Forum (UHB and County Partnership Forums)                                                                                                                                                                   |  |  | HIW Inspection Reports and Complaints, including implementation of recommendations(L3)                                |  |  |
|  |  |  | Mechanism in place to ensure charitable funding applications demonstrate impact                                                                                                                                               |  |  |                                                                                                                       |  |  |



|  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|  |  |  |  | <p>running applications demonstrate impact through agreed evaluation and metrics</p> <p>Engagement Team facilitate stakeholder events to capture population feedback on consultations and key workstreams</p> <p>Harms Dashboard and our Performance Dashboard in place to facilitate triangulation of data with other intelligence, eg weekly quality intelligence / surveillance meetings</p> <p>Health Board wide Improving Together Sessions in place, which utilise dashboards</p> <p>Staff Surveys and Pulse Surveys undertaken regularly to evaluate staff experience, and reported to People, Organisational Development and Culture Committee</p> <p>Quality Impact Assessments introduced and reported to Quality, Safety and Experience Committee</p> |  |  |  |  |  |
|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|

|      |                                 |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                    |               |       |       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |   |  |  |
|------|---------------------------------|-------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|-------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 1200 | 6. Sustainable use of resources | Maximising social value | Thomas, Huw - | <p>Health Board active participation within the Public Service Boards across Hywel Dda UHB region.</p> <p>Local Needs Analysis has been completed based on the Wellbeing Goals.</p> <p>A Social Value framework has been developed with strands in workforce, facilities and estates, procurement.</p> <p>Decarbonisation plan in place, with its own risk assessment. Annual carbon reporting underway to WG.</p> | Health Equity | 2×3=6 | 2×3=6 | Local expenditure is a key measure which is being tracked through the 'Our performance' dashboard. | <p>Delivery of Planning Objectives overseen by Executive Team, and its supporting structure, and Board Committees (L2)</p> <p>Board meetings to consider the outcome measure (Our positive impact on society is maximised) (L2)</p> <p>Local measures are in place and used within the procurement space to ensure that decisions consider social value implications. (L2)</p> | <p>Social Value Workshop - SEG (Oct21)</p> <p>Social Value Workshop - SRC (Dec21)</p> <p>Public value action plan (004) (May23)</p> <p>Public Values Framework strategy (June23)</p> | N |  |  |
|------|---------------------------------|-------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|-------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|



**Assurance Key:**

| 3 Lines of Defence (Assurance) |                       |                                                      |
|--------------------------------|-----------------------|------------------------------------------------------|
| 1st Line                       | Business Management   | Tends to be detailed assurance but lack independence |
| 2nd Line                       | Corporate Oversight   | Less detailed but slightly more independent          |
| 3rd Line                       | Independent Assurance | Often less detail but truly independent              |

| Key - Assurance Required                                                          |                                         | <i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i> |
|-----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|  | Detailed review of relevant information |                                                                                                                          |
|  | Medium level review                     |                                                                                                                          |
|  | Cursory or narrow scope of review       |                                                                                                                          |

| Key - Control RAG rating |                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>LOW</b>               | Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks  |
| <b>MEDIUM</b>            | Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks |
| <b>HIGH</b>              | Controls in place assessed as adequate/effective and in proportion to the risk                            |
| <b>INSUFFICIENT</b>      | Insufficient information at present to judge the adequacy/effectiveness of the controls                   |

|                              |                                 |
|------------------------------|---------------------------------|
| <b>Date Risk Identified:</b> | Jun-21                          |
| <b>Strategic Objective:</b>  | 6. Sustainable use of resources |

|                                  |                                   |                             |        |
|----------------------------------|-----------------------------------|-----------------------------|--------|
| <b>Executive Director Owner:</b> | Thomas, Huw -                     | <b>Date of Review:</b>      | Sep-25 |
| <b>Lead Committee:</b>           | Finance and Performance Committee | <b>Date of Next Review:</b> | Dec-25 |

|                                                                    |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------|-------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk ID:</b>                                                    | <b>1199</b> | <b>Principal Risk Description:</b> | There is a risk that the Health Board does not develop or deliver a credible plan to achieve financial sustainability, or undertake the necessary actions identified in that plan. This is caused by insufficient identification of deliverable savings schemes; non-delivery of agreed savings schemes; change programmes not sufficiently resourced or well-managed; or changes made to services which do not result in financial benefits as they address unmet demand or have unintended consequences. Our financial performance - coupled with insufficient emphasis on planning - has led to the Health Board being placed into the "Targeted Intervention" category of NHS Wales Escalation and Intervention Arrangements. This could lead to an impact/affect on potential reputational impacts, as well as lead to consequences for retention of the workforce, staff morale, poor patient experience and poorer value healthcare with a reduction of confidence from our stakeholders. |
| <b>Does this risk link to any Directorate (operational) risks?</b> |             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                                          |                     |                                                                           |
|------------------------------------------|---------------------|---------------------------------------------------------------------------|
| <b>Risk Rating:(Likelihood x Impact)</b> |                     | <p>Current Risk Score</p> <p>Target Risk Score</p> <p>Tolerance Level</p> |
| <b>Domain:</b>                           | Finance inc. claims |                                                                           |
| <b>Inherent Risk Score (L x I):</b>      | 5×5=25              |                                                                           |
| <b>Current Risk Score (L x I):</b>       | 5×5=25              |                                                                           |
| <b>Target Risk Score (L x I):</b>        | 2×4=8               |                                                                           |
| <b>Expected Date To Achieve TRS:</b>     |                     |                                                                           |
| <b>Trend:</b>                            |                     | ↔                                                                         |

**Rationale for CURRENT Risk Score:**

Issues have been raised over the ability of the Health Board to plan at a strategic and operational level for a number of years. The Health Board's performance over the last year has demonstrated a significant improvement in the ability to operationally plan and a developing maturity within the organisation. However, the Health Board's financial deficit has significantly deteriorated; significant workforce constraints remain; and the planning function remains small with significant opportunities to develop. These issues are exacerbated given the Health Board's financial deficit, with the need to not only shift resources to more appropriate settings, but provide care at considerably lower cost. The Health Board's underlying deficit is now well understood and articulated, with clear decisions tracked that have been made by budget holders that exceed their delegated limits.

The underlying deficit remains a significant concern with a recurrent delivery gap, which will adversely impact future planning cycles, moving the health board further away from the target control total expectations of Welsh Government.

The significant underlying financial deficit in the current and future years is likely to result in the Health Board being unable to meet its cash obligations as they fall due and presents a going concern risk. Early indications from WG is that the WG are unable to support both the revenue and cash implications. With the Health Board reporting a significant in-year and recurrent underlying deficit, WG initially escalated the Health Board into Targeted Intervention during October 2022, on the grounds of planning and financial performance, however in January 2024, the whole organisation was escalated into targeted intervention. The recurrent funding position confirmed by WG leaves a significant gap based upon draft iterations of the financial plan, with strategic and operational changes required in an attempt to erode the financial deficit.

**Rationale for TARGET Risk Score:**

Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government. Strategic and operational planning in an integrated Health Board is inherently complex leading to potential disconnections between demand, operational capacity planning; workforce planning and financial planning. Given the challenge in delivering the savings required over a number of years, and the implications of this in the medium term, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

| Key CONTROLS Currently in Place:<br>(The existing controls and processes in place to manage the risk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gaps in CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                     |                                                                                                                                                                                                                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | How and when the Gap in control be addressed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | By Who         | By When                             | Progress                                                                                                                                                                                                                                                                                             |
| <p>Considerable business intelligence available on where our expenditure differs from the rest of Wales - eg comparisons at service, site and condition level to understand in detail where we utilise resources, and identify opportunities to change the way we deliver services</p> <p>Long term financial model - with a view to crafting a long term strategic financial plan - currently being constructed, setting out key actions and policy / operational changes necessary to become more financially sustainable</p> <p>A Planning Steering Group is in place to co-ordinate activities across key corporate functions.</p> <p>Operational grip and control currently being strengthened, through Executive-led groups tackling specific issues eg use of high cost agency staff, transformation of urgent / emergency care etc</p> <p>The Planning Team are embedded within the operational management structures across the organisation.</p> <p>New Executive team governance and escalation structure and reporting groups (Value &amp; Sustainability, A Healthier Mid and West Wales, and Integrated Quality, Finance, and Performance Delivery) to improve financial control and long term sustainability. Oversight provided into ET by the Targeted Intervention Coordination Group.</p> <p>Improving together aligned to an internal escalation framework - a programme to embed a quality management system to ensure consistency of approach in addressing quality and service improvement throughout the organisation.</p> <p>Agile Digital Business Group - a Group which reports into the Finance Committee which scrutinises business cases on digital investment to allow a rapid allocation, allocate resources promptly, learn from previous</p> | <p>Recovery of planned care activity - coupled with increasing complexity of patients presenting acutely ill - means that there is a lack of focus and ambition across the organisation on ensuring we live within the financial and staffing resources available.</p> <p>Conversion of the Opportunities Framework, Savings Framework and Value for Money Framework into deliverable recurrent savings schemes is not apparent.</p> <p>Focus from TI is on in-year recovery, and at best consideration of the next 12 months financial performance; development of a long term strategic plan would help move to a more strategic approach to managing resources.</p> <p>Two TI actions that remain in-progress are highlighted by WG as organisational challenges to ensure clear plans and delivery mechanisms are in place, monitoring and reviewing actions, to ensure financial challenges are mitigated, coupled with the balance on service. safety and quality.</p> | <p>To achieve workforce sustainability through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <p>1. Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.</p> <p>2. Delivery of a targeted Recruitment Plan which will reduce reliance on high cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.</p> <p>3. Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.</p> <p>4. Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression. (PO 1)</p> | Gostling, Lisa | 31/03/2025                          | On track as per highlight report presented to PODCC in May 2025.                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | To oversee financial recovery and develop a long term financial route map (PO2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Thomas, Huw -  | <del>31/03/2025</del><br>01/10/2025 | <p>On track as per highlight report presented to FPC in June 2025.</p> <p>Whilst the Roadmap had been developed, a refresh is being taken to a Board Seminar in September 2025 to gain further input and align it to clinical and operational plans in readiness for the 2026/27 planning cycle.</p> |

business case implementations and disinvest if appropriate.

Value Based Health and Care Group: which ensures that the Health Board's rollout and deployment of VBHC is in line with plans and will facilitate the shift of resources over time.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |            |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-----------------------------------------------------------------|
| Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026<br>1. Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.<br><br>2. Implementation of Same Day Emergency Care services /direct access pathways.<br>3. Improving patient flow through the acute sites.<br>4. Develop a strategy for our Alternative Care Provision to support care closer to home.<br>5. Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.<br>6. Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges. (PO 3) | Carruthers, Andrew | 31/03/2025 | On track as per highlight report presented to FPC in June 2025. |
| Improve Planned Care and Cancer performance, with a focus on reducing the longest waits, and reduce the 8 week wait for diagnostics. (PO4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Carruthers, Andrew | 31/03/2025 | Behind as per highlight report presented to FPC in June 2025.   |
| Mental Health and Learning Disabilities service improvement though:<br>1. Mental Health Recovery Programme Optimisation<br>2. Section 136<br>3. Redesign the End-to-End Inpatient and Community Pathway<br>(PO 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Carruthers, Andrew | 31/03/2025 | On track as per highlight report presented to FPC in June 2025. |
| To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network. (PO 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Davies, Lee        | 31/03/2025 | On track as per highlight report presented to SPC in June 2025. |
| Develop a Primary Care and Community Strategy which is inclusive of:<br>- Enhancement of Primary Care Services<br>- Integration of Technological Solutions<br>- Workforce Development<br>- Infrastructure and Estate Development<br>- Alignment with Community Services<br>(PO 7 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Paterson, Jill     | 31/03/2025 | On track as per highlight report presented to SPC in June 2025. |

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |            |                                                                        |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|------------------------------------------------------------------------|
|  |  | Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy & Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation (PO 8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Davies, Lee   | 31/03/2025 | Behind schedule as per highlight report presented to SPC in June 2025. |
|  |  | Implement the Digital Strategic Plan<br>A. To appoint a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region<br>B. To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.<br>C. To implement the following key system developments: 1. Welsh Intensive Care Information System, 2. PROMs and PREMs system & 3. Hybrid print and post.<br>D. To ensure that future planning is progressed for the following key system developments: 1. Re-procurement of the Laboratory Information Management System, 2. The Integrated Eye Care Electronic Health Record, 3. Development of a Community Information System & 4. Development of Maternity and Paediatric record systems. (PO 9) | Thomas, Huw - | 31/03/2025 | Complete as per highlight report presented to DDIC in April 2025.      |

| ASSURANCE MAP                                                                                                |                                                                                                                |                   |                                                                                                   | Control RAG Rating (what the assurance is telling you about your controls) | Latest Papers (Committee & date)                                                        | Gaps in ASSURANCES            |                                                 |        |         |          |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|--------|---------|----------|
| Performance Indicators                                                                                       | Sources of ASSURANCE                                                                                           | Type of Assurance | Required Assurance                                                                                |                                                                            |                                                                                         | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed | By Who | By When | Progress |
|                                                                                                              |                                                                                                                | (1st, 2nd, 3rd)   |  Current Level |                                                                            |                                                                                         |                               |                                                 |        |         |          |
| See Our Outcomes section on the BAF Dashboard<br><br>Operational agreement to underlying deficit assessment. | Analysts engaged and have produced a bed opportunity analysis with consistent conclusions to the internal work | 1st               |                                                                                                   |                                                                            | Annual Plan Update 2024/25 - SRC & Board Seminar (Feb24)<br><br>Developing a roadmap to | None identified.              |                                                 |        |         |          |

|                                                                                                                                                                                                                                |                                                                                                                                                                  |     |  |  |                                                                 |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|-----------------------------------------------------------------|--|--|--|--|
| <p>Welsh Government accept and approved Integrated Medium Term Plan (IMTP).</p> <p>Plan in place to develop a long-term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p> | Financial Reporting to Sustainable Resources Committee                                                                                                           | 2nd |  |  | financial balance - SRC (Jun23)                                 |  |  |  |  |
|                                                                                                                                                                                                                                | Integrated Quality, Finance, Performance and Delivery Group (reporting to Executive Team) oversee in-year delivery of financial performance and savings delivery | 2nd |  |  | Medium term financial strategy- Board Seminar (Jun23)           |  |  |  |  |
|                                                                                                                                                                                                                                | Value and Sustainability Group (reporting to Executive Team) oversees opportunities which inform medium term financial roadmap                                   | 2nd |  |  | Annual Plan Update 2024/25 - Board Seminar (Feb24)              |  |  |  |  |
|                                                                                                                                                                                                                                | Planning Objectives overseen by Sustainable Resources Committee                                                                                                  | 2nd |  |  | Financial Strategy and Roadmap Update 2025/26 - SRC (Dec25)     |  |  |  |  |
|                                                                                                                                                                                                                                | Structured Assessment 2023                                                                                                                                       | 3rd |  |  | Annual Plan and Strategy Update 2025/26 - Board Seminar (Feb25) |  |  |  |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                  |     |  |  | Annual Plan and Strategy Update 2025/26 - SRC (Feb25)           |  |  |  |  |
|                                                                                                                                                                                                                                |                                                                                                                                                                  |     |  |  |                                                                 |  |  |  |  |



| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Existing Control Measures Currently in Place                                                                                                                                                                            | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                | Additional Risk Action Required                                                                    | By Whom      | By When    | Progress Update on Risk Actions | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                             | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
|----------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|--------------------|--------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------|------------|---------------------------------|-----------------------------------|-------------------|---------------|-------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------|-------------|
| 2167     | Operational Allied Health Professions & Health Sciences | Allied Health Professions and Health Sciences       | AHP&HS: Podiatry and Surgical Appliances                | Carruthers, Andrew | Quarrie, Sara                                          | Mulroy, Mike                                                  | Mulroy, Mike                                                      | 02-Jul-25            | <p>There is a risk of the Podiatry/Orthotics budget is approximately £200,000 overspent.</p> <p>This is caused by HD have seen a 33% increase for contract Orthotic products unit price due to purely inflationary pressures.</p> <p>This will lead to an impact/affect on Finance inc. claims = 5 (Impact - Loss of &gt;1 per cent of budget)</p> <p>Likelihood = 5 (It will undoubtedly happen/recur, possibly frequently)</p> <p>Risk location, Health Board wide.</p> | <p>Shared Services benchmarking has shown that even with these increases NHS Wales is still receiving best price when compared to what NHS England and Scotland are paying.</p> <p>Orthotics contract renegotiation</p> | Finance inc. claims | 5                  | 5              | 25                 | <p>Finance inc. claims = 5 (Finance inc. claims = (Impact - Loss of &gt;1 per cent of budget)</p> <p>Likelihood = 5 (It will undoubtedly happen/recur, possibly frequently)</p> | <p>Ensure submission to 2026/27 Annual Planning cycle for uplift of Orthotics budget by £200k.</p> | Mulroy, Mike | 31/12/2025 | New action                      | Finance and Performance Committee | 1                 | 5             | 5                                   | <p>Likelihood = 2 (0-5%)</p> <p>Impact = 1 (Small loss)</p> | 31-Mar-26                                  | Treat                  | 22-Sep-25   |

| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Existing Control Measures Currently in Place                             | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                              | Additional Risk Action Required | By Whom        | By When    | Progress Update on Risk Actions                                                                                                | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                                                                                                                                                                                                                                               | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
|----------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|--------------------|--------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|--------------------|----------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------|------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|---------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|-------------|
| 2132     | Operational Allied Health Professions & Health Sciences | AHP&HS: Radiology                                   | AHP&HS: Radiology                                       | Caruthers, Andrew  | Quarrie, Sara                                          | Roberts-Davies, Gail                                          | Procter, Sarah                                                    | 01-Jul-25            | <p>There is a risk of Overspend from the cost pressures of requirement to provide imaging using variable pay</p> <p>This is caused by Staffing establishment not sufficient to meet the working hours of the service 24/7</p> <p>This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 5</p> <p>Risk location, Health Board wide.</p> | Radiology Stabilisation plan<br>Annual Planning<br>Clinical service Plan | Finance inc. claims | 5                  | 5              | 25                 | <p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 5</p> | Stabilisation Plan              | Procter, Sarah | 31/03/2026 | recruitment of staff is ongoing. Recovery of backlog is on target which will release funding for staff in 26/27 if successful. | Finance and Performance Committee | 4                 | 5             | 20                                  | <p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 5</p> | 31-Mar-27                                  |                        | 24-Sep-25   |



| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Existing Control Measures Currently in Place                                                                                                                                                                         | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                  | Additional Risk Action Required                                                                                                                                                                                 | By Whom    | By When    | Progress Update on Risk Actions | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                          | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2148     | Operational Allied Health Professions & Health Sciences | Allied Health Professions and Health Sciences       | AHP&HS: Occupational Therapy                            | Caruthers, Andrew  | Quarrie, Sara                                          | Adams, Jon                                                    | Adams, Jon                                                        | 15-Aug-25            | <p>There is a risk of Non-delivery of key objective/ Loss of &gt;1 per cent of budget. Failure to meet specification/ slippage Claim(s) &gt;£1 million.</p> <p>This is caused by Mainstreaming of RIF Welsh Government Mainstreaming funding post March 2027, will impact on the availability of funds for any subsequent grant schemes</p> <p>Activities categorised as mainstreaming will be eligible for Welsh Government funding, with a minimum of 50% match funding required in the first year of mainstreaming</p> <p>This will lead to an impact/affect on Cost pressure within the Occupational Therapy Budget of approx. £700K from March 2027</p> <p>Impact on service delivery if we need to pause or stop some services that don't meet WG criteria</p> <p>Risk location, .</p> | <p>Regular (monthly) meetings with finance partners to review budgets.</p> <p>Meetings with RIF project team to review project outcomes</p> <p>Reviewing any vacant posts funded through RIF to consider options</p> | Finance inc. claims | 4                  | 5              | 20                 | Some control measures in place but risk remains due to no allocated budget for staff currently funded through RIF | <p>Head of Occupational Therapy attend regular RIF Finance Review meetings</p> <p>Service Leads attend RIF workshops discussing future funding - Dates available 10th, 15th September Pembrokeshire Meeting</p> | Adams, Jon | 31/03/2026 | Ongoing                         | Finance and Performance Committee | 2                 | 5             | 10                                  | Permanent funding will have been identified for the majority / all staff | 31-Mar-27                                  |                        | 08-Sep-25   |

| Risk Ref | Clinical Care Group / Executive Function | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Additional Risk Action Required                                                                                                                                                                                                     | By Whom       | By When                                        | Progress Update on Risk Actions                               | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                               | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 975      | Estates & Facilities                     | Estates & Facilities                                | E&F: Directorate Team                                   | Severs, James      | Chiffi, Simon                                          | Chiffi, Simon                                                 | Chiffi, Simon                                                     | 01-May-20            | <p>There is a risk of that the Estates &amp; Facilities Clinical Care Group will be unable to achieve the required financial target savings in year.</p> <p>This is caused by 1. Inability to identify and deliver robust and realistic recurrent savings plans.</p> <p>2. Inability to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>3. Inability to identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>4. Identify and manage or mitigate cost pressures that threaten the Directorates position for the year, driven by the age of the estate and continual improvements to cleaning standards requirements, additional revenue due to RAAC issues.</p> <p>5. From other related inflationary factors affecting budgets (external costs).</p> <p>6. Ongoing resource pressures in Facilities.</p> <p>7. Wider HB financial pressures and greater scrutiny of spend.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability and service deliverability.</p> <p>Risk location, Health Board wide.</p> | <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the Health Board has regular updates on the Directorates financial position.</p> <p>Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate.</p> <p>Care Group meetings now established where all service leads attend to ensure more scrutiny on financial positions and discuss potential savings strategies. The establishment of the care groups with greater emphasis on financial scrutiny will help to support financial stability over time.</p> | Finance inc. claims | 4                  | 5              | 20                 | <p>Key drivers include RAAC, maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the Monthly establishments reviews going forward.</p> <p>The Directorate, Finance Business Partners and other supporting functions will enhance cost analysis cost review process and put controls into place to better understand and manage costs on an ongoing basis.</p> <p>Nature of aging estate means that dynamic failures are happening on a week by week basis therefore increasing non pay unforeseen overspend.</p> <p>Increase in statutory obligations faced by the Department.</p> | Budget holders to work closely with finance Business Control colleagues to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions | Chiffi, Simon | 31/09/2024-30/11/2024<br>21/02/2025-30/09/2025 | This is a key focus as part of new care group establishments. | Finance and Performance Committee | 2                 | 5             | 10                                  | Discussed at meeting of 22nd July - SC to consider and update at next review. | 31-Mar-26                                  | Treat                  | 22-Jul-25   |

| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                      | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                   | Additional Risk Action Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | By Whom                                                                                                                 | By When                                                                                               | Progress Update on Risk Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                                    | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 1631     | Operational Allied Health Professions & Health Sciences | Allied Health Professions and Health Sciences       | Allied Health Professions and Health Sciences           | Caruthers, Andrew  | Quarrie, Sara                                          | Quarrie, Sara                                                 | Quarrie, Sara                                                     | 28-Mar-23            | <p>There is a risk of that the obligations of the delegation of budget manager responsibilities for the 2025/26 financial year will not be achieved</p> <p>This is caused by inadequate budget to meet organisational demands and increasing unit cost prices / SLA costs</p> <p>This will lead to an impact/affect on Clinical Governance - Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/ independent review. Low achievement of performance/delivery requirements. Critical report.</p> <p>Workforce - Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (&gt;1 day). Low staff morale. Poor staff attendance for mandatory/key training.</p> <p>Finance - Non-delivery of key objective/ Loss of &gt;1 per cent of budget</p> <p>Reputational</p> <p>Risk location, Health Board wide.</p> | <p>Budget holder 1-1 meetings with finance team (monthly)</p> <p>Forecast meetings monthly with CCG leadership and Finance</p> <p>CCG led finance meeting with finance team and each budget holder (monthly)</p> <p>CCG FCG weekly (vacancy control admin and new roles)</p> <p>Formally clarifying and escalation of cost pressures to executives via iQFPDG</p> | Finance inc. claims | 4                  | 5              | 20                 | <p>Finance - Non-delivery of key objective/ Loss of &gt;1 per cent of budget (5).</p> <p>Likelihood / Probability - 75-95% (4)</p> | <p>Ensure that all requests relating to additional resource expenditure or allocation by budget holders are presented to and agreed at Therapy Operational Group with management team including workforce and finance colleagues</p> <p>There is a financial risk associated with claims due to malpractice, failure to provide or poor care provision. All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Risk of delivering our financial control total and required savings plans</p> <p>Risk to be redrafted with guidance from FBP to align with new CCG structure.</p> <p>M4 saving meetings with each HoS to identify further mitigation for cost pressures and savings.</p> <p>Demand and capacity service review Podiatry</p> | <p>Reed, Lance</p> <p>Reed, Lance</p> <p>Bradburn, Jo</p> <p>Quarrie, Sara</p> <p>Quarrie, Sara</p> <p>Mulroy, Mike</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> | <p>Process established at Therapy Operational Group 18.04.23.</p> <p>Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO</p> <p>All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign</p> <p>Meeting to be scheduled to redraft new risk.</p> <p>Updated risk.</p> <p>04/07/2025 - New action</p> <p>11.07.2025 - M4 meetings completed.</p> <p>11/07/2025 - New action</p> <p>29.09.2025 - D&amp;C work progressing to handover stage from DS to podiatry team.</p> | Finance and Performance Committee | 3                 | 5             | 15                                  | <p>Finance - Non-delivery of key objective/ Loss of &gt;1 per cent of budget (5).</p> <p>Likelihood / Probability - 25-75% (3)</p> | 31-Mar-26                                  | Treat                  | 29-Sep-25   |

| Risk Ref                                     | Risk Re                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                              | Clinical Care Group / Executive Function                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Clinical Service Group / Executive Function Service               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Clinical Service Sub-Group / Executive Function Service           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Executive Director                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Clinical Care Group Director / Executive Function Lead            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Clinical Service Group Lead / Executive Function Service Lead     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                              | Clinical Service Sub-Group Lead / Executive Function Service Lead |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date risk Identified                         |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Risk Statement                               |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Existing Control Measures Currently in Place |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Domain                                       |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Likelihood                           |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Impact                               |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Risk Score                           |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rationale for Current Risk Score             |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Risk Action Required              |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| By Whom                                      |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| By When                                      |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Progress Update on Risk Actions              |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lead Committee                               |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Target Likelihood                            |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Target Impact                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Target Risk Score (tolerable score)          |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rationale for Target Risk Score              |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date expected to achieve target risk score   |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Detailed Risk Decision                       |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review date                                  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Existing Control Measures Currently in Place                                                                                                                | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                              | Additional Risk Action Required                                                                                                                                              | By Whom        | By When    | Progress Update on Risk Actions | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                                                                                                                                                                                                                                               | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2131     | Operational Allied Health Professions & Health Sciences | AHP&HS: Radiology                                   | AHP&HS: Radiology                                       | Caruthers, Andrew  | Quarrie, Sara                                          | Roberts-Davies, Gail                                          | Procter, Sarah                                                    | 01-Jul-25            | <p>There is a risk of Overspend from the cost pressures of requirement to use everlight radiology.</p> <p>This is caused by Reliance on outsourcing of reporting to provide emergency 24/7 CT and MRI.</p> <p>This will lead to an impact/affect on Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 4</p> <p>Risk location, Health Board wide.</p> | <p>Use of locum radiologists to provide partial out of hours service</p> <p>Stabilisation fund - two consultant posts are being advertised in September</p> | Finance inc. claims | 4                  | 5              | 20                 | <p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 4</p> | <p>Analysis of future demand and quantification of expected overspend. Support being provided by Shaun Ayres</p> <p>Forecast based on current demand of financial impact</p> | Procter, Sarah | 31/10/2025 | started                         | Finance and Performance Committee | 3                 | 5             | 15                                  | <p>Adverse impact to patient and staff safety, experience, clinical effectiveness, finances, reputation, and performance.</p> <p>Scoring:<br/>Impact: 5<br/>Non-delivery of key objective/Loss of &gt;1 per cent of budget</p> <p>Failure to meet specification/slippage</p> <p>Claim(s) &gt;£1 million</p> <p>Likelihood/probability = 3</p> | 31-Mar-26                                  |                        | 25-Sep-25   |

| Risk Ref | Clinical Care Group / Executive Function | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Additional Risk Action Required                                                                                                                                                                                       | By Whom      | By When               | Progress Update on Risk Actions | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                                                                                                                                                                                                                                                                               | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2110     | Community & Integrated Medicine          | Carmarthenshire Integrated System                   | Carmarthenshire Integrated System                       | Caruthers, Andrew  | Skitt, Peter                                           | Perry, Sarah                                                  | Perry, Sarah                                                      | 10-Jul-25            | <p>There is a risk of of Carmarthenshire Integrated System will be unable to achieve the financial target savings for 25/26.</p> <p>This is caused by being unable to identify the full savings as a result of requiring significant, strategic change required across the whole Clinical Care Groups.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan. Health Board remaining in Targeted Intervention (TI).</p> <p>Risk location, Carmarthenshire.</p> | <p>Finance team work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Clinical Care Group Financial Control Group in place which scrutinises all new and replacement posts.</p> <p>Monthly Business and Performance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Controller, focusing on mitigating actions and consequence to reduce spend.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.</p> <p>Variable Pay weekly scrutiny meetings and monthly Variable Pay analysis meeting chaired by the Hospital Director.</p> | Finance inc. claims | 4                  | 5              | 20                 | <p>Risk remains extreme due to continued use of variable pay, locum and agency use due to workforce gaps, medical recruitment and continued surge and overcrowding in some key clinical areas such as Emergency Dept (ED). The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made.</p> <p>The HEIW GGH June 2025 report highlighted additional doctors required to manage the workload and linked to risk to 2089 (risk of losing deanery doctors). Action plan response has been submitted to HEIW.</p> | <p>Annual plan to be revised with external scrutiny to the CCG.</p> <p>Communication of newly agreed rate card for Junior Doctors</p> <p>Complete action plan response raised from the HEIW GGH June 2025 report.</p> | Perry, Sarah | 31/07/2025 31/10/2025 | In progress                     | Finance and Performance Committee | 4                 | 4             | 16                                  | <p>The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made. Whilst the system is required to realise savings it must balance this with patient safety and quality of services, and other requirements of TI.</p> <p>Target date of October 2025 aligned with the next Executive Improving Together Sessions (EITS).</p> | 31-Oct-25                                  | Treat                  | 25-Sep-25   |



| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                   | Additional Risk Action Required                                                                    | By Whom         | By When    | Progress Update on Risk Actions                                                                                                                            | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                             | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2107     | Operational Allied Health Professions & Health Sciences | Allied Health Professions and Health Sciences       | AHP&HS: Physiotherapy                                   | Carruthers, Andrew | Quarrie, Sara                                          | Davies, John                                                  | Davies, John                                                      | 09-Jul-25            | <p>There is a risk of physiotherapy budget overspend. This is estimated to be £100,000 per year which constitutes on call availability payments, hours worked, travel claims.</p> <p>This is caused by the unfunded service delivery of four Emergency respiratory on call services at all 4 DGH sites.</p> <p>This will lead to an impact/affect on insufficient financial recovery or if no funding is sourced. There is likely to be adverse impact waiting times recovery in planned care MSK, paediatrics, lymphoedema and community services, if Mon- Fri core budget is utilised to fund out of hours emergency services.</p> <p>Risk location, Health Board wide.</p> | <p>on call costs are minimised through the development of highly skilled staff second on call rotas are only implemented when workload is exceptional and this is approved by senior physiotherapy managers. on call claims are scrutinised by respiratory and service leads. trends in inappropriate call outs are identified and wards / individuals are educated on appropriate inclusion criteria for the service. twilight shifts are in place in GGH to reduce call out rates as staff are on site in the early evening. work undertaken is now only urgent respiratory work that cannot be left until the next working day. work is underway to explore merging rotas in Carmarthenshire which may reduce costs slightly.</p> | Finance inc. claims | 4                  | 4              | 16                 | <p>Physiotherapy is currently overspent with an predicted end of year overspend if funding is not received to deliver on 4 on call rotas.</p> <p>Absorbing these costs within the budget will result in further risks to unscheduled and planned care capacity</p> <p>It is not clinically viable to withdraw on call services as this service maintains life.</p> | Draft SBAR for CCG to inform financial challenge and feed into Annual planning process for 2025/26 | Griffith, Susan | 31/10/2025 | 11/09/25. Initial draft of SBAR complete. requires stakeholder review prior to final submission to CCG. (Working draft shared with CCG, through PPP forum) | Finance and Performance Committee | 2                 | 1             | 2                                   | There will be no financial / clinical or quality risks for the physiotherapy service if the on-call rotas are fully funded. | 31-Mar-26                                  | Treat                  | 11-Sep-25   |



| Risk Ref | Clinical Care Group / Executive Function | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                                         | Additional Risk Action Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | By Whom           | By When   | Progress Update on Risk Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                           | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 971      | Mental Health and Learning Disabilities  | Mental Health and Learning Disabilities             | MHLD                                                    | Caruthers, Andrew  | Carroll, Mrs Liz                                       | Carroll, Mrs Liz                                              | Carroll, Mrs Liz                                                  | 01-May-20            | <p>There is a risk of the MH&amp;LD Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either:<br/>Identify and deliver robust and realistic recurrent savings plans.</p> <p>Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p> | <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>There are regular financial reviews where this risk is considered, including a monthly financial review of the Directorate's in-month performance, a monthly update of our full year annual forecast and an annual update of our following year financial plan.</p> <p>Risk Register is a standing agenda item at BP&amp;PAG on a bi-monthly basis. End of month meeting with Directorate Finance Business Partner, KPI meetings and individual Head of Service meetings are also forums for monitoring the position and informing and managing the forecast.</p> <p>Mechanism in place to draw down funding to service cost codes inline with original bids.</p> <p>Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner.</p> <p>MHLD is in Escalation for Finance due to the lack of a 6.5% recurrent savings plan. Directorate are meeting weekly to progress plans.</p> <p>Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).</p> | Finance inc. claims | 4                  | 4              | 16                 | <p>As at September 2025, the Clinical Care Group are estimated to remain within budget in terms of the end of year forecast. Presently, this is estimated to be a £163,000 underspend, however continuing pressures resulting in the potential use of private beds are noted and need to be factored into end of year trajectory. The Clinical Care Group continue to identify further non recurrent/recurrent saving opportunities.</p> | <p>Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.</p> <p>To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.</p> <p>Following Executive Director led recovery workshops on the 26th of July and the 9th of August the Directorate were tasked to consider the impact on services should variable pay be eliminated. The ask also involved service reconfiguration on this basis.</p> <p>Work to identify recurrent savings for 25-26 underway. First phase to be transacted by end of February 2025.</p> | Leon Popham, Leon | Completed | <p>Review undertaken as part of ongoing budget processes. While action unresolved, this will be picked up as part of the new action noted for the risk in September 2023.</p> <p>CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure.</p> <p>Directorate have undertaken to identify £2.6M of non-recurrent savings for 2024/25 for underspend in pay position, with a view of identifying recurrent saving 2025/26.</p> <p>The CCG continue to work with Corporate services to strengthen Nurse Bank capacity/eliminate spend. Further options being explored through international recruitment for Medical staff. Directorate joined Wales trip to India. Medical staff have reduced overspend in month 7 by £32K, No Ceredigion medical staff, Justification was sort from FCG who signed off Agency medical staff until March 2025, so remains a risk. Additional funding of £2.4m has been allocated with an associated recruitment plan.</p> <p>Completed</p> | Finance and Performance Committee | 1                 | 3             | 3                                   | Working towards a position where 6.5% savings are identified and to remain within budget. | 31-Mar-26                                  | Treat                  | 18-Sep-25   |



| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                      | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Additional Risk Action Required                                                                                                    | By Whom              | By When                             | Progress Update on Risk Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score             | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 1892     | Operational Allied Health Professions & Health Sciences | AHP&HS: Radiology                                   | AHP&HS: Radiology                                       | Caruthers, Andrew  | Quarrie, Sara                                          | Roberts-Davies, Gail                                          | Roberts-Davies, Gail                                              | 26-Jul-24            | <p>There is a risk of that Radiology will not achieve projected savings targets.</p> <p>This is caused by unidentified savings plans to reduce expenditure in the directorate.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Health Board wide.</p> | <p>1. Monthly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams</p> <p>2. Introduction of 5/5 locum consultants to undertake reporting and emergency duty sessions to reduce outsourcing, via a graded approach of most costly elements of outsourcing, including out of hrs rotas to cover busiest times.</p> <p>3. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend</p> <p>4. All vacancy proposed by sites to be approved by Head of Radiology prior to finance Trac sign off or application for FCG approval as appropriate.</p> <p>5. Other cost avoidance measures, e.g. increased additional reporting sessions for HB consultants utilised in place of outsourcing at higher cost to maintain and improve quality and performance.</p> | Finance inc. claims | 4                  | 4              | 16                 | <p>Recurrent and non-recurrent savings were identified, however these did not achieve the 5% expected. The budget position at M12 24-25 for Radiology was £92k underspent (provisional figure)with savings of £669k achieved.</p> <p>As of 09/04/2025 Radiology investment in workforce has been agreed and is currently subject to case scrutiny by the Executive Team.</p> <p>The Allied Health Professions and Health Sciences CCG has an opening savings position of £3.744m to be achieved in 25-26, of this £873k is the opening savings target for Radiology.</p> | To review historic charges for Powys patients attending Hywel Dda with a view to arranging an SLA and understand LTA arrangements. | Roberts-Davies, Gail | 01/01/2025-31/03/2025<br>31/03/2025 | <p>Due to staff availability this has not progressed at the pace intended and will now be completed by March-25. VBHC team are still working on a pricing structure which aligns with that done at other Health Boards across Wales. The VBHC team advised on the 23/12/2024 that they are awaiting information from informatics to progress the work. Informatics are making progress, however the requested information would not be available until the new year.</p> <p>Update from VBHC team as of 11/02/2025:<br/>We're currently working with Chris James from Data Development to move this piece of work forward, using the template from AB as a guide as theirs is tried and tested. What we have discovered is that there are some inconsistencies in the data that we hold and in what AB hold. Chris is going to make contact with Sarah Procter as he thinks that with her help, they will be able to clear up the inconsistencies so that we can move this forward.</p> <p>This action will form part of the savings opportunity for the 25/26 financial year and will be progressed via the new CCG structure, therefore timeline extended.</p> | Finance and Performance Committee | 3                 | 4             | 12                                  | Likelihood reduce therefore reduce in score | 31-Mar-26                                  | Treat                  | 25-Sep-25   |

| Risk Ref | Risk Function |  |  |  |  |  |  |  | Risk Statement | Existing Control Measures Currently in Place | Domain | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score | Additional Risk Action Required | By Whom | By When | Progress Update on Risk Actions | Lead Committee | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|          |               |  |  |  |  |  |  |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                | </                |               |                                     |                                 |                                            |                        |             |

| Risk Ref                                 | Risk Function                                       |                                                         |                    |                                                        |                                                               |                                                                   |                      |  | Risk Statement | Existing Control Measures Currently in Place | Domain | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score | Additional Risk Action Required | By Whom | By When | Progress Update on Risk Actions | Lead Committee | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
|------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|--------------------|--------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|----------------------|--|----------------|----------------------------------------------|--------|--------------------|----------------|--------------------|----------------------------------|---------------------------------|---------|---------|---------------------------------|----------------|-------------------|---------------|-------------------------------------|---------------------------------|--------------------------------------------|------------------------|-------------|
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
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|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
| Clinical Care Group / Executive Function | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
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|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
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|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
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|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |
|                                          |                                                     |                                                         |                    |                                                        |                                                               |                                                                   |                      |  |                |                                              |        |                    |                |                    |                                  |                                 |         |         |                                 |                |                   |               |                                     |                                 |                                            |                        |             |

| Risk Ref | Risk Function                   |  |  |  | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing Control Measures Currently in Place | Domain              | Current Likelihood | Current Impact                                                            | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                             | Additional Risk Action Required                      | By Whom                                                                                        | By When    | Progress Update on Risk Actions | Lead Committee                    | Target Likelihood                 | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score | Date expected to achieve target risk score                                                                                                                                                                                                                  | Detailed Risk Decision | Review date |           |
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| 1906     | Community & Integrated Medicine |  |  |  |                    |                                                        |                                                               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans.                                                                                                                                                                                                                                                                                                                                                                                  |                                              | Finance inc. claims | 4                  | 4                                                                         | 16                 | June 25: Advised by finance to keep risk the same currently.<br>July: Risk remains extreme due to continued use of variable pay, locum and agency use due to workforce gaps, medical recruitment and continued surge and overcrowding in some key clinical areas such as Emergency Dept (ED). The system requires time to realise and deliver the savings due to strategic, high level decisions to be made. | 5% reduction in costs of revenue within annual plan. | Andrews, Bethan                                                                                | 30/09/2024 | 31/10/2025                      | ongoing, on plan for the savings. | Finance and Performance Committee | 3             | 4                                   | 12                              | The system requires time to realise and deliver the savings due to strategic, high-level decisions to be made. Whilst the system is required to realise savings must balance this with patient safety and quality of services and other requirements of T1. | 31-Mar-26              |             | 24-Sep-25 |
|          | Pembrokeshire Integrated System |  |  |  |                    |                                                        |                                                               |                                                                   | This is caused by Multiple factors including:<br>- Demand exceeding capacity on site, resulting in reliance on nursing agency to staff surge beds<br>- Inability to decrease the numbers in Emergency Department leading to increased Registered Nursing roster filled by agency shifts<br>- High cost Locum cover filling vacant Medical roles<br>- Rising drugs costs, particularly biologics usage.<br>- high CHC spend due to complexity of individuals needing support | Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend.                                                                                                                                                                                                                                                                                                  |                                              |                     |                    | reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed | Andrews, Bethan    | Completed                                                                                                                                                                                                                                                                                                                                                                                                    | completed                                            | Target date of October 2025 aligned with the next Executive Improving Together Sessions (EITS) |            |                                 |                                   |                                   |               |                                     |                                 |                                                                                                                                                                                                                                                             |                        |             |           |
|          | Withybush General Hospital: WGH |  |  |  |                    |                                                        |                                                               |                                                                   | This will lead to an impact/affect on remaining within Statutory Financial Duty in year and the inability to de-escalate from Welsh Government's Target Intervention status.                                                                                                                                                                                                                                                                                                | Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.                                                                                                                                                                                                                                                                                                                                                 |                                              |                     |                    | Recruitment of newly qualified nurses and international nurses.           | Thomas, Carol      | Completed                                                                                                                                                                                                                                                                                                                                                                                                    | ongoing Recruitment continues were required.         |                                                                                                |            |                                 |                                   |                                   |               |                                     |                                 |                                                                                                                                                                                                                                                             |                        |             |           |
|          | Carruthers, Andrew              |  |  |  |                    |                                                        |                                                               |                                                                   | Risk location, Pembrokeshire, Withybush General Hospital.                                                                                                                                                                                                                                                                                                                                                                                                                   | Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.<br>Whilst plans are in place to remove more beds (Puffin ward in August) and integrate Internationally Educated Nurses (IENs) and Newly Qualified Nurses (NQN) into the Withybush General Hospital workforce, these will not come into effect until September 2024 with the full effect in the next financial year reducing all ward nursing variable pay. |                                              |                     |                    | Recruitment of medical staffing to reduce reliance on locums.             | Andrews, Bethan    | 30/09/2024                                                                                                                                                                                                                                                                                                                                                                                                   | 31/10/2025                                           | recruitment continues as required to reduce reliance.<br><br>Recruitment continues             |            |                                 |                                   |                                   |               |                                     |                                 |                                                                                                                                                                                                                                                             |                        |             |           |

| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Existing Control Measures Currently in Place                                                                                                                                                                                                                              | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                       | Additional Risk Action Required                                                                                                                                                                                                                     | By Whom                                                  | By When                                             | Progress Update on Risk Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2040     | Operational Allied Health Professions & Health Sciences | Allied Health Professions and Health Sciences       | AHP&HS: Physiotherapy                                   | Caruthers, Andrew  | Quarrie, Sara                                          | Davies, John                                                  | Evans, Nick                                                       | 24-Mar-25            | <p>There is a risk of of cessation of funding for the FCP service. This has been rolled out across a number of years using Cluster finding. The GP Clusters have now stated their intent to service notice on the contracts that are in date, and to not sign up to those that have rolled out of contract. This will effect 9.4 clinical staff (Band 7 and Band 8a) plus 0.5 Band 8a Service Lead that is funded on income from a small management fee.</p> <p>This is caused by the fact that cluster funding should only be used for short periods to prove the worth of an initiative. In this case, FCP has been proven to be a more cost effective and timely way of managing musculoskeletal conditions in the community, releasing capacity through moving some of the MSK caseload to the Physiotherapists, allowing GP's to complete other tasks, and reducing onwads referrals into secondary care (investigations and interventions)</p> <p>This will lead to an impact/affect on an increased staffing of &gt;£675,000 added to the Physiotherapy budget without any funding to cover this.</p> <p>Risk location, Health Board wide.</p> | Cluster funding has been continued each year, with Primary care building the case for a permanent funding solution<br>Positive conversations with Primary care RE: continuation<br>Issues escalated through CCG.<br>Escalation meetings being held with Executive Support | Finance inc. claims | 3                  | 5              | 15                 | <p>Until now, the cluster funding has been considered as beneficial to the clusters in terms of increasing their capacity in Primary care. The clusters initially were confirmed on exiting the finding with only a few months notice. However, the conversations have changed in tone recently and the Physiotherapy department and Primary Care are still in discussion regarding whether this will be continued</p> | <p>24/03/25-Assist in development of SBAR with Primary Care</p> <p>24/03/25-SBAR under development for presentation to CCG</p> <p>12/06/25 - Development of CCG Business Case within 25-26 financial year for mainstream funding of FCP service</p> | <p>Evans, Nick</p> <p>Evans, Nick</p> <p>Evans, Nick</p> | <p>Completed</p> <p>Completed</p> <p>31/03/2026</p> | <p>24/03/25-Links made and access to SBAR granted by Jackson Reynolds</p> <p>24/03/25-SBAR under development. John Davies, Nick Evans and Susie Launders contributing. 23/04/25 - SBAR completed. Pending presentation 15/05/25-SBAR rewritten as situation has changed. Pending presentation 12/06/25 - Funding secured until March 2026, need to develop business plan for mainstream funding for delivery of FCP service built into the 26-27 CCG business plan.</p> <p>12/06/25 - New Action 11/09/25 - Plans currently under development ready for Annual planning Workshop</p> | Finance and Performance Committee | 2                 | 2             | 4                                   | <p>Mainstream funding meets several local and national requirements, including right person, right place, right time, prudent healthcare, the fundamental principle of "shift left" and benefits to Primary Care capacity (allowing greater access to GP's, Practice Nurses and other Health Care professionals with lower MSK skills, but higher skills in other arenas) and reduced onwads referrals to Secondary care.</p> <p>Service to assign expected date to reach TRS (date below added during administrative update by Assurance and Risk Team to save risk)</p> | Not known                                  | Treat                  | 11-Sep-25   |

| Risk Ref | Clinical Care Group / Executive Function | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Existing Control Measures Currently in Place                                                                                                                                                                                                                      | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                          | Additional Risk Action Required                                                                                                                                                                                                                                                                               | By Whom           | By When    | Progress Update on Risk Actions            | Lead Committee                    | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score                                                                                             | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 1951     | Community & Integrated Medicine          | Carmarthenshire Integrated System                   | Carmarthenshire County                                  | Caruthers, Andrew  | Skitt, Peter                                           | Perry, Sarah                                                  | Jenkins, Angharad                                                 | 31-Mar-24            | <p>There is a risk of overspend against the Specialist Palliative Care budget.</p> <p>This is caused by the potential withdrawal of funding from Ty Bryn Gwyn Trustees for permanent posts. Historically a decision was made that staff would be appointed 'at risk', given permanent contracts with these permanent posts being funded by Ty Bryn Gwyn Trustees (year on year funding). The posts are: 1 Specialty Doctor and 0.5 Clinical Nurse Specialist Palliative Care.</p> <p>This will lead to an impact/affect on the stability of the budget within specialist palliative care. It will also impact on recruitment into the team as the service will need to balance the books and this will have a negative effect upon service delivery.</p> <p>Risk location, Carmarthenshire.</p> | <p>Regular meetings are held with the Trustees to discuss what their priorities are and to inform them of the Health Board's position.</p> <p>Recent recruitment has converted permanent posts into fixed term in order to minimise the impact on the budget.</p> | Finance inc. claims | 3                  | 4              | 12                 | <p>The risk remains high because the decision-making remains with the Trustees - the Health Board has no control over this and therefore there is no assurance that funding will be secured in the future (year on year funding). As staff leave we are recruiting into temporary positions rather than permanent to reduce the risk.</p> | <p>To submit the business case and an SBAR outlining our work with the Trustees for Executive Team approval.</p> <p>Awaiting full report from finance business partner regarding current status of posts (including fixed term/secondments) so that recommendations can be made to the HoN and System GM.</p> | Jenkins, Angharad | 30/09/2025 | <p>Closed completed.</p> <p>New action</p> | Finance and Performance Committee | 1                 | 4             | 4                                   | Business case cycle now in process with the trustees to review and agree funding streams and priorities on an annual basis. | 29-Aug-25                                  | Treat                  | 29-Aug-25   |



| Risk Ref | Clinical Care Group / Executive Function                | Clinical Service Group / Executive Function Service | Clinical Service Sub-Group / Executive Function Service | Executive Director | Clinical Care Group Director / Executive Function Lead | Clinical Service Group Lead / Executive Function Service Lead | Clinical Service Sub-Group Lead / Executive Function Service Lead | Date risk Identified | Risk Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domain              | Current Likelihood | Current Impact | Current Risk Score | Rationale for Current Risk Score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Additional Risk Action Required                                                                                                                    | By Whom                                                     | By When                                                                                                                                                                                                                                                                                                                          | Progress Update on Risk Actions   | Lead Committee | Target Likelihood | Target Impact | Target Risk Score (tolerable score)                                                                                                                                                                                                                                                                                                                   | Rationale for Target Risk Score | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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| 2124     | Planned & Specialist Care                               | Children, Women & Family Health                     | Children, Women and Family Health                       | Carruthers, Andrew | Goode, Paula                                           | Owen, Tracy                                                   | Owen, Tracy                                                       | 01-Apr-25            | There is a risk of that<br><br>1. the Children, Women and Family Health Clinical Service Group will be unable to identify the level of recurrent savings in-year required (£3.6m) which includes under delivery of savings in 24/25.<br><br>2. further risk of CSG being overspent as due to ad-hoc variable pay.<br><br>This is caused by 1. fragile services requiring service planning and wider Health Board engagement to enact service change within the financial year.<br><br>2. fragile services and workforce pressures driving spend on ad-hoc variable pay.<br><br>This will lead to an impact/affect on a worsening of the overall financial position of the Health Board.<br><br>Risk location, Health Board wide. | Finance Business Partner assigned to the Clinical Service Group, with weekly meetings in place with Clinical Service Group management, and ad hoc meetings as and when required<br><br>2. Weekly review of nursing and medical staff rotas<br><br>3. Regular job planning reviews<br><br>4. Weekly Operational team meetings<br><br>5. Monthly Clinical Service Group Business meetings<br><br>6. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend<br><br>6. We are reducing the O&G spend and working with Medical Sustainability project<br><br>7. Scrutiny of budget/Savings schemes via TI escalation meetings | Finance inc. claims | 3                  | 4              | 12                 | CIP tracker in place and monitored monthly for progress and shared with Clinical Care Group at the Business Planning and Performance monthly meetings. Monthly meeting take place with the Commissioning team are monitoring progress of SLA reviews.                                                                                                                                                                                                                                                                                                                                                                       | Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay<br><br>Continue to progress CIP schemes identified with CW&FH | Davies, Nick<br>31/12/2025<br><br>Owen, Tracy<br>31/03/2026 | Work in progress, required in readiness for allocate medical rostering<br><br>in progress                                                                                                                                                                                                                                        | Finance and Performance Committee | 2              | 2                 | 4             | If all schemes are achieved then the risk will reduce however if partial schemes achieved it will improve the financial position however the full savings target will not be met for 25/26.                                                                                                                                                           | 31-Mar-26                       | Treat                                      | 02-Oct-25              |             |
| 1646     | Operational Allied Health Professions & Health Sciences | AHP&HS: Pathology                                   | AHP&HS: Pathology                                       | Carruthers, Andrew | Quarrie, Sara                                          | Jones*, Dylan                                                 | Jones*, Dylan                                                     | 24-Jan-23            | There is a risk of of overspending against funding allocated for external tests. There is also a risk to the health board if funding for COVID/respiratory testing is not supported by Welsh Government funding.<br><br>This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs.<br><br>This will lead to an impact/affect on financial overspend.<br><br>Risk location, Health Board wide.                                                                                                                                                                                                                                                                               | 1. Regular SLA meetings to review spend<br>2. Reviewed external testing sites<br>3. Clinical Scientist test vetting<br>4. Demand management in place to prevent sending duplicate samples.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Finance inc. claims | 4                  | 2              | 8                  | This remains a significant financial risk for Pathology as the increase in high cost tests (genetic/ genomic tests) and general workload growth has resulted in considerable overspend. Currently we have no firm process in place to scrutinise and agree what new tests are introduced and/or if there are changes in protocol that creates variations to test frequency and volumes. A Value Based Healthcare (VBHC) steering group is in the process of being established to review new tests and changes in protocols that may have an impact to Pathology. The group will also look at key tests that the service has | Regional collaboration providing opportunities to repatriate tests.                                                                                | Peters, Lee<br>Completed                                    | On going and linked to the ARCH Regional Solution. discussions ongoing. 05/06/2024 - update, exploring opportunities with SBU in laboratory medicine workstream. ongoing 31/05/25 - teicoplanin being reviewed to bring in house as a regional test. this is now being discussed in SBU CIG with both HD and SBU representatives | Finance and Performance Committee | 4              | 2                 | 8             | The risk has been mitigated a far as it can within the means of the Pathology service. There are no further actions possible at this time. Monthly SLA reviews are no in place and the service is now challenging areas where there is potential overspend.<br><br>It has been proposed that this risk remains open, but with a tolerated score of 8. | 23-Apr-25                       | Treat                                      | 24-Jul-25              |             |

| Risk Ref                                                          | Risk Register                                           |                                   |                             |                    |              |              |              | Risk Statement | Existing Control Measures Currently in Place                                                                                                                                                                                                                                                                                                                                                                           | Domain                                                                                                                                                                                                                                                                                                                                                                                                                                             | Current Likelihood  | Current Impact | Current Risk Score | Rationale for Current Risk Score | Additional Risk Action Required                                                                                                                                                                                                                                                                                                          | By Whom                                          | By When     | Progress Update on Risk Actions | Lead Committee                                                                                                                                                                                          | Target Likelihood | Target Impact | Target Risk Score (tolerable score) | Rationale for Target Risk Score | Date expected to achieve target risk score | Detailed Risk Decision | Review date |
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|                                                                   | Clinical Care Group / Executive Function                |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
|                                                                   | Clinical Service Group / Executive Function Service     |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
|                                                                   | Clinical Service Sub-Group / Executive Function Service |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
|                                                                   | Executive Director                                      |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
|                                                                   | Clinical Care Group Director / Executive Function Lead  |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
| Clinical Service Group Lead / Executive Function Service Lead     |                                                         |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
| Clinical Service Sub-Group Lead / Executive Function Service Lead |                                                         |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
| Date risk Identified                                              |                                                         |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
| 1530                                                              | Community & Integrated Medicine                         | Carmarthenshire Integrated System | Prince Philip Hospital: PPH | Carruthers, Andrew | Skitt, Peter | Perry, Sarah | Perry, Sarah | 01-Aug-22      | There is a risk of That the directorate will overspend against its delegated budget in 2024-25.<br><br>This is caused by Multiple factors including:<br>- Demand exceeding capacity on site, resulting in reliance on agency to staff surge beds<br>- Inability to discharge patients to the community leading to a greater number of patients who are medically fit deemed ready to leave.<br>- High cost locum cover | Monthly Financial Dashboard for Directorate and overall Health Board financial position<br><br>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.<br><br>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal | Finance inc. claims | 3              | 2                  | 6                                | identified as opportunities to either reduce unwarranted testing or may have benefits to other areas.<br><br>The service is also working closely with Swansea Bay University Health Board (SBU) as part of the Regional Pathology Programme at opportunities to repatriate tests to the region so they can be performed at reduced cost. | Review main SLAs to look at repatriating service | Peters, Lee | Completed                       | FIT, MPO and PR3 testing being considered for repatriation<br>5.4.24 - linked to ARCH regional solution<br>31/1/25 - these tests are now being discussed in CIG meetings by HD and SBU representatives. |                   |               |                                     |                                 |                                            |                        |             |
|                                                                   |                                                         |                                   |                             |                    |              |              |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                |                    |                                  |                                                                                                                                                                                                                                                                                                                                          |                                                  |             |                                 |                                                                                                                                                                                                         |                   |               |                                     |                                 |                                            |                        |             |
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## 2 - ESCALATION OVERVIEW

2.1

9:50 AM, 10 Mins

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## 2.1 - ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

*Shaun Ayres (Hywel  
Dda UHB - Director  
of Delivery)*

| For assurance

### Attachments

Escalation Oversight and Highlight Report FPC 21 October 2025.pdf



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# Escalation Oversight and Highlight Report

Finance and Performance Committee, 21 October 2025

# Escalation Headlines



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| Areas to highlight                                             | Metrics                                                                                                                                                                                                                                                          | Update                                                                                                                                                                                                                                                                                                                                          | 3A                                                      |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Finance:</b> CCG Savings Plans                              | End of year forecast<br>CCG 2025/26 savings delivery                                                                                                                                                                                                             | £31.1m deficit against a £27.8m forecast, and £24.1m expectation<br>£15.8m gap across CCG areas with Executive Functions having over-achieved their targets by £10.8m, on an in-year basis.                                                                                                                                                     | Alert<br>Alert                                          |
| <b>Performance:</b> Planned & Specialist Care                  | Single cancer pathway (TI level 3)<br>High risk eye care patients (TI level 3)<br>New outpatient waits under 52 weeks (TI level 3)<br>Waits under 26 weeks RTT (TI level 3)<br>Waits under 104 weeks RTT (TI level 3)<br>Follow-up delays over 100% (TI level 3) | 65.3% against 63% TI target. Diagnostic expansion needed<br>34.23% against 65% TI target. Patient safety implications<br>Above 99.8% since March 25. Embedded improvements evident<br>64% against 75% TI target. Improving trend<br>99.8% against 100% TI target. Improving trend<br>Increased by 2% to 17,037. Strategic transformation needed | Advise<br>Alert<br>Assure<br>Advise<br>Advise<br>Advise |
| <b>Performance:</b> Community & Integrated Medicine            | Ambulance handovers over 1 hour (TI level 4)<br>Waits over 12 hours in ED (TI level 4)<br>Median time to assessment in ED (TI level 4)<br>Delayed pathways of care                                                                                               | 546 against 680 TI target<br>7.9% against ≤7% TI target. Variation at site level (GGH & WGH)<br>73 minutes against 60 minute TI target<br>230 against 174 TI target. Strategic transformation needed                                                                                                                                            | Alert<br>Alert<br>Alert<br>Alert                        |
| <b>Performance:</b> Mental Health & Learning Disabilities      | Child neurodevelopment waits <26 weeks<br>Adult psychological therapy waits <26 weeks                                                                                                                                                                            | 24.6% against 80% target. Improving trend<br>51.6% against 80% target. Concerning trend                                                                                                                                                                                                                                                         | Alert<br>Alert                                          |
| <b>Performance:</b> Operational Allied Health & Health Science | Radiology waits over 8 weeks<br>Waits over 14 weeks for specified therapy                                                                                                                                                                                        | High breaches are a key driver for the single cancer pathway<br>2,807 against 0 target. Concerning trend                                                                                                                                                                                                                                        | Advise<br>Alert                                         |





This paper brings together the finance position, targeted intervention de-escalation criteria and operational performance into a single, coherent narrative. As at Month 6, the Health Board is forecasting a £31.1m deficit against a £30.0m revised plan, a latest forecast of £27.8m while resetting organisational expectation to deliver an outturn deficit of £24.1m in line with Welsh Government's expectation to at least maintain the 2024/25 outturn. Savings of £41.1m have been identified for delivery (89% of the £46.4m target), leaving a £5.3m gap and a particular weakness in recurrent delivery (£14.4m vs £19.0m target). An assurance route had been set, which included 15 August 2025 (QIAs from Executive leads), 18 August 2025 (papers to Committee), 26 August 2025 (Committee scrutiny), 9 Sep (In Committee Board), 11 September 2025 (CEO update and Month 5 submission). This enabled an improvement in the forecast, from the revised plan of £30.0m to £27.8m, with savings gaps remaining across Clinical Care Groups (CCG). Further actions are being taken to review opportunities with updates included within the Clinical Care Group (CCG) savings paper as part of the Finance and Performance Committee agenda.

Operationally, Single Cancer Pathway (SCP) performance sits at 65.3% (August) against a 63% Level 3 target (Annual Plan trajectory 68%), Radiology and Urology diagnostics are the main constraint and the near-term lever. Mobilisation is under way (MRI, LATP biopsies, flexible cystoscopy, weekend sessions), with throughput gains expected late Q2/early Q3 if workforce holds. Planned care remains cautiously positive for long wait eradication (Stage 1 >52 weeks), supported by Board approved First Outpatient delivery (from 23 August 2025) and a draft insourcing route; Ophthalmology remains the principal fragility due to workforce gaps. In urgent and emergency care, ED >12h waits are at 7.9% with site level variation and median time to assessment (HB 80 minutes vs 60 target) mean de escalation thresholds are unlikely in the next 2–3 months without site specific step change; ambulance handovers are below the TI threshold (target 680, September 546). Delayed Pathways of Care are also above target and lack sustained ≥5% monthly reductions.

Ambulance handovers have been a significant focus from 1 October 2025, with a verbal update to be given as part of the agenda, with a more in-depth review scheduled for the December 2025, which will allow for latest performance metrics and action plans to be articulated.

# Month 6 Finance update (focus on De-escalation Criterion 3)



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## Lead Executive - Huw Thomas

The in-month financial position as at Month 6 is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan. This is the second consecutive month that the in-month position has been better than plan, allowing erosion of the year-to-date adverse deviation to be clawed back. The core operational variance in month is an underspend of £0.5m and the in-month savings target of £3.9m has been over-identified by £0.3m, however one scheme is under delivering by £0.3m. Full analysis is included within the Financial Performance Assurance report.

Further to the work aligned to the Quarter 2 focus of de-risking the plan, the outcome from the 9 September 2025 In-Committee Board endorsed actions and Public Board on 25 September resulted in a £2.2m improvement to the forecast position, to a reported end of year forecast of £27.8m in Month 5. Although not identifying the full £6.0m in line with WG expectations to achieve £24.1m forecast deficit, this is a positive step forward, and further work will be undertaken in the coming weeks to progress the choices and actions proposed to achieve this, which are reflected within a separate paper, for Committee consideration and discussion.

Formal correspondents have been exchanged between the Director General and Chief Executive, outlining actions agreed following the meeting held on 11 September 2025, with a latest letter sent on 13 October from the Chief Executive setting out next steps to achieve £24.1m.

# Criterion 21 - Single Cancer Pathway - 63% Performance for Consecutive Months (Level 3)



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**Lead Executive - Andrew Carruthers**

## **Current Performance**

The Health Board achieved de-escalation to Level 3 monitoring following sustained performance above 60% from February through June 2025. However, this brings an elevated performance threshold of 63% rather than the previous 60%. Performance data shows 63.5% in February, 65.4% in March, 62.4% in April, 66.1% in May, 61.4% in June 2025, 62.3% in July and 65.3% in August.

Performance by tumour site continues to show substantial variation, with urological and sarcoma pathways at 25% and skin pathways at 92%. Aggregate compliance is still reliant on high-volume pathways offsetting underperformance in more complex specialties.

## **Improvement Actions**

The health board has implemented a diagnostic expansion programme scheduled to deliver improvements from late Q2 2025. This includes MRI capacity increasing by 336 scans annually (28 per month) through outsourcing from September, local anaesthetic transperineal prostate (LAMP) biopsy expansion of 260 procedures annually (22 per month), flexible cystoscopy improvement of 898 procedures annually (75 per month), and nurse-delivered LAMP adding 210 procedures annually (17 per month). Five weekend biopsy sessions covering 45 patients are scheduled for August 2025. Radiology has received provisional recurrent investment for 2025/26, though implementation timelines extend beyond the immediate performance period.

## **Assessment: ADVISE**

The performance trajectory shows capability to achieve 63% but inconsistent delivery month-to-month. The June 2025 performance below threshold and dependency on diagnostic expansion programmes not yet fully operational indicate ongoing monitoring requirements. The assessment recognises achievement of de-escalation while acknowledging the increased challenge of the Level 3 standard.





## Lead Executive - Andrew Carruthers

### Current Performance

Performance remains at 34.23% in August 2025, effectively unchanged from 34.0% in November 2024. This represents a 30-percentage point gap to the 65% threshold with no improvement trajectory over eight months. The Level 4 enhanced monitoring status continues, recognising this as requiring intervention beyond normal operational management.

### Operational Context

The workforce position includes two consultant vacancies representing 20-25% of establishment capacity, three SAS doctor vacancies with three staff onboarding but requiring supervision before independent practice, and documented nursing shortfalls affecting clinic efficiency. Service prioritisation of emergency care and intravitreal therapy displaces R1 capacity, creating systematic deferral of risk-stratified patients. Clinic cancellations due to staffing mean planned capacity is not fully delivered.

### Improvement Actions

Current mitigations include protected R1 slots in all clinics, waiting list initiatives dependent on existing staff overtime, validation to identify highest-risk patients, and WGOS pathways reducing referral rates (glaucoma 8.96%, medical retina 12.09%). Regional consultant posts are proposed but face standard recruitment timelines of 6-12 months to productivity.

### Assessment: ALERT

The static performance despite planned interventions, severe workforce gaps, and patient safety implications where delays risk irreversible sight loss require consideration of regional solutions or service reconfiguration beyond local management.

# Criterion 26 - 100% of Outpatient Pathways Waiting Less Than 52 Weeks (Level 3)



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**Lead Executive - Andrew Carruthers**

## **Current Performance**

Performance data demonstrates sustained delivery above 99.8% from March 2025 through August 2025, with 100% achieved in March followed by consistent performance between 99.8% and 99.9%.

## **Operational Context**

While percentage compliance appears strong, the volume of patients requiring active management to prevent breaches indicates operational pressure. The concentration in two specialties creates specific vulnerability, particularly given ophthalmology's documented workforce constraints including two consultant vacancies and three SAS doctor gaps. The Welsh Government First Outpatient plan commencing 23 August 2025 provides the primary strategic intervention, supported by insourcing arrangements currently at draft tender stage.

## **Why Assure?**

- 26-week continuous improvement requirement satisfied with steady progress demonstrated
- 104-week performance while percentage compliance remains high, volume of at-risk patients and concentration in challenged specialties indicates significant operational risk

# Criterion 27 - Continuous Improvement Towards 75% of Outpatient Pathways Under 26 Weeks (Level 3)



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**Lead Executive - Andrew Carruthers**

## **Current Performance**

Performance has improved from 60.5% in November 2024 to 64.0% in July 2025, demonstrating a 3.5 percentage point gain over eight months. The improvement rate averages 0.44 percentage points per month, projecting achievement of the 75% target by late 2026 if maintained. The trajectory shows consistent month-on-month gains without significant volatility, indicating embedded improvement processes.

## **Assessment: ADVISE**

The continuous improvement requirement is satisfied with steady progress demonstrated. The 11-percentage point gap to target requires sustained focus, but the consistent trajectory provides confidence in eventual achievement.

# Criterion 28 - 100% of Pathways Waiting Less Than 104 Weeks (Level 3)



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**Lead Executive - Andrew Carruthers**

## Current Performance

Performance shows 100% in March 2025, followed by 99.8% in April, 99.7% in May, and 99.8% in both June and July. However, underlying data reveals concerning trends. The September 2025 cohort tracking identifies 1,792 patients at risk of breaching if not treated before month end. Q1 actual performance showed 198 patients breached the standard, with ophthalmology contributing 101 breaches, ENT 60, and general medicine 24. The Q2 projection of 84 breaches, while improved, remains significantly above the zero-tolerance expectation.

## Operational Context

The management of 1,792 at-risk patients requires treating approximately 200-250 patients weekly to maintain compliance, against routine surgical capacity of 150-180 procedures weekly across all specialties. Current performance depends on continuous re-prioritisation, pulling patients forward immediately before breach dates. Specific risks include 22 ENT patients where outsourcing remains unconfirmed and 18 plastics patients with theatre-dependent mitigation under development. The interdependency with diagnostic delays, particularly MRI at 59% compliance, prevents patient progression even where treatment capacity exists.

## Improvement Actions

Specialty-specific plans include ophthalmology cataract programmes achieving zero breaches in Q1 subject to outsourcing, orthopaedic delivery plans for Q2/Q3, and additional independent sector capacity. However, these remain dependent on successful procurement and workforce availability in already constrained services.

## Assessment: ADVISE

While percentage compliance remains high, the volume of at-risk patients, concentration in challenged specialties, and dependency on unconfirmed mitigations indicate significant operational risk. The assessment should escalate if September breaches exceed 50 patients or if diagnostic constraints prevent achievement of this target.

# Criterion 30: 12% Reduction in Follow-up Delays Over 100% Level 3



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**Lead Executive - Andrew Carruthers**

## Current Performance

Performance shows deterioration from the November 2024 baseline of 16,682 patients to 17,037 in September 2025, representing a 2% increase against the required 12% reduction. The target of 14,680 patients requires a reduction of 2,357 from current levels.

## Operational Context

The fundamental imbalance between follow-up demand and capacity persists despite monitoring and targeted interventions. Year-on-year comparison shows increase from 28,222 delayed patients in June 2024 to 29,747 in June 2025, indicating a likely systematic capacity deficit rather than operational inefficiency. The variation between specialties suggests localised solutions exist but cannot compensate for system-wide constraints.

## Assessment: ADVISE

The deteriorating trajectory contrary to criterion requirements, ineffective current interventions, and patient safety implications require strategic transformation beyond operational management.

# Criterion 15 - Ambulance Handovers Over One Hour - 11% Reduction Target – Level 4



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**Lead Executive - Andrew Carruthers**

## Current Performance

September 2025 data now records 546 ambulance handovers exceeding one hour, compared to the Targeted Intervention threshold of 680. This means the breach has reduced from 203 to a surplus of 134 handovers (20% above target). The de-escalation requirement remains an 11% reduction for three consecutive months, then sustained for three months from the Q3 2023/24 baseline average of 964. This demonstrates improvement, moving from an 8.4% reduction to 43% reduction from baseline, but still short of achieving the sustained de-escalation requirement as we have not yet consistently met the 680 threshold.

## Operational Context

The 546 handovers represent approximately 550 hours of lost ambulance capacity monthly, effectively removing several ambulances from continuous service. Site-specific performance remains strong at Bronglais Hospital, which previously achieved 67 handovers against a target of 122 (45% better-than-target), proving operational excellence is achievable. Pathways of Care delays remain a compounding factor, with discharge blockages cascading through the emergency system.

## Improvement Actions

The UEC Accelerated Transformation Programme and Six Goals highlight multiple interventions including the "Your Next Patient" initiative launching 1st September 2025, daily Delayed Pathways of Care (DPOC) reviews at Silver command level, establishment of accelerator teams for complex discharges, and engagement with Welsh Ambulance Service Trust (WAST) on pre-alert and redirection criteria. The programme targets achieving less than 45-minute handovers consistently, progressing towards the 15-minute standard.

## Assessment: ALERT

Although performance has improved since May and June, the 20% variance above target and lack of consistent 11% monthly reductions indicate that de-escalation criteria have not yet been achieved.

# Criterion 16 - Emergency Department 12-Hour Waits - 7% Maximum – Level 4



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Lead Executive - Andrew Carruthers**

## **Current Performance**

September 2025 performance shows 7.9% of patients waiting over 12 hours in emergency departments, marginally above the 7% de-escalation threshold. The trajectory demonstrates significant improvement from 12.8% in March 2025 to current levels, showing continuous improvement as required. August performance achieved 8.3% a rise from the 7.3% recorded in July.

## **Operational Context**

The July 2025 position of 7.3% represents approximately 1,200 patients experiencing extreme delays monthly across all emergency departments. The fivefold variation between sites indicates that local operational practices rather than systemic constraints drive performance. The documented improvements in waiting room oversight, including registered nurse allocation and regular observations at all sites, demonstrate enhanced safety management despite breaches.

## **Assessment: ALERT**

The 0.9 percentage point breach above threshold, combined with demonstrated continuous improvement from 12.8% to 7.9%, suggests imminent achievement of de-escalation criteria.

# Criterion 17: Time to Clinical Assessment - 60 Minutes

## Maximum – Level 4



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Lead Executive - Andrew Carruthers**

### **Current Performance**

September 2025 data shows median time to clinical assessment at 73 minutes, 21.67% above the 60-minute target. Performance has improved from 80 minutes in July, however, the November 2023 baseline of 58 minutes demonstrates that the health board has previously achieved compliance, making current performance particularly concerning.

### **Operational Context**

The current 13-minute exceedance over the 60-minute target equates to approximately 3,250 additional patient-hours of waiting per month before clinical assessment. This delay occurs at the critical decision point where timely streaming to same-day emergency care, primary care, or other alternative pathways could decompress emergency departments and reduce crowding risk. While performance has improved from 80 minutes in July to 73 minutes in September, it remains materially above target and worse than the previously achieved compliant baseline of 58 minutes (November 2023).

### **Assessment: ALERT**

Despite recent month-on-month improvement, the 21.67% breach above target, the persistent non-compliance relative to an established compliant baseline indicates systemic failure requiring strategic intervention beyond operational management.



# Criterion 18 - Pathways of Care Delays - 5% Reduction Target



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Lead Executive - Andrew Carruthers**

## **Current Performance**

September 2025 records 230 delayed pathways of care against a target of 174, representing 32% above the required level. The de-escalation criterion requires a 5% reduction for three consecutive months from the Q3 2023/24 baseline average of 203. Current performance shows deterioration rather than improvement, with numbers increasing from 200 in December 2024 to 230 in August 2025. The trajectory shows no months achieving the required 5% reduction, let alone three consecutive months.

## **Operational Context**

The 230 delays represent patients medically fit for discharge occupying acute beds, creating the fundamental constraint across all emergency pathways. These delays directly cause the cascade of ambulance handover delays, emergency department congestion, and assessment delays. The Regional POCD Integrated Action Plan submitted to national level acknowledges the multi-agency nature requiring health and social care integration.

## **Assessment: ALERT**

The 32% breach above target, deteriorating trajectory contrary to reduction requirements, and cascade impact on all other emergency metrics necessitates strategic transformation of discharge pathways beyond operational management.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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### 3 - ESCALATION RESPONSE – RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES

3.1

10:00 AM, 15 Mins

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3.1 - AMBULANCE HANDOVER  
PERFORMANCE (VERBAL UPDATE)

*Andrew Carruthers  
(Hywel Dda UHB -  
Chief Operating  
Officer)*

| For assurance

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## 3.2 - CLINICAL CARE GROUP FINANCIAL SAVINGS – PLANS AND MILESTONES TO CLOSE GAP TO TARGET

*Andrew Carruthers  
(Hywel Dda UHB -  
Chief Operating  
Officer)*

| For assurance

### Attachments

[Clinical Care Group Savings FPC 21 October 2025.pdf](#)

[Appendix 1 Blue and Red Savings Schemes.pdf](#)



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

|                                                        |                                                               |
|--------------------------------------------------------|---------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                               |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Clinical Care Group Financial Savings                         |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Andrew Carruthers, Chief Operating Officer                    |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Keith Jones, Director of Operational Planning and Performance |

**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 Committee is requested to consider the progress achieved by Clinical Care Groups (CCGs) in respect of confirmed savings plans as at M6 2025/26 and to note the additional opportunities being explored by CCGs to further improve this position.

**Cefndir / Background**

The Health Board approved an Annual Plan on 27 March 2025 which represented a planned deficit of £31.5m. This includes provision for investments totalling £11.9m, expected recurrent savings of £19.0m, plus a non-recurrent benefit of underspends and non-recurrent savings of £25.4m. Therefore, total savings delivery for the year of £44.4m. Subsequently in July the Board has approved a revision to the Annual Plan and a restated recurrent saving requirement of £46.4m.

The anticipated savings delivery was spread across the Health Board on the basis of all budget areas delivering a combination of 5% savings in 2024/25 plus a further 1.5% in 2025/26. Recognising that recurrent saving delivery was achieved to some extent through 2024/25, the remaining balance of 5% was carried forward for each budget area. As a result, the savings delivery required for the Chief Operating Officer portfolio is £39.0m. These figures remain unchanged by the revision to the Annual Plan and increased savings requirement.

Welsh Government continue to seek assurance that the Health Board will match the 2024/25 outturn of £24.1m deficit. Since July the Health Board has undertaken a review of expenditure to consider options to reduce spend in order to deliver an outturn deficit of £24.1m. The Board considered the outcome of this review at its In-Committee and Public Board meetings in September 2025.

**Asesiad / Assessment**

## **Savings Delivery to Month 6**

In the August 2025 Committee report, the Committee was advised of further actions being pursued by CCGs to review additional opportunities, beyond the current schedule of blue and red savings schemes, including consideration of run rate contributions to the in-year savings target along with non-cash releasing opportunities. The Committee was advised that these opportunities had the potential to increase in-year cash releasing savings by a further £3.4m.

### **Latest Position:**

The table below shows the updated position as at Month 6:

| Delegated Officer (£'000)                           | Annual Savings Target | In Year Identified Cash Releasing Plans (Recurrent and Non-Recurrent) |              |       |               | Variance From Target |
|-----------------------------------------------------|-----------------------|-----------------------------------------------------------------------|--------------|-------|---------------|----------------------|
|                                                     |                       | Blue                                                                  | Red          | Amber | Green         | Total                |
| <b>Chief Operating Officer</b>                      | <b>39,048</b>         | <b>481</b>                                                            | <b>3,681</b> |       | <b>23,109</b> | <b>27,271</b>        |
| Chief Operating Officer Management                  | 762                   |                                                                       |              |       | 561           | 561                  |
| Community and Integrated Medicine                   | 10,482                | 150                                                                   | 1,448        |       | 5,533         | 7,131                |
| Mental Health and Learning Disabilities             | 5,851                 | 300                                                                   | 392          |       | 4,253         | 4,945                |
| Operational Allied Health and Health Sciences       | 3,785                 |                                                                       | 26           |       | 459           | 485                  |
| Planned and Specialist Care                         | 11,639                | 31                                                                    | 1,405        |       | 8,162         | 9,597                |
| Primary Care, Community Strategy and Long Term Care | 6,529                 |                                                                       | 410          |       | 4,142         | 4,552                |

Against the target of £39.0m, in year plans have further improved to £27.3m factoring in blue, red, amber and green (BRAG), recurrent and non-recurrent schemes. This represents a £5.4m (25%) improvement over the reported position at the last Committee meeting in August 2025.

Despite significant operational pressures experienced by Clinical Care Groups (CCGs), confirmed in year delivery in respect of amber and green cash releasing schemes has also increased by a further £6.1m (36%) to a current total of £23.1m compared to the position reported at the last Committee meeting in August 2025. This progress has been achieved despite:

- Pressures on surge capacity across Pembrokeshire and Carmarthenshire (costs in excess of £1.2m)
- Deteriorating medical staffing workforce availability (costs in excess of £3.4m)
- Increased RTT delivery costs including actions to mitigate the operational impact of theatre cancellations due to significant theatre staffing workforce challenges and non-pay costs associated with increased activity levels (costs in excess of £2.3m)

### **Recurrent Schemes**

The table below shows the latest position as at Month 6 in relation to recurrent schemes:

| Delegated Officer (£'000)                           | Annual Savings Target | In Year Identified Cash Releasing Plans (Recurrent) |              |       |               | Full Year Plan | Variance From Target |
|-----------------------------------------------------|-----------------------|-----------------------------------------------------|--------------|-------|---------------|----------------|----------------------|
|                                                     |                       | Blue                                                | Red          | Amber | Green         | Total          |                      |
| <b>Chief Operating Officer</b>                      | <b>39,048</b>         | <b>181</b>                                          | <b>3,289</b> |       | <b>10,703</b> | <b>14,173</b>  | <b>£17,044</b>       |
| Chief Operating Officer Management                  | 762                   |                                                     |              |       |               |                | £762                 |
| Community and Integrated Medicine                   | 10,482                | 150                                                 | 1,448        |       | 2,842         | 4,441          | £2,166               |
| Mental Health and Learning Disabilities             | 5,851                 |                                                     |              |       | 1,375         | 1,375          | £4,476               |
| Operational Allied Health and Health Sciences       | 3,785                 |                                                     | 26           |       | 459           | 485            | £3,025               |
| Planned and Specialist Care                         | 11,639                | 31                                                  | 1,405        |       | 3,561         | 4,996          | £2,978               |
| Primary Care, Community Strategy and Long Term Care | 6,529                 |                                                     | 410          |       | 2,466         | 2,876          | £3,637               |

The full year estimate of recurrent schemes has also improved to £22.0m across all BRAG categories. This represents a £4.9m (29%) improvement over the reported position at the last Committee meeting in August 2025.

## Green and Amber Schemes

Alongside the priority focus on closing the current gap to the total savings target for services within the Chief Operating Officer's service portfolio, individual CCG's have also continued to focus on expenditure controls within operating budgets.

Within the total green savings schemes, a portion of this value has been realised through the approved principle to routinely transact pay related underspends through the monthly cycle, totalling £3.9m between April and September. This reflects the increased grip and control applied by CCGs in managing their operating budgets and represents a £1.5m (62%) improvement over the reported position at the last Committee meeting in August 2025.

The summary table below presents the scale of savings generated through this process:

| Delegated Officer (£'000)                           | M06 YTD Total | YTD Average |
|-----------------------------------------------------|---------------|-------------|
| <b>Chief Operating Officer</b>                      | <b>3,872</b>  | <b>645</b>  |
| Chief Operating Officer Management                  | 561           | 93          |
| Community and Integrated Medicine                   | 495           | 83          |
| Mental Health and Learning Disabilities             | 605           | 101         |
| Operational Allied Health and Health Sciences       | 0             | 0           |
| Planned and Specialist Care                         | 985           | 164         |
| Primary Care, Community Strategy and Long Term Care | 1,225         | 204         |

## Current Blue and Red Schemes

The current list of red and blue schemes identified by CCGs are included in **Appendix 1**. These represent a potential £4.9m opportunity in year.

Progress updates are provided through CCG Executive Improving Together (EIT) and Recovery meetings. During July, supported by finance colleagues, CCGs have progressed completion of mini-Project Initiation Document (PID) templates for blue and red schemes to ensure clarity and ownership of actions required. Progress in converting blue and red schemes to amber and green is reflected in the improved position reported above.

In recognition of the workforce and related capacity challenges across its service areas, the Operational Allied Health and Health Sciences CCG has been encouraged via Executive Recovery reviews to focus its efforts on actions to maximise a forecast year end budget underspend given the extent to which the CCG budget reflects pay costs.

## Additional Expenditure Reduction Actions

In addition to the progress described above, all CCGs continue to review opportunities to further reduce rates of variable pay expenditure not currently reflected in CCG forecasts. The outcome of these reviews will be incrementally added to non-recurrent schemes as opportunities are confirmed.



### Argymhelliad / Recommendation

The Committee is requested to **NOTE** the further progress achieved by Clinical Care Groups (CCGs) in respect of confirmed savings plans as at M6 2025/26 and the additional opportunities being explored by CCGs to further improve this position.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>                                                                |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | 3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                                                                                                                                                                                                                                                 |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | 4. Efficient                                                                                                                                                                                                                                                   |
| Galluo gwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                               | Not Applicable                                                                                                                                                                                                                                                 |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | 6. Sustainable use of resources                                                                                                                                                                                                                                |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 2 Financial recovery and route map                                                                                                                                                                                                                             |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                                                                                                                                                                                                                                             |

| <b>Gwybodaeth Ychwanegol:</b><br><b>Further Information:</b> |                                          |
|--------------------------------------------------------------|------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                       | Contained within the body of the report. |
| Rhestr Termiau:<br>Glossary of Terms:                        | Contained within the body of the report. |

|                                                                                                                                                                        |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | Clinical Care Groups |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |                                          |
|-----------------------------------------------------------------------|------------------------------------------|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Contained within the body of the report. |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | Not Applicable                           |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | Not Applicable                           |
| <b>Risg:</b><br><b>Risk:</b>                                          | Not Applicable                           |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | Not Applicable                           |
| <b>Enw Da:</b><br><b>Reputational:</b>                                | Health Board financial stewardship.      |
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>                               | Not Applicable                           |

|                                    |                |
|------------------------------------|----------------|
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |
|------------------------------------|----------------|

## Appendix: Blue and Red Saving Schemes

| CCG                                            | CSG                               | Scheme Name                                                                    | Recurrent | RAG  | Values £'000 |                |
|------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------|-----------|------|--------------|----------------|
|                                                |                                   |                                                                                |           |      | In Year Plan | Full Year Plan |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Relocation of stroke services to PPH to align to CSP.                          | Recurrent | Red  | 526          | 2,105          |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Reduction in variable pay for Doctors from changing the front door model GGH   | Recurrent | Red  | 90           | 120            |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Impact of Emergency General Surgery (Scheduled Care Scheme on GGH)             | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | MIU Future Model PPH                                                           | Recurrent | Red  | 84           | 504            |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Biosimilar switches for USC                                                    | Recurrent | Red  | 19           | 25             |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | LOS reduction and associated bed efficiencies - Bed closure GGH (2 year plan)  | Recurrent | Blue | 100          | 400            |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Close Preseli ward (15 bed surgical ward GGH) - med and surical outliers       | Recurrent | Red  | 350          | 1,400          |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | WARD 6 PPH (orthopaedic) reduce from 21 beds to 14                             | Recurrent | Red  | 40           | 80             |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | LOS reduction and associated bed efficiencies - bed closure PPH ( 2 year plan) | Recurrent | Blue | 50           | 200            |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Review the bereavement service GGH                                             | Recurrent | Red  | 0            | 0              |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Evaluation of opportunity to provide alternative care provision for LCH        | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Review SLA of Ty Bryngwyn and responsible owner                                | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Carmarthenshire Integrated System | Review operating model of community hospitals                                  | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Deep dive of medical rotas                                                     | Recurrent | Red  | 85           | 85             |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Risk - Emergency General Surgery being removed from WGH                        | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Development of the Ambulatory Trauma Pathway from GGH to Withybush             | Recurrent | Blue | 0            | 0              |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Community Nursing OCP                                                          | Recurrent | Red  | 0            | 0              |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Contract review of Community inpatient beds                                    | Recurrent | Red  | 212          | 425            |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Optimise utilisation of Community Estate                                       | Recurrent | Red  | 29           | 35             |
| Community and Integrated Medicine              | Pembrokeshire Integrated System   | Optimise utilisation of Community Estate                                       | Recurrent | Red  | 13           | 15             |
| <b>Community and Integrated Medicine Total</b> |                                   |                                                                                |           |      | <b>1,598</b> | <b>5,394</b>   |

| CCG                                                              | CSG                                     | Scheme Name                                                                                                                                                              | Recurrent     | RAG  | Values £'000 |                |
|------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------|--------------|----------------|
|                                                                  |                                         |                                                                                                                                                                          |               |      | In Year Plan | Full Year Plan |
| Mental Health and Learning Disabilities                          | Mental Health and Learning Disabilities | Ref 159 continued - MHLN non-recurrent pay savings (Oct-Mar)                                                                                                             | Non Recurrent | Red  | 392          | 0              |
| Mental Health and Learning Disabilities                          | Mental Health and Learning Disabilities | MHLN non-recurrent pay savings (Oct-Mar)                                                                                                                                 | Non Recurrent | Blue | 300          | 0              |
| <b>Mental Health and Learning Disabilities Total</b>             |                                         |                                                                                                                                                                          |               |      | <b>692</b>   | <b>0</b>       |
| Operational Allied Health and Health Sciences                    | Pathology                               | Reduction to Agency Locum                                                                                                                                                | Recurrent     | Red  | 0            | 90             |
| Operational Allied Health and Health Sciences                    | Pathology                               | Haem Drug Biosimilar                                                                                                                                                     | Recurrent     | Red  | 26           | 105            |
| Operational Allied Health and Health Sciences                    | Pathology                               | OOH Service                                                                                                                                                              | Recurrent     | Red  | 0            | 56             |
| Operational Allied Health and Health Sciences                    | Pathology                               | Outsourced Income                                                                                                                                                        | Recurrent     | Red  | 0            | 50             |
| <b>Operational Allied Health and Health Sciences Total</b>       |                                         |                                                                                                                                                                          |               |      | <b>26</b>    | <b>301</b>     |
| Planned and Specialist Care                                      | Cancer and Scheduled Care               | Outpatient Transformation                                                                                                                                                | Recurrent     | Red  | 292          | 500            |
| Planned and Specialist Care                                      | Cancer and Scheduled Care               | Nursing variable pay opportunity                                                                                                                                         | Recurrent     | Red  | 0            | 360            |
| Planned and Specialist Care                                      | Cancer and Scheduled Care               | Medical Stabilisation: Opportunity £7m across clinical group.                                                                                                            | Recurrent     | Red  | 875          | 3,500          |
| Planned and Specialist Care                                      | Cancer and Scheduled Care               | Enhanced Critical Care model PPH, in line with National Guidelines                                                                                                       | Recurrent     | Red  | 0            | 200            |
| Planned and Specialist Care                                      | Cancer and Scheduled Care               | Theatres: Review and reconfigure of DSU South theatre and patient flow ward areas to support formal closure and decommissioning DSU Amman Valley theatre and ward areas. | Recurrent     | Blue | 31           | 122            |
| Planned and Specialist Care                                      | Children, Women and Family Health       | Ceasing tripartite agreement with Garreglwyd for CCC provision (Rec/Cash Releasing)                                                                                      | Recurrent     | Red  | 238          | 238            |
| Planned and Specialist Care                                      | Children, Women and Family Health       | Medical Workforce Review                                                                                                                                                 | Recurrent     | Red  | 0            | 145            |
| <b>Planned and Specialist Care Total</b>                         |                                         |                                                                                                                                                                          |               |      | <b>1,435</b> | <b>5,065</b>   |
| Primary Care, Community Strategy and Long Term Care              | Pharmacy and Medicines Management       | Bulk purchase of chemotherapy                                                                                                                                            | Recurrent     | Red  | 188          | 188            |
| Primary Care, Community Strategy and Long Term Care              | Pharmacy and Medicines Management       | Bosutinib                                                                                                                                                                | Recurrent     | Red  | 113          | 113            |
| Primary Care, Community Strategy and Long Term Care              | Pharmacy and Medicines Management       | Dimethyl fumarate                                                                                                                                                        | Recurrent     | Red  | 110          | 110            |
| <b>Primary Care, Community Strategy and Long Term Care Total</b> |                                         |                                                                                                                                                                          |               |      | <b>410</b>   | <b>410</b>     |

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### 3.3 - ELECTIVE REFERRAL TO TREATMENT AND CANCER PATHWAY – TRIANGULATION OF DEMAND AND CAPACITY ACTIVITY TRAJECTORY FROM FUNDING BASKETS WITH PERFORMANCE TARGETS

**Andrew Carruthers**  
**(Hywel Dda UHB -**  
**Chief Operating**  
**Officer)**

| For assurance

#### **Attachments**

[Elective Care Recovery FPC 21 October 2025.pdf](#)



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

|                                                        |                                                                                                                                        |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                                                                        |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Elective referral to treatment and cancer pathway – triangulation of demand and capacity from funding baskets with performance target. |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Andrew Carruthers, Chief Operating Officer                                                                                             |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Paula Goode Clinical Care Group Director                                                                                               |

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

This paper triangulates activity procured via additional planned care recovery allocations with related performance targets. The committee is requested to take assurance from progress achieved year to date and forecast performance for the remainder of 2025/26.

**Cefndir / Background**

The total approved and additional funding to support planned care delivery for 2025/26 is £9,376,008. Allocations have been received from various tranches and programmes. Additional recovery funding provided by Welsh Government has been allocated on the principle that related funding will support additional activity volumes and not be utilised to support expenditure related to core activity.

The annual planning objectives developed in 2024/25 for 2025/26 were to meet the following elective care ministerial measures:

- No patients waiting over 52 weeks for their first Outpatient Appointment
- No patients wait over 2 years from referral to treatment

The Annual Plan for 2025/26 identified areas where additional investment would be required to meet these measures.

There is a mix of core funding and additional Welsh Government recovery allocations, including a £2.8m allocation provided at the beginning of 2025/26.

A summary of the allocations is listed below:

- **£2.8m Internal Recovery Funding**

As part of the Annual Plan for 2025/26, the Board committed £2.8m to support further planned care and related pathway improvements for 2025/26. The agreed allocation of this funding stream for 2025/26 is set out in the table below:

| Investment use                                                              | Funding Allocation (£) | S1 OPD     | 104 RTT    | Diagnostics  | Patients Treated |
|-----------------------------------------------------------------------------|------------------------|------------|------------|--------------|------------------|
| Endoscopy: Supporting additional workforce to meet 8 week diagnostic target | £ 195,000.00           |            |            | 1,248        | 1,248            |
| Outpatient Transformation Programme Lead                                    | £ 125,000.00           |            |            |              | NA               |
| Radiology Improvement plan. Workforce expansion & capacity.                 | £ 1,860,000.00         |            |            |              | NA               |
| ENT Stage 1 Patients                                                        | £ 96,928.00            | 416        |            |              | 416              |
| Rheumatology Stage 1 Patients                                               | £ 48,800.00            | 200        |            |              | 200              |
| Dermatology (Insourced Stage 4 Patients, MOPS)                              | £ 142,500.00           |            | 475        |              | 475              |
| Urology (Stage 4 patients)                                                  | £ 89,700.00            |            | 130        |              | 130              |
| Cardiology (Stage 4 patients)                                               | £ 50,000.00            |            | 52         |              | 52               |
| Neurophysiology Diagnostics (8 week diagnostic target & reporting)          | £ 179,532.00           |            |            | 240          | 240              |
| Cardiology MPS Diagnostics                                                  | £ 13,000.00            |            |            | 50           | 50               |
| <b>Total</b>                                                                | <b>£ 2,800,460.00</b>  | <b>616</b> | <b>657</b> | <b>1,538</b> |                  |

As indicated above, the majority of this investment was prioritised to support the Radiology Improvement Plan, which in part, supports improvements in the Single Cancer Pathway and partial improvements in the Direct Access Max 8 week waiting times requirement for Radiology. As progress with this element was considered by the Committee at its August 2025 meeting, this paper considers the impact of recovery funding allocations on planned care (RTT) pathways.

Investment of targeted recovery funding for the following specialities has been allocated to support the additional activity required to enable achievement of maximum waiting times as follows:

- Stage 1 (Max 52 week wait) – Ear, Nose and Throat (ENT) and Rheumatology
- Stage 4 / Total Pathway (maximum 104-week wait) – Dermatology, Urology, Cardiology.
- Diagnostics (maximum 8-week wait) – Neurophysiology and Cardiology (Myocardial Perfusion Scan (MPS) Diagnostics)
- **£900k Welsh Government** allocation provided as additional funding for Ophthalmology (800k) and Orthopaedic (100k) Patients to achieve the 104-week target. This was to fund additional waiting list initiative activity for Q1 2025/26 through a mix of outsourced (Ophthalmology) and insourced and internally provided Orthopaedics.
- **£3.28m Cataract** Welsh Government allocation for 3,015 Cataract patients to achieve the 104 week target by March 2026 and a significant improvement in patient waiting times. This is being outsourced.
- **£193k Allocation** for administration staff and infrastructure to support the Welsh Government ambition to reduce outpatient waits by circa 200,000 patients across Wales. Hywel Dda University Health Board's (HDdUHB) element is circa 13,000 patients. This allocation would support the delivery of this programme. This has been called Outpatient (OPA) Insourcing Plan A. The nationally procured supplier insourcing costs will be covered by future Welsh Government allocations on a cost recovery model.

| Specialty                   | Extra Activity [WG] |
|-----------------------------|---------------------|
| 100 - General Surgery       | 411                 |
| 101 - Urology               | 1,396               |
| 110 - Trauma & Orthopaedics | 2,666               |
| 130 - Ophthalmology         | 3,188               |
| 301 - Gastroenterology      | 133                 |
| 320 - Cardiology            | 569                 |
| 330 - Dermatology           | 1,334               |
| 400 - Neurology             | 1,270               |
| 502 - Gynaecology           | 520                 |
| 120 - ENT                   | 1,252               |

- **£586k** allocation for Plan B of Welsh Government's ambition to reduce outpatient waits across Wales. This allocation aims to fund additional internal activity of 2,601 appointments.
- **£158k** allocation to cover additional costs in support of Outpatient Plan A activity for activities such as Hospital Sterilisation and Decontamination Unit (HSDU), IT, postage and soft facilities.
- **£1.4m** allocation for Phase 4 diagnostic waiting times recovery – whilst the majority of this allocation supports improvement of 8-week waits in Radiology, a small element (£91k) also supports further recovery of Cardiology diagnostic waiting times.

## Asesiad / Assessment

### **Delivery Impact**

The above funding has facilitated an additional 616 outpatient appointments needed to meet the 52-week Outpatient 52-week by March 2026 and 3,097 (2,400 of which are Ophthalmology) additional treatments to meet the 104-week RTT target by March 2026.

Delivery trajectories are being met in most specialties. However, due to theatre staffing challenges resulting in cancellations, a small number of specialties have been impacted and have been unable to fully mitigate lost theatre capacity during Q1 and Q2 2025/26. This has led to Q2 breaches for Ophthalmology (5 breaches) and ENT (36 breaches). The Planned and Specialist Care Clinical Care Group is continuing to explore solutions both in the short and longer term to mitigate this operational challenge during Q3 2025/26, including a targeted theatre staffing recruitment campaign and short-term insourcing of theatre staff.

Variable pay (£1,320k YTD) has been used to supplement safer staffing level deficits (£2m) and to sickness.

Waiting list initiative funded sessions, either for outpatients or treatments are paid at the nationally agreed Planned Additional Activity Rate (PAAR) and funded via internal core budget



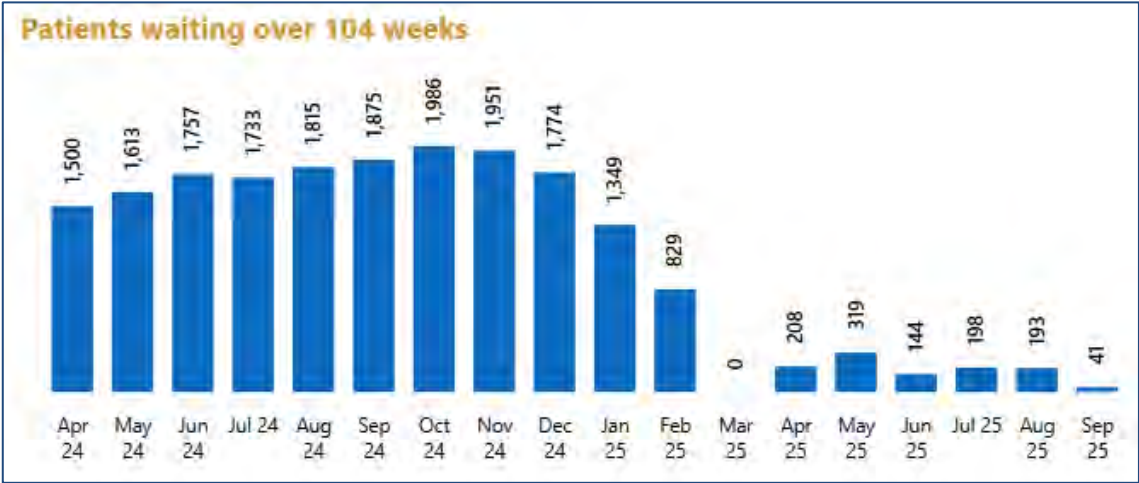
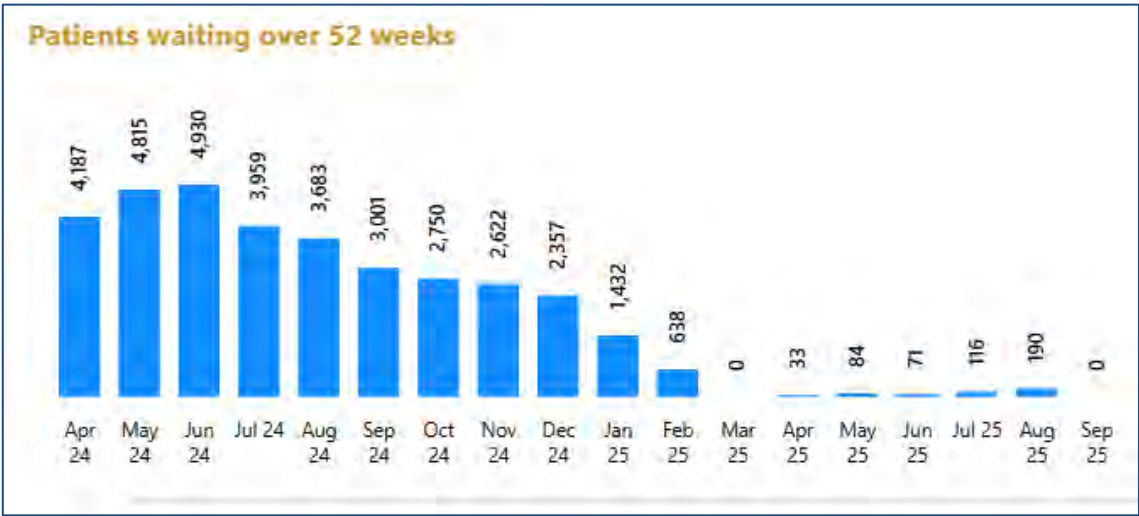
or recovery allocations stated above. It is expected that the PAAR will be withdrawn for use in NHS Wales for 2026/27 although this is currently subject to review via the NHS Wales Employers group of senior Workforce and Organisational Development leads.

## Productivity

For context, overall demand into planned care pathways is circa 2,000 additions to the waiting list each week. This is broadly matched with the same volume of appointments undertaken. This reflects progress achieved over the last two years in increasing overall rates of productivity and efficiency across planned care pathways. In 2024/25 the Health Board undertook 65,346 new and 127,186 follow-ups appointments, of which 24% were discharged and 10% were placed on See on Symptom (SOS) or Patient Initiated Follow Up (PIFU) pathways. This is an increase of 1,826 (+3%) new and 2,529 (+2%) follow up patients compared to the previous year and was built into core activity plans for 2025/26. This has been achieved by focused efficiency workstreams including increasing outpatient throughput and overbooking clinics with high did not attend (DNA) rates.

## Performance

The graphs below illustrate monthly planned care (RTT) performance 202/26 to date:



At the end of September 2025, there were no Stage 1 outpatients waiting greater than 52 weeks for a first outpatient assessment. Despite the operational challenges referred to above, positive progress has been achieved in reducing the number of Total Pathway patients waiting greater than 104 weeks for treatment by the end of September 2025.

The Health Board expect to meet both the 52 week and 104 week ministerial measures by March 2026.

With the additional OPA Insource activity planned for Plans A and B, the expectation is that the majority of outpatient waiting times will reduce below 26 weeks by March 2026. Activity commenced on 13 September 2025 and both elements will continue through to March 2026.

The graph below illustrates latest performance in respect of the Diagnostic Direct Access maximum 8-week waiting time performance target:

| Patients waiting 8 weeks and over |                           | Aug-25 | Sep-25 | Diff |   |
|-----------------------------------|---------------------------|--------|--------|------|---|
| ID 80                             | All Diagnostics           | 3,289  | 2,598  | -691 | ↓ |
| ID 259                            | Radiology                 | 2,884  | 2,313  | -571 | ↓ |
| ID 255                            | Diagnostic Endoscopy      | 164    | 162    | -2   | ↓ |
| ID 254                            | Cardiology                | 177    | 72     | -105 | ↓ |
| ID 258                            | Physiological Measurement | 30     | 29     | -1   | ↓ |
| ID 256                            | Imaging                   | 33     | 22     | -11  | ↓ |
| ID 257                            | Neurophysiology           | 1      | 0      | -1   | ↓ |

Performance in respect of Cardiology and Neurophysiology is being directly supported by the investment referenced above.

Radiology 8 week breach performance continues to show a significant trend in improvement, utilising the £1.8m additional resource committed as part of the Board agreed recovery allocation of £2.8m. The additional Welsh Government allocation of £1.4m is expected to support further significant reductions in Radiology direct access waiting times during the Q3 and Q4 2025/26.

## Governance

Expenditure in respect of the separate recovery allocations described above is monitored on a weekly basis, jointly by the Planned and Specialist Care Clinical Care Group and the supporting Finance Team. Progress with related expenditure remains within forecast levels.

In parallel, separate governance arrangements are in place to oversee progress with the national OPA Insource Project. Planning for both Parts A and B is overseen by Stakeholder Governance Group with representation from related CCGs and supporting corporate teams. This is supported by a multi-disciplinary Project Group.

For both elements, the Health Board submits weekly activity progress reports to the NHS Wales Performance and Improvement Team and performance progress is reviewed at monthly Integrated Quality, Performance & Delivery meetings with Welsh Government.

### Argymhelliad / Recommendation

The Committee is asked to **NOTE** the above summary and take assurance from progress achieved to date in applying the additional elective recovery allocations and forecast performance for the remainder of 2025/26.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | 3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                                                                                                                                                                                                                                                 |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | 4. Efficient                                                                                                                                                                                                                                                   |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable                                                                                                                                                                                                                                                 |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | 6. Sustainable use of resources                                                                                                                                                                                                                                |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 2 Financial recovery and route map                                                                                                                                                                                                                             |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                                                                                                                                                                                                                                             |

**Gwybodaeth Ychwanegol:  
Further Information:**

|                                                                                                                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                         | Contained within the body of the report. |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                           | Contained within the body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Cyfarfod Bwrdd Iechyd<br>Prifysgol:<br>Parties / Committees consulted prior<br>to University Health Board: | Clinical Care Groups                     |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                          |
|---------------------------------------------------------|------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | Contained within the body of the report. |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:        | Not Applicable                           |
| Gweithlu:<br>Workforce:                                 | Not Applicable                           |
| Risg:<br>Risk:                                          | Not Applicable                           |
| Cyfreithiol:<br>Legal:                                  | Not Applicable                           |
| Enw Da:<br>Reputational:                                | Health Board financial stewardship.      |

|                                    |                |
|------------------------------------|----------------|
| <b>Germinated:<br/>Privacy:</b>    | Not Applicable |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |

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## 3.4 - NEURODIVERGENT AND PSYCHOLOGICAL THERAPIES PATHWAYS – PERFORMANCE AND MILESTONES TO TARGETS

*Andrew Carruthers  
(Hywel Dda UHB -  
Chief Operating  
Officer)*

| For assurance

### Attachments

Neurodivergent and Psychological Therapies Pathways Performance and Milestones to Targets FPC 21 October 2025.pdf





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## Neurodivergent and Psychological Therapies Pathways Performance and Milestones to Targets

Finance and Performance Committee, 21 October 2025



The Finance and Performance Committee is requested to consider current performance and further actions currently being progressed by the Mental Health and Learning Development Clinical Care Group to support improvements in neurodevelopmental and psychological therapies pathway performance



# Children and Adolescent Mental Health Services

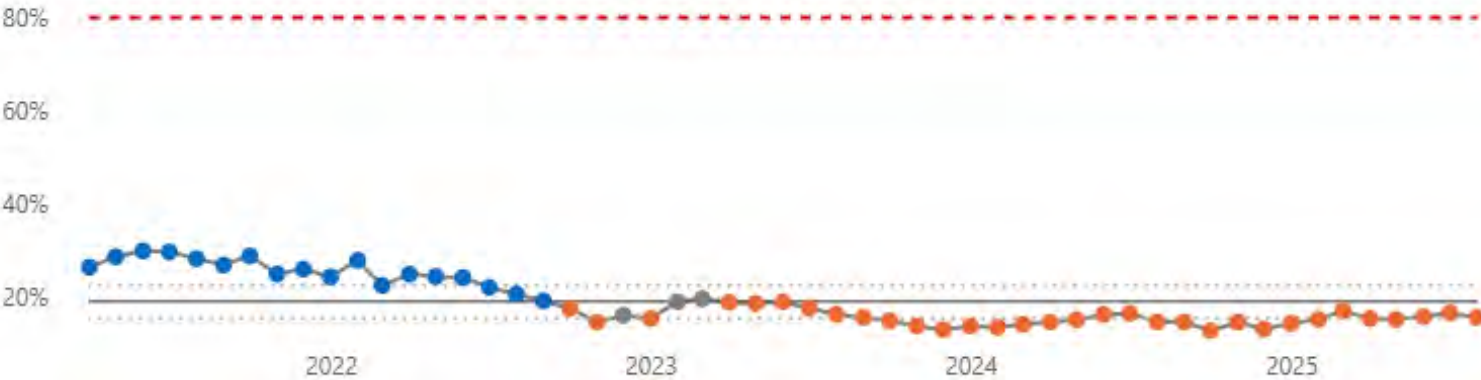
## Performance as of 31 August 2025



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% children & young people waiting less than 26 weeks to start a neurodevelopment assessment– Autism Spectrum Disorder (ASD)



In August 2025, 524 (15.42%) patients out of 3,399 were waiting less than 26 weeks to start a neurodevelopment assessment for ASD. 2,875 (84.6%) were waiting more than 26 weeks.

Way

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory



**Performance:** 15.42% as of August 2025. Recent partial performance improvement due to outsourcing not sustained.

**Referral rate:** 2025 average monthly referral rate 110 (slight decrease from 116 average in 2024)

**Positive diagnostic rate:** July 89%

**Ministerial statement allocation of ring-fenced monies Children's Neurodevelopmental - £980k for 2025-26:** To eradicate >3 year waits by 2026 and utilise 30% of resource to bring about transformation to service provision.

## **Plan:**

- 3-year improvement plan involving outsourcing, stabilising workforce, service re-design, undertaking waiting list initiatives and strengthening strategic partnership arrangements.
- March 2026 aim = eliminate 3-year waits



## Actions:

- Bi-weekly Neurodevelopmental Steering Group established to oversee improvement programme.
- Neurodevelopment now included in Regional Partnership Board's Children and Young People integrated Board priorities, focusing on delivery of integrated, child and family neurodevelopmental support through coordinated partnerships across health, education, social care and third sector organisations. Meeting held on 11 September 2025 with designated Neurodevelopmental Lead to facilitate workshops to help drive regional approaches and what can be done in partnership with all sectors.
- Stakeholder mapping has commenced.
- Digital innovation – National All-Wales pilot of Digital Platform ('Magic Notes') to reduce administrative burden across diagnostic assessment pathway in Neurodevelopmental Services in progress. HDdUHB to be the second Health Board in Wales to pilot.

# Psychological Therapies Performance as of 31 August 2025



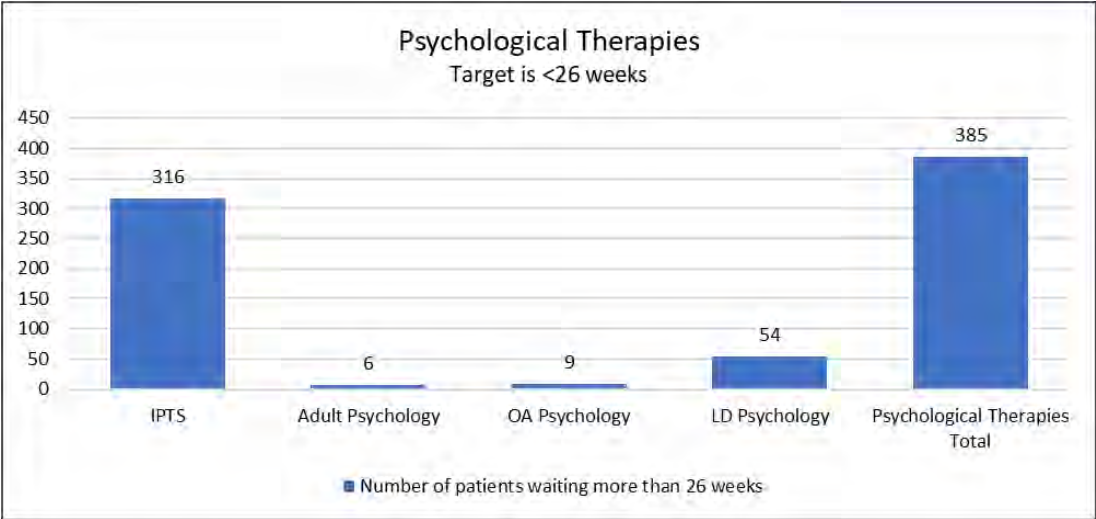
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In August 2025, the percentage of patients waiting less than 26 weeks for psychological therapy was 51.61%.

In the Integrated Psychological Therapies Service, 365 (52.5%) patients out of 695 were waiting less than 26 weeks to start psychological therapy. 330 (47.5%) were waiting more than 26 weeks.



# Psychological Therapies

Service Transformation and Pathway Efficiencies  
Improvement Actions and Performance



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**Overview:** In recent months, the trend in performance deterioration has stabilised and August 2025 represents the first monthly improvement since October 2024. Performance is expected to remain variable until December 2025 however until the new group therapy model takes full effect.

## Plan:

- Phase 3 of the new group therapy model commenced in June 2025
- Model offers a group intervention (8-10 weeks) and a follow up session 8 weeks post completion of the group to formulate whether the patient needs to progress onto further 1:1 intervention
- The first 26-week cycle will be completed in December 2025
- Parallel focus on expanding high-intensity evidence-based interventions (for example, Cognitive Behavioural Therapy) whilst patients progress via group model

## Forecast

- Currently indications suggest 80%+ uptake of the group offer which is expected to lead to a reduction of approximately 80% in breach numbers when the first 26-week cycle is completed
- Forecast performance improvement during Q4 2025/26 as the new model is embedded
- No available data to date re number of patients who will require further treatment but expected to be lower than current model

NB: Current measure methodology requires review – group model is likely to reduce patients waiting < 26 weeks also which has potential to reduce % compliance (despite overall reduction in volume of patients waiting)





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3.5 - RADIOLOGY AND THERAPIES –  
TRIANGULATION OF DEMAND AND  
CAPACITY ACTIVITY TRAJECTORY WITH  
RESOURCE PLANNING AND ROSTER  
STRUCTURES WITHIN FINANCIAL  
ENVELOPE

*Andrew Carruthers  
(Hywel Dda UHB -  
Chief Operating  
Officer)*

| For assurance

**Attachments**

[Radiology and Therapies Update FPC 21 October 2025.pdf](#)



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## Radiology and Therapies – Triangulation of Demand and Capacity Activity Trajectories with Resource Planning and Roster Structures within Financial Envelope

Finance and Performance Committee, 21 October 2025



# AH&HS CCG Financial Envelope (detail as at Month 5)

Operational  
Allied Health &  
HS Pack

Annual  
budget

£94.750m

Year to date

£195k  
overspend

End of year  
Forecast

£329k  
underspend

As of 31 August 2025 (P5 2025/26)

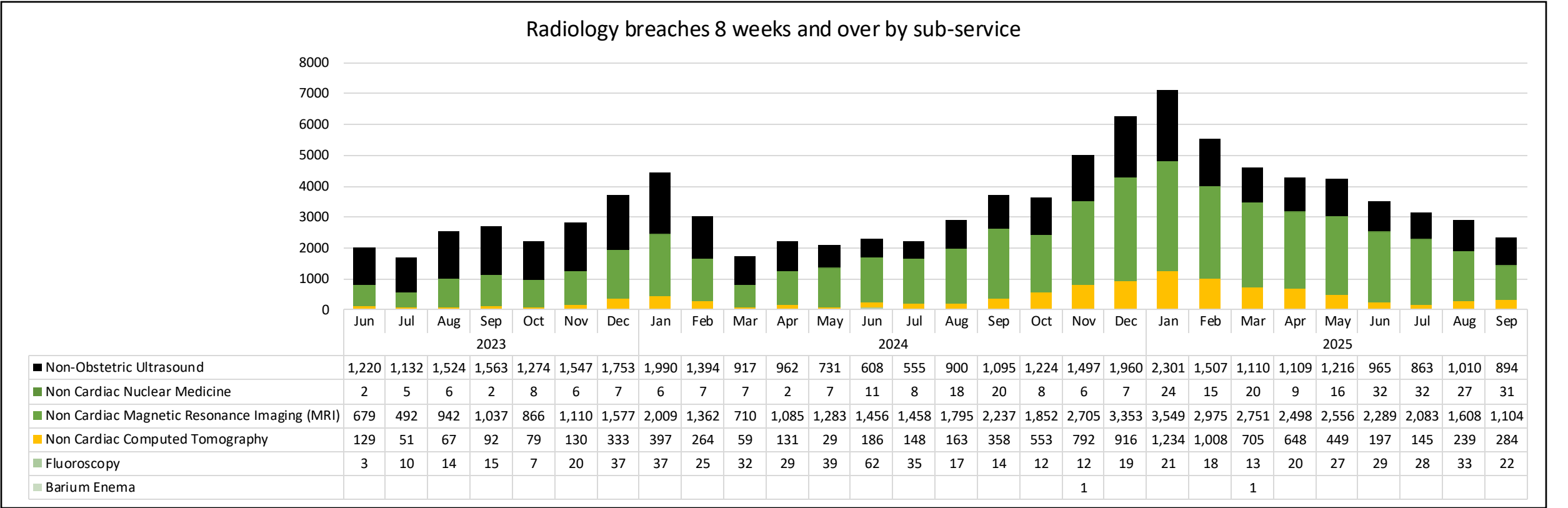


### Summary:

1. Radiology and Therapy services both sit within the Allied Health and Health Sciences (AH&HS) Clinical Care Group (CCG).
2. As of Month 5, £194k year to date CCG overspend but actions in place to enable forecast £329k year end underspend.
3. NB the CCG delivered a further in-month underspend of £0.2m in Month 6 (detail position reflected in Health Board Month 6 Financial Performance Report)
4. In recognition of the extent of service capacity pressures and risks within Radiology and Therapy Services, the CCG has received acknowledgement via Executive Recovery reviews that positive progress against a £3.3m savings gap is unlikely during the remainder of 2025/26 and the CCG focus should prioritise actions to maximise a forecast operational underspend by March 2026. This therefore limits the scope to commit further core budget expenditure to Radiology and Therapy waiting times performance improvements during Q3 and Q4 2025/26.

- In August 2025, the Committee considered progress in implementing the Radiology Service Stabilisation and Transformation Plan and took assurance from the resultant improvements in Radiology Service performance year-to-date, and noted the further actions planned during the remainder of 2025/26.
- The August 2025 report highlighted progress achieved in respect of:
  - Implementation of the Radiology Workforce Sustainability Plan
  - Non-recurrent activity delivery solutions
  - A progress report highlighting the forecast expenditure profile versus the Radiology Workforce Stabilisation Plan
  - Performance in respect of both the 8-week direct access diagnostic target and Single Cancer Pathway diagnostic performance, and
  - Delivery plans to secure additional capacity, supported by a £1.4m additional diagnostic activity allocation received from Welsh Government
- Given the detail considered at the previous meeting, this report provides a summary update regarding the following:
  - Latest Radiology direct access waiting times performance
  - Forecast impact of the additional £1.4m diagnostic recovery allocation received from Welsh Government

# Radiology >8 Week Performance



In September 2025, breach performance further improved with a reduction of 571 >8-week breaches noted, reducing total breaches to 2,313.

This represents a continuation in trend in improvement seen since January 2025 with an improvement of 4,787 breaches (67%) noted over the period.

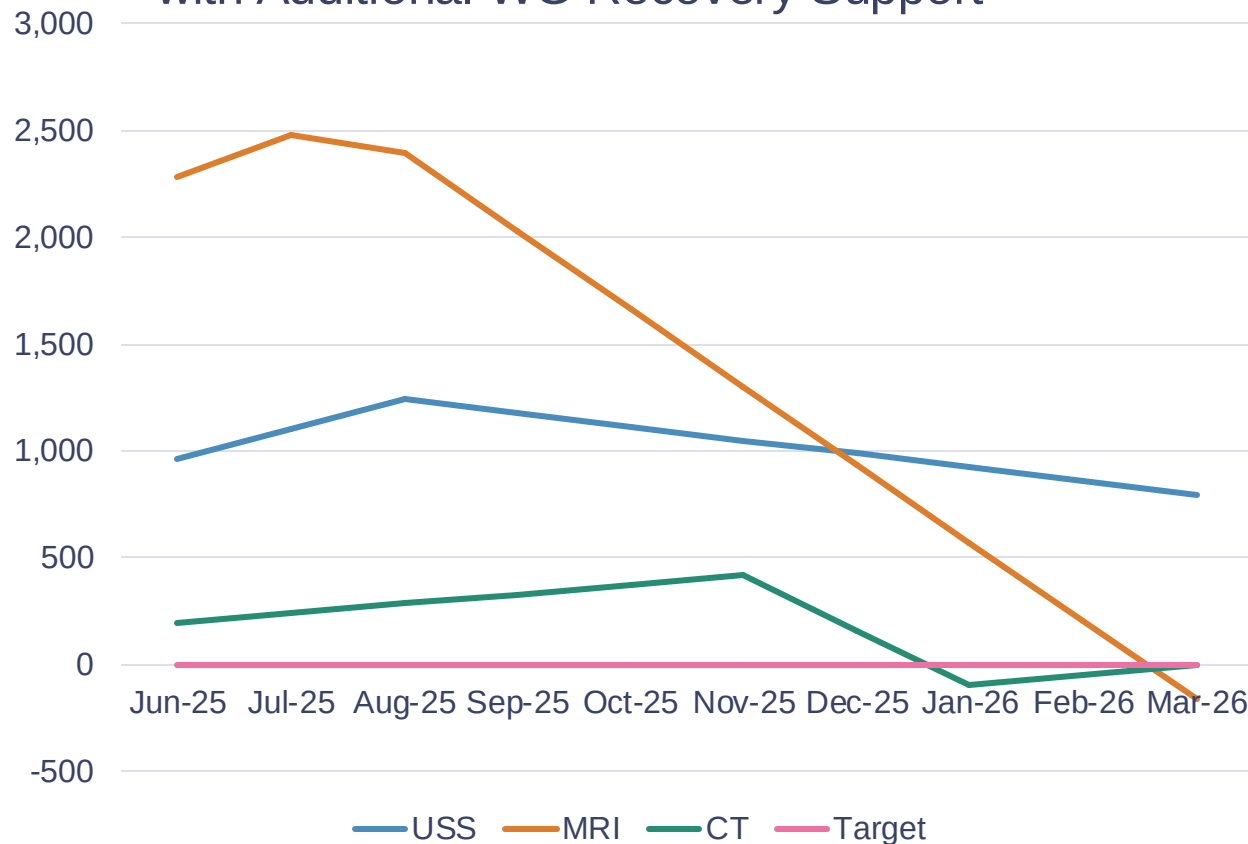
# Radiology - Summary



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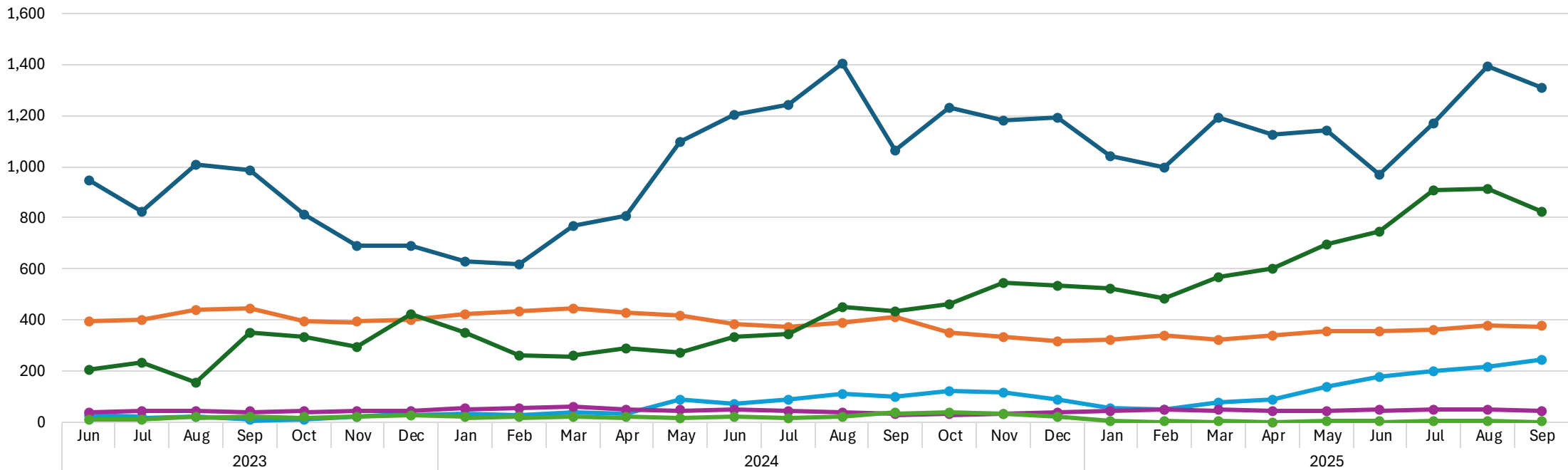
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Radiology 8-Week Performance Trajectory  
with Additional WG Recovery Support



- Whilst current solutions (including the impact of the Stabilisation and Transformation Plan considered at the August 2025 FPC meeting) are driving significant performance improvement, full recovery has necessitated additional WG support
- This additional allocation (£1.4m) is being utilised to resource:
  - An additional mobile MRI solution
  - Additional CT scanning and reporting capacity
  - Additional Non-Obstetric Ultrasound (NOUS) insource capacity.
- CT and MRI expected to recover to zero breaches by March 2026
- Current forecast delivery risk (circa 798 breaches) in NOUS due to concerns re insource supplier capacity to deliver required volumes by March 2026. Discussions continuing with insource supplier to mitigate risk.

# Therapies Maximum 14 Week Waiting Times Performance Year to Date



# Therapies Maximum 14 Week Waiting Times Performance Overview



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- The data above highlights the historical pattern of breaches in most of the therapy pathways since the COVID-19 pandemic
- During 2025/26, Therapy direct access (maximum 14 week wait) breaches have steadily deteriorated year-to-date rising from 2,216 breaches in March 2025 to 2,966 breaches in August 2025. In September 2025, a welcome reduction of 159 breaches was noted with overall breaches reducing to 2,807.
- The overall increasing trend in breach performance reflects significant increases in demand across the majority of therapy service pathways and limited scope to increase capacity within current agreed CCG financial limits.
- Demand and Capacity assessment to support improvement and/or recovery during the remainder of 2025/26 received by Integrated Quality, Financial Performance and Delivery (IQFPD) Group in October 2025 – proposals to be considered by Executive Team in early November 2025
- Occupational Therapy (OT) , Arts Therapy and Speech and Language Therapy (SALT) expected to recover to zero breaches by March 2026
- The following slides provide an overview for Nutrition and Dietetics, Podiatry and Physiotherapy and highlight the additional workforce requirements to support improvement and/or recovery during the remainder of 2025/26



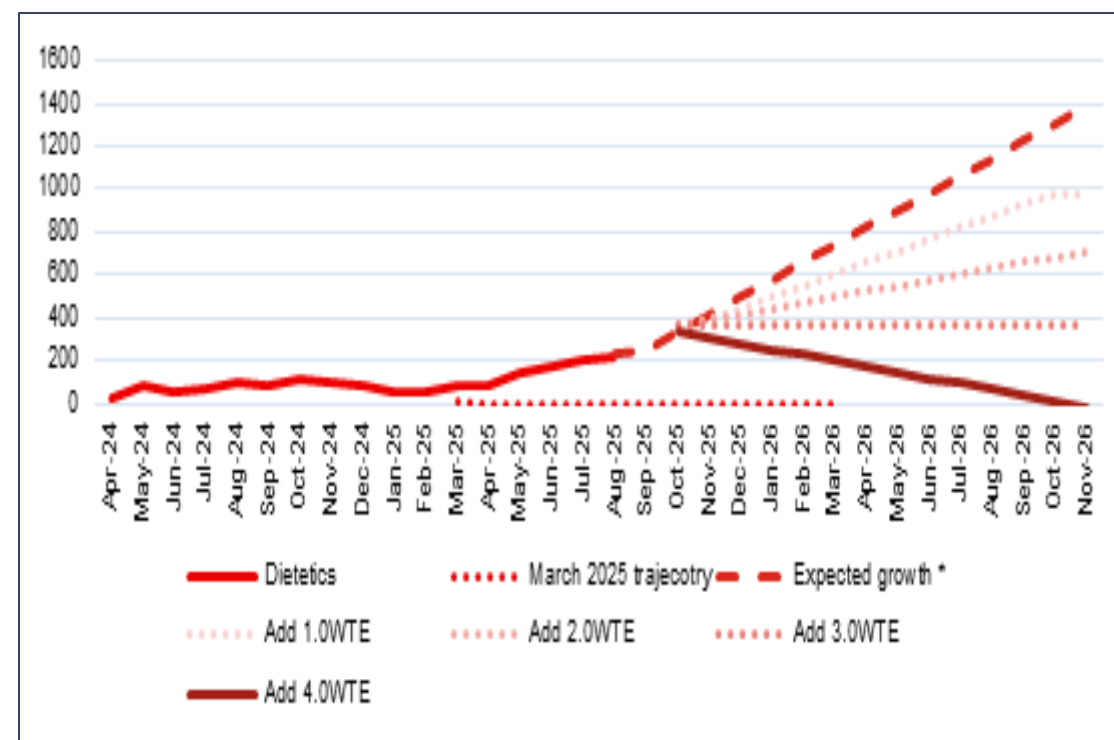
# Therapies – Nutrition and Dietetics



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- Significant increased referrals for selective eating
- Previous recovery funded mitigation has not been successful with increasing risk of harm to patients.
- Actions year-to-date include:
  - Additional hours (48 per month) resourced via variable pay
  - Financial Control Sub-Group (FCSG) approved 1 WTE band 8A agency (senior level), 2 rounds of recruitment were unsuccessful. Recruitment was successful for 1.6WTE band 7 agency (same cost as 1.0 WTE Band 8A) and both are in post.
- **1 WTE Dietician = 324 new patients per annum**
- Assessed additional workforce requirements to enable improvement during Q3/Q4 2025/26 and recovery by November 2026.
- **4.0WTE workforce** (2.0WTE Band 6 and 2.0WTE Band 7) would enable the current staff to work contracted hours only, meet growth and the requirement to reduce trajectory to zero would be met. This action would remove requirement for additional variable pay hours.



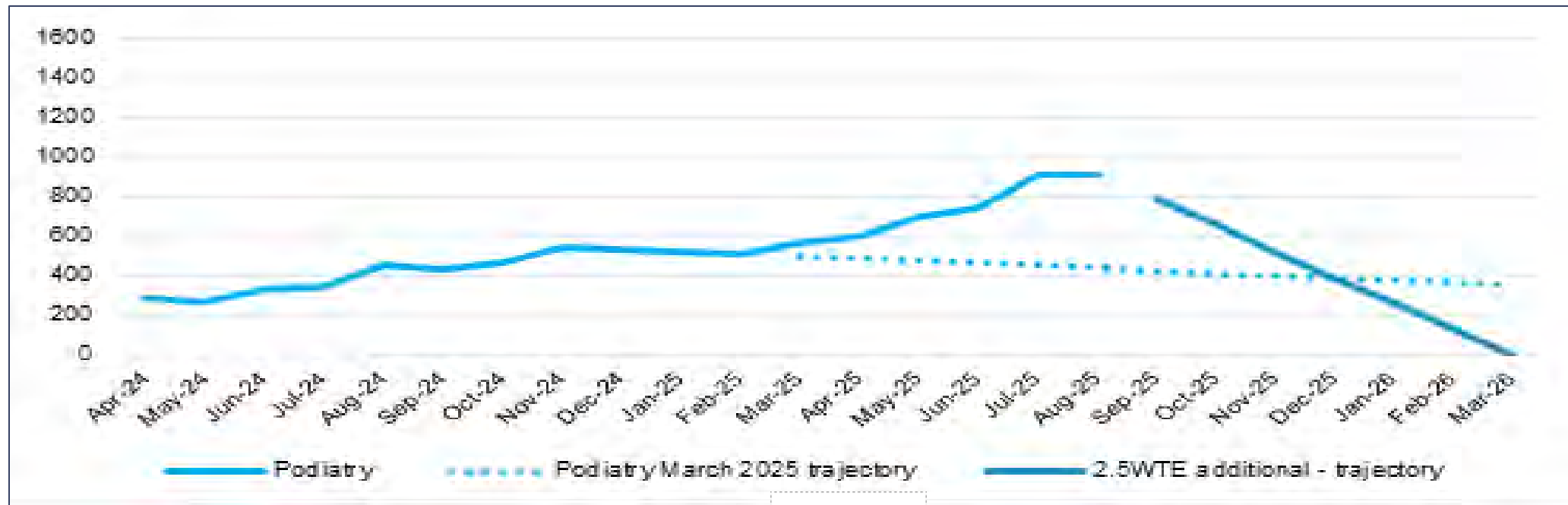
# Therapies – Orthotics and Podiatry



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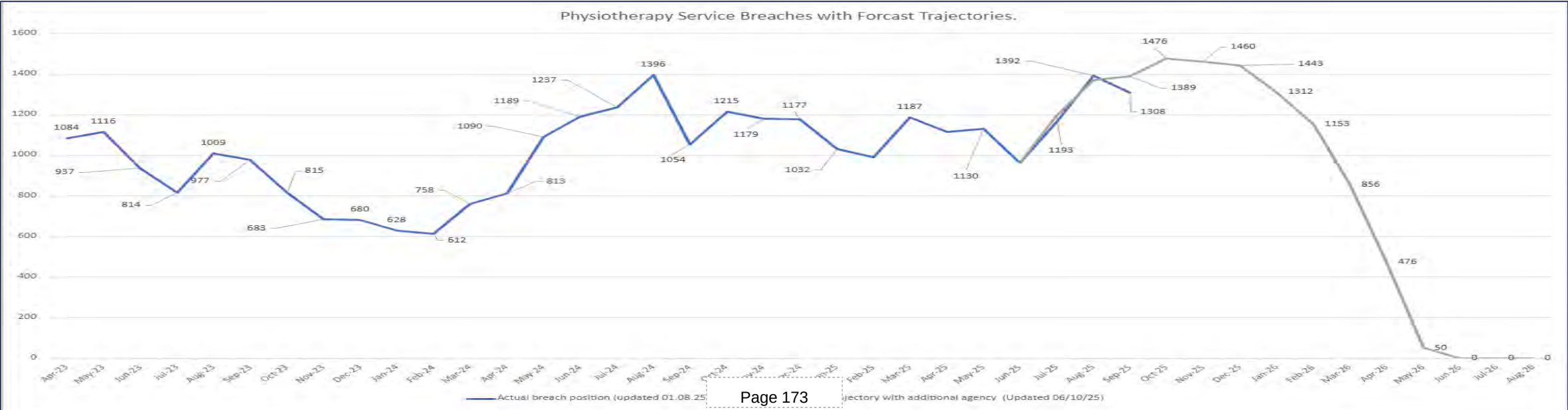
- New patient referrals have increased by around 40% from 9,000 in 2019 to currently 14,400 in 2025.
- Assessed additional workforce requirements to enable improvement during Q3/Q4 2025/26 and recovery by March 2026
  - The waiting list and expected growth can be reduced and maintained with the additionality of **2.5 WTE Band 6 podiatrists**.
  - 1 WTE Podiatrist = see/treat capacity for 400 new patients and provide the necessary follow up ratio and the increasing percentage growth in new patient referrals.





# Therapies – Physiotherapy

- Performance deterioration driven by increasing referral demand across Clinical Musculoskeletal Assessment and Treatment Service (CMATS), Community and ICT, musculoskeletal (MSK) and Paediatric teams since the Covid-19 pandemic and has now increased above pre-pandemic levels.
- Assessed additional workforce requirements to enable partial improvement by March 2024 and recovery by June 2026
  - 8.0 WTE band 6 Agency for 12 months across community and MSK services
- Some risks highlighted regarding the recruitment of 8 WTE within required timescale
- Forecast further deterioration in breach performance during Q3 2025/26 due to vacancies and maternity leave but partial recovery to circa 1153 breaches by March 2026 (with temporary workforce solutions)



# Therapies – Summary



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- Recovery of waiting times to the 14-week target level will not be achieved without significant levels of additional workforce support
  - Successful recruitment of temporary external workforce solutions in Nutrition and Dietetics and Orthotics and Podiatry is considered unlikely due to previous experience
  - Conversely, there is moderate confidence in successful recruitment of temporary workforce solution Physiotherapy

- Summary additional workforce requirements highlighted by AH&HS CCG:

|                         | Agency |     | Substantive |     | Cost          |           | Zero breach predicted |
|-------------------------|--------|-----|-------------|-----|---------------|-----------|-----------------------|
|                         | WTE    | AfC | WTE         | AfC | Non-recurrent | Recurrent |                       |
| Nutrition and Dietetics | 0      | 0   | 2.0         | 6   | 0             | 101k      | Nov 2026              |
|                         | 0      | 0   | 2.0         | 7   | 0             | 124k      |                       |
| Orthotics and Podiatry  | 0      | 0   | 2.5         | 6   | 0             | 126k      | Mar 2026              |
| Physiotherapy           | 8.0    | 6   | 0           | 0   | 499k          | 0         | June 2026             |
| Total                   | 8.0    | -   | 6.5         | -   | 499k          | 351k      |                       |

- Recovery to **zero** breach performance is achievable in **Orthotics and Podiatry** if successful substantive recruitment by Q4 2025/26, supported by additional internal hours during Q3 2025/26.
- Recovery to circa **200 breaches** can be achieved by March 2026 in **Nutrition and Dietetics** is successful substantive recruitment by Q4 2025/26.
- Recovery to circa **1153 breaches** can be achieved by March 2026 in **Physiotherapy** if successful phased recruitment of temporary workforce solutions. Sustainable solutions subject to further review via 2026/27 Planning round).



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## 4 - BUSINESS CASE SCRUTINY

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## 4.1 - BUSINESS CASE: URGENT AND EMERGENCY CARE TRANSFORMATION

*Andrew Carruthers  
(Hywel Dda UHB -  
Chief Operating  
Officer)*

- DEFERRED

| For approval

## 5 - FINANCE

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## 5.1 - FINANCIAL PERFORMANCE ASSURANCE REPORT

**Andrew Spratt**  
**(Hywel Dda UHB -**  
**Deputy Director of**  
**Finance)**

| For assurance

### Attachments

[Financial Performance Assurance Report M6 2025-26.pdf](#)

[Appendix 1 Letter from JP to PK 12 September 2025 HDdUHB Financial Position 2025-26.pdf](#)

[Appendix 2 WG Response Letter 13 October 2025.pdf](#)

[Appendix 3 Finance and Performance Report M6 2025-26.pdf](#)

[Appendix 4 FY27 Annual Plan Approach, Principles and Assumptions.pdf](#)

[Appendix 5 Financial Management in Government.pdf](#)



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

|                                                        |                                                                                           |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                           |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Financial Performance Assurance Report – Month 6 2025/26                                  |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance                                                 |
| <b>SWYDDOG ADRODD:</b><br><b>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, as 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 to review and conclude forward actions to improve the year end forecast. Following this meeting, the year end forecast has improved, and in Month 5 reported as £27.8m. The Health Board remains committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with WG expectation.

**Asesiad / Assessment**

**Next Steps to Achieve a £24.1m Forecast Deficit**



- Further to the work aligned to the quarter 2 focus of de-risking the plan, the outcome from the 9 September In-Committee Board endorsed actions and Public Board on 25 September resulted in a £2.2m improvement to the forecast position, to a reported end of year forecast of £27.8m in Month 5.
- Although not identifying the full £6.0m in line with WG expectations to achieve £24.1m forecast deficit, this is a positive step forward, and further work will be undertaken in the coming weeks to progress the choices and actions proposed to achieve this, which are reflected within a separate Finance paper, for Committee consideration and discussion.
- The forecast position has remained at £27.8m in Month 6 with further actions expected to improve towards the £24.1m in Month 7. Further detail outlined in Appendix 1.
- **Appendix 1** refers to the letter from the Director General and Chief Executive, NHS Wales outlining actions agreed following the meeting held on 11 September, and **Appendix 2** outlines the Health Board's response dated 13 October, setting out approach and next steps to achieve £24.1m.

## Financial Position

- The in-month financial position as at Month 6 is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan.
- The core operational variance in month is an underspend of £0.5m and the in-month savings target of £3.9m has been over-identified by £0.3m, however one scheme is under delivering this month by £0.3m .
- The following table summarises the key drivers, with full analysis included within **Appendix 3**.

| Key Driver (£'m)                                        | Current month variance to breakeven | Year to Date variance to breakeven | End of Year forecast to breakeven |
|---------------------------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|
| Planned Deficit                                         | 2.5                                 | 15.0                               | 30.0                              |
| Unidentified / (Identified) savings gap / (improvement) | (0.3)                               | 1.6                                | 5.0                               |
| Under / (Over) delivery of savings schemes              | 0.3                                 | 0.3                                | 0.3                               |
| Core operational variation                              | (0.5)                               | (1.1)                              | (4.2)                             |
| Gross Forecast                                          | 2.0                                 | 15.8                               | 31.1                              |
| Future Mitigating Actions                               | 0.0                                 | 0.0                                | (3.3)                             |
| Reported Position                                       | 2.0                                 | 15.8                               | 27.8                              |

### Alert (may require discussion)

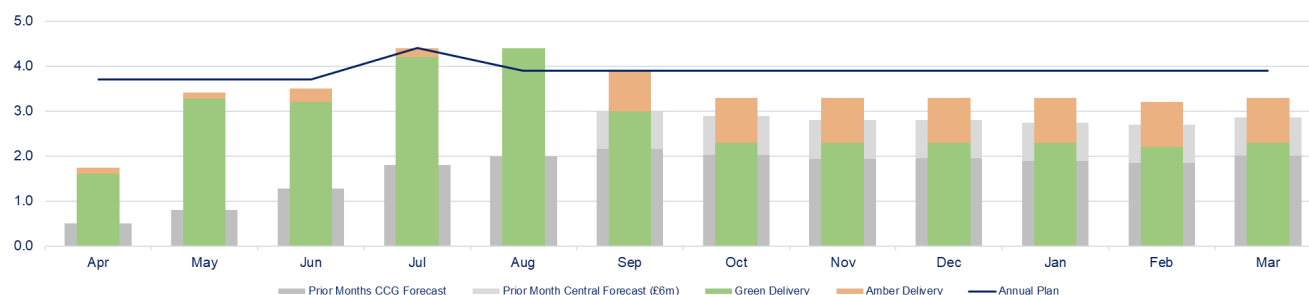
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

## Review of In-Year Savings Reporting

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.
- Month 6 continues to show a disconnect due to the continuing improvement of the in-month position compared to the prior forecast. There is currently a c.£10m forecast deviation between the End of Year forecast and current run rate.
- Further run rate reductions were processed in Month 6, total of £1.1m. Based on Month 1-6 extrapolation of run rate conversions into non recurrent savings scheme, these values have been extrapolated to highlight the savings that have yet to be forecast by budget holders.
- Professional judgement by finance has recognised further opportunity and the Amber scheme balance of £4.9m has been increased to £6.0m.
- It is disappointing that portfolios haven't recognised fully the run rate conversions and as a result there will be a series of Targeted meetings to be established to review Month 6 forecasts and inform an updated position ahead of Month 7 forecasts.

## Savings Delivery

- While the Core operational variation is showing as an underspend, the main issue driving the gross forecast is the unidentified savings gap of £5.0m and under delivery savings of £0.3m.
- the annual savings target of £46.4m, £41.4m has been identified on an in-year basis resulting in an under-identification gap of £5.0m. Of the £41.4m savings identified, £41.1m are forecast to deliver, leaving a £0.3m savings delivery gap.
- There is a significant identification gap for savings schemes across Clinical Care Groups. The end of year key performance breakdown per Clinical Care Group (CCG) / Executive Function is detailed in Appendix 1, showing the unidentified savings gap across all CCG's, but most notably Community and Integrated Medicine £5.0m, Planned and Specialist Care £3.4m and Operational Allied Health and Health Science £3.3m.
- Identification and delivery of robust recurrent and non-recurrent savings plans into future months, avoiding a disconnect between the in-month savings delivery and future projected savings is required.
- **The Targeted meetings** will need to explore specific actions and rationale for the assumed reduction in savings delivery. For those areas that are forecasting materially lower savings when compared to what is being delivered each month, the above review

meeting will need to explore specific actions and rationale for the assumed reduction in savings delivery.

- 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.

## 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 6 £14.4m of recurrent full year effect schemes have delivered, resulting in an underlying deficit of £63.1m with a full year recurrent savings identification gap of £4.6m compared to the annual plan.
- This does not support the organisations required trajectory to achieve financial breakeven as part of the conditional recurrent funding criteria by 2027/28.
- Work on the annual plan for 2026-27 has commenced, **Appendix 4** refers to the Planning principles, timelines and approach that has been set out for the coming year for Committee approval. A first draft of the plan will be presented to the Committee in December 2025.

## Welsh Risk Pool

NWSSP have written to Health Boards in July 2025 to highlight a potential risk that risk share arrangements may be invoked for the Welsh Risk Pool, where claim settlement volumes have increased during 2025/26. The Health Board's impact of this is current estimated to be £4.2m as the minimum WRP risk share expectation, which would result in a review of the reported financial forecast. However, in addition to this, there is a further risk of an additional £1.1m for the maximum level of WRP risk share expectation communicated in September 2025.

### 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.

## Cash

Given the Health Board's annual forecast is £27.8m, there will be a requirement for strategic cash and working capital balances to enable payment of all creditors in February and March 2026. Cash requirements will be assessed throughout the financial year and the strategic cash request will be required to be submitted to WG in November 2025. It is currently assumed that the 2024/25 financial outturn of £24.1m deficit would be supported, leaving a potential risk of £3.7m.

## 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 6, with off-contract use now eliminated throughout the Health Board.

## Capital

There is currently a risk emerging around confirmation of WG funding and overspending against the Capital Resource Limit (CRL) at this stage of the financial year.

The Health Board were anticipating capital funding towards the urgent Concrete cladding remedial works at Withybush Hospital (£0.85m) and have over-committed its Discretionary Capital Programme to fund these works. Correspondence received indicates that a decision will not be received until at least November, therefore the Health Board will need to review its Discretionary Capital Programme to assess what schemes will need to be paused. The uncertainty behind this means that it is becoming increasingly difficult for the Health Board to manage its capital programme effectively.

### Assure (to note)

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

## 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 financial recovery plans to convert savings opportunities into deliverable plans.
- 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 are being sought relating to pay affecting change requests with the introduction of an automated solution for recording, tracking and approving requests into NWSSP Payroll, which FCSG will oversee when available.

## Unapproved Investments

With WG feedback of the Annual Plan being unsupportable, investment cases have gone through a rigorous scrutiny process via the executive leads.

Recognising the financial challenge within the organisation, in reviewing options to improve the financial plan, some of the original provision for investment has been reviewed, £1.0m has been released recurrently as saving schemes. To date £8.0m has been approved on a recurrent basis, with a level of slippage identified in respect of in year spend for 2025/26, as a result of recruitment timescales and lead in times. As part of the investment funding, the commitment of £2.0m in relation to the Band 2/3 pay dispute remains centrally reserves until finalisation of the workforce validation process.

## **Financial Management in Government – Reporting for Decision Making**

**Appendix 5** refers to a guide published in September 2025 by the National Audit Office, which aims to provide insights and good practice on how information can be reported to make better financial management decisions. It sets out a standard for reporting. This report has been reviewed by Finance and Performance teams with a view to make changes if necessary to the current performance and financial reporting outputs.

## **Finance 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. There are minor format changes in the financial performance report in Month 6, and in Month 7 outputs will be 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 will be aligned to 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 remains as £27.8m in Month 6, with a savings target of £46.4m, and commitment to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation.
- **SEEK ASSURANCE** on progress of savings actions to bridge the recurrent and non-recurrent savings gap from those Executive portfolios that have yet to identify their full target.
- **NOTE** that the Amber savings scheme judgement around future run rate conversion, total of £6.0m has been included within the Month 6 position, evidenced by past performance but in lieu of formal 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.
- **ENDORSE** the Financial planning cycle timelines, principles, approach and focus areas for the 2026-29 planning exercise.

- **NOTE** the work that is ongoing to provide more insightful and relevant reporting to the committee through the Financial Performance Report development.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>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:<br>3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers;<br>3.1.5.2 Performance against the savings requirement;<br>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 20) 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 Termau:<br>Glossary of Terms:                                                                                                                                   | BGH – Bronglais Hospital<br>CHC – Continuing Healthcare<br>EOY – End of Year<br>FNC – Funded Nursing Care<br>FYE – Full Year Effect<br>GGH – Glangwili Hospital<br>GMS – General Medical Services<br>HSCEY – Health, Social Care and Early Years<br>MHLD – Mental Health & Learning Disabilities<br>NICE – National Institute for Health and Care Excellence<br>OCP – Organisational Change Policy/Process<br>OOH – Out of Hours<br>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 Hospital<br>WRP – Welsh Risk Pool<br>WTE – Whole Time Equivalent<br>YTD – Year to date |
| Partïon / 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:<br/>Workforce:</b>    | The report considers the financial implications of our workforce.                                                                                                                                 |
| <b>Risg:<br/>Risk:</b>             | Financial risks are detailed in the report.                                                                                                                                                       |
| <b>Cyfreithiol:<br/>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:<br/>Reputational:</b>   | Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.                                                   |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable.                                                                                                                                                                                   |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable.                                                                                                                                                                                   |





Phil Kloer  
Chief Executive  
Hywel Dda University Health Board

Our Ref: JP/HJ/SB

12 September 2025

Dear Phil

### **2025/26 Financial Position – Hywel Dda University Health Board**

Thank you for our meeting on 11<sup>th</sup> September and for attending in person at Cathays Park, I valued the in-person and candid discussion, and you shared that you understand the gravity of the position and importance of improvement actions.

The detailed information pack you provided was helpful, recognising we didn't have the chance to review and discuss all associated detail I have asked Hywel and his team to review and follow up through our established mechanisms in addition to the actions we agreed.

I wanted to capture the key aspects and next steps from our discussion, namely:

- Through the detailed work with the Board, you have improved your forecast to a £27.8m deficit, which represents another in-year improvement, but remains adrift of the £24.1m deficit expectation set by Welsh Government.
- I acknowledged the balance you described you are trying to strike on all aspects of delivery expectations including financial, ensuring robust QIA processes for your decisions, and the Board focus on taking the organisation with you on robust granular actions that deliver the £24.1m deficit requirement. You understood and appreciated our acknowledgement of the progress being made, along with your appreciation of Welsh Governments frustration at the organisation yet being able to close what is now a relatively minor residual gap in the context of the spend base of the organisation.
- Whilst progress is being made, and there is an improvement in the health board forecast, you remain adrift of the forecast expectation and have not met the requirement of ensuring 100% confidence in savings plan delivery by 11<sup>th</sup> of

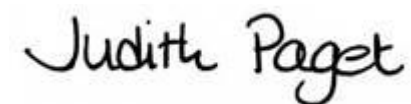


September. The significance of the health board getting to a position to deliver in line with Welsh Government expectations was emphasised.

- You reflected the detail of your processes to maintain progress, and we discussed actions to continue to bear down on your expenditure run rate to below £2m per month, and your category 2 further savings opportunities. You described confidence that you would be able to identify the residual actions to deliver a £24.1m deficit but needed to maintain the integrity and quality of your processes and granularity of actions to do so which I understand.
- **You committed to ensuring that through those processes and Board interactions you would finalise clear actions to deliver with confidence your savings in full, and all actions to deliver and report a £24.1m deficit by your month 6 monitoring return on 13<sup>th</sup> October.**
- More broadly, we concluded with a positive reflection of looking to continue to build on the momentum of improvement into 2026/27, and the importance of a clear health board trajectory to financial balance with clarity on what support requirements could enable that delivery over a clear and agreed timeframe. Delivery of Welsh Government expectations and a £24.1m deficit outturn in 2025/26 would form a solid foundation for ongoing dialogue on continued improvement.

Please liaise directly with Hywel and team as required over coming weeks to maintain momentum at this critical milestone.

Yours sincerely



**Judith Paget CBE**

cc: Hywel Jones  
Huw Thomas  
Sian Jenkins



Ein cyf/Our ref: CEO  
Gofynnwch am/Please ask for: Kelly Sursona  
Rhif Ffôn /Telephone: 01267 235969  
Dyddiad/Date: 13 October 2025

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

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

Jacqueline Totterdell  
Director General Health, Social Care and Early Years Group  
Welsh Government

By email: [Jacqueline.totterdell@gov.wales](mailto:Jacqueline.totterdell@gov.wales)

Dear Jacqueline

## Re: 2025/26 Financial Position

### Background

I write in response to the letter from Judith Paget dated 11 September 2025, requiring a response by 13 October 2025.

Our Health Board has a long history of operating within a financial deficit. Many of these issues relate to the configuration of our services across the wide geography of West Wales; the underlying and longstanding workforce challenges; and the increasing demands on our services from an ageing population.

We significantly improved on our position over the last financial year. Our plan for 2024/25 included an assumed deficit of £64.0m after the delivery of £32.4m of savings. Following additional funding from Welsh Government, this position improved from £64.0m to £31.5m. We further improved upon our delivery of savings to deliver an outturn of £24.1m.

Our plan for the financial year was predicated on achieving our Target Control Total (TCT) of £31.5m, and we have been endeavouring to improve upon this position through internal action and ongoing dialogue with colleagues in Welsh Government. This dialogue culminated in a meeting that my team and I held with Judith Paget and Hywel Jones on 11 September 2025.

Internally, we have:

1. Increased our scrutiny of expenditure, through reinforcing our pre-existing Financial Control Subgroup. This function has made a significant impact in focusing the organisation on improving our agency usage and reducing our use of administrative and clerical staff in particular.

2. Introduced a revised escalation structure, based on our existing “Improving Together” framework, with direct reporting into our Board and Subcommittees.
3. Our Formal Executive Team meetings also consider our financial position and recovery actions at each meeting.
4. Our Formal Executive Team meetings are also provided with support from our Integrated Quality, Finance and Performance Delivery Group; our Value and Sustainability Group; and our Healthier Mid and West Wales Group. These groups consider financial delivery in the short term, medium term and long term respectively.
5. Our Board and Subcommittees have provided enhanced scrutiny on the identification and delivery of savings. We have refocused our lead finance committee from a broader Sustainable Resources Committee to a Finance and Performance Committee. This change has ensured alignment across the finance and performance delivery domains and ensured improved Board governance arrangements.

There has been a clear expectation from Welsh Government that we should strive to improve upon the TCT and deliver a deficit of £24.1m, representing the outturn deficit position we delivered in 2024/25. This expectation was reiterated on 11 September 2025, with a requirement to confirm delivery by 13 October 2025.

Over the last year, since my appointment as the substantive CEO for the Health Board, we have committed to providing transparency to Welsh Government on our position, only committing to an improved trajectory where we can see a clear line of sight to delivery.

### Process and Governance

We have continued to take steps to strengthen our financial position, which reflect our commitment to delivering continued efficiencies. Naturally, as the year progresses, the actions taken are increasingly resulting in the delay of costs. Actions such as the pause of discretionary recruitment and non-essential activities may not be sustainable in the medium term and will need further review as part of our plan for the coming financial year.

Our Month 6 position is reported as a £2.0m deficit, providing further confidence that these actions are having the desired impact in-year. We are continuing to strike a balance across all aspects of delivery expectations, and we have strengthened our governance arrangements with transparent quality and equality impact assessments, which have been shared with our Board Committees and the Board.

Our Board has requested further assurance over a number of schemes through our governance mechanisms, and as such we are yet to conclude the actions required to provide robust assurance back to the Board that we can achieve £24.1m. We are aiming to conclude this final process through October to enable us to focus on delivery for the remainder of the year; and providing the opportunity to consider our planning for 2025/26.

We will quantify our best estimate of the net impact of this movement through the Month 7 reporting cycle.

## Savings

I would like to acknowledge our understanding of the assurances you require surrounding our savings delivery.

While we continue to increase our identification and delivery, we have not yet managed to achieve 100% confidence across all schemes. We have, included within our reported position, assumed a centrally recognised £6.0m scheme to provide some assurance over the remaining gap, where we have an evidenced track record of delivering this quantum, but have yet to fully commit to maintain the same level across our portfolio accountability arrangements as assured savings schemes.

As an organisation, we remain overly reliant on non-recurrent schemes. This is an area of concern for our Board and our Executive Team, and something we will consider as part of our planning cycle.

I am equally concerned by areas of clinical fragility across the organisation, which will need to be addressed through our planning cycle. We have developed a strong process of engagement with our local population as part of our Clinical Services Plan. While the developing plans will provide greater long-term sustainability, these are likely to require some degree of investment over the coming planning cycle.

## Summary

We have improved upon our financial position twice this year: from £31.5m to £30.0m in July and then to £27.8m in August. We recognise the need to improve upon this, but I am also very cognisant of the risk arising from additional costs from the Welsh Risk Pool, which may range from £4.2m to £5.3m for Hywel Dda UHB.

We have not declared an improvement in our forecast this month, but I do anticipate us making a further improvement to our core forecast next month to achieve a projection closer to the £24.1m requirement. I regret, however, that this improvement will likely be offset by the impact of the Welsh Risk Pool, pending Board deliberations and definitive information from NWSSP. For assurance, our financial forecast as outlined in this letter will be subject to scrutiny by the Finance and Performance Committee in October, and onward for Board approval in November 2025.

I believe we are making significant progress; however, I am clear on the requirement for a medium-term recovery plan for the Health Board. Naturally, as we navigate what will be a challenging roll-over budget, I would be grateful for the continued support of your team as we develop this work. I am happy to discuss this further if that would be of benefit.

Yours sincerely



**Prof. Phil Kloer**  
**Chief Executive Officer/Prif Weithredwr**

cc. Hywel Jones, Director of Finance, HSCEY  
Board Members, Hywel Dda UHB



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



# 2025/26 Financial Performance Report

## Finance and Performance Committee

Month 6 September 2025/26





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Executive Summary

# Executive Summary



**GIG  
CYMRU  
NHS  
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The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. Gross forecast position is £31.1m, with planned mitigating actions of £3.3m, to be finalised, to achieve the reported end of year forecast position of £27.8m. Total savings delivery are £41.1m, leaving a savings delivery gap of £5.3m against the savings target.

| Financial Management | The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the in-month savings target of £3.9m being over identified by £0.3m, and a core operational underspend of £0.5m. These are offset by in-month under delivery of savings of £0.3m relating to one scheme within Planned & Specialist Care. The financial run rate is on track to achieve the forecast position with mitigating actions of £3.3m required. The Health Board is committed to improving beyond the latest forecast of £27.8m. towards £24.1m in line with Welsh Government expectation. |                                   |                                     |                                    |                                               |                                   |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------|
|                      | 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                                 | 15.0                               | 30.0                                          | 30.0                              |
|                      | Unidentified / (Identified) savings gap / (improvement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (0.5)                             | (0.3)                               | 1.6                                | 9.2                                           | 5.0                               |
|                      | Under / (Over) delivery of savings schemes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.0                               | 0.3                                 | 0.3                                | 0.0                                           | 0.3                               |
|                      | Core operational variation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.0                               | (0.5)                               | (1.1)                              | (5.9)                                         | (4.2)                             |
|                      | Gross Forecast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.0                               | 2.0                                 | 15.8                               | 33.3                                          | 31.1                              |
|                      | Future Mitigating Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.0                               | 0.0                                 | 0.0                                | (5.5)                                         | (3.3)                             |
|                      | Reported Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2.0                               | 2.0                                 | 15.8                               | 27.8                                          | 27.8                              |

| Key Measures<br><small>(Risk rating = Impact x Likelihood)</small> | Core Operational Variation | Risk #2086<br>5 x 4 = 20 | The in-month core budget performance is £0.5m underspent, and the end of year core budget performance is £4.2m underspent. Further to the work aligned to the quarter 2 focus of de-risking the plan, the forecast position has remained at £27.8m in Month 6 with further actions expected to improve towards the £24.1m in Month 7.                                                                                                                                                                                     |
|--------------------------------------------------------------------|----------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                    | Cash                       |                          | Given the Health Board's revised annual forecast is £27.8m, there will be a strategic cash requirement in line with forecast deficit and working capital balances. The cash risk relates to Welsh Government's assumption of the Health Board delivering a deficit of £24.1m. A cash management strategy may be required if the current forecast remains unchanged.                                                                                                                                                       |
|                                                                    | Savings                    |                          | Of the annual savings target of £46.4m, £41.4m has been identified on an in-year basis resulting in an under-identification gap of £5.0m. Of the £41.4m savings identified, £41.1m are forecast to deliver, leaving a £0.3m savings delivery gap. Recurrent savings delivery total £14.1m against plan of £19.0m, with the balance of £27.0m being non-recurrent against the plan of £27.4m. Run rate management of year to date underspend savings of £6.0m are now in the savings forecast to deliver in future months. |
|                                                                    | Capital                    |                          | The Health Board were anticipating capital funding towards the urgent concrete cladding remedial works at Withybush Hospital (£0.85m) and have over-committed its Discretionary Capital Programme to fund these works. Correspondence received indicates a decision is not expected until November 2025, therefore some schemes will need to be paused. The uncertainty behind this means that it is becoming increasingly difficult for the Health Board to manage its capital programme effectively.                    |
|                                                                    | Underlying Deficit         | Risk #1199<br>5 x 5 = 25 | £14.4m of recurrent full year effect schemes have delivered, resulting in an underlying deficit of £63.1m. This does not support the organisations required trajectory to achieve financial breakeven and delivery commitments are required urgently. 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.                                                                                                      |



# Movements from Prior Reported Position



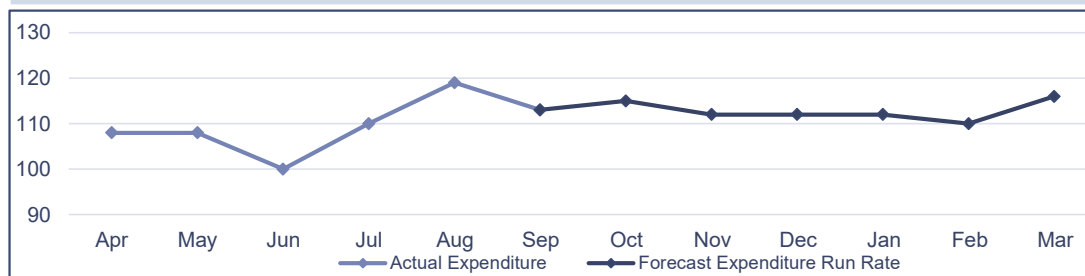
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| Key Driver (£'m)                           | Prior Month<br>End of Year<br>Forecast | End of<br>Year<br>Forecast | Movement<br>in<br>Forecast |
|--------------------------------------------|----------------------------------------|----------------------------|----------------------------|
| <b>Planned Deficit</b>                     | <b>30.0</b>                            | <b>30.0</b>                | <b>0.0</b>                 |
| Unidentified savings gap                   | 9.2                                    | 5.0                        | (4.2)                      |
| Under / (Over) delivery of savings schemes | 0.0                                    | 0.3                        | 0.3                        |
| Core Operational Variation                 | (5.9)                                  | (4.2)                      | 1.7                        |
| <b>Gross Forecast</b>                      | <b>33.3</b>                            | <b>31.1</b>                | <b>(2.2)</b>               |
| Conversion of current run rate             | (5.5)                                  | (3.3)                      | (2.2)                      |
| <b>Reported Net Position</b>               | <b>27.8</b>                            | <b>27.8</b>                | <b>0.0</b>                 |

## Monthly Actual and Forecasted Expenditure Run-Rate £'m

The forecast revenue run-rate trajectory reflects the revised forecast deficit position of £27.8m. Month 3 Amortisation of Capital Expenditure reduced circa £8.0m. Month 5 Pay Expenditure increased circa £9.0m relating to the 2025-26 Pay Award including year to date backpay.



| Unidentified Savings Gap (£'m)                    | Change       |
|---------------------------------------------------|--------------|
| In-month run rate management conversions          | (1.1)        |
| Newly identified schemes                          | (3.0)        |
| Blue/Red converted to Amber/Green savings schemes | (0.1)        |
| <b>Movement in Unidentified Savings Gap</b>       | <b>(4.2)</b> |

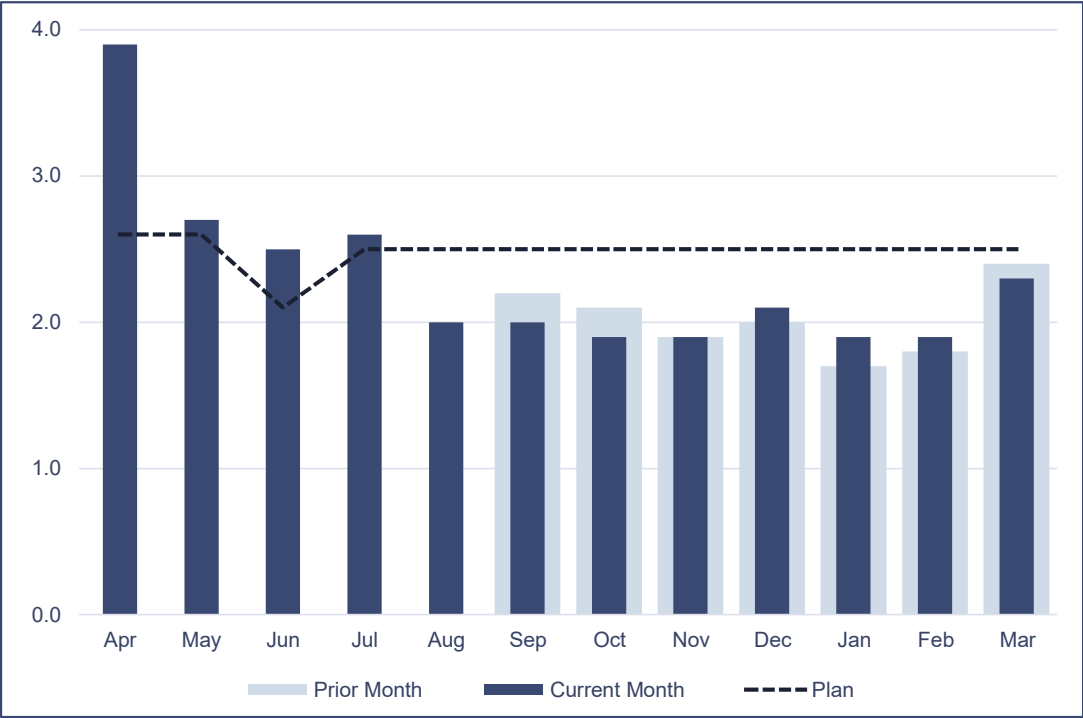
| Under / (Over) Delivery of Savings Schemes (£'m)                       | Change     |
|------------------------------------------------------------------------|------------|
| Under delivery of Planned & Specialist Care Variable Pay Saving Scheme | 0.3        |
| <b>Movement in Savings Delivery</b>                                    | <b>0.3</b> |

| Core Operational Variation (£'m)                                                         | Change     |
|------------------------------------------------------------------------------------------|------------|
| Continuing Healthcare Packages within Community and Mental Health                        | 1.0        |
| Planned and Specialist Care use of premium agency to cover Medical & Dental rota gaps    | 0.8        |
| Operational Allied Health costs as targeted response to improve diagnostic waiting times | 0.4        |
| Radiology and Pathology delayed and reduced cost of contracts                            | (0.5)      |
| <b>Movement in Core Operational Variation</b>                                            | <b>1.7</b> |

# Revenue and Cash Trajectory

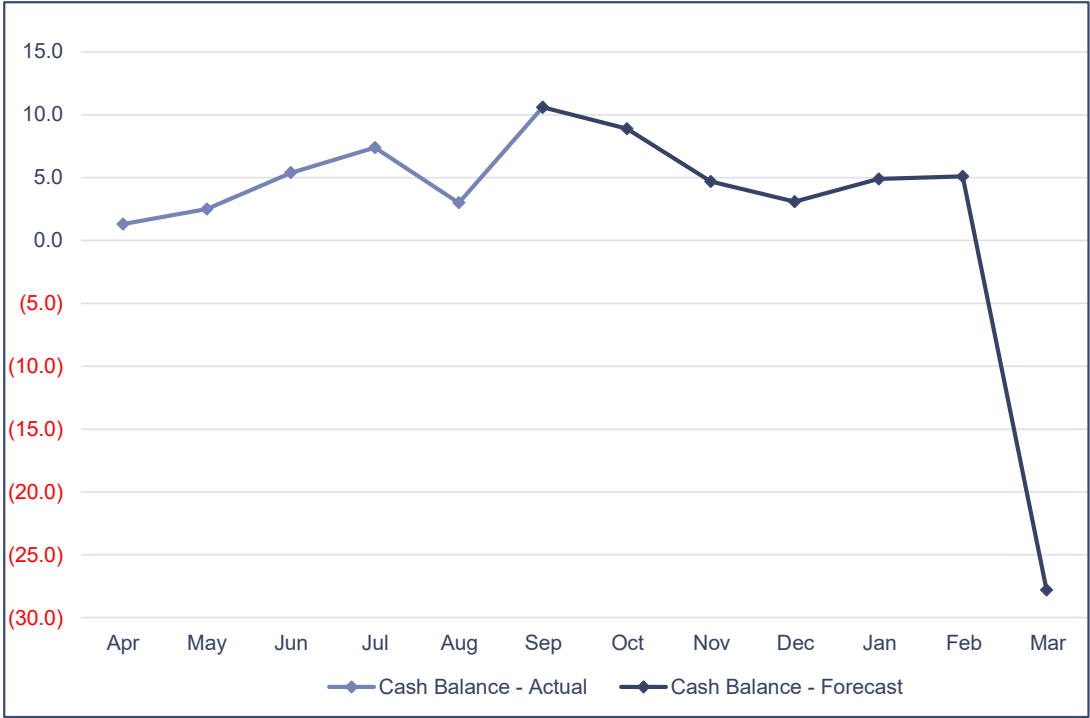
## Revenue Deficit Trajectory (£'m)

As at Month 6 the forecast outturn remains a deficit of £27.8m, an improved position of £2.2m against the planned deficit of £30.0m. The commitment to further reduce the forecast outturn to £24.1m, in line with the deficit expectation set by Welsh Government, is outlined through the current risk and opportunities of the Health Board.



## Cash Flow Trajectory (£'m)

We will be working with Welsh Government to understand cash available and whether in line with our control total of £24.1m and assume this as a pending cash allocation, albeit subject to a strategic cash request later in the year, leaving our current cash risk more accurately reflected as £3.7m.



# Executive Insight, Next Steps and Actions



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| Action / Decision                                                                                                       | Description                                                                                                                                                                                                                                                                                      | Owner                                          | Status                                                                                                                                               | Due Date                                 |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Forecast Credibility</b> – in-month financial performance continues to better than that of the prior months forecast | The <b>Health Board is no longer providing credibility to WG</b> due to the continuing improvement of the in-month position compared to the prior forecast. There is currently a c.£10m forecast deviation between the End of Year forecast and current run rate.                                | Executive Directors and Deputies               | Targeted meetings to be established to review Month 6 forecasts and inform an updated position ahead of Month 7 forecasts. <b>Ref #1</b>             | <b>Overdue and Urgent</b> – October 2025 |
| <b>Reactive Savings Planning</b>                                                                                        | For those areas that are forecasting materially lower savings when compared to what is being delivered each month, the above review meeting will need to explore specific actions and rationale for the assumed reduction in savings delivery.                                                   | Executive Directors and Deputies               | Limited commitment to forecast future underspends as savings – Amber overlay judgement scheme remains and causes a credibility query. <b>Ref #2.</b> | October 2025                             |
| <b>Top 10 Overspend Alerts</b>                                                                                          | Following an assessment at the halfway stage of year, there are <b>further management actions required</b> to mitigate material overspend areas that are now embedded. These will improve the current run rate and avoid unnecessary difficult decisions.                                        | Service lead for portfolios highlighted        | Mitigation action plan clarity required for the Month 7 reporting cycle in early November. To be reviewed within business structures. <b>Ref #3.</b> | November 2025                            |
| <b>£30.0m to £24.0m further savings options</b>                                                                         | Latest update highlights some schemes are now delivering, but further updates required for those items that are not yet confirmed with robust plans for items that have been agreed.                                                                                                             | Executive Directors                            | Agreement to implement schedule 1, and clarity required on progress that is possible for schedule 2. <b>Ref #4.</b>                                  | December 2025                            |
| <b>Medical Pay</b> – Additional cover and premium                                                                       | Continued use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health. <b>Required:</b> roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans. | CCG Directors for areas noted                  | Update required for timelines on Medical Stabilisation Programme                                                                                     | Overdue                                  |
| <b>Referral to Treatment (RTT)</b> performance trajectory                                                               | With multiple workstreams and programmes to improve waiting times and waiting lists, a clearer triangulation is required around the implications between elective pathways and diagnostics, ensuring value for money approaches are maximised                                                    | Director of Operational Planning & Performance | Confirm the plans and performance trajectories, including the impacts on resources and finances, on waiting times/ lists.                            | November 2025                            |

# 1a. Annualised Position Summary



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| Clinical Care Group (£'m)                           | M1-6 Savings Annualised | Forecast Savings | Difference | M1-6 Core Variance Annualised | Core Forecast | Difference   | Total Difference |
|-----------------------------------------------------|-------------------------|------------------|------------|-------------------------------|---------------|--------------|------------------|
| Chief Operating Officer Management                  | 1.6                     | 0.6              | 1.0        | (0.2)                         | (0.6)         | (0.4)        | 0.6              |
| Community and Integrated Medicine                   | 6.0                     | 5.5              | 0.5        | 1.4                           | 0.4           | (1.0)        | (0.5)            |
| Mental Health and Learning Disabilities             | 6.0                     | 4.3              | 1.7        | 2.2                           | 0.5           | (1.7)        | 0.0              |
| Operational Allied Health and Health Sciences       | 0.5                     | 0.5              | 0.0        | (1.6)                         | (0.5)         | 1.1          | 1.1              |
| Planned and Specialist Care                         | 9.7                     | 8.2              | 1.5        | (2.4)                         | (0.6)         | 1.8          | 3.3              |
| Primary Care, Community Strategy and Long Term Care | 6.0                     | 4.1              | 1.9        | (1.5)                         | (2.9)         | (1.4)        | 0.5              |
| Executive Functions                                 | 17.5                    | 18.2             | (0.7)      | 1.9                           | (0.2)         | (2.1)        | (2.9)            |
| <b>Grand Total</b>                                  | <b>47.3</b>             | <b>41.4</b>      | <b>5.9</b> | <b>(0.2)</b>                  | <b>(3.9)</b>  | <b>(3.7)</b> | <b>2.1</b>       |

**Methodology:** Months 1 to 6 (year to date) plus Months 4 to 6 divided by 3 multiplied by 6

Please note this includes the £6.0m run rate management of year to date underspend savings in the savings forecast to deliver in future months.

# 1b. Annualised Position – Executive Functions



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| Clinical Care Group (£'m) | M1-6 Savings Annualised | Forecast Savings | Difference   | M1-6 Core Variance Annualised | Core Forecast | Difference   | Total Difference |
|---------------------------|-------------------------|------------------|--------------|-------------------------------|---------------|--------------|------------------|
| Chief Executive           | 0.5                     | 0.3              | 0.2          | (0.1)                         | 0.0           | 0.1          | 0.3              |
| Digital                   | 1.1                     | 0.9              | 0.2          | (1.9)                         | (0.4)         | 1.5          | 1.7              |
| Estates and Facilities    | 0.3                     | 0.3              | 0.0          | 0.1                           | 0.5           | 0.4          | 0.4              |
| Executive Allied Health   | 0.0                     | 0.0              | 0.0          | 0.0                           | 0.0           | 0.0          | 0.0              |
| Finance                   | 0.6                     | 0.4              | 0.2          | (0.2)                         | (0.2)         | 0.0          | 0.2              |
| Health Board Wide         | 6.9                     | 11.2             | (4.3)        | 1.8                           | (0.3)         | (2.1)        | (6.5)            |
| LTA's                     | 1.2                     | 0.9              | 0.3          | 3.7                           | 1.7           | (2.0)        | (1.7)            |
| Medical                   | 0.1                     | 0.1              | 0.0          | (0.4)                         | (0.2)         | 0.2          | 0.2              |
| Nursing                   | 0.9                     | 0.7              | 0.2          | 0.1                           | 0.4           | 0.3          | 0.5              |
| Public Health             | 1.8                     | 1.0              | 0.8          | (0.7)                         | (0.7)         | 0.0          | 0.8              |
| Strategy and Planning     | 0.9                     | 0.7              | 0.2          | (0.1)                         | (0.3)         | (0.2)        | 0.0              |
| Workforce                 | 3.2                     | 1.7              | 1.5          | (0.4)                         | (0.7)         | (0.3)        | 1.2              |
| <b>Grand Total</b>        | <b>17.5</b>             | <b>18.2</b>      | <b>(0.7)</b> | <b>1.9</b>                    | <b>(0.2)</b>  | <b>(2.1)</b> | <b>(2.9)</b>     |

## 2a. Savings Delivery vs Prior Month Forecasts



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Savings

Savings Target

**£46.4m**

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

Savings Delivery

**£41.1m**

Recurrent = £14.1m  
Non-Recurrent = £27.0m  
111% delivery vs prior forecast

Prior Month Forecast

**£37.2m**

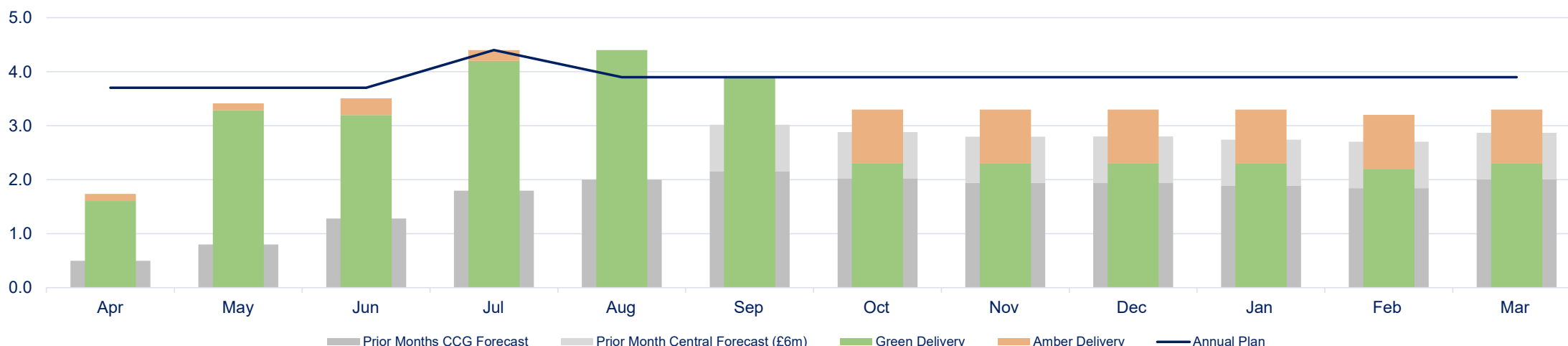
Recurrent = £12.4m  
Non-Recurrent = £24.8m

Deviation to Forecast

**£(3.9)m**

Recurrent = £(1.7)m  
Non-Recurrent = £(2.2)m

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



Compared to the **prior month end of year forecast of £37.2m savings delivery**, our end of year **savings delivery has improved** by a further **£(3.9)m**, with **total savings identified improving by £(4.2)m**, offset by **£0.3m under delivery** of a Planned and Specialist Care Variable Pay savings scheme. In-month identification of savings include **£(1.6)m Oncology and Ophthalmology drugs** schemes within Planned and Specialist Care, **£(0.4)m Primary Care Drugs** Savings, and a further **£(1.1)m across various schemes**. Underspend conversion schemes totalled **£(1.1)m**.

## 2b. Clinical Care Group Underspend Savings



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The following two tables detail the savings delivery associated with **the current monthly underspend approach**, which shows the **run rate management underspends** converted to non-recurrent savings schemes between Month 1 to 6. These values have been extrapolated for three scenarios, option 1 and 2 100% and risk adjusted 75% extrapolated, to highlight the savings that have yet to be forecast by budget holders, with the third being the balance of the £6.0m forecasted in M05 adjusted for M06 savings delivery. **Options will increase savings forecast between £4.9m - £7.0m.**

| Clinical Care Group (£'m)                     | Month 1 to 6 | Option 1<br>Run Rate<br>Extrapolated | Option 2<br>Risk Adjusted<br>Extrapolation | Option 3<br>M05 Risk<br>Adjusted<br>Balance |
|-----------------------------------------------|--------------|--------------------------------------|--------------------------------------------|---------------------------------------------|
| Chief Operating Officer Management            | 0.6          | 0.6                                  | 0.5                                        | 0.2                                         |
| Community and Integrated Medicine             | 0.4          | 0.4                                  | 0.3                                        | 0.2                                         |
| Mental Health and Learning Disabilities       | 0.6          | 0.6                                  | 0.5                                        | 0.1                                         |
| Operational Allied Health and Health Sciences | 0.0          | 0.0                                  | 0.0                                        | 0.0                                         |
| Planned and Specialist Care                   | 1.0          | 1.0                                  | 0.9                                        | 1.1                                         |
| Primary Care, Community Strategy and LTC      | 1.7          | 1.7                                  | 1.5                                        | 1.2                                         |
| <b>Clinical Care Group Sub Total</b>          | <b>4.3</b>   | <b>4.3</b>                           | <b>3.7</b>                                 | <b>2.8</b>                                  |

## 2c. Executive Functions Underspend Savings



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| Executive Functions (£'m)            | Month 1 to 6 | Option 1<br>Run Rate<br>Extrapolated | Option 2<br>Risk Adjusted<br>Extrapolation | Option 3<br>M05 Risk<br>Adjusted<br>Balance |
|--------------------------------------|--------------|--------------------------------------|--------------------------------------------|---------------------------------------------|
| Chief Executive                      | 0.1          | 0.1                                  | 0.0                                        | 0.0                                         |
| Digital                              | 0.2          | 0.2                                  | 0.2                                        | 0.1                                         |
| Finance                              | 0.3          | 0.3                                  | 0.3                                        | (0.1)                                       |
| Nursing                              | 0.3          | 0.3                                  | 0.3                                        | 0.3                                         |
| Public Health                        | 0.3          | 0.3                                  | 0.2                                        | 0.3                                         |
| Strategy and Planning                | 0.1          | 0.1                                  | 0.1                                        | 0.1                                         |
| Workforce                            | 1.4          | 1.4                                  | 1.2                                        | 1.4                                         |
| <b>Executive Functions Sub Total</b> | <b>2.7</b>   | <b>2.7</b>                           | <b>2.3</b>                                 | <b>2.1</b>                                  |
| <b>Grand Total</b>                   | <b>7.0</b>   | <b>7.0</b>                           | <b>6.0</b>                                 | <b>4.9</b>                                  |

It should be recognised that these options will not achieve robust Green schemes by the Month 6 reporting deadline resulting in further action required to robustly forecast plans led by each budget holder. Portfolios will be expected to respond to the deviation between the run rate trajectory and their forecast. Welsh Government are likely to request further clarity having not met their expectations of reporting 100% confidence on delivering Green schemes for the total savings target by 14 October 2025.



### 3. Executive Insights Top 10 Overspend Alerts



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| Rank | Clinical Care Group                                                                                 | £'m | Details                                                                                                                                                                        |
|------|-----------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | CHC – Mental Health & Learning Disabilities (2.0m)<br>CHC – Community & Integrated Medicines (0.8m) | 2.8 | Net increase of 20 cases, backdated and high-cost packages driving increased costs in Continuing Health Care, and fees in relation to purchase of beds from independent sector |
| 2    | Planned & Specialist Care                                                                           | 2.4 | Outsourcing spend to achieve recovery targets in Ophthalmology, Theatres and Urology                                                                                           |
| 3    | Planned & Specialist Care                                                                           | 2.1 | Use of premium agency to cover Medical & Dental rota gaps                                                                                                                      |
| 4    | LTA 's with other NHS Providers                                                                     | 1.6 | Continued increases in Swansea Bay Emergency Activity                                                                                                                          |
| 5    | Primary Care, Community Strategy and LTC                                                            | 1.1 | High Medical & Dental premium costs associated with running Managed Practices without a substantive workforce model                                                            |
| 6    | Mental Health & Learning Disabilities                                                               | 1.0 | Continued use of premium medical agency for a small number of high value vacancies                                                                                             |
| 7    | Estates & Facilities                                                                                | 1.0 | Other non pay costs, including Laundry, Energy, Utilities & external maintenance contracts                                                                                     |
| 8    | Chief Operating Officer Management                                                                  | 0.9 | Increase in management costs within new CCG structure phase 1, with awaiting conclusion of CCG phase 2 posts to be recruited and finalised                                     |
| 9    | Operational Allied Health & Health Scientists                                                       | 0.5 | Net pay pressures across Nursing & Allied Health linked to stabilisation work with exit plans identified and to be implemented                                                 |
| 10   | Nursing Quality & Patient Experience                                                                | 0.4 | Ongoing high costs for Legal fees for Inquests                                                                                                                                 |

Any mitigations for these items would improve the run rate and forecast but might not be formally recognised as a savings scheme.

## 4a. £2.4m Board Improvement Decisions (1 of 2)



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| Category 1 Items £k                                                                                                         |                      |                    |                     |                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|---------------------|----------------------------------------------------------------------------------------------------------------|
| Scheme                                                                                                                      | Original Opportunity | In Position at M06 | Opportunity Balance | Details                                                                                                        |
| HB wide recruitment freeze for non-patient facing roles                                                                     | 1,127                | 500                | 627                 | 20wte apprentice vacancies within Workforce and Organisational Development held until the next financial year. |
| Pause procurement of non-essential non-clinical equipment/ consumables to promote recycling                                 | 41                   | 0                  | 41                  | No benefit included in the Month 6 position. Further work needed to deliver this saving                        |
| Mandate virtual meetings for management staff                                                                               | 33                   | 0                  | 33                  | No benefit included in the Month 6 position. Further work needed to deliver this saving                        |
| MHLD - Neurodevelopmental outsourcing, core funding. Pause on the basis that plan is deferred temporarily and review in Q4. | 230                  | 0                  | 230                 | To be discussed at the MH Recovery Meeting. No benefit has been included in the Month 6 position.              |
| 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>750</b>         | <b>931</b>          |                                                                                                                |

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

## 4b. £2.4m Board Improvement Decisions (2 of 2)



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| Category 2 Items £k                                            |                      |                    |                     |                                                                                                                |
|----------------------------------------------------------------|----------------------|--------------------|---------------------|----------------------------------------------------------------------------------------------------------------|
| Scheme                                                         | Original Opportunity | In Position at M06 | Opportunity Balance | Details                                                                                                        |
| Pause all overtime until the end of March                      | 96                   | 0                  | 96                  | Overtime costs have increased from an average of £604k per month to £635k in month 6.                          |
| Reduce/eliminate all on contract agency                        | 0                    | 0                  | 0                   | Agency has increased in month 6.                                                                               |
| Local Authority shared costs                                   | 450                  | 0                  | 450                 | Work progressing. At this stage, this is still considered Highly Likely                                        |
| 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 Neurology double charge and TOPS service | 70                   | 0                  | 70                  | Further work ongoing but at this stage, this benefit is seen as unlikely                                       |
| <b>Sub Total</b>                                               | <b>791</b>           | <b>75</b>          | <b>716</b>          |                                                                                                                |
| <b>Total</b>                                                   | <b>2,472</b>         | <b>825</b>         | <b>2,647</b>        |                                                                                                                |

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



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# Financial Position Summary

# End of Year: Financial Position Summary



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## Headline

### Reported Position

**£27.8m**



Annual Plan = £30.0m  
Prior Annual Forecast = £27.8m

### Savings Delivery Gap

**£5.3m**



Savings Target = £46.4m  
Total Delivery = £41.1m

### Capital Position

**£35.9m**



Annual Plan = £35.1m  
Prior Annual Forecast = £36.9m

### Underlying Deficit

**£63.1m**



Annual Plan = £58.5m

## Pay

### Total Pay

**£677.3m**



Plan = £682.4m  
Prior Annual Forecast = £676.7m

### Substantive

**£616.9m**



Plan = £659.3m  
Prior Annual Forecast = £614.3m

### Variable

**£52.2m**



Plan = £19.0m  
Prior Annual Forecast = £53.8m

### Agency (Premium)

**£8.2m**



Plan = £4.1m  
Prior Annual Forecast = £8.6m

## Non-Pay

### Primary Care Drugs

**£86.4m**



Plan = £85.6m  
Prior Annual Forecast = £86.1m

### Secondary Care Drugs

**£68.8m**



Plan = £74.4m  
Prior Annual Forecast = £70.8m

### Continuing Healthcare

**£68.7m**



Plan = £66.2m  
Prior Annual Forecast = £68.3m

### Clinical Services & Supplies

**£49.4m**



Plan = £48.1m  
Prior Annual Forecast = £49.5m

## Key Drivers

The **Month 6** end of year forecast financial position is a **deficit of £27.8m**, which is an improvement against the Annual Deficit Plan of £30.0m. The **core operational variance to plan is £(4.2)m**, with the annual **savings** target of £46.4m being **under-identified by £5.0m** and identified savings schemes of £41.4m being under delivered by £0.3m. Further **mitigating actions of £3.3m** are required to deliver the revised forecast deficit position of £27.8m. Improvements to deliver the mitigating actions and go beyond the £27.8m deficit plan is the focus of the organisation in the coming months. A £6.0m amber savings scheme is included, representing a central judgement based on run rates.

# End of Year: Key Drivers vs Plan



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| Spend Category                          | £'m         | Supporting Information                                                                                                                                                                                                   |
|-----------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Planned Deficit</b>                  | <b>30.0</b> | <b>As per revised annual plan submission to Welsh Government</b>                                                                                                                                                         |
| Savings Identification Gap / (Surplus)  | 5.0         | Savings identification of £41.4m against £46.4m target. Includes £6.0m of Amber schemes awaiting formal acceptance and conversion to Green by budget holders linked to continued run rate management actions.            |
| Income                                  | (2.2)       | Income overachievement for Bowel and Breast Screening, Wet age-related macular degeneration, Flying Start, Health Education and Improvement Wales within Children and Women, Radiology and Therapies.                    |
| Clinical Services and Supplies          | 1.2         | Continence products within Community and Integrated Medicine, Theatres and Orthopaedics consumables within Planned and Specialist Care and Laboratory equipment and Podiatry consumables within Allied Health.           |
| Commissioned Healthcare Services        | 1.8         | Planned Care Insourcing activity, Swansea Bay LTA Emergency activity, Psychiatric Intensive Care beds and Continuing Health Care packages within Mental Health and Community, offset by Dental contracts underspend.     |
| Drugs and Prescribing                   | (4.7)       | Oncology and Ophthalmology drugs underspend due to delayed presentation of new NICE funded drugs. Activity growth of 11.4% year to date, but cost per patient decreased by 15.2% from prior year.                        |
| Other Non-Pay                           | 4.8         | Maintenance price increase on external suppliers' contracts, software licences fees, energy price increase and laundry service cost pressure. Premises, legal, travel and transport costs and license fees across areas. |
| Administration and Estates              | (5.3)       | Continued Administration & Clerical vacancies, particularly across Operational Directorates where savings have yet to be fully identified, thus recruitment is re-prioritised through Financial Control Sub Group.       |
| Allied Health, Scientists and Other     | (1.0)       | Vacancies within Mental Health, Primary Care, and Planned and Specialist Care.                                                                                                                                           |
| Medical and Dental                      | 4.5         | Premium costs to cover vacancies within Mental Health, Community and Integrated Medicine, Planned and Specialist Care and Primary Care.                                                                                  |
| Nursing, Midwifery and Clinical Support | (3.0)       | Continued Nursing vacancies within Mental Health, Community and Integrated Medicine and Planned and Specialist Care.                                                                                                     |
| <b>Gross Position</b>                   | <b>31.1</b> |                                                                                                                                                                                                                          |
| Further Mitigating Actions              | (3.3)       |                                                                                                                                                                                                                          |
| <b>Reported Position</b>                | <b>27.8</b> | <b>As reported in Month 5 to Welsh Government, which included an improvement from £30.0m plan</b>                                                                                                                        |

# End of Year: Key Performance Breakdown



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| Clinical Care Group (£'m)                           | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Savings and Core Performance |
|-----------------------------------------------------|-----------------------|-----------------------------------|----------------------------|------------------------------------|
| Planned Deficit                                     |                       |                                   |                            | 30.0                               |
| Chief Operating Officer Management                  | 0.2                   | 0.0                               | (0.6)                      | (0.4)                              |
| Community and Integrated Medicine                   | 5.0                   | 0.0                               | 0.4                        | 5.4                                |
| Mental Health and Learning Disabilities             | 1.5                   | 0.0                               | 0.5                        | 2.0                                |
| Operational Allied Health and Health Sciences       | 3.3                   | 0.0                               | (0.5)                      | 2.8                                |
| Planned and Specialist Care                         | 3.4                   | 0.3                               | (0.9)                      | 2.8                                |
| Primary Care, Community Strategy and Long Term Care | 2.4                   | 0.0                               | (2.9)                      | (0.5)                              |
| Executive Functions                                 | (10.8)                | 0.0                               | (0.2)                      | (11.0)                             |
| Sub Total                                           | 5.0                   | 0.3                               | (4.2)                      | 1.1                                |
| Gross Position                                      |                       |                                   |                            | 31.1                               |
| Further mitigating actions                          |                       |                                   |                            | (3.3)                              |
| Reported Position                                   |                       |                                   |                            | 27.8                               |

# End of Year: Key Performance vs Prior Forecast



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|                                             | Prior Month           |                                   |                            |                | Current Month         |                                   |                            |                | Movement                       |                                            |                                     |                |
|---------------------------------------------|-----------------------|-----------------------------------|----------------------------|----------------|-----------------------|-----------------------------------|----------------------------|----------------|--------------------------------|--------------------------------------------|-------------------------------------|----------------|
| Clinical Care Group (£'m)                   | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Position | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Position | Savings Gap to Target Movement | Savings Delivery vs Plan Benefits Movement | Core Operational Variation Movement | Total Movement |
| Planned Deficit                             | 30.0                  |                                   |                            |                | 30.0                  |                                   |                            |                | 0.0                            |                                            |                                     |                |
| Chief Operating Officer Management          | 0.3                   | 0.0                               | (0.6)                      | (0.3)          | 0.2                   | 0.0                               | (0.6)                      | (0.4)          | (0.1)                          | 0.0                                        | 0.0                                 | (0.1)          |
| Community and Integrated Medicine           | 5.6                   | 0.0                               | (0.1)                      | 5.5            | 5.0                   | 0.0                               | 0.4                        | 5.4            | (0.6)                          | 0.0                                        | 0.5                                 | (0.1)          |
| Mental Health and Learning Disabilities     | 2.0                   | 0.0                               | (0.2)                      | 1.8            | 1.5                   | 0.0                               | 0.5                        | 2.0            | (0.5)                          | 0.0                                        | 0.7                                 | 0.2            |
| Operational Allied Health & Health Sciences | 3.3                   | 0.0                               | (0.3)                      | 3.0            | 3.3                   | 0.0                               | (0.5)                      | 2.8            | 0.0                            | 0.0                                        | (0.2)                               | (0.2)          |
| Planned and Specialist Care                 | 5.0                   | 0.0                               | (2.0)                      | 3.0            | 3.4                   | 0.3                               | (0.9)                      | 2.8            | (1.6)                          | 0.3                                        | 1.1                                 | (0.2)          |
| Primary Care, Community Strategy & LTC      | 3.1                   | 0.0                               | (3.0)                      | 0.1            | 2.4                   | 0.0                               | (2.9)                      | (0.5)          | (0.7)                          | 0.0                                        | 0.1                                 | (0.6)          |
| Executive Functions                         | (10.1)                | 0.0                               | 0.3                        | (9.8)          | (10.8)                | 0.0                               | (0.2)                      | (11.0)         | (0.7)                          | 0.0                                        | (0.5)                               | (1.2)          |
| Sub Total                                   | 9.2                   | 0.0                               | (5.9)                      | 3.3            | 5.0                   | 0.3                               | (4.2)                      | 1.1            | (4.2)                          | 0.3                                        | 1.7                                 | (2.2)          |
| Gross Position                              |                       |                                   |                            | 33.3           |                       |                                   |                            | 31.1           |                                |                                            |                                     | (2.2)          |



# End of Year: Saving Delivery Performance



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## Savings

Savings Target

**£46.4m**

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

In-Year Recurrent Gap

**£4.9m**

Target = £19.0m  
Delivery = £14.1m

In-Year Non-Recurrent Gap

**£0.4m**

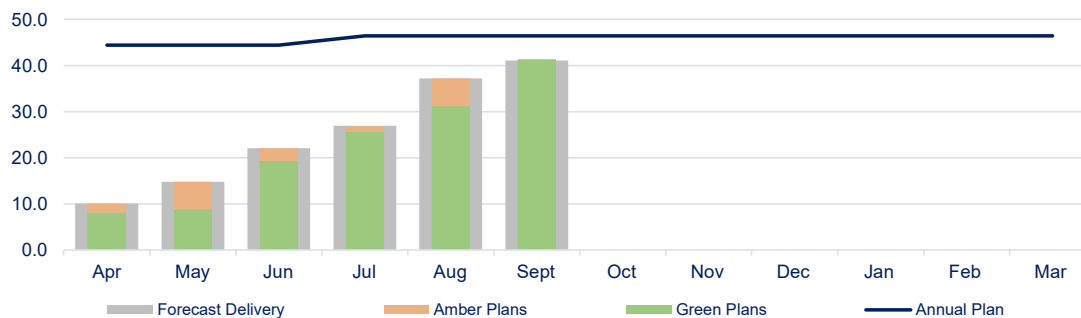
Target = £27.4m  
Delivery = £27.0m

Full Year Recurrent Gap

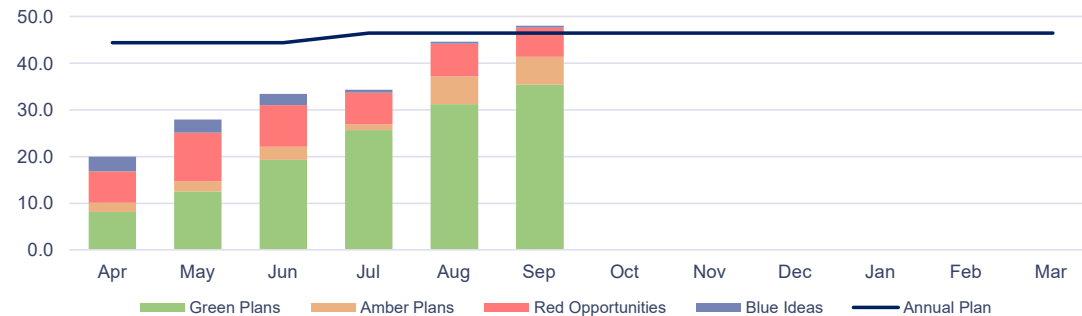
**£4.6m**

Target = £19.0m  
Delivery = £14.4m

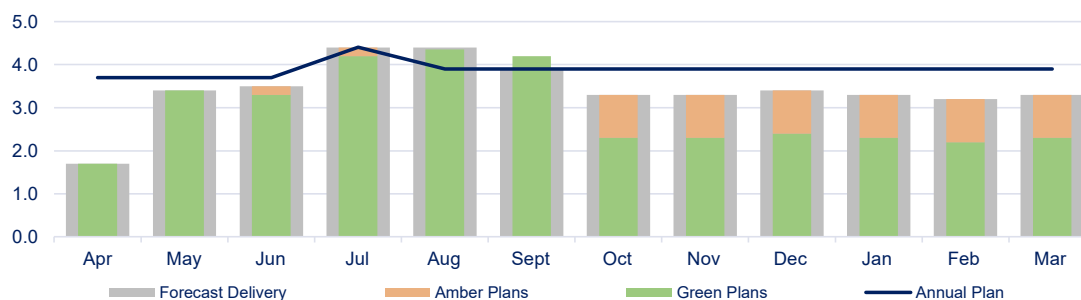
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



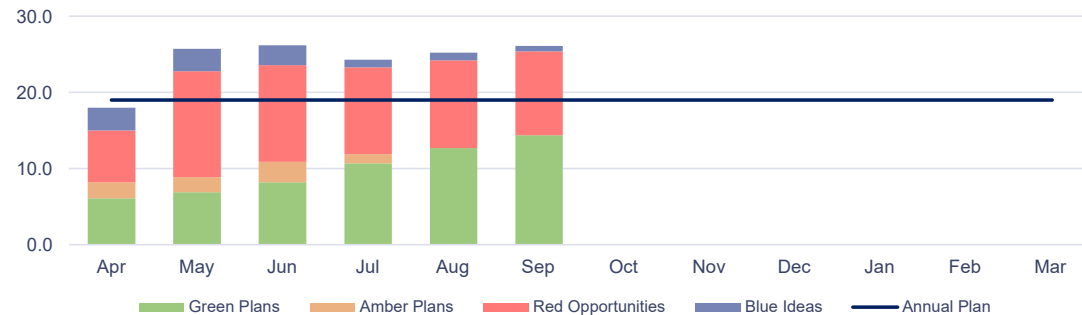
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



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



# End of Year: Savings Performance Breakdown



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## Savings

Savings Target

**£46.4m**

Revised Annual Plan = £46.4m

Savings Identification

**£41.4m**

89% of Savings Target

Savings Delivery

**£41.1m**

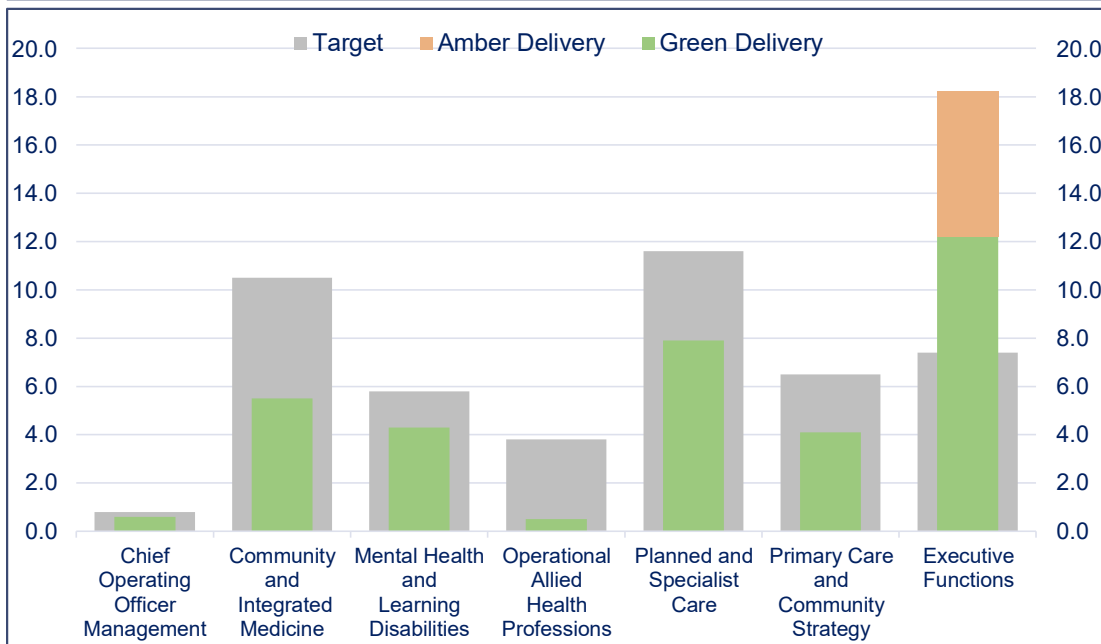
Recurrent = £14.1m  
Non-Recurrent = £27.0m

Delivery Gap to Target

**£5.3m**

11% of Savings Target

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

| Clinical Care Group                           | Target      | Plan        | Delivery    | Gap        |
|-----------------------------------------------|-------------|-------------|-------------|------------|
| Chief Operating Officer Management            | 0.8         | 0.6         | 0.6         | 0.2        |
| Community and Integrated Medicine             | 10.5        | 5.5         | 5.5         | 5.0        |
| Mental Health and Learning Disabilities       | 5.8         | 4.3         | 4.3         | 1.5        |
| Operational Allied Health and Health Sciences | 3.8         | 0.5         | 0.5         | 3.3        |
| Planned and Specialist Care                   | 11.6        | 8.2         | 7.9         | 3.7        |
| Primary Care, Community Strategy and LTC      | 6.5         | 4.1         | 4.1         | 2.4        |
| Executive Functions                           | 7.4         | 18.2        | 18.2        | (10.8)     |
| <b>Grand Total</b>                            | <b>46.4</b> | <b>41.4</b> | <b>41.1</b> | <b>5.3</b> |

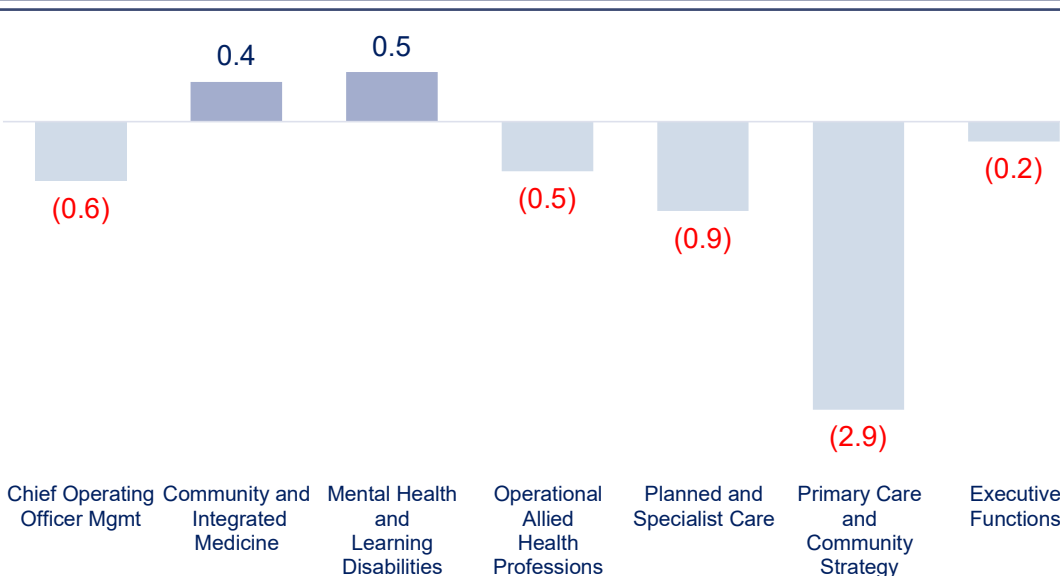
# End of Year: Core Operational Variation



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Core Operational Variation (£'m)



Core Operational Variation (£'m)

| Clinical Care Group                           | Pay          | Non-Pay    | Income       | Total        |
|-----------------------------------------------|--------------|------------|--------------|--------------|
| Chief Operating Officer Management            | (0.6)        | 0.0        | 0.0          | (0.6)        |
| Community and Integrated Medicine             | (1.6)        | 2.4        | (0.4)        | 0.4          |
| Mental Health and Learning Disabilities       | (1.3)        | 1.7        | 0.1          | 0.5          |
| Operational Allied Health and Health Sciences | 0.4          | (0.1)      | (0.8)        | (0.5)        |
| Planned and Specialist Care                   | 1.0          | (0.8)      | (1.1)        | (0.9)        |
| Primary Care, Community Strategy and LTC      | (0.2)        | (3.3)      | 0.6          | (2.9)        |
| Executive Functions                           | (2.8)        | 3.2        | (0.6)        | (0.2)        |
| <b>Total</b>                                  | <b>(5.1)</b> | <b>3.1</b> | <b>(2.2)</b> | <b>(4.2)</b> |

The **core operational variance to plan is a surplus of £(4.2)m**, with the main drivers being:

- **Chief Operating Officer Management** pay underspend driven by administration and clerical vacancies within Clinical Care Group Management.
- **Community and Integrated Medicine** Continuing Healthcare packages, incontinence products, and prior year patient flow invoice offset by continued pay vacancies.
- **Mental Health and Learning Disabilities** Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds offset by continued pay vacancies.
- **Operational Allied Health** HEIW, Occupational Therapy, Bowel and Breast Screening and Renal Testing income overachievement.
- **Planned and Specialist Care** Medical Additional Duty Hours shifts within Anaesthetics, Endoscopy, and Urology, Theatre consumables expenditure due to increased activity, offset by Oncology drugs underspend, and Bowel Screening and Wet age-related macular degeneration income overachievement.
- **Primary Care** Dental contracts handed back to the Health Board offset by under-delivery of patient income.
- **Executive Functions** maintenance price increase on external suppliers' contracts, software licences fees, energy price increase, laundry service cost pressure and Swansea Bay Long Term Agreement Emergency activity, offset by continuation of vacancies across various areas.

# In-Month: Financial Position Summary



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## Headline

### Reported Position

**£2.0m**



Annual Plan = £2.5m  
Prior Month Forecast = £2.2m

### Savings Identification Gap

**£(0.3)m**



Savings Target = £3.9m  
Total Identified = £4.2m

### Savings Delivery Gap

**£0.3m**



Savings Delivery = £3.9m  
Prior Month Delivery = £4.4m

### Core Operational Variation

**£(0.5)m**



Prior Month Variation = £0.0m

## Pay

### Total Pay

**£57.1m**



Prior Month Actual = £63.6m  
Prior Month Forecast = £56.2m

### Substantive

**£51.8m**



Prior Month Actual = 57.8m  
Prior Month Forecast = £51.0m

### Variable

**£4.5m**



Prior Month Actual = £4.9m  
Prior Month Forecast = £4.5m

### Agency (Premium)

**£0.8m**



Prior Month Actual = £0.9m  
Prior Month Forecast = £0.7m

## Non-Pay

### Primary Care Drugs

**£7.0m**



Plan = £7.0m  
Prior Month Actual = £7.3m

### Secondary Care Drugs

**£5.0m**



Plan = £5.6m  
Prior Month Actual = £5.5m

### Continuing Healthcare

**£5.9m**



Plan = £5.5m  
Prior Month Actual = £5.8m

### Clinical Services & Supplies

**£3.8m**



Plan = £4.1m  
Prior Month Actual = £3.2m

## Key Drivers

The Month 6 financial position is a **deficit of £2.0m**, which is an improvement of £0.5m against the in-month **Deficit Plan of £2.5m**. The **core operational variance to plan is £(0.5)m**, with the in-month **savings target of £3.9m being over-identified by £(0.3)m**, but the £4.2m savings identified being **underdelivered by £0.3m**.

*Pay expenditure has reduced from prior month in Month 6 due to year-to-date backpay for Medical and Dental and Agenda for Change Pay Award paid from Month 1 in Month 5.*

# In-Month: Key Drivers vs Plan



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| Spend Category                          | £'m   | Supporting Information                                                                                                                                                                                                          |
|-----------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Planned Deficit                         | 2.5   | As per Annual Plan submission to Welsh Government                                                                                                                                                                               |
| Savings Identification Gap / (Surplus)  | (0.3) | In-month identification of £4.2m against the in-month target of £3.9m, of which includes non-recurrent underspend conversions £1.1m along with a year-to-date recurrent Oncology drugs price in-month savings scheme for £0.6m. |
| Income                                  | (0.1) | Income overachievement relating to Operational Allied Health HEIW, Dietetics, Physiotherapy and Occupational Therapy Income. Children and Women Local Authority and HEIW income overachievement.                                |
| Clinical Services and Supplies          | (0.3) | Pathology reduction in managed service contract costs, and delay in starting the MRI Recovery and general reductions in x-ray purchases within Radiology.                                                                       |
| Commissioned Healthcare Services        | 0.3   | Continued spend on Continuing Healthcare packages within Community and Mental Health including a backdated package to July, offset by Swansea Bay Long Term Agreement reduction in emergency activity.                          |
| Drugs and Prescribing                   | (0.5) | Oncology and Ophthalmology drugs underspend driven by lower usage and drug costs being 11% below prior year cost.                                                                                                               |
| Other Non-Pay                           | 0.4   | Increased non-pay costs relating to contract changes in Dental and continued Theatre insourcing expenditure. Welsh Risk Pool pressure in-month due to increase top slice contribution following the update from NWSSP.          |
| Administration and Estates              | (0.5) | Continued Administration & Clerical vacancies across operational areas where savings schemes have yet to be fully identified, thus recruitment is re-prioritised through the Financial Control Sub-Group.                       |
| Allied Health, Scientists and Other     | 0.1   | Over-established of posts within Radiology & Pathology.                                                                                                                                                                         |
| Medical and Dental                      | 0.6   | Ongoing Medical and Dental pressures across Scheduled Care and Mental Health due to premium costs in addition to cover for ongoing vacancies, including retrospective claims within Anaesthetics in-month.                      |
| Nursing, Midwifery and Clinical Support | (0.2) | Ongoing nursing vacancies across most Clinical Care Groups but mainly Community and Integrated Services, Mental Health and Planned Care.                                                                                        |
| Reported Position                       | 2.0   |                                                                                                                                                                                                                                 |

# In-Month: Key Performance Breakdown



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| Clinical Care Group (£'m)                           | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Savings and Core Performance |
|-----------------------------------------------------|-----------------------|-----------------------------------|----------------------------|------------------------------------|
| Planned Deficit                                     |                       |                                   |                            | 2.5                                |
| Chief Operating Officer Management                  | 0.0                   | 0.0                               | (0.1)                      | (0.1)                              |
| Community and Integrated Medicine                   | 0.3                   | 0.0                               | 0.2                        | 0.5                                |
| Mental Health and Learning Disabilities             | (0.1)                 | 0.0                               | 0.3                        | 0.2                                |
| Operational Allied Health and Health Sciences       | 0.3                   | 0.0                               | (0.4)                      | (0.1)                              |
| Planned and Specialist Care                         | (0.2)                 | 0.3                               | (0.3)                      | (0.2)                              |
| Primary Care, Community Strategy and Long Term Care | 0.0                   | 0.0                               | (0.1)                      | (0.1)                              |
| Executive Functions                                 | (0.6)                 | 0.0                               | (0.1)                      | (0.7)                              |
| Sub Total                                           | (0.3)                 | 0.3                               | (0.5)                      | (0.5)                              |
| Reported Position                                   |                       |                                   |                            | 2.0                                |

# In-Month: Key Performance Movement



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|                                             | Prior Month           |                                   |                            |                | Current Month         |                                   |                            |                | Movement                       |                                            |                                     |                |
|---------------------------------------------|-----------------------|-----------------------------------|----------------------------|----------------|-----------------------|-----------------------------------|----------------------------|----------------|--------------------------------|--------------------------------------------|-------------------------------------|----------------|
| Clinical Care Group (£'m)                   | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Position | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Position | Savings Gap to Target Movement | Savings Delivery vs Plan Benefits Movement | Core Operational Variation Movement | Total Movement |
| Planned Deficit                             | 2.5                   |                                   |                            |                | 2.5                   |                                   |                            |                | 0.0                            |                                            |                                     |                |
| Chief Operating Officer Management          | 0.0                   | 0.0                               | 0.1                        | 0.1            | 0.0                   | 0.0                               | (0.1)                      | (0.1)          | 0.0                            | 0.0                                        | (0.2)                               | (0.2)          |
| Community and Integrated Medicine           | 0.2                   | 0.0                               | 0.2                        | 0.4            | 0.3                   | 0.0                               | 0.2                        | 0.5            | 0.1                            | 0.0                                        | 0.0                                 | 0.1            |
| Mental Health and Learning Disabilities     | 0.1                   | 0.0                               | 0.2                        | 0.3            | (0.1)                 | 0.0                               | 0.3                        | 0.2            | (0.2)                          | 0.0                                        | 0.1                                 | (0.1)          |
| Operational Allied Health & Health Sciences | 0.3                   | 0.0                               | (0.1)                      | 0.2            | 0.3                   | 0.0                               | (0.4)                      | (0.1)          | 0.0                            | 0.0                                        | (0.3)                               | (0.3)          |
| Planned and Specialist Care                 | 0.2                   | 0.0                               | (0.7)                      | (0.5)          | (0.2)                 | 0.3                               | (0.3)                      | (0.2)          | (0.4)                          | 0.3                                        | 0.4                                 | 0.3            |
| Primary Care, Community Strategy & LTC      | (0.1)                 | 0.0                               | 0.0                        | (0.1)          | 0.0                   | 0.0                               | (0.1)                      | (0.1)          | 0.1                            | 0.0                                        | (0.1)                               | 0.0            |
| Executive Functions                         | (1.2)                 | 0.0                               | 0.3                        | (0.9)          | (0.6)                 | 0.0                               | (0.1)                      | (0.7)          | 0.6                            | 0.0                                        | (0.4)                               | 0.2            |
| Sub Total                                   | (0.5)                 | 0.0                               | 0.0                        | (0.5)          | (0.3)                 | 0.3                               | (0.5)                      | (0.5)          | 0.2                            | 0.3                                        | (0.5)                               | 0.0            |
| Gross Position                              |                       |                                   |                            | 2.0            |                       |                                   |                            | 2.0            |                                |                                            |                                     | 0.0            |

# In-Month: Savings

Savings

Savings Target

£3.9m

Recurrent = £1.6m  
Non-Recurrent = £2.3m

Savings Identification

£4.2m

108% of Savings Target

Savings Delivery

£3.9m

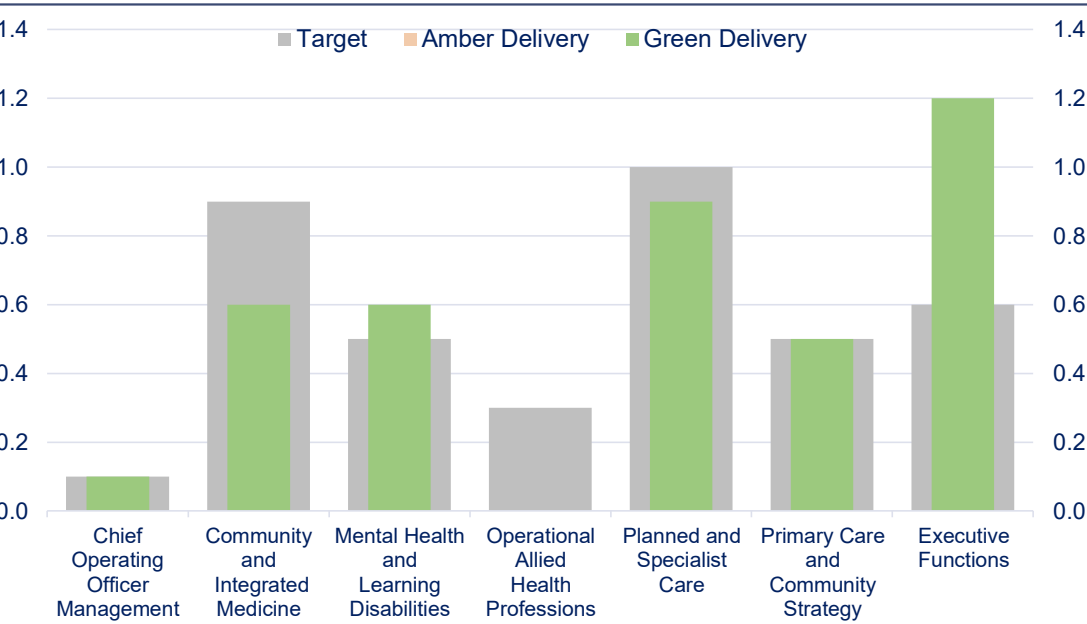
Recurrent = £1.8m  
Non-Recurrent = £2.1m

Delivery Gap to Target

£0.0m

Savings delivered on Target

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    | 0.6  | 0.6      | 0.3   |
| Mental Health and Learning Disabilities       | 0.5    | 0.6  | 0.6      | (0.1) |
| Operational Allied Health and Health Sciences | 0.3    | 0.0  | 0.0      | 0.3   |
| Planned and Specialist Care                   | 1.0    | 1.2  | 0.9      | 0.1   |
| Primary Care and Community Strategy           | 0.5    | 0.5  | 0.5      | 0.0   |
| Executive Functions                           | 0.6    | 1.2  | 1.2      | (0.6) |
| Grand Total                                   | 3.9    | 4.2  | 3.9      | 0.0   |



# Savings Delivery vs Prior Month Forecasts

Savings

Savings Target

£3.9m

Recurrent = £1.6m  
Non-Recurrent = £2.3m

Savings Delivery

£3.9m

Recurrent = £1.8m  
Non-Recurrent = £2.1m

Prior Month Forecast

£3.0m

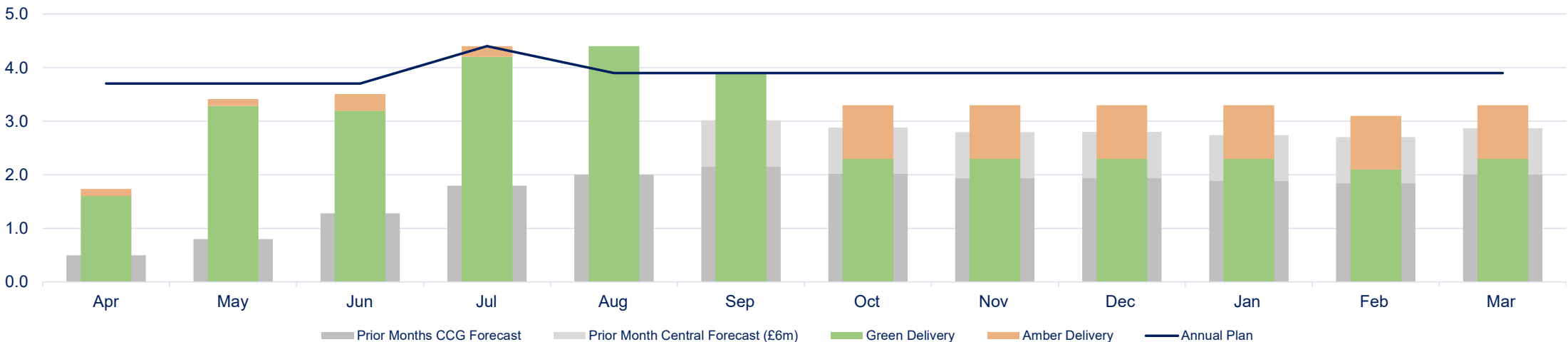
Recurrent = £1.0m  
Non-Recurrent = £2.0m

Deviation to Forecast

£(0.9)m

Recurrent = £(0.8)m  
Non-Recurrent = £(0.1)m

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



Compared to the **prior month forecast of £3.0m savings delivery** for Month 6, **savings delivery has improved** by a further **£(0.9)m** in-month, with **£(1.2)m additional savings schemes identified** in-month, offset by **£0.3m under delivery** of a Planned and Specialist Care Variable Pay savings scheme. In-month identification of savings include a further **£(0.3)m underspends** identified above the £0.9m Amber schemes included in the prior month forecast, **£(0.6)m Oncology Drugs Savings**, **£(0.1)m Ophthalmology Drugs saving**, **£(0.1)m Continuing Healthcare Saving** within Mental Health and a further **£(0.1)m across various schemes**.

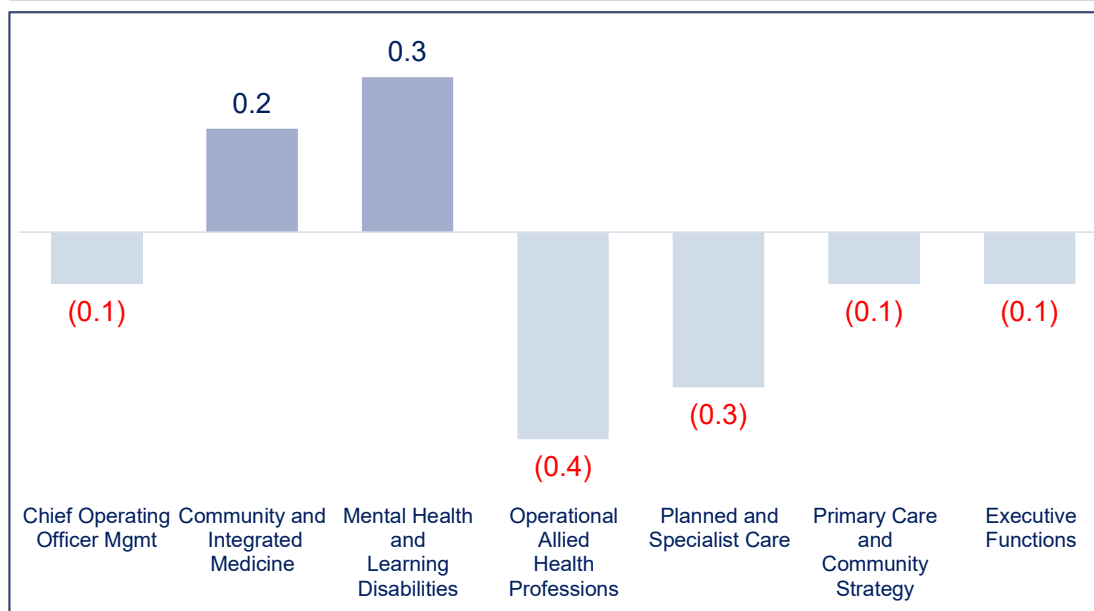
# In-Month: Core Operational Variation



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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             | (0.2)        | 0.4          | 0.0          | 0.2          |
| Mental Health and Learning Disabilities       | 0.0          | 0.3          | 0.0          | 0.3          |
| Operational Allied Health and Health Sciences | 0.1          | (0.4)        | (0.1)        | (0.4)        |
| Planned and Specialist Care                   | 0.0          | (0.2)        | (0.1)        | (0.3)        |
| Primary Care, Community Strategy and LTC      | (0.1)        | (0.2)        | 0.2          | (0.1)        |
| Executive Functions                           | (0.1)        | 0.1          | (0.1)        | (0.1)        |
| <b>Total</b>                                  | <b>(0.3)</b> | <b>(0.1)</b> | <b>(0.1)</b> | <b>(0.5)</b> |

The total **core operational variance to plan** is **£(0.5)m**, main drivers being:

- **Community and Integrated Medicine** Continuing Healthcare packages offset by vacancies within pay.
- **Mental Health** High cost and backdated Continuing Healthcare package, and independent sector Psychiatric Intensive Care Unit beds.
- **Operational Allied Health** Reduction in Pathology managed service contract costs, and delay in starting the Radiology MRI Recovery and general reductions in x-ray purchases.
- **Planned and Specialist Care** Reduction in Oncology and Ophthalmology drugs spend.
- **Primary Care** Dental contracts handed back to the Health Board offset by under-delivery of patient income.

# Year to Date: Financial Position Summary



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## Headline

Reported Position

**£15.8m** ●

Annual Plan = £15.0m

Savings Identification Gap

**£1.6m** ●

Savings Target = £23.2m  
Total Identified = £21.6m

Savings Delivery Gap

**£0.3m** ●

Savings Delivery = £21.3m  
Prior Month Delivery = £17.4m

Core Operational Variation

**£(1.1)m** ●

Prior Month Variation = £(0.7)m

## Pay

Total Pay

**£340.1m** ●

Plan = £340.6m

Substantive

**£309.2m** ●

Plan = £329.0m

Variable

**£26.5m** ●

Plan = £9.6m

Agency (Premium)

**£4.4m** ●

Plan = £2.0m

## Non-Pay

Primary Care Drugs

**£42.6m** ●

Plan = £42.4m

Secondary Care Drugs

**£33.9m** ●

Plan = £36.6m

Continuing Healthcare

**£33.2m** ●

Plan = £32.1m

Clinical Services & Supplies

**£24.6m** ●

Plan = £24.0m

## Key Drivers

The Month 6 year to date financial position is a **deficit of £15.8m**, which is a worsening against the year to date **Deficit Plan of £15.0m**. The **core operational variance to plan is £(1.1)m**, with the year to date **savings target** of £23.2m being **under-identified by £1.6m** with a further **£0.3m savings delivery gap** due to under-delivery of identified savings schemes.

# Year to Date: Key Drivers vs Plan



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| Spend Category                          | £'m   | Supporting Information                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Planned Deficit                         | 15.0  | As per revised annual plan submission to Welsh Government                                                                                                                                                                                                                                                                |
| Savings Identification Gap / (Surplus)  | 1.6   | Savings identified of £21.6m against £23.2m savings target                                                                                                                                                                                                                                                               |
| Income                                  | (1.0) | Income overachievement relating to Secondment income, Health Education Improvement Wales, Flying Start, Velindre Drug Rebates, Bowel and Breast Screening, Renal Testing and Wet age-related macular degeneration.                                                                                                       |
| Clinical Services and Supplies          | 0.6   | Increases to theatre consumables due to increased Orthopaedic and operating theatres activity, increase in incontinence products in Carmarthenshire, offset by Pathology reduction in managed service contract costs, and delay in starting the MRI Recovery and general reductions in x-ray purchases within Radiology. |
| Commissioned Healthcare Services        | 0.1   | Planned Care Insourcing activity, Swansea Bay LTA Emergency activity, Psychiatric Intensive Care beds and Continuing Health Care packages within Mental Health and Community, offset by Dental contracts underspend.                                                                                                     |
| Drugs and Prescribing                   | (2.4) | Oncology drugs underspend due to price increases being lower than planned, and NICE treatments increases expected later in the year.                                                                                                                                                                                     |
| Other Non-Pay                           | 2.3   | Maintenance price increase on external suppliers' contracts, energy price increase and laundry service cost pressure. Increased premises and rental costs, payment of prior year Patient Flow invoice relating to Pembrokeshire County, and increased Nursing Legal Services costs.                                      |
| Administration and Estates              | (1.8) | Continuation of vacancies, where savings have yet to be fully identified, thus recruitment is re-prioritised through Financial Control Sub Group. Mainly within Estates and Facilities and Community and Integrated Medicine.                                                                                            |
| Allied Health, Scientists and Other     | (0.1) | Allied Health vacancies within Mental Health and Learning Disabilities and Planned and Specialist Care offset by over-establishment within Operational Allied Health.                                                                                                                                                    |
| Medical and Dental                      | 2.4   | Premium costs to cover vacancies within Mental Health, Primary Care, Community and Integrated Medicine and Women and Children, and double cover of Medical Rotas due to sickness, absences and retrospective claims.                                                                                                     |
| Nursing, Midwifery and Clinical Support | (0.9) | Nursing vacancies mainly within Theatre Services in Planned and Specialist Care, and Pembrokeshire and Ceredigion within Community and Integrated Medicine.                                                                                                                                                              |
| Reported Position                       | 15.8  |                                                                                                                                                                                                                                                                                                                          |

# Year to Date: Key Performance Breakdown



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| Clinical Care Group (£'m)                           | Savings Gap to Target | Savings Delivery vs Plan Benefits | Core Operational Variation | Total Savings and Core Performance |
|-----------------------------------------------------|-----------------------|-----------------------------------|----------------------------|------------------------------------|
| Planned Deficit                                     |                       |                                   |                            | 15.0                               |
| Chief Operating Officer Management                  | (0.2)                 | 0.0                               | (0.2)                      | (0.4)                              |
| Community and Integrated Medicine                   | 2.4                   | 0.0                               | 0.2                        | 2.6                                |
| Mental Health and Learning Disabilities             | (0.1)                 | 0.0                               | 1.1                        | 1.0                                |
| Operational Allied Health and Health Sciences       | 1.7                   | 0.0                               | (0.2)                      | 1.5                                |
| Planned and Specialist Care                         | 1.6                   | 0.3                               | (1.8)                      | 0.1                                |
| Primary Care, Community Strategy and Long Term Care | 0.5                   | 0.0                               | (0.9)                      | (0.4)                              |
| Executive Functions                                 | (4.3)                 | 0.0                               | 0.7                        | (3.6)                              |
| Sub Total                                           | 1.6                   | 0.3                               | (1.1)                      | 0.8                                |
| Reported Position                                   |                       |                                   |                            | 15.8                               |

# Year to Date: Savings

Savings

Savings Target

£23.2m

Annual Plan = £46.4m

Savings Identification

£21.6m

93% of Savings Target

Savings Delivery

£21.3m

Recurrent = £6.6m  
Non-Recurrent = £14.7m

Delivery Gap to Target

£1.9m

7% of Savings Target

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

| Clinical Care Group                           | Target | Plan | Delivery | Gap   |
|-----------------------------------------------|--------|------|----------|-------|
| Chief Operating Officer Management            | 0.4    | 0.6  | 0.6      | (0.2) |
| Community and Integrated Medicine             | 5.2    | 2.8  | 2.8      | 2.4   |
| Mental Health and Learning Disabilities       | 2.9    | 3.0  | 3.0      | (0.1) |
| Operational Allied Health and Health Sciences | 1.9    | 0.2  | 0.2      | 1.7   |
| Planned and Specialist Care                   | 5.8    | 4.2  | 3.9      | 1.9   |
| Primary Care, Community Strategy and LTC      | 3.3    | 2.8  | 2.8      | 0.5   |
| Executive Functions                           | 3.7    | 8.0  | 8.0      | (4.3) |
| Grand Total                                   | 23.2   | 21.6 | 21.3     | 1.9   |

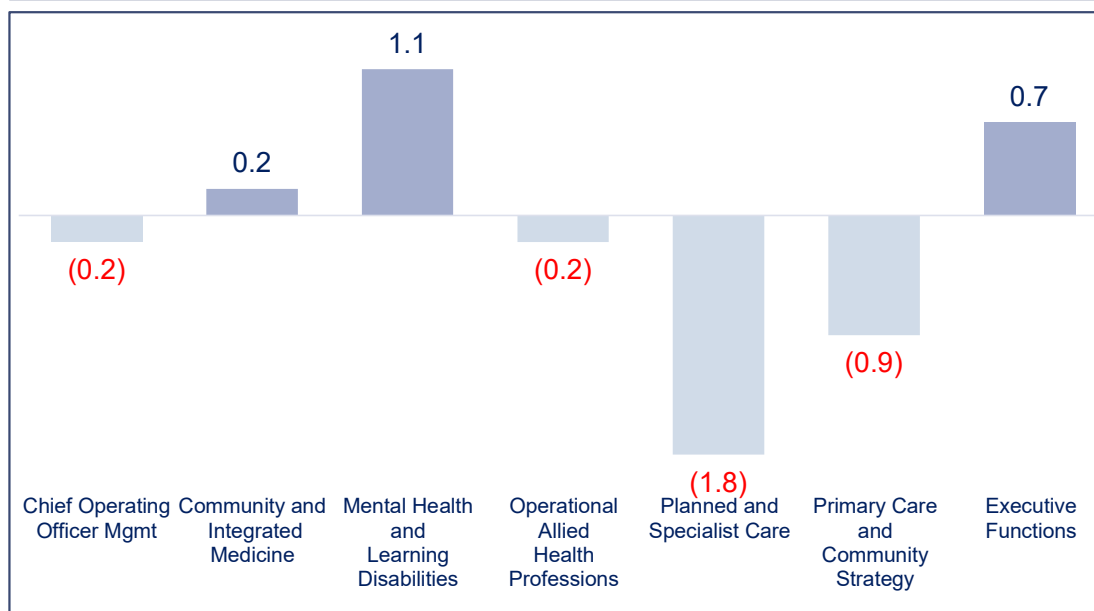
# Year to Date: Core Operational Variation



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Core Operational Variation (£'m)



Core Operational Variation (£'m)

| Clinical Care Group                           | Pay          | Non-Pay    | Income       | Total        |
|-----------------------------------------------|--------------|------------|--------------|--------------|
| Chief Operating Officer Management            | (0.1)        | (0.1)      | 0.0          | (0.2)        |
| Community and Integrated Medicine             | (0.5)        | 0.8        | (0.1)        | 0.2          |
| Mental Health and Learning Disabilities       | 0.0          | 1.1        | 0.0          | 1.1          |
| Operational Allied Health and Health Sciences | 0.4          | (0.2)      | (0.4)        | (0.2)        |
| Planned and Specialist Care                   | 0.0          | (1.2)      | (0.6)        | (1.8)        |
| Primary Care, Community Strategy and LTC      | 0.2          | (1.5)      | 0.4          | (0.9)        |
| Executive Functions                           | (0.7)        | 1.7        | (0.3)        | 0.7          |
| <b>Total</b>                                  | <b>(0.7)</b> | <b>0.6</b> | <b>(1.0)</b> | <b>(1.1)</b> |

The core operational variance to plan is £(1.1)m, main drivers being:

- **Community and Integrated Medicine** Continuing Healthcare packages, incontinence products, and prior year patient flow invoice offset by continued pay vacancies.
- **Mental Health** High cost and backdated Continuing Healthcare packages and 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 offset by under-delivery of patient income.
- **Executive Functions** Increase in Emergency activity relating to Swansea Bay Long Term Agreements, offset by continued pay vacancies.

# Capital Performance

Capital

Total Capital Performance

£35.9m

Annual Plan = £35.1m



All Wales Capital

£27.9m

Annual Plan = £27.9m



Discretionary Capital

£7.7m

Annual Plan = £6.9m



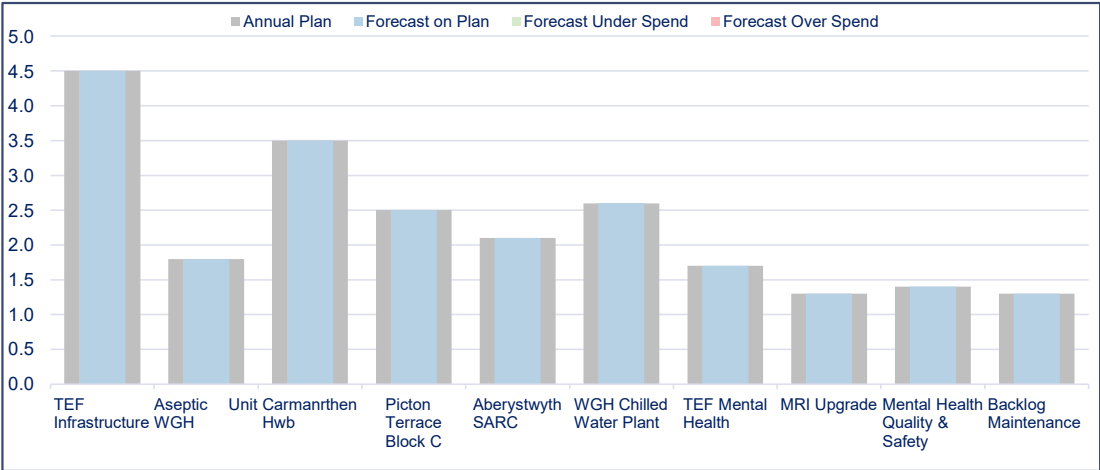
IFRS 16

£0.3m

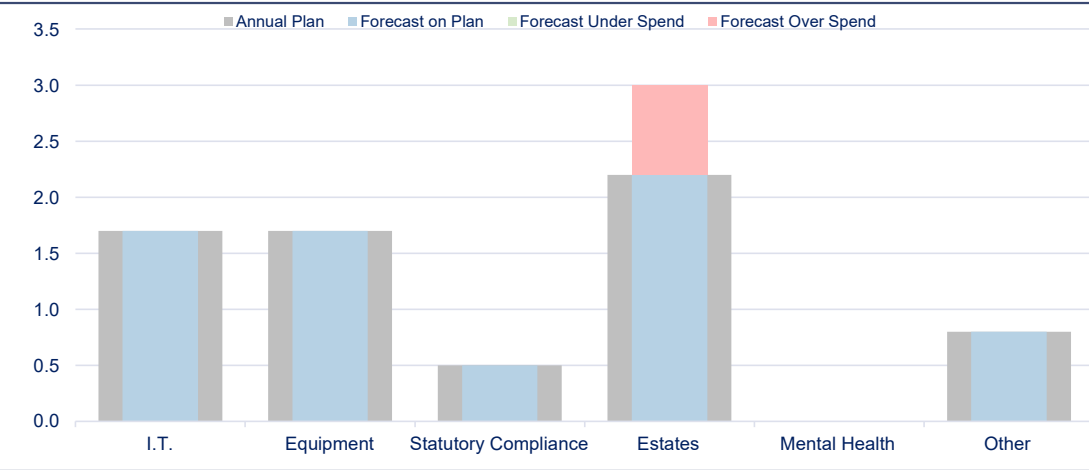
Capital Resource Limit = £0.3m



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



Discretionary Capital Programme Category Summary (£'m)



Delivery against the capital programme is **currently medium risk**.

The Health Board were anticipating capital funding towards the urgent Concrete cladding remedial works at Withybush Hospital (£0.85m) and have over-committed its Discretionary Capital Programme to fund these works. Correspondence received indicates that a decision will not be received until at least November, therefore the Health Board will need to review its Discretionary Capital Programme to assess what schemes will need to be paused. The uncertainty behind this means that it is becoming increasingly difficult for the Health Board to manage its capital programme effectively.





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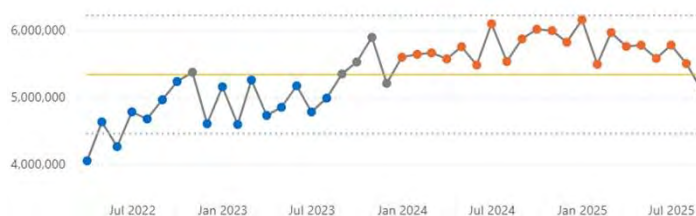
# Financial Position Detailed Breakdown

# Trend Analysis: Non-Pay

## Continuing Healthcare Expenditure (£)



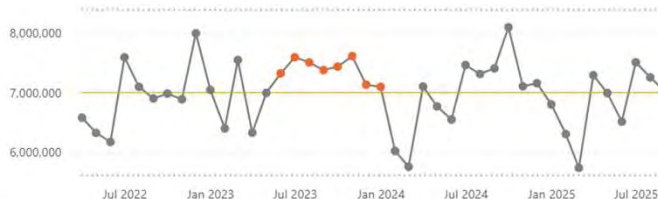
## Secondary Care Drugs Expenditure (£)



## Clinical Services and Supplies (£)



## Primary Care Prescribing Expenditure (£)



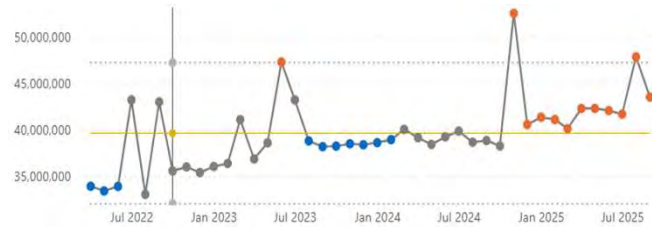
## Key Information

**Continuing Healthcare Expenditure** – Increase in Continuing Healthcare expenditure in-year relating to new high-cost packages within Mental Health and Community and Integrated Medicine. £0.1m increase in-month relates to a backdated package within Mental Health. The current month expenditure is now breaching upper control limits of the SPC.

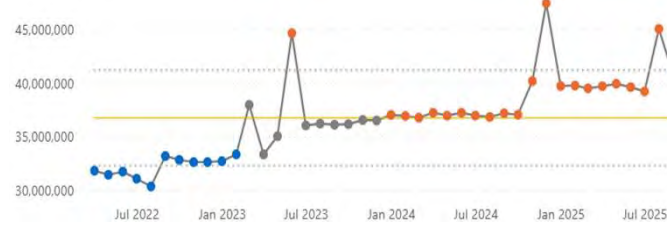
**Secondary Care Drugs Expenditure** – Reduction in expenditure from prior month of £0.4m relating to Oncology drugs seeing delayed presentation of new NICE funded drugs and cost per patient decreased by 15.2% from prior year.

# Trend Analysis: Pay – Agenda for Change

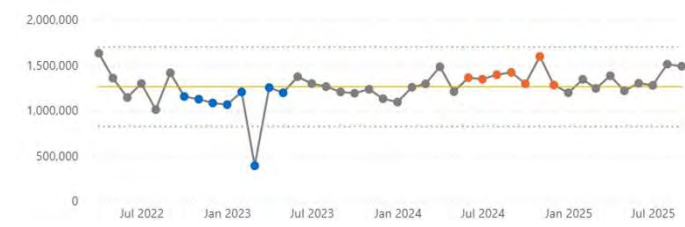
Total (£)



Substantive (£)



Bank (£)



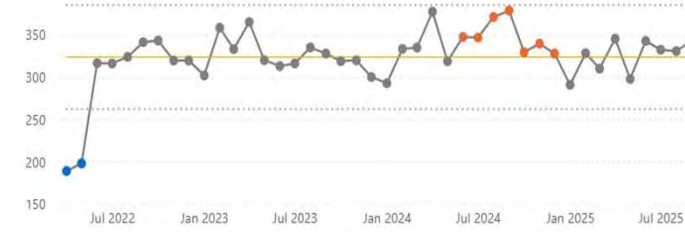
Total (WTE)



Substantive (WTE)



Bank (WTE)



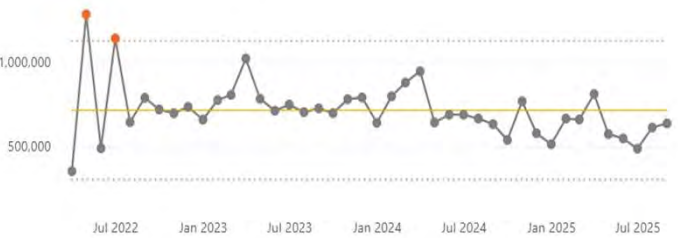
## Key Information

**Substantive** – Substantive Pay spend has reduced from prior month due to the backpay of Agenda for Change pay award being paid in Month 5. Pay spend has increased by circa £1.5m from Month 4 driven by increased Whole Time Equivalents (WTE) and the 2025/26 pay award uplift.

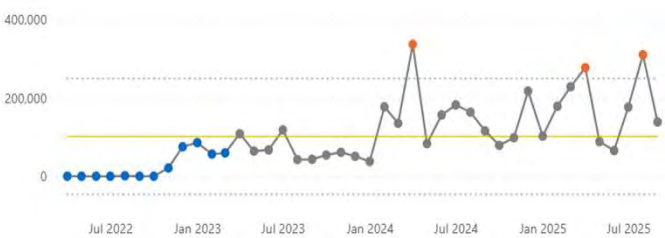
**Bank** – Despite Bank WTE increasing slightly by 12 WTE in-month, the expenditure has been offset with a reduction from prior month due to the backpay of Agenda for Change pay award being paid in Month 5.

# Trend Analysis: Pay – Agenda for Change

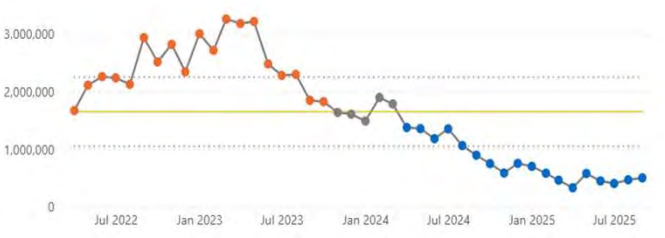
Overtime (£)



WLI (£)



Agency (£)



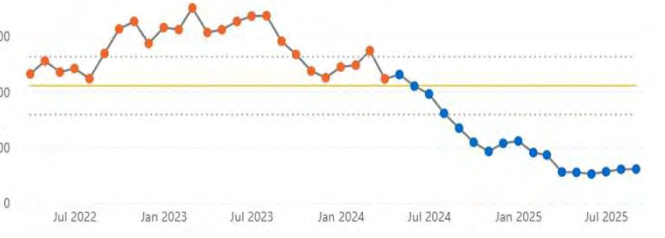
Overtime (WTE)



WLI (WTE)



Agency (WTE)



## Key Information

**Agency** – Agency Spend has seen a reduction of circa £0.2m per month, from £0.7m in January 2025 to £0.5m in September 2025.

**Waiting List Initiative** – Expenditure has reduced from prior month due to the backpay of Agenda for Change pay award being paid in Month 5.

# Trend Analysis: Pay – Medical and Dental

Total (£)



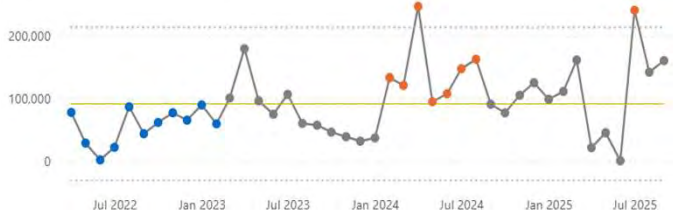
Substantive (£)



Additional Hours (£)



WLI (£)



On Contract Agency Premium (£)



Off Contract Agency Premium (£)



## Key Information

**Total Pay** – Medical and Dental expenditure will have reduced slightly from prior month due to the backpay of Medical and Dental pay award paid in Month 5.

**Additional Hours** – Additional Hours Spend has reduced by £0.3m compared to prior month.

# Establishment Reports: Nursing and Healthcare Support Worker Ward Staffing



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|                                                | Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW) |              |                 |                         |              |                      |                            |
|------------------------------------------------|------------------------------------------------------------------------------|--------------|-----------------|-------------------------|--------------|----------------------|----------------------------|
|                                                | Total Fill Rate                                                              | Total WTE    | Substantive WTE | Substantive WTE Vacancy | Variable WTE | Agency (Premium) WTE | Total Over/(Under) Staffed |
| <b>Chief Operating Officer</b>                 | <b>100.7%</b>                                                                | <b>2,611</b> | <b>2,282</b>    | <b>(311)</b>            | <b>277</b>   | <b>51</b>            | <b>17</b>                  |
| <b>Community and Integrated Medicine</b>       | <b>102.2%</b>                                                                | <b>1,883</b> | <b>1,637</b>    | <b>(206)</b>            | <b>201</b>   | <b>46</b>            | <b>41</b>                  |
| Carmarthenshire Integrated System              | 101.9%                                                                       | 1,122        | 981             | (120)                   | 124          | 17                   | 21                         |
| Ceredigion Integrated System                   | 106.9%                                                                       | 326          | 268             | (37)                    | 40           | 18                   | 21                         |
| Pembrokeshire Integrated System                | 99.7%                                                                        | 435          | 388             | (48)                    | 37           | 10                   | (1)                        |
| <b>Mental Health and Learning Disabilities</b> | <b>104.0%</b>                                                                | <b>286</b>   | <b>231</b>      | <b>(43)</b>             | <b>54</b>    | <b>0</b>             | <b>11</b>                  |
| Mental Health and Learning Disabilities        | 104.0%                                                                       | 286          | 231             | (43)                    | 54           | 0                    | 11                         |
| <b>Planned and Specialist Care</b>             | <b>92.7%</b>                                                                 | <b>442</b>   | <b>415</b>      | <b>(63)</b>             | <b>23</b>    | <b>5</b>             | <b>(35)</b>                |
| Cancer and Scheduled Care                      | 88.6%                                                                        | 153          | 139             | (34)                    | 9            | 5                    | (20)                       |
| Children, Women and Family Health              | 95.0%                                                                        | 289          | 276             | (29)                    | 14           |                      | (15)                       |
| <b>Grand Total</b>                             | <b>100.7%</b>                                                                | <b>2,611</b> | <b>2,282</b>    | <b>(311)</b>            | <b>277</b>   | <b>51</b>            | <b>17</b>                  |



# Establishment Reports: Non-Ward Staffing, excluding Medical



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|                                                                            | 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>                                                     | <b>93.1%</b>                                                               | <b>90</b>    | <b>90</b>       | <b>(7)</b>              | -            | -                    | <b>(7)</b>                 |
| <b>Chief Operating Officer</b>                                             | <b>93.5%</b>                                                               | <b>5,490</b> | <b>5,367</b>    | <b>(507)</b>            | <b>113</b>   | <b>10</b>            | <b>(384)</b>               |
| Chief Operating Officer Management                                         | 84.0%                                                                      | 214          | 213             | (41)                    | 0            | -                    | (41)                       |
| Community and Integrated Medicine                                          | 98.6%                                                                      | 1,324        | 1,287           | (56)                    | 34           | 3                    | (19)                       |
| Mental Health and Learning Disabilities                                    | 89.0%                                                                      | 916          | 901             | (128)                   | 15           | -                    | (113)                      |
| Operational Allied Health and Health Sciences                              | 96.4%                                                                      | 1,103        | 1,081           | (63)                    | 22           | -                    | (41)                       |
| Planned and Specialist Care                                                | 93.3%                                                                      | 1,420        | 1,373           | (148)                   | 39           | 7                    | (101)                      |
| Primary Care, Community Strategy and Long Term Care                        | 88.3%                                                                      | 514          | 512             | (71)                    | 2            | -                    | (68)                       |
| <b>Executive Director of Allied Health Professions and Health Sciences</b> | <b>97.4%</b>                                                               | <b>901</b>   | <b>834</b>      | <b>(91)</b>             | <b>66</b>    | -                    | <b>(24)</b>                |
| Estates and Facilities                                                     | 97.4%                                                                      | 898          | 831             | (90)                    | 66           | -                    | (24)                       |
| Executive Allied Health Professions and Health Sciences                    | 81.5%                                                                      | 3            | 3               | (1)                     | -            | -                    | (1)                        |
| <b>Executive Director of Finance</b>                                       | <b>90.9%</b>                                                               | <b>308</b>   | <b>303</b>      | <b>(35)</b>             | <b>4</b>     | -                    | <b>(31)</b>                |
| Digital                                                                    | 91.4%                                                                      | 214          | 210             | (25)                    | 4            | -                    | (20)                       |
| Finance                                                                    | 89.7%                                                                      | 93           | 93              | (11)                    | -            | -                    | (11)                       |
| <b>Executive Director of Nursing, Quality and Patient Experience</b>       | <b>88.8%</b>                                                               | <b>172</b>   | <b>170</b>      | <b>(23)</b>             | <b>1</b>     | -                    | <b>(22)</b>                |
| <b>Executive Director of Public Health</b>                                 | <b>88.1%</b>                                                               | <b>143</b>   | <b>143</b>      | <b>(19)</b>             | <b>0</b>     | -                    | <b>(19)</b>                |
| <b>Executive Director of Strategy and Planning</b>                         | <b>93.9%</b>                                                               | <b>34</b>    | <b>34</b>       | <b>(2)</b>              | -            | -                    | <b>(2)</b>                 |
| <b>Executive Director of Workforce and Organisational Development</b>      | <b>75.3%</b>                                                               | <b>231</b>   | <b>231</b>      | <b>(76)</b>             | -            | -                    | <b>(76)</b>                |
| <b>Executive Medical Director</b>                                          | <b>87.4%</b>                                                               | <b>103</b>   | <b>103</b>      | <b>(15)</b>             | -            | -                    | <b>(15)</b>                |
| <b>Grand Total</b>                                                         | <b>92.8%</b>                                                               | <b>7,471</b> | <b>7,276</b>    | <b>(776)</b>            | <b>185</b>   | <b>10</b>            | <b>(580)</b>               |

# In-Month: Revenue Position Variance to Budget (£'k)



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|                                                                     | 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                                                     | (0)                        |                                     |                    |                                         |                                | (1)                              |                       | (11)          | (2)    | (15)        |
| Chief Operating Officer                                             | (289)                      | 12                                  | 631                | (141)                                   | (271)                          | 339                              | (454)                 | 129           | (53)   | (98)        |
| Chief Operating Officer Management                                  | (22)                       | (1)                                 | 4                  | 2                                       | (12)                           | (5)                              |                       | (36)          | (4)    | (75)        |
| Community and Integrated Medicine                                   | (161)                      | 32                                  | 23                 | (76)                                    | 14                             | 328                              | 41                    | (19)          | 8      | 191         |
| Mental Health and Learning Disabilities                             | (2)                        | (65)                                | 90                 | (45)                                    | 7                              | 317                              | (41)                  | (5)           | (2)    | 255         |
| Operational Allied Health and Health Sciences                       | 1                          | 64                                  | 14                 | 61                                      | (393)                          | (74)                             | 2                     | 9             | (94)   | (409)       |
| Planned and Specialist Care                                         | (27)                       | (14)                                | 467                | (63)                                    | 271                            | (68)                             | (484)                 | 62            | (130)  | 14          |
| Primary Care, Community Strategy and Long Term Care                 | (77)                       | (4)                                 | 32                 | (21)                                    | (158)                          | (158)                            | 27                    | 117           | 169    | (73)        |
| Executive Director of Allied Health Professions and Health Sciences | (17)                       | (14)                                |                    | (4)                                     | 2                              | (0)                              | 1                     | 36            | 3      | 5           |
| Estates and Facilities                                              | (30)                       |                                     |                    | (4)                                     | 2                              |                                  | 1                     | 35            | 3      | 6           |
| Executive Allied Health Professions and Health Sciences             | 13                         | (14)                                |                    |                                         |                                | (0)                              |                       | 0             |        | (1)         |
| Executive Director of Finance                                       | (82)                       | 49                                  | (1)                | 11                                      |                                | (48)                             | 0                     | (143)         | (20)   | (235)       |
| Digital                                                             | (31)                       | (3)                                 | (1)                | 11                                      |                                | (36)                             |                       | (153)         | (20)   | (234)       |
| Finance                                                             | (51)                       | 51                                  |                    |                                         |                                | (11)                             | 0                     | 10            | 0      | (1)         |
| Executive Director of Nursing, Quality and Patient Experience       | (33)                       | (7)                                 | 0                  | 13                                      | (0)                            | 15                               |                       | (2)           | 15     | 0           |
| Executive Director of Public Health                                 | (53)                       | 13                                  | (6)                | (20)                                    | (7)                            | 0                                | 62                    | (55)          | (28)   | (95)        |
| Executive Director of Strategy and Planning                         | 5                          | 0                                   | 0                  |                                         |                                | (106)                            | 0                     | 43            | (8)    | (66)        |
| LTAs with other NHS Providers                                       | 4                          |                                     |                    |                                         |                                | (111)                            | 0                     | (0)           |        | (107)       |
| Strategy and Planning                                               | 1                          | 0                                   | 0                  |                                         |                                | 4                                |                       | 43            | (8)    | 41          |
| Executive Director of Workforce and Organisational Development      | (0)                        | 0                                   | 0                  | (0)                                     | 0                              | 33                               | (3)                   | 32            | (32)   | 30          |
| Executive Medical Director                                          | (14)                       | (2)                                 | 18                 | (10)                                    | 2                              |                                  | (0)                   | (32)          | (2)    | (40)        |
| Health Board Wide                                                   | 28                         |                                     | (0)                |                                         | (23)                           | 16                               | (71)                  | 405           | (12)   | 342         |
| Planned Deficit                                                     |                            |                                     |                    |                                         |                                |                                  |                       | 2,500         |        | 2,500       |
| Savings Identification                                              |                            |                                     |                    |                                         |                                |                                  |                       | (301)         |        | (301)       |
| Grand Total                                                         | (456)                      | 50                                  | 642                | (151)                                   | (298)                          | 248                              | (466)                 | 2,599         | (138)  | 2,029       |



# Year to Date: Revenue Position Variance to Budget (£'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                                                     | (5)                        |                                     |                    |                                         | 0                              | (8)                              |                       | (6)           | (1)    | (20)        |
| Chief Operating Officer                                             | (1,030)                    | (123)                               | 2,423              | (1,037)                                 | 417                            | (805)                            | (2,752)               | 2,002         | (698)  | (1,604)     |
| Chief Operating Officer Management                                  | (118)                      | (10)                                | (5)                | 22                                      | 21                             | (17)                             |                       | (114)         | 23     | (199)       |
| Community and Integrated Medicine                                   | (614)                      | (42)                                | 552                | (347)                                   | 138                            | 113                              | (162)                 | 774           | (164)  | 248         |
| Mental Health and Learning Disabilities                             | (87)                       | (284)                               | 533                | (221)                                   | 4                              | 1,290                            | (170)                 | (27)          | 17     | 1,056       |
| Operational Allied Health and Health Sciences                       | 22                         | 333                                 | (130)              | 144                                     | (184)                          | (67)                             | (80)                  | 111           | (363)  | (215)       |
| Planned and Specialist Care                                         | (50)                       | (120)                               | 875                | (432)                                   | 439                            | 560                              | (2,561)               | 333           | (589)  | (1,545)     |
| Primary Care, Community Strategy and Long Term Care                 | (183)                      | 0                                   | 598                | (204)                                   | (1)                            | (2,683)                          | 221                   | 925           | 378    | (948)       |
| Executive Director of Allied Health Professions and Health Sciences | (267)                      | (87)                                | 9                  | (16)                                    | 10                             | (0)                              | 3                     | 273           | 146    | 71          |
| Estates and Facilities                                              | (339)                      |                                     | 9                  | (16)                                    | 10                             |                                  | 3                     | 273           | 146    | 85          |
| Executive Allied Health Professions and Health Sciences             | 72                         | (87)                                |                    |                                         |                                | (0)                              |                       | 1             |        | (14)        |
| Executive Director of Finance                                       | (169)                      | 49                                  | 22                 | 27                                      | 0                              | (338)                            | 0                     | (272)         | (127)  | (808)       |
| Digital                                                             | (89)                       | (2)                                 | 22                 | 27                                      | 0                              | (271)                            |                       | (277)         | (127)  | (718)       |
| Finance                                                             | (80)                       | 51                                  |                    |                                         |                                | (67)                             | 0                     | 5             | 0      | (90)        |
| Executive Director of Nursing, Quality and Patient Experience       | (254)                      | (43)                                | 0                  | 189                                     | (1)                            | 43                               |                       | 111           | 69     | 114         |
| Executive Director of Public Health                                 | (51)                       | 87                                  | (74)               | (133)                                   | (27)                           | (18)                             | (157)                 | 216           | (126)  | (284)       |
| Executive Director of Strategy and Planning                         | (31)                       | 41                                  | 0                  |                                         |                                | 1,012                            | 2                     | (9)           | (51)   | 965         |
| LTAs with other NHS Providers                                       | 19                         |                                     |                    |                                         |                                | 1,012                            | 2                     | (2)           |        | 1,031       |
| Strategy and Planning                                               | (50)                       | 41                                  | 0                  |                                         |                                | 0                                |                       | (7)           | (51)   | (66)        |
| Executive Director of Workforce and Organisational Development      | (89)                       | (7)                                 | (0)                | 95                                      | 1                              | 193                              | (12)                  | (184)         | (187)  | (189)       |
| Executive Medical Director                                          | (14)                       | 6                                   | 56                 | (29)                                    | 6                              |                                  | (0)                   | (216)         | 16     | (175)       |
| Health Board Wide                                                   | 16                         |                                     | (0)                | (30)                                    | 200                            | 56                               | 419                   | 406           | (33)   | 1,034       |
| Planned Deficit                                                     |                            |                                     |                    |                                         |                                |                                  |                       | 15,000        |        | 15,000      |
| Savings Identification                                              |                            |                                     |                    |                                         |                                |                                  |                       | 1,657         |        | 1,657       |
| Grand Total                                                         | (1,895)                    | (76)                                | 2,437              | (935)                                   | 606                            | 135                              | (2,497)               | 18,979        | (992)  | 15,761      |

# End of Year: Revenue Position Variance to Budget (£'k)



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|                                                                     | 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                                                     | (58)                       |                                     |                    |                                         | 0                              | (10)                             |                       | 22            | (1)     | (46)        |
| Chief Operating Officer                                             | (2,938)                    | (856)                               | 4,540              | (2,793)                                 | 1,209                          | 488                              | (4,908)               | 3,171         | (1,576) | (3,662)     |
| Chief Operating Officer Management                                  | (929)                      | 7                                   | 128                | 175                                     | 77                             | (34)                             |                       | (4)           | (0)     | (581)       |
| Community and Integrated Medicine                                   | (1,055)                    | 10                                  | 364                | (941)                                   | 390                            | 865                              | (141)                 | 1,257         | (360)   | 388         |
| Mental Health and Learning Disabilities                             | (366)                      | (657)                               | 1,033              | (1,343)                                 | 4                              | 1,959                            | (184)                 | (27)          | 63      | 482         |
| Operational Allied Health and Health Sciences                       | 24                         | 273                                 | (145)              | 304                                     | (31)                           | 58                               | (339)                 | 205           | (803)   | (453)       |
| Planned and Specialist Care                                         | (122)                      | (201)                               | 2,093              | (505)                                   | 1,057                          | 2,429                            | (4,937)               | 661           | (1,072) | (597)       |
| Primary Care, Community Strategy and Long Term Care                 | (491)                      | (287)                               | 1,066              | (483)                                   | (288)                          | (4,787)                          | 693                   | 1,080         | 597     | (2,901)     |
| Executive Director of Allied Health Professions and Health Sciences | (435)                      | (172)                               | 15                 | (39)                                    | 19                             | (0)                              | 6                     | 1,052         | (0)     | 445         |
| Estates and Facilities                                              | (586)                      |                                     | 15                 | (39)                                    | 19                             |                                  | 6                     | 1,050         | (0)     | 464         |
| Executive Allied Health Professions and Health Sciences             | 151                        | (172)                               |                    |                                         |                                | (0)                              |                       | 2             |         | (19)        |
| Executive Director of Finance                                       | (198)                      | (6)                                 | (82)               | (190)                                   | 0                              | (641)                            | 1                     | 563           | 2       | (549)       |
| Digital                                                             | 43                         | (57)                                | (82)               | (190)                                   | 0                              | (507)                            |                       | 431           | 1       | (359)       |
| Finance                                                             | (241)                      | 51                                  |                    |                                         |                                | (134)                            | 1                     | 132           | 1       | (189)       |
| Executive Director of Nursing, Quality and Patient Experience       | (311)                      | (85)                                | 0                  | 151                                     | (3)                            | 186                              |                       | 399           | 107     | 444         |
| Executive Director of Public Health                                 | (372)                      | 166                                 | (113)              | (255)                                   | (54)                           | (36)                             | 238                   | (87)          | (217)   | (729)       |
| Executive Director of Strategy and Planning                         | (148)                      | 41                                  | 1                  |                                         |                                | 1,666                            | 2                     | (71)          | (101)   | 1,389       |
| LTAs with other NHS Providers                                       | 44                         |                                     |                    |                                         |                                | 1,665                            | 2                     | (5)           |         | 1,706       |
| Strategy and Planning                                               | (192)                      | 41                                  | 1                  |                                         |                                | 0                                |                       | (66)          | (101)   | (318)       |
| Executive Director of Workforce and Organisational Development      | (770)                      | (101)                               | (14)               | 201                                     | 3                              | 65                               | (31)                  | (37)          | (0)     | (685)       |
| Executive Medical Director                                          | (80)                       | 40                                  | 189                | (99)                                    | 13                             |                                  | (0)                   | (352)         | 71      | (219)       |
| Health Board Wide                                                   | (1,165)                    |                                     | (0)                | (30)                                    | 45                             | 85                               | (29)                  | (1,994)       | (470)   | (3,557)     |
| Planned Deficit                                                     |                            |                                     |                    |                                         |                                |                                  |                       | 30,000        |         | 30,000      |
| Savings Identification                                              |                            |                                     |                    |                                         |                                |                                  |                       | 4,970         |         | 4,970       |
| Grand Total                                                         | (6,475)                    | (974)                               | 4,537              | (3,054)                                 | 1,232                          | 1,804                            | (4,720)               | 37,635        | (2,185) | 27,800      |

# End of Year: Savings Detail (£'k)

| Delegated Officer (£'000)                                                  | 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 Operating Officer</b>                                             | <b>39,046</b>         | <b>23,109</b>            | <b>10,703</b>              | <b>12,133</b>                  | <b>22,835</b>                   | <b>16,211</b>              | <b>3.0%</b>                | <b>10,834</b>               | <b>28,212</b>                | <b>1.4%</b>                  |
| Chief Operating Officer Management                                         | 762                   | 561                      | 0                          | 561                            | 561                             | 201                        | 4.4%                       | 0                           | 762                          | 0.0%                         |
| Community and Integrated Medicine                                          | 10,483                | 5,533                    | 2,842                      | 2,691                          | 5,533                           | 4,949                      | 2.3%                       | 2,922                       | 7,560                        | 1.2%                         |
| Mental Health and Learning Disabilities                                    | 5,851                 | 4,253                    | 1,375                      | 2,878                          | 4,253                           | 1,598                      | 4.1%                       | 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                | 8,162                    | 3,561                      | 4,327                          | 7,888                           | 3,750                      | 3.8%                       | 3,596                       | 8,042                        | 1.7%                         |
| Primary Care, Community Strategy and Long Term Care                        | 6,529                 | 4,142                    | 2,466                      | 1,676                          | 4,142                           | 2,387                      | 3.9%                       | 2,482                       | 4,046                        | 2.3%                         |
| <b>Chief Executive</b>                                                     | <b>38</b>             | <b>310</b>               | <b>38</b>                  | <b>272</b>                     | <b>310</b>                      | <b>(272)</b>               | <b>9.2%</b>                | <b>38</b>                   | <b>(0)</b>                   | <b>1.1%</b>                  |
| Chief Executive                                                            | 38                    | 310                      | 38                         | 272                            | 310                             | (272)                      | 9.2%                       | 38                          | (0)                          | 1.1%                         |
| <b>Executive Director Of Allied Health Professions and Health Sciences</b> | <b>2,063</b>          | <b>342</b>               | <b>342</b>                 | <b>0</b>                       | <b>342</b>                      | <b>1,722</b>               | <b>0.7%</b>                | <b>342</b>                  | <b>1,722</b>                 | <b>0.7%</b>                  |
| Estates and Facilities                                                     | 2,053                 | 342                      | 342                        | 0                              | 342                             | 1,712                      | 0.7%                       | 342                         | 1,712                        | 0.7%                         |
| 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>1,260</b>             | <b>468</b>                 | <b>792</b>                     | <b>1,260</b>                    | <b>(883)</b>               | <b>5.4%</b>                | <b>501</b>                  | <b>(124)</b>                 | <b>2.2%</b>                  |
| Digital                                                                    | 271                   | 894                      | 384                        | 510                            | 894                             | (623)                      | 5.2%                       | 417                         | (147)                        | 2.4%                         |
| Finance                                                                    | 106                   | 367                      | 84                         | 283                            | 367                             | (260)                      | 6.1%                       | 84                          | 22                           | 1.4%                         |
| <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>                  |
| Nursing, Quality and Patient Experience                                    | 243                   | 670                      | 201                        | 470                            | 670                             | (427)                      | 7.2%                       | 243                         | 0                            | 2.6%                         |
| <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>                  |
| Public Health                                                              | 107                   | 980                      | 107                        | 873                            | 980                             | (873)                      | 14.9%                      | 107                         | (0)                          | 1.6%                         |
| <b>Executive Director Of Strategy and Planning</b>                         | <b>1,902</b>          | <b>1,629</b>             | <b>518</b>                 | <b>1,111</b>                   | <b>1,629</b>                    | <b>273</b>                 | <b>2.7%</b>                | <b>518</b>                  | <b>1,384</b>                 | <b>0.9%</b>                  |
| LTA'S With Other NHS Providers                                             | 1,841                 | 940                      | 457                        | 483                            | 940                             | 901                        | 1.7%                       | 457                         | 1,384                        | 0.8%                         |
| Strategy and Planning                                                      | 61                    | 689                      | 61                         | 628                            | 689                             | (628)                      | 18.5%                      | 61                          | (0)                          | 1.6%                         |
| <b>Executive Director Of Workforce and Organisational Development</b>      | <b>247</b>            | <b>1,705</b>             | <b>247</b>                 | <b>1,457</b>                   | <b>1,705</b>                    | <b>(1,458)</b>             | <b>11.2%</b>               | <b>247</b>                  | <b>(1)</b>                   | <b>1.6%</b>                  |
| Workforce and Organisational Development                                   | 247                   | 1,705                    | 247                        | 1,457                          | 1,705                           | (1,458)                    | 11.2%                      | 247                         | (1)                          | 1.6%                         |
| <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>                  |
| Medical                                                                    | 74                    | 74                       | 74                         | 0                              | 74                              | (0)                        | 1.7%                       | 74                          | (0)                          | 1.7%                         |
| <b>Health Board Wide</b>                                                   | <b>2,303</b>          | <b>11,352</b>            | <b>1,371</b>               | <b>9,981</b>                   | <b>11,352</b>                   | <b>(9,049)</b>             | <b>31.3%</b>               | <b>1,485</b>                | <b>819</b>                   | <b>4.1%</b>                  |
| <b>Grand Total</b>                                                         | <b>46,400</b>         | <b>41,430</b>            | <b>14,068</b>              | <b>27,089</b>                  | <b>41,157</b>                   | <b>5,244</b>               | <b>4.3%</b>                | <b>14,389</b>               | <b>32,012</b>                | <b>1.5%</b>                  |



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# Annual Financial Plan – 2026/27 Approach, Principles and Assumptions October 2025



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# Background and Context

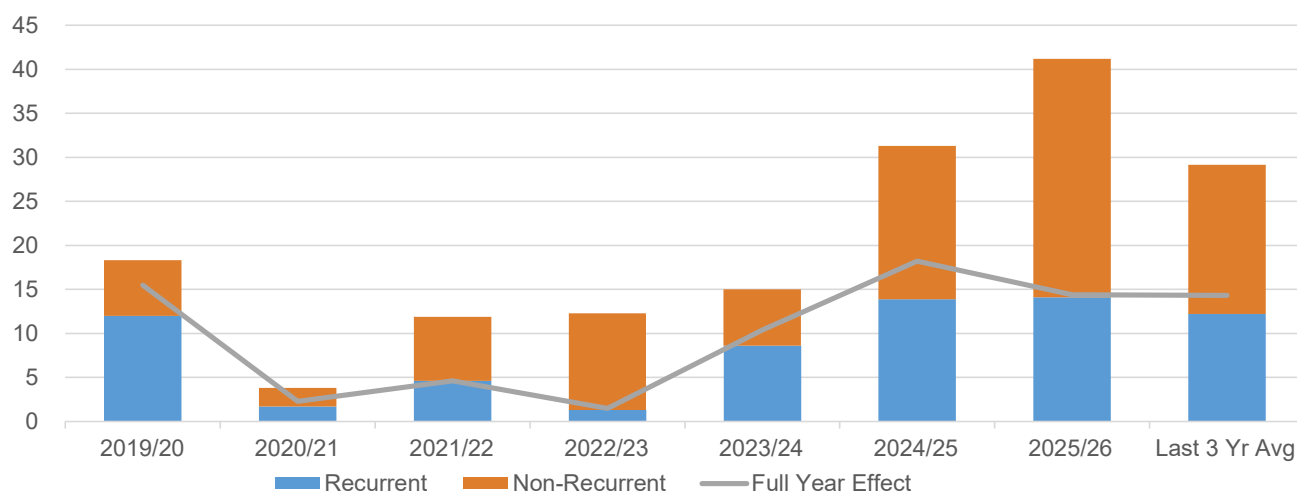
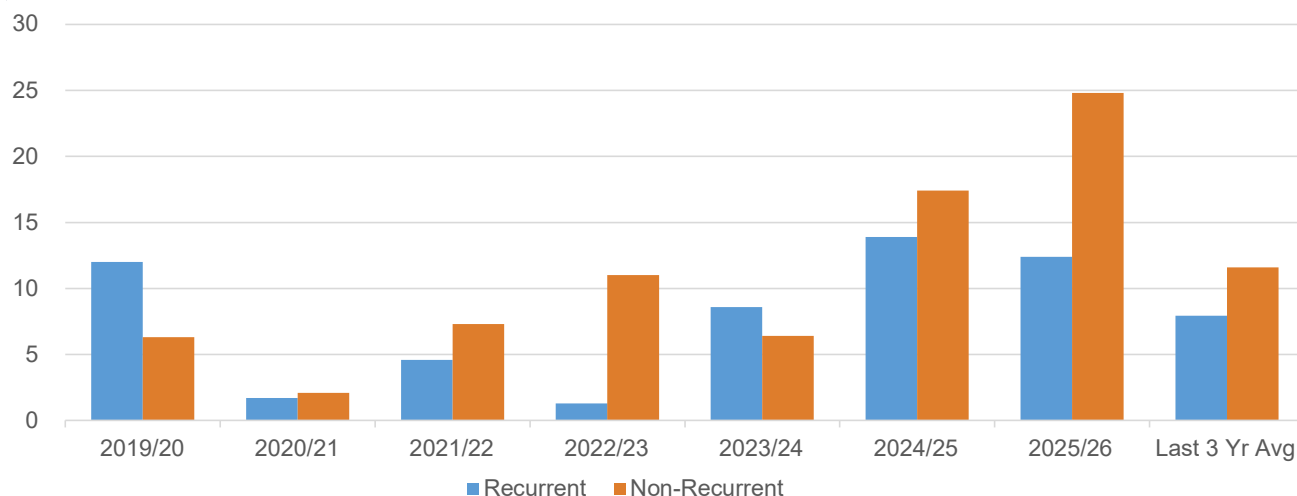


## Background and Context

- The Health Board has a **revised annual plan deficit of £30.0m for 2025/26**, which is an improvement on the original annual plan deficit of £31.5m. Whilst this achieved the target control total set in 2024/25 of £31.5m, **Welsh Governments expectations are clear that a deficit of £24.1m is the revised target control total;**
- Given the scale of the challenge to bridge to a break-even position, the Health Board submitted an Annual Plan for 2025/26 and not an IMTP, but set within a three-year context;
- The Health Board is in Targeted Intervention, with a financial criteria to deliver breakeven by 2027/28;
- Significant change is required to meet the expectations clearly set out by Welsh Government;
- With challenges to deliver annual plans in the post pandemic era, 2024/25 and 2025/26 are likely to see a reversing of this trend with a reframed approach to internal escalation and accountability management.

| Financial Year | WG Expectation £'m | Annual Plan £'m | Year End Position £'m | Plan v Actual Variance £'m | Comment                                                           |
|----------------|--------------------|-----------------|-----------------------|----------------------------|-------------------------------------------------------------------|
| 2019/20        | 25.0               | 25.0            | 34.9                  | 9.9                        | After £10.0m clawback due to not achieving £15.0m                 |
| 2020/21        | 25.0               | 25.0            | 24.9                  | (0.1)                      | After £116.1m of non-recurrent funding for COVID                  |
| 2021/22        | 25.0               | 25.0            | 25.0                  | -                          | After £75.5m of non-recurrent funding for COVID                   |
| 2022/23        | 25.0               | 25.0            | 59.0                  | 29.0                       | After £22.2m of non-recurrent funding for COVID                   |
| 2023/24        | 44.8               | 56.1            | 65.8                  | 9.7                        | Original plan £112.9m, revised mid-year with £56.8m extra funding |
| 2024/25        | 31.5               | 31.5            | 24.1                  | (7.4)                      | After mid-year funding of £32.5m to reduce original £64.0m plan   |
| 2025/26        | 24.1               | 30.0            | 27.8                  | (2.2)                      | As at M6, and after the original plan was improved from £31.5m    |

# Savings Deliverability Assessment (£'m)



- 2025/26 Savings are as at Month 6
- The three-year average is based on 2023/24 to 2025/26
- The 2024/25 was a step change to previous years deliverability of savings, in comparison to recent years
- Historically, and currently, there remains an **over-reliance on non-recurrent** savings, where no year has been able to achieve a full year effect of recurrent schemes to the same level of total savings
- An **ambitious two-year savings aspiration** was set in 2024/25, covering 2024/25 and 2025/26, to ensure the health board sets the expectation of achieving an improved financial trajectory into 2025/26 and beyond

## Financial Roadmap Assessment 2025-26 (Year 0)

The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/ demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows:

| Slide Ref #                      | 2025/26 Financial Plan Assessment            | Recurrent £'m | Non-Rec £'m   | Total £'m   |
|----------------------------------|----------------------------------------------|---------------|---------------|-------------|
|                                  | 2024/25 underlying deficit carried forward   | 51.1          |               | 51.1        |
| 1                                | Macro-economic inflation price modelling     | 15.5          |               | 15.5        |
| 2                                | Volume and mix growth modelling              | 3.2           |               | 3.2         |
| 3                                | Contractual or unavoidable                   | 14.5          | 2.0           | 16.5        |
| 4                                | National investment commitments              | 0.1           | 0.7           | 0.8         |
| 5                                | Local investment choices – approved          | 0.4           |               | 0.4         |
| 6                                | Local investment choices – not yet approved  | 11.9          | (1.5)         | 10.4        |
| 7                                | Budget allocation letter funding             | (19.2)        | (2.3)         | (21.5)      |
| 8                                | Technical efficiency saving (75% of 2024/25) |               | (27.4)        | (27.4)      |
| 9                                | Strategic and transformation savings         | (19.0)        |               | (19.0)      |
| <b>2025-26 Financial Deficit</b> |                                              | <b>58.5</b>   | <b>(28.5)</b> | <b>30.0</b> |





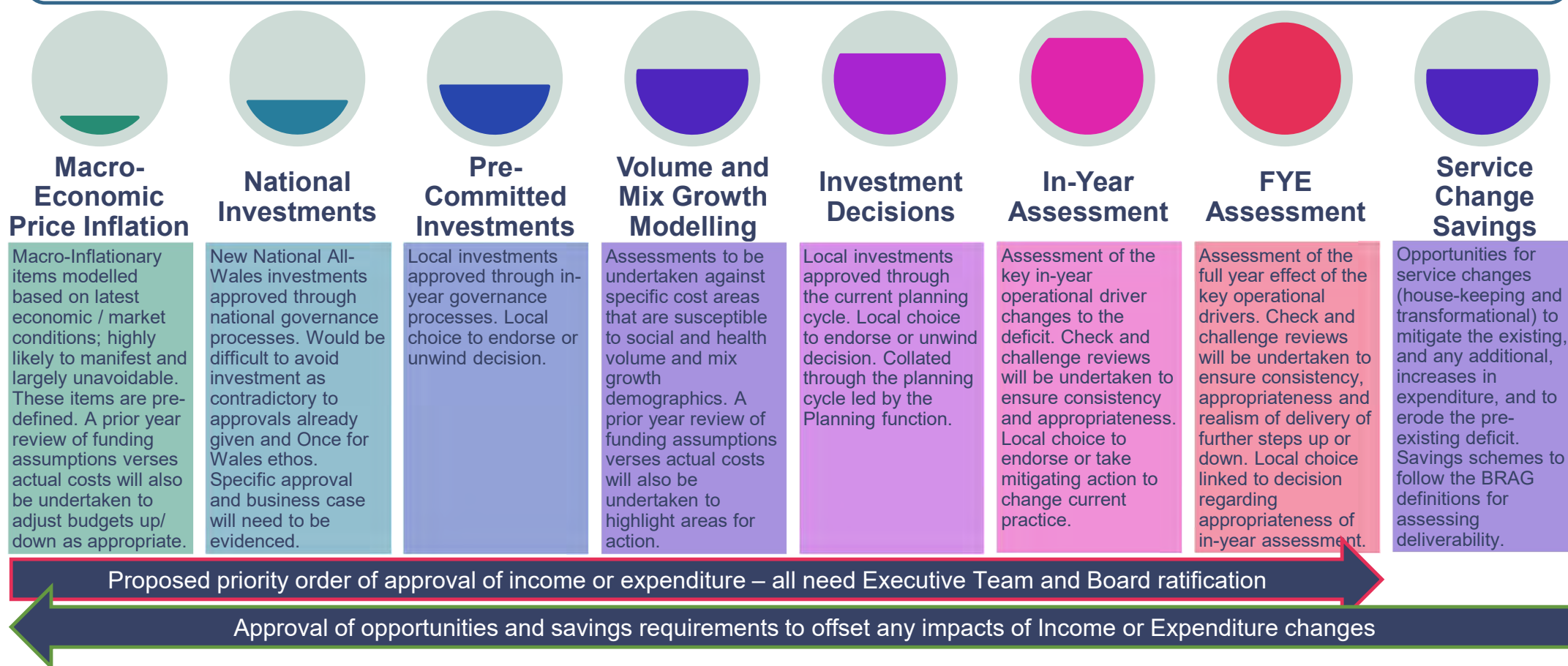
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# Key Principles, Approach and Focus

# Principle Components and Approach

As a framework approach to identifying components that would require a financial appraisal with the planning cycle, the following key elements are defined, and an assessment will be undertaken to provide clarity for decision-making through the Planning Steering Group, Executive Team and Board. Timelines and organisation communication will be aligned to that coordinated by the Planning function.



## Key Principles

- **Budgets will be delegated** from the Accountable Officer (CEO) to **Delegated Officers** (Executive Directors);
- **Budgets** will be **aligned** to the **Clinical Care Group operational structure set up in 2025-26**;
- **Consolidation of budgets** will be **undertaken for key areas** to align holistic oversight with appropriate Delegated Officers;
- The **Workforce** plan to be **within existing budgets** only, or specifically included within investment decisions;
- Resourcing requirements for **25A and 25B wards** are to be conducted by **Corporate Nursing Team only**;
- **Only assured** (green and amber) **savings plans will be included** within the final Annual Plan submission;
- The **Opportunities Framework and Directorate insight** is to be used to generate sufficient savings opportunities to achieve the targets set for each Clinical Care Group/Executive function
- **Saving target** will be set as the value required to achieve the required target to achieve 3 year break even position by March 2029. Year 1 being 2026/27.
- **Clinical Care Group/Exec function savings targets** will be the minimum of WG expectation (likely to be 2%) **plus** savings assessment as part of FY27 plan exercise. If there is a remaining recurrent savings gap from the 2025/26 £19.0m recurrent savings requirement, this will need to be added back into the FY27 Plan as an additional cost pressure/ additional savings requirement;
- **A decision will need to be made on material underspending directorates**, and removal of budgets or conversion to recurrent savings scheme.

## Key Assumptions

- The Health Board will be submitting a **Three-Year Financial Plan**, including a breakeven position for 2027/28 and beyond;
- Following the work undertaken by the Finance team around a 3 year plan to break even, with the requirement to break even by 2027/28, the projection to achieve this **requires a planned financial deficit of c£14.m in 2026/27**. There will remain a reliance on some non-recurrent benefits, and from the work undertaken the underlying deficit is expected to be c£40.0m; for this to significantly reduce the organisation requires recurrent savings schemes **and** the removal of underspending budgets;
- Due to the Welsh Assembly elections confirmed for May 2026, the **Welsh Government budget allocation** is likely to be a roll over budget, funded for inflation with no new funding confirmed until after the election. This could result in a further mid-year budget allocation in 2026/27. The roll forward position will be confirmed at the beginning of December 2025 and the total **savings target will not be fully known until the receipt of this**, reliant on the modelled assessment of cost growth also;
- Specified **macro-economic price** components are **proposed for inclusion** within the financial plan, pending service, Executive and Finance & Performance Committee scrutiny. This includes prior year assumption updates (up and down);
- Specified **volume and mix growth** components will **require a decision** to recognise, or expectation that services mitigate cost increases or realise savings opportunities;
- **Key operational drivers** – with significant level of budgets allocated to services in the 2022/23 and 2023/24 financial plans, plus further funding in the 2025/26 planning cycle for evidenced step up in costs from 2024/25, **no further funding is proposed**, with budget holders expected to mitigate increases;
- **Local investments** will **only include statutory, mandated or high-risk** items, i.e., there will be no discretionary investments due to the unaffordable nature of the existing deficit unless they achieve in-year payback;
- **Savings targets** will be, **as a minimum, set at the nationally defined ring-fenced** budgeted requirements.

## Key Focus Areas for Budget Setting

- **Pay cleansing** – to update cost centre and band discrepancies within existing budgets, ensuring cleansing of under and over established areas to allow for more accurate mix budget changes to be made through the annual spine point rightsizing exercise;
- **Workforce mix across substantive and temporary** – a revised approach is required to better align workforce planning assessments with budgets, to ensure a comparison at budget level to actuals can be undertaken for the quantity of workforce required within Variable Pay and Premium Agency generated by Substantive Pay vacancies. This will allow actuals and budgets to be aligned to allow improved in-year comparison, insight and control;
- **Premium pay reserve funding** – following the Workforce mix review above, it is proposed to recurrently recognise the centrally held premium pay reserve within services to allow for proactive affordable resource planning actions to be made;
- **Underlying assessment of positions** – to obtain clarity on the existing realistic run rates, an informed review of underlying positions are required. Ensuring over-estimating of budget requirement is avoided, gross positions will be reviewed together with future funding modelling assessments;
- **Mid-year budget changes** – further review principles to reduce mid-year budget changes ensuring a plan that is set at the start of the year to the baseline for comparisons, excluding new funding allocations from WG;
- **Profiling of budgets** – ensuring budgets are appropriately phased to align with spend profile and seasonality.



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# Key Milestones

## Key Milestone Deadlines for a 31st March submission

| Item                                                                                                                                                                                                     | Deadline     | Delivery Owner                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------|
| Executive Team sign-off of financial approach and assumptions                                                                                                                                            | 15/10/2025   | Formal Executive Team                        |
| FPC sign-off of financial approach and assumptions                                                                                                                                                       | 28/10/2025   | Huw Thomas and Andrew Spratt                 |
| Macro-economic and growth modelling complete as a first draft                                                                                                                                            | 14/11/2025   | Finance Team (various owners)                |
| Directorate cost driver assessment completed                                                                                                                                                             | 14/11/2025   | Budget Holder, supported by Finance          |
| Assessment of savings plans following 14 November Planning workshop                                                                                                                                      | 18/11/2025   | Budget Holder, supported by Finance          |
| First Draft – Executive Team review of Financial Plan before FPC (excluding WG core funding assumptions)                                                                                                 | 10/12/2025   | Facilitated by Huw Thomas                    |
| First Draft – FPC review of Financial Plan                                                                                                                                                               | 16/12/2025   | Huw Thomas and Executive Leads               |
| Welsh Government (WG) core funding uplift confirmed                                                                                                                                                      | 23/12/2025   | Welsh Government                             |
| EITS/Escalation meetings, focusing on Plans and Savings                                                                                                                                                  | Jan/Feb 2026 | Lead Exec, Service Lead, Finance, Exec Reps. |
| Second Draft – Executive Team review of Financial Plan before FPC                                                                                                                                        | 18/02/2026   | Huw Thomas and Executive Leads               |
| Second Draft – Finance Plan presented to FPC for assurance review, including savings progress from key directorates. Once FPC have approved, budgets will be entered onto the ledger by the Finance team | 24/02/2026   | Huw Thomas and Executive Leads               |
| Accountability Letters issued to delegated Executive Directors                                                                                                                                           | 12/03/2026   | Phil Kloer and Finance Team                  |
| Third/Final Draft – Executive Team review of Financial Plan before Board                                                                                                                                 | 18/03/2026   | Huw Thomas and Executive Leads               |
| Third/Final Draft – Annual Plan presented to Board for approval                                                                                                                                          | 26/03/2026   | Lee Davies and Executive Team                |
| Annual Plan and supporting templates submitted to WG                                                                                                                                                     | 31/03/2026   | Lee Davies                                   |

## Financial Assessments Required

- Macro-economic inflationary and growth modelling including those classed as Contractual / Unavoidable;
- National investments – approved through national governance arrangements;
- Local investments – approvals made in year through various governance forums;
- 2025/26 Savings – full year forecast update, with:
  - Full year effect savings plans being included within the new plan and budget;
  - Under-delivery against plans reviewed and accepted under-delivery will be added back into the new plan and budget;
- In-year and full year assessments – any items not featured in the specific items already listed will require an evidenced based explanation of the cost driver, which, if approved, would get included within the new plan and budget.



# Financial management in government: reporting for decision-making



## Good practice guidance September 2025

This guide aims to provide insights and good practice on how information can be reported to make better financial management decisions.

**We are the UK's independent  
public spending watchdog**

Communications Team  
DP Ref 016892



## Insights

Our insights products provide valuable and practical insights on how public services can be improved. We draw these from our extensive work focused on the issues that are a priority for government, where we observe both innovations and recurring issues. Our good practice guides make it easier for others to understand and apply the lessons from our work.

We are the UK's independent public spending watchdog. We support Parliament in holding government to account and we help improve public services through our high-quality audits.

The National Audit Office (NAO) scrutinises public spending for Parliament and is independent of government and the civil service. We help Parliament hold government to account and we use our insights to help people who manage and govern public bodies improve public services. The Comptroller and Auditor General (C&AG), Gareth Davies, is an Officer of the House of Commons and leads the NAO. We audit the financial accounts of departments and other public bodies. We also examine and report on the value for money of how public money has been spent. In 2023, the NAO's work led to a positive financial impact through reduced costs, improved service delivery, or other benefits to citizens, of £1.59 billion. This represents around £17 for every pound of our net expenditure.

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## Overview



## How to use our guidance

Our financial management good practice guides:

- set out why **finance teams** have a crucial role in helping their organisations navigate future challenges – from promoting accountability and realism, to providing trusted and timely information, and working across boundaries to deliver efficiencies and greater value;
- provide a number of actions across the entire financial management lifecycle that enable **senior finance leaders** to assess the health of their finance function at regular intervals; and
- can also be used by **Audit and Risk Assurance Committees** to assess how well organisations are equipped to deal with financial management challenges.

Our guides draw on the insights from the National Audit Office's (NAO's) back catalogue of work, the experiences of our audit teams, and the thoughts of a range of senior finance decision-makers across and beyond government.

Our actions and practical tips do not represent mandatory guidance. Our illustrative case studies are intended to be examples that showcase how organisations have developed approaches to overcome some of the challenges identified in this guide.

Our good practice guide series complements existing guidance provided to finance teams across government by the Government Finance Function through its [One Finance](#) platform. Particularly relevant for this guide is its [finance board pack reporting project](#) and the [NOVA functional reference model](#), which supports data standardisation across the finance, HR grants management and commercial functions in government.

Our good practice guides are primarily written for senior finance leaders within central government. However, the actions and practical tips in this guidance may also be useful for other areas of the public sector and beyond.



## Why is financial management important to government organisations?

[The NAO's strategy](#) identifies better financial management and reporting in government as a central ambition. Strong financial management provides the foundation for government organisations to make informed decisions about budgeting and resource allocation, helping ensure that public services provide good value for money. Financial management is central to helping accounting officers exercise their responsibilities to the taxpayer as set out in [Managing Public Money](#).

Government organisations face the ongoing challenge of maximising the use of limited resources to deliver services efficiently, while ensuring value for money for taxpayers. In today's complex public service landscape, this represents both a significant test and a strategic opportunity for finance leaders. Departments have committed to efficiency targets over the spending review period, underpinned by a greater

focus on improving outcomes – not just reducing costs<sup>1</sup>. Embedding a culture of strong financial management will prove to be crucial for departments and arm's-length bodies (ALBs) as they deliver public services.

[The Government Finance Function's mission](#) is to put finance at the heart of decision-making. The NAO's work on financial management reinforces the importance of this message. Finance teams can control and interpret information, and they can be a crucial support and enabler to the business. They are uniquely placed to help balance priorities not just within their own organisation, but across government more widely.

<sup>1</sup> HM Treasury, Spending Review 2025: Departmental Efficiency Plans, June 2025, para 1.2.



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Our financial management good practice series



Reporting for decision-making is the fifth guide in our series on financial management in government. Our guides span the full financial management lifecycle.

- [Enablers of success](#) explores the fundamental themes that underpin each stage of the financial management lifecycle, and how finance leaders can make the most of our guides.
- [Strategic planning and budgeting](#) outlines how finance leaders can plan strategically and realistically in the face of an uncertain landscape – whether in terms of policy direction or funding.
- [Allocating resources](#) shows how finance leaders can help decision-makers prioritise and deploy their scarce resources to secure the best outcomes and value for money.
- [Monitoring and forecasting](#) explains how finance leaders across government can monitor budgets and their performance and ensure forecasting is effective.

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## Reporting for decision-making

For the final guide in our financial management series, we are highlighting the vital role that finance teams play when it comes to reporting for decision-making.

### What do we mean by reporting for decision-making?

Reporting of information is the lifeblood of organisations. This guide focuses on how financial – and in some cases non-financial – information is reported within organisations. It can cover everything from reporting on spend to date, through project performance measurement, risk and opportunity management, to periodic updates on delivery and quality.

Our guide focusses on how finance leaders can help their teams – and their organisations – develop the quality of reporting so that decision-making can be enhanced. Whether it is budget-setting, routine in-year financial management or making a difficult trade-off, decision-makers require reporting processes that give them the confidence to act.

In writing this guide we heard from finance leaders across government who not only explained the challenges around reporting information – but also argued a clear case for change based on the impact that better reporting can have on decision-making.

### Why is reporting for decision-making so important?

Central government organisations operate in an environment that demands real-time information. Decision-makers are increasingly responding to unexpected events – for example the past five years have seen global pandemics, geopolitical

issues and significant rises in inflation and energy costs. As a result, decision-makers require a level of financial and non-financial information that considers not just what *has* happened, but what *might* happen.

These challenges present opportunities for finance leaders to truly understand the value of the information they report. It is ever-more important that reporting is aligned to the current goals and objectives the organisation is working towards – and that leaders critically think about whether the way they have reported previously is suitable for the decisions that need to be made now and in future.

Technological advances provide opportunities for workforces to engage and interact with information that is truly fit for purpose – to drill into the level of detail and interest relevant to their role and position. Good-quality and timely data can be used to model scenarios and potential outcomes to assist decision-makers in choosing the most effective course of action. The current landscape encourages innovative thinking and is an environment where finance professionals with the right skills and capabilities can thrive.

### How you can use our guide

*Reporting for decision-making* outlines the challenges facing central government when it comes to reporting and provides some important actions for finance leaders to take. It also showcases examples where central government organisations are responding to these challenges in innovative ways to enhance their reporting capabilities and improve decision-making.

We explore four key principles:



Understand the purpose of reporting.



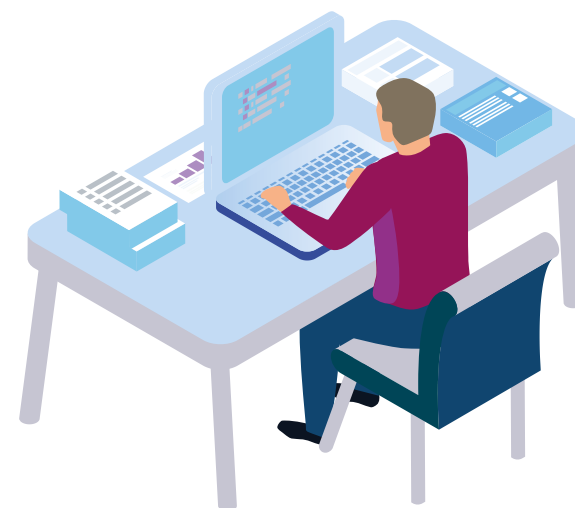
Set the standard for quality data.



Modernise reporting systems and processes.



Encourage positive behaviours.



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# Key takeaways

This table outlines the four principles that finance leaders can focus on when it comes to reporting for decision-making. For each principle, we describe what good looks like, and the key actions and practical tips finance leaders can take to enhance how effectively they report for decision-making in their organisations. We go into more detail on each of these principles on pages 8 to 21.



| Principle                                                                                                                              | What good looks like                                                                                                                                                                      | How finance leaders can drive improvement                                                              | Practical tips                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><p>Understand the purpose of reporting</p></div> | A well-designed reporting system should be focused on objectives and outcomes, aligned with the organisation's strategic priorities and suitable for the requirements of decision-makers. | Define the value and purpose of reporting and ensure it links to strategic and operational priorities. | Identify the financial and non-financial drivers that define your organisation's performance.                                                                                 |
|                                                                                                                                        |                                                                                                                                                                                           | Collaborate with users across the organisation to understand their reporting needs.                    | Run workshops with teams across the organisation to better understand their reporting requirements.                                                                           |
|                                                                                                                                        |                                                                                                                                                                                           | Develop analyses consistent with the organisation's strategic objectives.                              | Strip back less relevant data from important reports and replace with key risk and performance indicators that are linked to strategic objectives.                            |
|                                                                                                                                        |                                                                                                                                                                                           | Standardise reporting templates and frameworks for all users and functions.                            | Create different ways of demonstrating how users can interact with financial information to build confidence – for example, showcase sessions and frequently asked questions. |



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## Key takeaways *continued*

| Principle                                                                                                                            | What good looks like                                                                                                                                                                                                                                          | How finance leaders can drive improvement                                                                                      | Practical tips                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Set the standard for quality data</p>           | <p>Leaders help the organisation focus on relevant and timely financial and non-financial data to deliver a reliable and comprehensive view of organisational performance, enabling informed decisions aligned with strategic and operational priorities.</p> | Standardise data collection by unifying formats, storage and access systems guided by consistent reporting standards.          | Create a data dictionary to standardise definitions across functions – for example, what constitutes a 'data owner'. <a href="#">The NOVA functional reference model</a> provides guidance. |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Set data assurance procedures for periodic review of non-audited data.                                                         | Conduct regular data reviews to assess compliance with governance policies and identify areas for improvement.                                                                              |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Define ownership of data for functions across the organisation, ensuring responsibilities and accountabilities are understood. | Incentivise individual stakeholders to take ownership of their data by building this into role objectives.                                                                                  |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Establish data governance and management frameworks to monitor and address data-related matters effectively.                   | Use data governance software to help monitor, control and maintain data quality.                                                                                                            |
|  <p>Modernise reporting systems and processes</p> | <p>Leaders champion the integration of financial, operational, and performance systems that deliver real-time, accurate insights tailored to user needs, and enable effective data-driven decisions across the organisation.</p>                              | Assess current reporting systems and processes to identify issues and inefficiencies.                                          | Create system architecture diagrams and process flow maps to understand how systems integrate with each other.                                                                              |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Identify opportunities for automation to minimise time-consuming manual processes.                                             | When considering which processes can be automated, identify clear and practical examples that will save time and cost.                                                                      |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Optimise systems and processes for real-time reporting.                                                                        | Provide learning opportunities to upskill finance teams in data analytics – this will increase overall capability to generate more effective reporting options.                             |
|                                                                                                                                      |                                                                                                                                                                                                                                                               | Influence system design early to increase the chance of better outcomes.                                                       | Whether in a department or an ALB, actively seek opportunities to contribute to shared service consultations or other system design discussions.                                            |

|          |                               |               |                                     |                                   |                                           |                               |
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# Key takeaways *continued*

| Principle                                                                                                                        | What good looks like                                                                                                                                             | How finance leaders can drive improvement                                                                | Practical tips                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><p>Encourage positive behaviours</p></div> | <p>Leaders build a culture where individuals across the organisation routinely interact with financial information and make informed, data-driven decisions.</p> | <p>Strengthen relationships and improve reporting by integrating finance into day-to-day operations.</p> | <p>Offer short-term secondments or rotations between finance and business teams to strengthen collaboration and build cross-functional skills.</p>                              |
|                                                                                                                                  |                                                                                                                                                                  | <p>Support proactive management of long-term financial reporting.</p>                                    | <p>Incorporate regular assessment of balance sheet impacts into financial reporting processes throughout the year, rather than limiting evaluations to year-end reviews.</p>    |
|                                                                                                                                  |                                                                                                                                                                  | <p>Communicate clear and consistent messages that connect reporting initiatives to shared goals.</p>     | <p>Use storytelling and trends in data to show how changes in approaches to reporting solve real problems and help the organisation meet its objectives.</p>                    |
|                                                                                                                                  |                                                                                                                                                                  | <p>Create an environment where innovation is encouraged and rewarded.</p>                                | <p>Provide users with access to resources such as training in business intelligence and data visualisation tools to build confidence and encourage innovation in reporting.</p> |







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## Understand the purpose of reporting



### What good looks like

A well-designed reporting system should be focused on objectives and outcomes, aligned with the organisation's strategic priorities and suitable for the requirements of decision-makers.



### Why this is important

The success of decision-making relies on the quality of the information on which those decisions are based. To increase productivity and the quality of decision-making, leaders will want to regularly assess the value, purpose and intended audience of the information being reported – to ensure it meets the needs of decision-makers at different levels.

Finance leaders have told us that reporting can be commonly misaligned with organisational strategy, lack clear objectives, and fail to present a comprehensive view of business performance. This can be a by-product of legacy IT systems or historic ways of working which default to processes that no longer work well for decision-makers.

It can prove difficult for some organisations to measure or prove the benefits of reporting in a more effective way. For example, organisations may lack the data and evidence to easily integrate performance with their strategic

objectives. Failing to confront this challenge, however, is likely to continue a cycle of reporting information that fails to be truly useful to the modern needs of an organisation – information that is not timely, or that is not attuned to the needs of decision-makers.

Finance professionals we spoke with emphasised the importance of intuitive design in reporting platforms. When platforms are easy to navigate, users – whether budget holders, departmental heads, or executives – can efficiently access and interact with the data and analyses they need.

The challenge for finance leaders is therefore to move their organisation towards reporting for different audiences at the same time – encouraging a self-service approach. Accounting officers and executives may value high-level data visualisations that look across the organisation. Budget holders and departmental heads may want to drill down in greater detail into projects to identify specific performance issues.

Regardless of the level of detail, if there isn't an alignment to strategic objectives, the value of the information being reported could be compromised. Without a strong foundation where the organisation is comfortable with information which is linked to its strategic goals, it is difficult to build a case to assess whether the quality of reporting used for decision-making is good enough.

**“Alignment with value drivers is critical to ensuring you have a fit-for-purpose set of internal reports to support effective decision-making.”**

**Martin Wheatcroft**, External advisor on public finances to the Institute of Chartered Accountants in England and Wales

### Where can I find out more from the NAO?

[Lessons learned: a planning and spending framework that enables long-term value for money](#)

We identify eight lessons to maximise value for money for government on planning and spending. The lessons on transparency, joined-up planning and governance and taking a long-term view in particular are relevant when thinking about the value and purpose of reporting for decision making.



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## Understand the purpose of reporting *continued*



### How finance leaders can drive improvement

- Define the value and purpose of reporting and ensure it links to strategic and operational priorities.** Start by identifying the key outcomes and business questions that leaders need to prioritise – this will help determine the focus and scope of reporting. A strong reporting framework should be built around both strategic objectives and day-to-day operational needs, ensuring that reports are not only aligned with long-term goals but also useful for immediate decision-making.
 



**Practical tip:** Identify the financial and non-financial drivers that define your organisation's performance.
- Collaborate with users across the organisation to understand their reporting needs.** Senior leaders should align the reporting framework with these requirements in an inclusive and practical way. Seeking regular feedback from users ensures leaders can enhance the effectiveness and relevance of reporting.
 



**Practical tip:** Run workshops with teams across the organisation to better understand their reporting requirements.
- Develop analyses consistent with the organisation's strategic objectives.** By zoning in on strategic objectives, finance teams can more easily identify and exclude information that is – and is not – critical to decision-making. Leaders should also ensure that data is presented in a clear, compelling and user-friendly format to maximise its impact and accessibility.
 



**Practical tip:** Strip back less relevant data from important reports and replace with key risk and performance indicators that are linked to strategic objectives.
- Standardise reporting templates and frameworks for all users and functions.** Senior leaders and finance teams should work towards a standardised reporting framework and platform, that delivers consistent data and analyses – a single source of truth. This consistency makes it easier for users across all functions to engage with and act on the information confidently.
 



**Practical tip:** Create different ways of demonstrating how users can interact with financial information to build confidence – for example, showcase sessions and frequently asked questions.



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## Understand the purpose of reporting *continued*

### Case study

#### Using dashboards to increase transparency and collaboration – Advanced Research and Invention Agency (ARIA)

**Background:** The Advanced Research and Invention Agency (ARIA) is a new UK R&D funding agency built to unlock scientific and technological breakthroughs that benefit everyone. Programme directors design and lead multi-year programmes by funding and overseeing a portfolio of projects aimed at achieving transformative outcomes, working closely with project teams and providing technical and programmatic support. The finance team's objective is to provide programme teams with transparent, timely access to financial and performance data, supporting better decision-making at both the project and portfolio level. This is crucial for programme directors to fulfil their remit as active project managers of their portfolio.

**Approach:** To provide up-to-the-minute data access, ARIA's finance team identified the need for a shared platform where the programme and finance teams could access a broad range of project, financial and portfolio-level information. The brief was to create something tailored to programme users' practical needs and ways of operating, to enable proactive programme management. The team chose to invest in a data visualisation tool to produce a platform that draws in key real-time data from the organisation's various systems to showcase all project information in one place.

They began by defining the core design principles that would guide the system, which included:

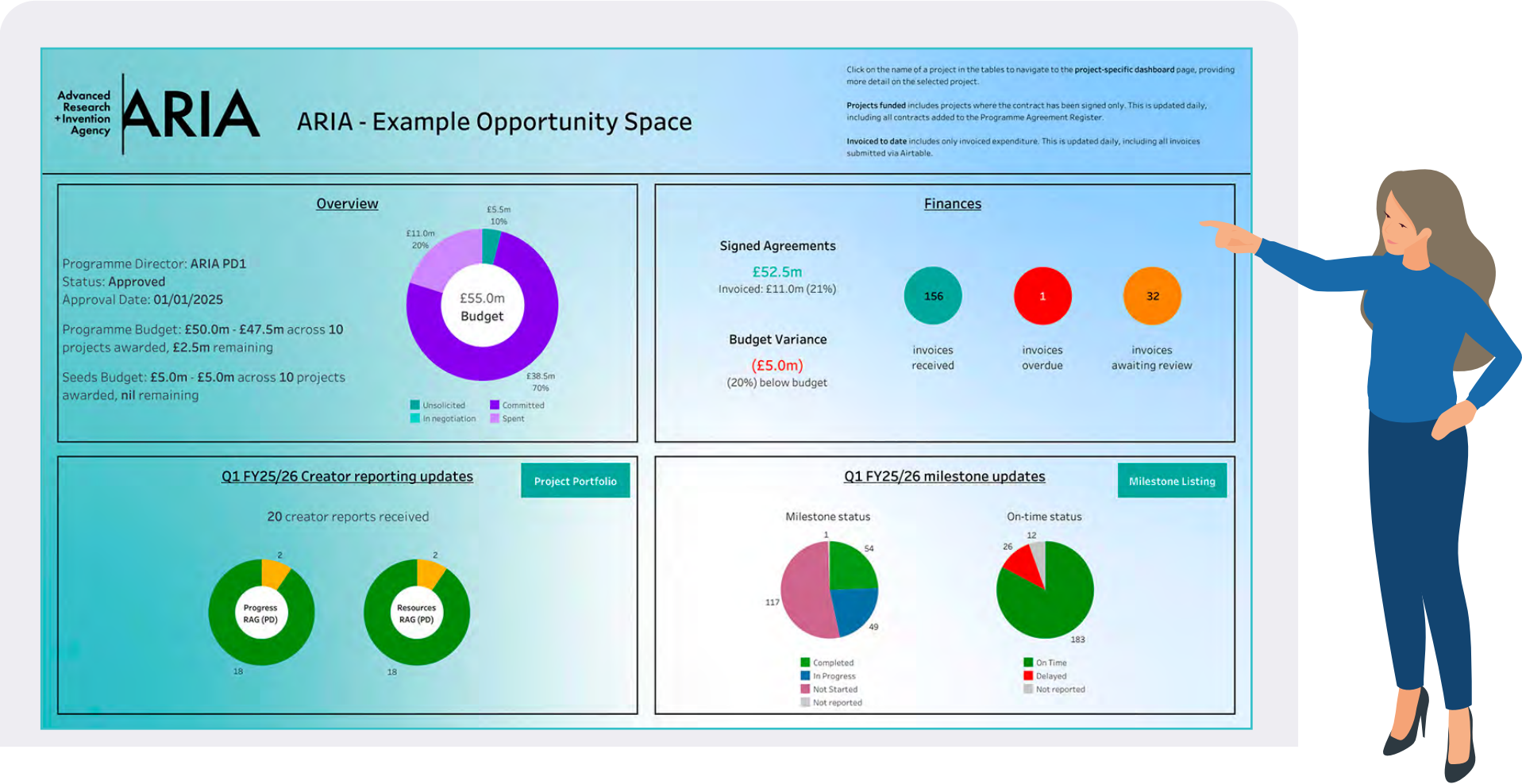
- 1 prioritising programme user needs by designing dashboards tailored to specific user types, using language and structures familiar to programme teams;
- 2 integrating a data architecture that aligns system data to ensure consistency across dashboards; and
- 3 providing self-service access to the portal for all users across the organisation.

Guided by these key principles, the team defined the desired look, feel and analytical focus of the dashboard. They then identified the data they required for these dashboards and developed the systems required to capture this data. They collaborated with teams through multiple iteration cycles to refine the content and ensure it met users' needs. Once a working product was developed, the data visualisation tool was embedded into several core processes, including monthly and quarterly project reviews, programme analysis, and invoice validation (**Figure 1**).

**Benefit:** This approach has transformed data from a 'finance-owned asset' into a shared organisational resource, fostering better accountability and collaboration between programme and finance teams. Teams can now easily access high-level, real-time programme information and drill down into the details – giving them quick visibility of key insights and enabling timely course correction. This tool has provided the programme teams with the insight they need to intervene early and keep projects on track, supporting ARIA's active funder model and enabling proactive programme management.

**Figure 1**  
Advanced Research and Invention Agency (ARIA) dashboard

An illustration of the dashboard ARIA uses to provide programme and finance teams with a broad range of real-time information



Note: this is for illustrative purposes only and does not contain any actual data.

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## Set the standard for quality data



### What good looks like

Leaders help the organisation focus on relevant and timely financial and non-financial data to deliver a reliable and comprehensive view of organisational performance, enabling informed decisions aligned with strategic and operational priorities.



### Why this is important

Better decisions start with better quality data. Without access to high-quality, well-managed data, even the best technologies or most advanced systems will fail to deliver meaningful insights. We have reported on challenges with data many times, for example in our report [Progress in improving mental health services in England](#), where we noted that only five out of the 29 integrated care boards – responsible for commissioning mental health services – felt they had all or most of the data they needed to assess the actual costs of providing services.

It is in finance leaders' interest to prioritise data quality: it provides a base for different functions to collaborate more effectively and present information to decision-makers that is joined-up and enables risks and opportunities to be presented more strategically. The [Government Data Quality Hub](#) consider the key dimensions of quality data to be accuracy, completeness, uniqueness, consistency, timeliness and validity (**Figure 2**).

To manage data consistently and responsibly across the organisation, finance leaders can help promote effective data governance. Data governance establishes clear standards, defines ownership, and ensures that all teams operate under shared expectations. Without this governance, accountability can be unclear – leaving finance teams to carry the burden of inaccurate or incomplete data from elsewhere in the organisation.

To make further positive steps, leaders should assess how accessible good data is across the organisation. If data is difficult to locate and interpret, or varies across functions, it risks being underused – or worse, misused. Silos of information reduce visibility and make it harder to derive reliable business insights.

Finally, an additional challenge for finance leaders is that non-financial datasets may not be of the same standard or quality as audited financial information. Developing robust governance and assurance frameworks and carefully deploying data governance software can enhance compliance and audit readiness by creating structured processes for monitoring, controlling and maintaining data quality across the organisation.

**“There is a huge disconnect between data generation and usage. It’s important to find opportunities to recycle and use data for other products and business areas.”**

Kevin Pertaub, Deputy Director, Government Finance Function

### Where can I find out more from the NAO?

#### [Improving government data: A guide for senior leaders](#)

This report outlines a way forward for leaders in a number of areas, including embedding data standards, improving data quality and enabling data-sharing.





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## Set the standard for quality data *continued*



### How finance leaders can drive improvement

- **Standardise data collection by unifying formats, storage and access systems, guided by consistent reporting standards.** Leaders should establish agreed-upon criteria for what constitutes good quality data, and apply them across the organisation. This enables data to be classified and easily retrieved and creates synergies with reporting and processes across and within departments and ALBs.
- **Set data assurance procedures for periodic review of non-audited data.** Some non-financial information – for example, aspects of sustainability data – may not be subject to the same degree of assurance as audited financial information. Leaders should be clear on the quality assurance arrangements for all data that contributes to decision-making so that users are confident there is a consistent level of quality.
- **Define ownership of data for functions across the organisation, ensuring responsibilities and accountabilities are understood.** When directorates across the organisation fail to have a clear accountability for their data ownership it can often default to finance teams to correct issues around data accuracy and completeness – taking away time which could be used for more value-adding activity.
- **Establish data governance and management frameworks to monitor and address data-related matters effectively.** Robust governance structures are essential for embedding digital and data priorities into strategic decision-making, while also enforcing data quality standards and system ownership and integration across the organisation. This is a crucial foundation for better reporting and will help ensure reporting is integrated with governance structures.



**Practical tip:** Create a data dictionary to standardise definitions across functions – for example, what constitutes a 'data owner'. The NOVA functional reference model provides guidance.



**Practical tip:** Conduct regular data reviews to assess compliance with governance policies and identify areas for improvement.



**Practical tip:** Incentivise individual stakeholders to take ownership of their data by building this into role objectives.



**Practical tip:** Use data governance software to help monitor, control and maintain data quality.



|          |                               |               |                                     |                                   |                                           |                               |
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|----------|-------------------------------|---------------|-------------------------------------|-----------------------------------|-------------------------------------------|-------------------------------|

Set the standard for quality data *continued*

Figure 2

The characteristics for measuring data quality

The Government Data Quality Hub outlines six dimensions against which data quality can be measured.

| Dimension    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accuracy     | Accuracy describes the degree to which data matches reality. Bias in data may impact accuracy. When data is biased, it means it is not representative of the entire population. Account for bias in your measurements if possible, and make sure that data bias is communicated to your users. In a dataset, individual records can be measured for accuracy, or the whole dataset can be measured. Which you choose to do should depend on the purpose of the data and your business needs. |
| Completeness | Completeness describes the degree to which records are present. For a dataset to be complete, all records are included, and the most important data is present in those records. This means that the dataset contains all the records that it should and all essential values in a record are populated. It is important not to confuse the completeness of data with its accuracy. A complete dataset may have incorrect values in fields, making it less accurate.                         |
| Uniqueness   | Uniqueness describes the degree to which there is no duplication in records. This means that the data contains only one record for each entity it represents, and each value is stored once. Some fields, such as National Insurance number, should be unique. Some data is less likely to be unique – for example, geographical data such as town of birth.                                                                                                                                 |
| Consistency  | Consistency describes the degree to which values in a dataset do not contradict other values representing the same entity. For example, a mother's date of birth should be before her child's. Data is consistent if it doesn't contradict data in another dataset. For example, if the date of birth recorded for the same person in two different datasets is the same.                                                                                                                    |
| Timeliness   | Timeliness describes the degree to which the data is an accurate reflection of the period that they represent, and that the data and its values are up to date. Some data, such as date of birth, may stay the same, whereas some, such as income, may not. Data is timely if the time lag between collection and availability is appropriate for the intended use.                                                                                                                          |
| Validity     | Validity describes the degree to which the data is in the range and format expected. For example, date of birth does not exceed the present day and is within a reasonable range. Valid data is stored in a data set in the appropriate format for that type of data. For example, a date of birth is stored in a date format rather than in plain text.                                                                                                                                     |

Source: Government Data Quality Hub, Government Data Quality Framework, December 2020 (available at: <https://www.gov.uk/government/publications/the-government-data-quality-framework/the-government-data-quality-framework#Data-quality-dimensions>), link accessed 22 August 2025



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## Set the standard for quality data *continued*

### Case study

#### Promoting data governance and ownership – UK Export Finance

**Background:** UK Export Finance's (UKEF) business plan is underpinned by a goal of using quality data and meaningful insights to drive decisions. In addition, UKEF's analysis had revealed that significant time was being spent by their finance and other teams correcting errors arising from issues relating to poor quality data. UKEF decided to launch a data initiative to embed data governance and ownership practices across the organisation.

**Approach:** UKEF's initiative aimed to drive efficiency and enable data-driven decision-making through improved data management. They started by establishing support from the Chief Executive Officer, which allowed them to create formal governance processes and set the 'tone from the top'. Central to this is a senior-level Data Governance Board that reports to the Executive Committee, co-chaired by the Chief Risk Officer and the Head of Digital, Data and Technology. The Board plays a critical role in helping to drive accountability and ownership of core data across the organisation.

All core data types are assigned owners in each directorate. This ensures clear accountability and means issues can be resolved quickly. UKEF created a data governance framework that defines the roles and responsibilities of data owners and the processes for addressing data quality issues.

To make the processes understandable across the organisation, UKEF set up intranet pages to provide information on data governance and support education and training. This offers links to helpful resources like data dictionaries and provides a way to escalate issues so they can be resolved. Training programmes have been delivered to staff to build data literacy and to ensure data owners understand and can fulfil their responsibilities.

Data issues meetings are held monthly and increase in frequency towards year-end. This is a space where key stakeholders – including the Chief Risk Officer, Chief Financial Officer, and departmental heads – can work together to identify and work through data issues that ultimately impact decision-making and reporting.

**Benefit:** The implementation of data governance structures has helped to improve identification and resolution of data issues, especially ahead of key deliverables like the annual report. Clear ownership of critical data has enabled more effective problem-solving by involving the right people. Regular meetings support timely decision-making, while the framework has strengthened understanding of data roles and increased accountability, leading to more efficient data management across the organisation. Work is ongoing to continually improve these processes.





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## Modernise reporting systems and processes



### What good looks like

Leaders champion the integration of financial, operational, and performance systems that deliver real-time, accurate insights tailored to user needs, and enable effective data-driven decisions across the organisation.



### Why this is important

In our report [Digital transformation in government](#) we stated that “government cannot achieve real transformation without reshaping the business of government and understanding the challenges presented by legacy systems and data.” While finance leaders can initiate quick-wins and workarounds to enhance current processes, real transformation will be achieved by addressing the root cause issues stemming from legacy systems.

Many of the leaders we have spoken to faced challenges with non-interoperable legacy systems causing issues with duplication, inefficiency and costly workarounds. Government services underpinned by inefficient legacy systems and processes are expensive to run and become increasingly costly as changes are layered on top. Our previous work has shown that poor data often leaves departments unaware of the underlying cost drivers – and hence the opportunities for improvement from better processes, data and technology. For instance, in our 2019 report [Challenges in using data across government](#), we found that organisations do not monitor the time

or costs involved in sorting poor-quality or disorganised data. In some cases, cleaning and merging data took between 60% and 80% of people’s time. We said that understanding the time and costs spent on working around discrepancies in systems could provide valuable information for the government on how and where to focus resources.

This backdrop inevitably has an impact on how organisations report financial information. In our discussions with finance leaders, many noted that their teams spend significant time producing bespoke reports for different users – a resource-intensive process that often results in conflicting versions of the truth. They also told us that they still rely on manual reporting processes, which are time-consuming, error-prone and inefficient. Poorly configured and slow dataflows further complicate timely, accurate reporting.

Legacy systems also create a barrier for organisations to overcome if they want to realise the benefits of artificial intelligence (AI). AI can have a transformational impact on how financial information is reported across organisations. As noted in our report [Use of artificial intelligence in government](#), achieving large-scale benefits is likely to require not just adoption of new technology but significant changes in business processes and corresponding workforce changes.

Cabinet Office’s Shared Services Strategy for Government aims to modernise government back-office functions like HR, finance, recruitment and payroll. The government estimates this will result in over £115 million per year in efficiency and productivity benefits across government by 2028-29.

**“Reconfiguring information can take up a lot of time, so try wherever possible to produce reports which can be used many times rather than bespoke reports for lots of different users.”**

**Liz Bushell**, Director of Corporate Services,  
Historic England

### Where can I find out more from the NAO?

[Digital transformation in government: a guide for senior leaders and audit and risk committees](#)

This report helps leaders understand large-scale digital change, focussing on the core issues to be addressed and pitfalls to avoid.

[Improving government’s productivity through better cost information](#)

This report considers how government can address limitations in its understanding of service costs.



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## Modernise reporting systems and processes *continued*



### How finance leaders can drive improvement

- Assess current reporting systems and processes to identify issues and inefficiencies.** This clarity is essential for designing integrated solutions that deliver timely, relevant outputs across functions. The assessment should cover all processes that inform decision-making, ensuring they remain effective and aligned with organisational goals.
- Identify opportunities for automation to minimise time-consuming manual processes.** Technology upgrades or process redesigns could reduce manual effort and improve outcomes. This step helps leaders prioritise areas where automation can deliver the greatest impact – freeing up resources, enhancing transparency and supporting a system that evolves with business needs.
- Optimise systems and processes for real-time reporting.** Look for opportunities to make monthly reporting cycles more efficient by simplifying processes, improving dataflows, reducing the number of times financial data needs to be manipulated, and enhancing system responsiveness to move closer to real-time insights.
- Influence system design early to increase the chance of better outcomes.** Senior leaders should actively engage in change projects from the outset – sharing knowledge and insights to ensure systems will be fit for purpose. Early involvement helps shape solutions that meet the organisation's needs – and reduces the risk of costly redesigns later.



**Practical tip:** Create system architecture diagrams and process flow maps to understand how systems integrate with each other.



**Practical tip:** When considering which processes can be automated, identify clear and practical examples that will save time and cost.



**Practical tip:** Provide learning opportunities to upskill finance teams in data analytics – this will increase overall capability to generate more effective reporting options.



**Practical tip:** Whether in a department or an ALB, actively seek opportunities to contribute to shared service consultations or other system design discussions.



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## Modernise reporting systems and processes *continued*

### Case study

#### Integrating systems to an effective central platform – Network Rail (Wales and Western region)

**Background:** Network Rail's role is to “run a safe, reliable and efficient rail network and deliver a simpler, better, greener railway for [their] customers and communities”. They are organised into five geographical regions, with each region sub-divided into routes – one of which is Wales and Western. Wales and Western's in-house Advanced Analytics Team have been working on how they can integrate key systems for better access to data.

**Approach:** The team identified five systems as key sources of project data – covering risk, safety, finance, scheduling and commercial. As these systems did not integrate with each other, project teams across the region had to log into each system separately and assess the project's performance without clear reference to the other four datasets. To address this, the team developed small component systems to integrate the datasets from these five systems together.

This platform now collates over 750 million data points from across the five systems, allowing all of this data to be accessed by everyone in the region. The platform has various sections that provide insight into project performance, enabling project professionals to view a complete data picture of all projects in one place. For example, by combining datasets it allows project teams to assess costs alongside risk and schedules at the same time.

The team worked with individuals across a variety of functions to understand their data and visualisation needs. The team also made extensive efforts to understand the underlying processes of the five systems, and to ensure the data is accurately consolidated. This iterative approach has resulted in a user-friendly visualisation tool that efficiently provides data to support decision-making.

**Benefit:** The platform has been widely adopted by project teams. By providing important data and analyses in a single, accessible location it has not only freed up time for users to spend on more complex tasks, but has optimised the use of data to support the decision-making process. In addition, by consolidating data into a read-only reporting and visualisation tool, manual report editing is no longer an option. This means data inconsistencies or inaccuracies are now addressed and rectified directly within the original systems, improving data quality across the five key systems.

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## Encourage positive behaviours



### What good looks like

Leaders build a culture where individuals across the organisation routinely interact with financial information and make informed, data-driven decisions.



### Why this is important

Without a culture where individuals buy in to the value and purpose of reporting, organisations will fail to make substantial progress in improving reporting. The most effective outcomes are achieved when organisations focus on ways of working rather than systems alone, and when finance and other functions are united by a shared commitment to outcomes and accountability.

Finance leaders we spoke to said that one of the challenges they faced was bridging the gap in understanding between finance and non-finance staff – especially if the latter feel disconnected from financial processes or are unsure how to engage with financial information. This represents a cultural barrier to a self-service model and places an ongoing burden of responsibility on finance teams for how information is accessed to make decisions.

In our previous guide [Monitoring and Forecasting](#), we emphasised the importance of budget holders being accountable for monitoring financial performance and ensuring their data and analyses are realistic. There are a few areas where finance leaders can shift mindsets. Firstly, building a data literacy culture across finance and non-finance users to make more progress towards more

self-service reporting: if users don't understand the data they are working with, they risk misinterpreting it or using it inappropriately. Secondly, encouraging a focus beyond just income and expenditure and towards longer-term balance sheet management: HM Treasury's [Balance Sheet Review Report \(2020\)](#) highlights a number of benefits of greater balance sheet management, for example, being better positioned to identify and account for potential assets and liabilities.

Effective communication strategies can make a huge difference to how information is reported across the organisation. By consistently publishing performance data, organisations can build trust and engagement. When people are involved in shaping changes and understand how their work contributes to wider outcomes, they are more likely to support new ways of working and take ownership of results.

Finally, when barriers and issues are hidden away, it limits the ability of decision-makers to take timely action. Transparency ensures that challenges are surfaced early, and decisions are based on data that truly reflects what is happening across the organisation. Developing an open and honest culture will incentivise truthful and early reporting and create an inclusive, no-blame environment.

**“If you have the business trusting finance, and finance trusting the business, that’s an absolute winner.”**

**Joan Lewis**, Deputy Director, Management Accounting and Synergy Finance Programme Director, Ministry of Justice

**“Having good-quality information is essential for judgement. In terms of awareness, we need to be aware of the quality of the information we are getting, so we can use it with confidence.”**

**Sir Andrew Likierman** (former Chair of the NAO),  
Judgement at work: making better choices

### Where can I find out more from the NAO?

[Smarter delivery – improving operational capability to provide better public services](#)

This report offers four capabilities for the government to focus on to improve operational capability. ‘Embedding systematic innovation and improvement’ shows how an effective environment encourages openness, innovation and challenge of current thinking.

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## Encourage positive behaviours *continued*



### How finance leaders can drive improvement

- **Strengthen relationships and improve reporting by integrating finance into day-to-day operations.** For example, finance leaders could pair finance business partners with specific business units or departments, ensuring they attend regular meetings to provide financial insight and build relationships. This enables finance to better understand the business, speeds up reporting processes, and helps other functions appreciate the value of finance.
- **Support proactive management of long-term financial reporting.** Leaders should champion balance sheet management to ensure long-term financial stability and resilience. Leaders should reassess utilisation of public assets, evaluate major investments or divestments by their impact on the balance sheet and ensure consideration is taken over 'potential' fiscal opportunities and risks. Better oversight of assets and liabilities can unlock value, reduce risk and identify underutilised assets.
- **Communicate clear and consistent messages that connect reporting initiatives to shared goals.** This enables leaders to involve the whole business at the same time and help achieve buy-in. Leaders should offer clarity through assuredly communicating the purpose and benefits of new initiatives. Leaders should continually repeat communications beyond implementation as new issues and concerns will inevitably arise.
- **Create an environment where innovation is encouraged and rewarded.** Leaders can showcase the benefits of self-service and greater engagement with financial information. One option is identifying skilled and enthusiastic users of dashboards and data visualisations to act as 'champions' to support and encourage individuals towards greater innovation.



**Practical tip:** Offer short-term secondments or rotations between finance and business teams to strengthen collaboration and build cross-functional skills.



**Practical tip:** Incorporate regular assessment of balance sheet impacts into financial reporting processes throughout the year, rather than limiting evaluations to year-end reviews.



**Practical tip:** Use storytelling and trends in data to show how changes in approaches to reporting solve real problems and help the organisation meet its objectives.



**Practical tip:** Provide users with access to resources such as training in business intelligence and data visualisation tools to build confidence and encourage innovation in reporting.





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## Encourage positive behaviours *continued*

### Case study

#### Encouraging engagement with sustainability data – The Pensions Regulator

**Background:** Like many organisations in central government, The Pensions Regulator (TPR) is integrating sustainability into its operations as part of its climate change strategy. As well as aiming to ensure pension schemes manage climate-related risks and opportunities, it is committed to reducing its own operational emissions, targeting operational net zero by 2030 for its offices and business travel, and 2050 for all other emissions. In support of this, TPR aims to build a climate and sustainability-literate workforce and encourage active participation and engagement with climate and sustainability data.

**Approach:** To improve visibility and engagement with sustainability data, TPR's sustainability and finance teams collaborated with their data colleagues to develop an intranet platform featuring a business intelligence dashboard. This platform presents key metrics, such as carbon emissions per product and travel and waste data, in an engaging and interactive format. By focusing on climate change impacts, the team made the content more relatable and relevant to people's daily responsibilities. This approach has proven effective in sparking interest and action.

The approach to internal data sharing has been iterative and transparent. The dashboard includes disclaimers to clearly outline any data limitations. Rather than waiting for perfectly polished data, TPR thought it was important to allow people to engage early and grow their understanding. To assist with this, TPR rolled out carbon literacy training to more than 70 employees, deepening understanding and encouraging conversations.

TPR's communications, sustainability and finance teams actively promoted the dashboard by showcasing it to different directorates across the organisation. These in-person opportunities helped generate conversations, encourage questions, and invite feedback, which has enabled them to refine the dashboard and continue to drive engagement with people across TPR on the topic of sustainability.

**Benefit:** The dashboard has increased engagement around sustainability, initiating more conversations and raising awareness across the organisation, such as the impact of artificial intelligence and paper usage on their sustainability goals. Although TPR's sustainability team is small, the dashboard has helped embed sustainability considerations into decision-making across various departments. For example, using sustainability data to make the successful case for a change in policy to reduce air travel. The platform enables people to make informed decisions: for instance, the data can be used to inform the sustainability impact process as part of purchasing decisions – this is particularly impactful in tackling supply chain emissions, the organisation's largest emissions source.



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## Methodology appendix

### We have used the following methods to generate our insights:

- a** We have used the following methods to generate our insights.

We conducted four focus groups with senior finance leaders from a range of our audited bodies.

We met with a range of Chief Financial Officers, Finance Directors, Directors of Corporate Services, Deputy Finance Directors, Senior Finance Business Partners, Heads of Finance and Heads of Accounting from:

- four ministerial departments;
- two non-ministerial departments;
- two executive non-departmental public bodies; and
- two agencies or other public bodies.

We included organisations of different sizes and complexity and participants from a range of senior finance roles, to capture a diversity of perspectives. The findings from the focus groups and interviews were used to inform our themes and identify examples of good practice. We carried out our focus groups and interviews in May 2025.

We chose to use focus groups to capture a range of perspectives from finance leaders across government and give participants the opportunity to present their views and experiences while listening and reflecting on what the others had to say. This helped us to collect insightful data on the main challenges for reporting for decision-making and ways to address these challenges.

- b** We held discussions with senior officials from academia, professional bodies and one of the private sector consultancies to discuss our findings, test our themes and hear their views on the contents of this guide.
- c** We shared and discussed our findings with officials from the Government Finance Function.
- d** We interviewed members of the NAO's financial reporting team to understand the NAO's approach to internal reporting, and representatives from the NAO's insights teams to discuss their perspectives based on their specialist areas.
- e** We reviewed our back catalogue of financial audits, value-for-money reports, investigations and good practice guides for relevant insights relating to reporting for decision-making.

- f** We conducted external research on internal reporting and its importance for financial management. This largely comprised desktop research of financial management materials and documentation from central government and the private sector.

- g** We combined all of our research from (a) to (f) into an Excel spreadsheet of individual insights. We used this to determine the four principles that form this good practice guide, and themed our insights accordingly.



5.2

11:55 AM, 15 Mins

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## 5.2 - FINANCIAL DEFICIT SAVINGS CATEGORY UPDATE

*Sian Jenkins (Hywel  
Dda UHB - Deputy  
Director of Finance)*

| For assurance

### **Attachments**

[Financial Deficit Savings Category Update FPC 21 October 2025.pdf](#)

[Appendix 1 QSEC Financial Choices and Decisions Report 2025-26.pdf](#)





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

|                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Financial Deficit £24m Savings Category Update |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance      |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Sian Jenkins, Deputy Director of Finance       |

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

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

Following the Public Board meeting on 25 September 2025, this report provides an update on progress to date in delivering savings against the approved options. This update should be read alongside the overall Financial Performance Report for full context of the latest financial position and year end forecast.

**Cefndir / Background**

Through the annual planning cycle, ahead of 2025/26, the Health Board sought to balance delivery in the context of high quality, safe services which protected our population for the future, with performance and financial requirements.

The Welsh Government expectation is that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m. Despite improving the forecast to £30.0m, WG remain clear on the requirement being that £24.1m is delivered.

Through the summer the Health Board has considered a range of options to curtail spend in the second half of the year in order to deliver the required £24.1m deficit. The outcome of this work, including quality impact assessments (QIAs) was presented at the September Public Board meeting for consideration and decision.

The output of the QIA process enabled consideration of the saving options from the perspective of assessing those which pose the “least worst” impact and “most worst” impacts. As such the list of options has been divided into three categories:

- 1. Category 1:** Options for immediate Board decision – options which present lesser negative impact from a service delivery perspective, though are not without consequence.

2. **Category 2:** Options for Board discussion – options which require more detailed assessment by Clinical Care Groups (CCGs)/Functions to assess what can be delivered within specific services.
3. **Category 3:** Least feasible – options which are either not deemed possible to pursue or require further exploration with Welsh Government.

The outcome of the In-Committee Board meeting was to support reporting an improved forecast to Welsh Government of £27.8m for the 11 September 2025 deadline. This acknowledged the improvement in the reported in-month run rate and reduced gross forecast to Month 5, also on the basis that the opportunities presented within Category 1 pose a route to achieving this. Discussions at the In-Committee Board meeting concluded that there should be some refinement of certain scheme details and that further scrutiny of QIAs by Independent Members was required; which was facilitated rapidly through an extraordinary Finance and Performance Committee meeting held on 15 September 2025.

The scheme details presented to the Public Board meeting on 25 September 2025 reflected the latest updates and points of refinement agreed. The latest updates generate a Category 1 saving estimate of £1.7m, a reduced figure compared to the earlier estimate at the In-Committee Board meeting. Therefore, it was highlighted that further savings will need to be secured from other schemes, in order to meet the £2.2m savings originally framed.

### Asesiad / Assessment

Delivery against the saving categories is summarised in the table below, reflecting the improvements reported to the end of September for month 6 reporting. The detail of the specific saving opportunities, within each saving category, and the latest updates are included in the Appendix to this report.

|                  | Opportunity<br>presented to<br>Board<br>25/09/2025<br>£'000 | Included in<br>EOY Forecast<br>@ M06<br>£'000 | Opportunity<br>Estimate<br>Remaining<br>£'000 |
|------------------|-------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| TOTAL Category 1 | 1,681                                                       | 750                                           | 931                                           |
| TOTAL Category 2 | 791                                                         | 75                                            | 716                                           |
| TOTAL Category 3 | 0                                                           | 0                                             | 0                                             |
| <b>TOTAL</b>     | <b>2,472</b>                                                | <b>825</b>                                    | <b>1,647</b>                                  |

Focusing on the largest opportunities identified, delivery progress is summarised below.

- **Category 1**, opportunity identified £1.7m, delivery to date £0.8m, further opportunity £0.9.
  - Recruitment freeze, opportunity predominantly highlighted by Corporate Functions, with The largest component within this is linked to pausing recruitment of Band 1 apprentice roles x 20 wte, £0.5m has been realised at month 6.
  - Pause some of the planned Neurodevelopmental outsourcing on a temporary basis, with a review scheduled for Q4 to consider scope to recommence ahead of 31 March 2026. Further assessment is being made in light of latest performance data, to be confirmed and reflected in future numbers.
  - Strategic Planning consultancy budget, to commit unspent budget to savings delivery, deferring work associated with infrastructure improvements to support the Health and Care Strategy. This has been transacted as a £0.3m saving in month 6.

- **Category 2**, value framed £0.7m, delivery to date £0.1m.
  - Further savings have been realised within the Digital budget of £0.1m.
  - One aspect of this is dependent on successful negotiations with a Local Authority in respect of commissioned service. Discussions are progressing and there was a positive update from the latest meeting, aim to finalise the position in time for month 7 reporting.
  - In respect of variable pay spend reductions, latest feedback from budget holders has indicated some potential spend reductions which need to be further tested against existing forecast assumptions. Part of the challenge highlighted is considering any associated substantive pay solutions and considering the net impact to the bottom line.

A number of the saving options are dependent on enhanced governance arrangements. Following Board decisions in September, Executive Directors have agreed how these will be applied and organised associated communications to enable the revised scrutiny arrangements. The expectation is that these measures will enable further spend reductions.

For reference, **Appendix 1** includes the QIA summaries which were presented to the Quality Safety and Experience Committee (QSEC) on 9 October 2025.

#### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** and **CONSIDER** the level of progress made in delivery of savings against the saving categories supported in the context of improving the financial forecast towards £24.1m.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                               |                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                           | 3.1.3 Receive assurance on the development and realisation of opportunities. This will be achieved through scrutiny of the bi-monthly savings and opportunities report to the Committee. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                 | 2086 (score 20) 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 |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                 | Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                  | BGH – Bronglais Hospital<br>CHC – Continuing Healthcare<br>EOY – End of Year<br>FNC – Funded Nursing Care<br>FYE – Full Year Effect<br>GGH – Glangwili Hospital<br>GMS – General Medical Services<br>HSCEY – Health, Social Care and Early Years<br>MHLDD – Mental Health & Learning Disabilities<br>NICE – National Institute for Health and Care Excellence<br>OCP – Organisational Change Policy/Process<br>OOH – Out of Hours<br>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 Hospital<br>WRP – Welsh Risk Pool<br>WTE – Whole Time Equivalent<br>YTD – Year to date |
| Partïon / 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**Effaith: (rhaid cwblhau)**  
**Impact: (must be completed)**

|                                                             |                                                                                                                                                                                                   |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b> | Financial implications are inherent within the report.                                                                                                                                            |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>    | The impact on patient care is assessed within the savings schemes.                                                                                                                                |
| <b>Gweithlu:<br/>Workforce:</b>                             | The report considers the financial implications of our workforce.                                                                                                                                 |
| <b>Risg:<br/>Risk:</b>                                      | Financial risks are detailed in the report.                                                                                                                                                       |
| <b>Cyfreithiol:<br/>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:<br/>Reputational:</b>                            | Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.                                                   |
| <b>Gyfrinachedd:<br/>Privacy:</b>                           | Not Applicable                                                                                                                                                                                    |
| <b>Cydraddoldeb:<br/>Equality:</b>                          | Not Applicable                                                                                                                                                                                    |





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# Criteria 2 Financial Choices and Decisions Report 2025/26

## Quality Safety and Experience Committee

9 October 2025

Through the annual planning cycle ahead of 2025/26 the Health Board sought to balance delivery in the context of high quality, safe services which protected our population for the future, on balance with performance and financial requirements.

The Welsh Government (WG) expectation is that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m. Despite improving the forecast to £30.0m, the response has been clear and WG continues to assert the requirement that £24.1m is delivered.

Given the timescales required to make a further financial improvement, this inevitably requires consideration of short-term options to curtail expenditure. The majority of the Health Boards budget is pre-committed in respect of substantive salaries to staff, primary contracts, long term agreements with other health providers, contracts with suppliers etc, as a result short term options are limited and necessitate consideration of reactive cuts as opposed to planned strategic alternatives.

The following slides provide and update on progress to date. Should further financial decisions be made in this meeting, a revised and updated presentation will be shared with stakeholders.

The Board, at its meeting on the 27 March 2025, endorsed and approved the submission of the annual plan to Welsh Government (WG), noting that the financial plan does not deliver against our statutory requirement to. The 2025/26 financial plan represented a planned deficit of £31.5m, after the delivery of £44.4m of savings, split between £19.0m of recurrent and £25.4m of non-recurrent.

The Board, at its meeting on 31 July 2025, endorsed and approved a revised annual plan financial deficit of £30.0m, having made decisions to increase the savings target to £46.4m. Since the Board meeting on 31 July 2025, a further letter received from the Director General clarifying expectations that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m

QIA Panels to consider proposals outlined in Criterion 1 were held on August 15<sup>th</sup> & 26<sup>th</sup> and presented to September Board. A QIA Panel was held on the 26<sup>th</sup> September to review the Category 2 proposals received. Category 2 Options are options which require more detailed assessment by CCGs to assess what can be delivered within specific services.

Due to the plethora of QIAs submitted a consolidated review was undertaken on some proposals e.g. overtime and contract agency.





## Saving Option Categories

# Saving options: Category 2



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

| Scheme                                                                                  | Opportunity Estimate Q1 | Latest Updates including QIA feedback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Opportunity Estimate Remaining |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|                                                                                         | £'000                   | £'000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | £'000                          |
| Pause all overtime until the end of March                                               | 5,100                   | In respect of nursing, combined QIA received for agency and overtime implications; negative assessment. Current on contract agency spend approx £330k per month. RN vacancies / deficits will be significantly reduced from November 2025 (98.14wte NRNs due to start Sept /October 2025, M05 forecasts being reviewed to ensure alignment). Challenges will continue for GGH theatres and BGH EUCC, with emerging issues for critical care potentially. Surge beds will need to be withdrawn to enable further reductions. In respect of the nursing workforce, there is a statutory requirement 'to take all reasonable steps' which includes temporary nursing staff such as bank/agency. N.B. Increased review of on-contract HCSW agency planned via FCSG. | 96                             |
| Reduce/eliminate all on contract agency                                                 | 4,900                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                              |
| Local Authority shared costs                                                            | 450                     | Opportunity framed linked to prior year charges, ongoing charges are framed in an existing (red) saving scheme. Seeking discussion with LA, reliant on successful engagement and concluding a position which clarifies the agreement in place. QIA cites negative impact in respect of withdrawal from the arrangement in it's entirety which may jeopardise the continued service provision at Garreglwyd if it can't be afforded by the LA and knock on to other services, however clarity on multiple aspects of charging is required which may generate a benefit.                                                                                                                                                                                          | 450                            |
| Non-renewal of contracts and or digital licences                                        | 1,300                   | QIA negative impact in respect of the principle to remove digital contracts, impact being weaker infrastructure to support safe and reliable care e.g. electronic health records and clinical decision support. Detailed review of contracts has identified some opportunity with minimal impact.                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 75                             |
| Hold LTA 25/26 activity to budget                                                       | 140                     | Replaced with Neurology double charge and TOPS service, reliant on commissioning discussions with SB, level of risk to delivery. Potential implications for regional relationships. Neurology QIA cited the benefit of clarifying commissioning arrangements, positive score.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 70                             |
| MHLD - Delay recruitment linked to approved MH business Case (and other plans)          | 1,900                   | QIA references negative impact. Will necessitate ongoing variable pay. The reality of recruitment is generating some delays in roles/costs starting. <b>Element of recruitment slippage £0.7m within M05 forecast.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                              |
| Dental recovery – consciously delay activity                                            | 300                     | Extend the time taken to recommission GDS contracts that have been handed back in order to slow expenditure. Shortfall in dental provision impacts urgent service demand. QIA included some positive scores, overall negative impact. Risk in respect of WG funding claw back, across dental underspend. <b>Already a significant benefit factored into the current forecast, unlikely more.</b>                                                                                                                                                                                                                                                                                                                                                                | 0                              |
| Digital project investment case 2025/26: Integrated Digital Care Programme              | 300                     | QIA negative impact in preventing delivery of improvements linked to ePMA, eFlow and eObs. However timelines for delivery and recruitment / backfill arrangements enabling a level of slippage, <b>£100k built into forecast at M05.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                              |
| Pause Radiology activity increases                                                      | 1,300                   | QIA frames negative impact, linked to delays in patient care and potential harm, non delivery of WG performance targets.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                              |
| Equipment / Stores Further Faster Provision                                             | 400                     | No QIA. Challenge of RPB funding constraints, but being explored latest slippage estimate £238k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                              |
| RIF Slippage                                                                            | 240                     | No QIA. Challenge of RPB funding constraints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                              |
| HB wide ban on travel, Q1 average travel expenses £232k per month, taxis £14k per month | TBC                     | No options forthcoming through QIA and financial assessment process. Challenge of clinical vs non-clinical travel. Taxi spend is linked to clinical activity (transporting clinical staff between sites or patient discharges). Separate scheme focused on maximising virtual meetings is a more targeted opportunity.                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                              |
| Review contracts of temporary staff (who have worked < 2 years)                         | TBC                     | No options forthcoming through QIA and financial assessment process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                              |
| <b>TOTAL Category 2</b>                                                                 | <b>16,330</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>691</b>                     |

# QIA Summary (category 2)



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| Scheme                                         | IIA Matrix Scoring<br>STEEP                                                                                                                                                                                                          | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Opportunity Estimate |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Pause all overtime until the end of March 2026 | <p>Negative impact in all domains with the impact being -16 or -25</p> <p>Where the old QIA template was used, the impact in all domains was either 20 or 25 (except for the equitable domain in one assessment which scored 12)</p> | <p>The panel found it difficult to distinguish between “overtime” and “additional hours,” noting that many submissions did not clearly articulate the quality impact or specify which type of hours were being referenced. There was concern that some services might not actually use overtime, but rather additional hours, which are paid differently and may not be budgeted in the same way.</p> <p>The quality of QIAs was inconsistent, with narratives often failing to describe the impact on each quality domain (e.g., safety, equitable care). The panel requested that QIA authors clarify and improve their submissions, ensuring each domain was properly considered and risk scores justified.</p> <p>There was consensus that greater scrutiny is needed over both overtime and additional hours through Clinical Care Group (CCG) processes supported by Roster Scrutiny Group. The panel suggested that oversight should be strengthened and that financial partners should be involved to understand the scale of overtime spending.</p> <p>The panel noted that simply pausing overtime would not necessarily yield clear or predictable savings, as the actual use and financial impact of overtime versus additional hours was not well understood. The need for finance business partner input was highlighted.</p> <p>The panel discussed the risk that pausing overtime could lead to service reductions or require alternative staffing solutions. They also noted the importance of distinguishing between clinical and non-clinical roles when considering the impact.</p> | 5100                 |
| Reduce/eliminate all on contract agency        | <p>Negative impact in all domains with the impact being -16 or -25</p> <p>Where the old QIA template was used the impact in all domains was either 20 or 25</p>                                                                      | <p>The panel found that many QIAs for reducing or eliminating on-contract agency staff were lacking in detail, with narratives often failing to clearly describe the specific quality impacts. This made it challenging to assess the true risks and implications.</p> <p>It was acknowledged that, while reducing agency use is preferred, complete elimination is not feasible due to ongoing service needs. The panel noted that agency staff are sometimes essential to maintain safe staffing levels, particularly in critical areas.</p> <p>The need for more detailed breakdowns of agency spend by staff group was highlighted, with finance partners expected to provide this information. The panel also discussed the importance of having robust escalation processes and standard operating procedures for requesting additional staffing, like those in place for nursing. The executive Team agreed Principles for Enhanced Financial Scrutiny for Locum Agency on October 1<sup>st</sup>.</p> <p>The panel noted that each speciality had unique requirements for variable pay and that this needed to be understood in further detail. e.g. the panel noted that reducing agency staff in primary care could have knock-on effects on secondary care, potentially increasing pressure elsewhere in the system. The panel emphasised the need for alignment with the organisation’s strategic direction and when agency is required consideration w</p>                                                                                                                                 | 4900                 |

# QIA Summary (category 2)



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| Scheme                                           | IIA Matrix Scoring<br>STEEP                                                            | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Opportunity Estimate |
|--------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Local Authority Shared Costs                     | <p>S = -25<br/>T = -25<br/>E = -25<br/>E = -8<br/>E = -25<br/>P = -25</p>              | <p>It was unclear about which specific residential home or service the QIA referred to, and whether it overlapped with other ongoing contract reviews.</p> <p>The panel noted that the current activity levels and financial impact of withdrawing health element funding were unclear. They requested an executive paper detailing current service delivery and financials before any decision could be made.</p> <p>It was highlighted that the agreement in question was never formalised with a section 33 or service level agreement, and health had not referred any children for many years. The panel viewed this as a business decision requiring further detail and executive oversight.</p> <p>The QIA indicated significant risk if funding was withdrawn, but the panel noted the absence of a screening EQIA to support the risk assessment.</p>                                                                                                                                                                                                                                                                                                                                                           | 450                  |
| Non-renewal of contracts and or digital licences | <p>S = -12<br/>T = -16<br/>E = -6<br/>E = -8<br/>E = not scored<br/>P = not scored</p> | <p>The panel discussed that reviewing and not automatically renewing contracts or digital licences should be standard business practice, especially if it leads to efficiency and cost savings.</p> <p>For the digital contracts QIA, the panel noted the need for more detail on which specific licences would be affected, as the impact could vary significantly depending on the system (e.g., Datix vs. CoPilot). They suggested that ideally, a separate QIA should be completed for each licence to accurately assess risks.</p> <p>The panel estimated a potential saving of £70,000–£80,000 but emphasised that this figure was not tied to a specific QIA and required further breakdown and confirmation from finance.</p> <p>The panel recognised that stopping certain digital licences could have significant operational impacts and requested additional detail on which licences were being considered for non-renewal.</p> <p>There was some confusion about whether QIAs should be submitted by individual services or as a single organisational submission, particularly for digital contracts. The QIA received from MHLND Non-renewal of contracts and or digital licences was not considered</p> | 75                   |

# QIA Summary (category 2)



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| Scheme                                                       | IIA Matrix Scoring<br>STEEP                                                                                                          | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Opportunity Estimate |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Hold LTA 25/26 activity to budget                            |                                                                                                                                      | <p>No QIA received</p> <p>The panel noted that LTAs are driven by population need/activity &amp; are managed by well established LTA Governance arrangements. Will require review by Director of Delivery.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>140</b>           |
| MHLD - Delay recruitment linked to approved MH business Case | Negative impact in all domains with the impact being -25                                                                             | <p>The panel recognised significant risks across all domains if recruitment was delayed, as described in the narrative. Mental health staffing had been calculated and approved through the planning process for 2025/26.</p> <p>Recruitment should continue to follow the established FCSG (Financial Control Scrutiny Group) process.</p> <p>No EQIA screening had been completed for this proposal, and the panel noted that it was required.</p>                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>0</b>             |
| Dental recovery – consciously delay activity                 | The panel found the QIA's impact score variable, with both positive (no further deterioration) and negative (no improvement) aspects | <p>The QIA stated that the organisation has the worst NHS dental access across Wales, with no improvement in children's dental health over 15 years and increased urgent access, indicating a lack of proactive and preventive dentistry.</p> <p>The QIA considered pausing or suspending investment of the dental allocation into NHS General Dental Services, effectively maintaining the status quo rather than improving the service.</p> <p>The panel found the QIA's impact score variable, with both positive (no further deterioration) and negative (no improvement) aspects. However, it was clarified that failing to invest would not improve the poor current service, and there would be a negative impact by not reducing waiting times.</p> <p>The panel could not make a final decision and required further information and assessment before proceeding.</p> | <b>0</b>             |

# QIA Summary (category 2)



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| Scheme                                                                     | IIA Matrix Scoring STEEP                                                 | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Opportunity Estimate |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Digital project investment case 2025/26: Integrated Digital Care Programme | S = -12<br>T = -12<br>E = -8<br>E = -12<br>E = no score<br>P = -12       | <p>The panel discussed the proposed £300,000 investment for the modular Electronic Health Record (EHR) and questioned what would be delivered if less investment was made.</p> <p>It was acknowledged that digitalisation supports proactive care, population health management, and risk response, and that documentation quality is a known issue across the health board.</p> <p>The QIA did not provide detail on what would be delivered with reduced investment, and the risk of maintaining the status quo (including continued incidents, complaints, and manual processes) would remain if the proposal was not enacted.</p> <p>The panel noted that the QIA did not consider hidden financial costs associated with not having a digital record, such as ongoing scanning and incident management resource.</p> | 0                    |
| Pause Radiology activity increases                                         | The old QIA template was used the impact in all domains was 15, 20 or 25 | <p>The panel could not support the proposal to pause radiology activity increases due to the known fragility of the radiology service.</p> <p>The QIA narrative did not clearly describe the impact on quality, and the panel found it difficult to assess the true risks because the submission did not address each quality domain in detail.</p> <p>The panel's decision was based more on their own knowledge of the service than on the QIA content itself.</p> <p>There was a recommendation for greater scrutiny over additional hours and overtime via the CCG process.</p>                                                                                                                                                                                                                                       | 0                    |
| Equipment / Stores Further Faster Provision                                |                                                                          | No QIA received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                    |
| RIF Slippage                                                               | Negative impact in all domains with the impact being -25                 | <p>The panel was concerned about potential reputational risk if RIF (Regional Integration Fund) slippage was used as a savings mechanism, especially since unspent RIF funds typically need to be returned to the Regional Partnership Board.</p> <p>The panel noted significant risk scores across all domains, but these were not backed up by a clear EQIA screening or detailed narrative.</p>                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                    |

# QIA Summary (category 2)



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| Scheme                              | IIA Matrix Scoring<br>STEEP                                                                                                                                             | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Opportunity<br>Estimate |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| HB wide ban on travel               | <p>The assessment had both negative and positive impacts</p> <p>S = 12 &amp; - 9<br/>T = no score<br/>E = 12 &amp; - 9<br/>E = 12<br/>E = no score<br/>P = no score</p> | <p>The proposed HB-wide ban on travel would stop non-essential travel, with clinical travel continuing; meetings would move to virtual platforms like Microsoft Teams.</p> <p>There was uncertainty about the actual financial savings, as it was unclear how much current travel was essential (clinical, HR, disciplinary) versus non-essential (meetings).</p> <p>The panel discussed the need for a single QIA for the organisation, rather than multiple assessments, and suggested developing clear principles to guide the reduction of travel.</p> <p>Communication and principles for the travel reduction were being drafted and shared with executive leadership for feedback.</p> <p>The group agreed that a principles-based approach was preferable to a blanket ban, to ensure essential activities were not disrupted. These were agreed at Formal Executive Team Meeting on the 1<sup>st</sup> October.</p> | 0                       |
| Review contracts of temporary staff | <p>In clinical areas, the impact of the scheme is negative with scores of -20 to -25</p>                                                                                | <p>The discussion focused on reviewing contracts for temporary staff, specifically those on fixed-term contracts for more than two years.</p> <p>The panel agreed that decisions regarding temporary staff should go through the FCSG (Financial Control Scrutiny Group) process, with support from workforce and consideration of legal implications.</p> <p>The need for agreed principles and direction from the board was highlighted, and the panel had not yet fully assessed the proposal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                       |



To support this process the Executive Team agreed a set of principles to enable enhanced financial scrutiny at its meeting on the 1<sup>st</sup> October 2025. These are aligned to the following areas:

- Learning & Development:
  - Statutory & Mandatory Training
  - CPD or Conference Attendance
- Recruitment:
  - Non-patient Facing
  - Newly created posts
  - Corporate Roles
  - Finder Fees
  - Expression of Interest Pathway
- On-Contact Agency & Locum Requests
- Off-Contact Agency & Locum Requests
- Pay:
  - Re-banding
  - Incremental Credit
  - Annex 21
- Travel Reduction
- Procurement Scrutiny
- Non Clinical Stationary





- Category 1 QIA summary – previously shared

# QIA Summary (category 1)



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| Scheme                                                      | Risk Score<br>STEEEP         | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Opportunity Estimate |
|-------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Health Board Wide Recruitment Freeze on non-patient facing. | Red: 20 all domains          | <p>No QIA for the whole organisation – 9 individual QIAs received. This proposal was to freeze all existing vacancies and not replace future leavers to contribute to the nonrecurring savings target given. Consideration to equity, service delivery and impact on staff. Was given</p> <p><u>Panel Decision:</u> Apply enhanced scrutiny process to all recruitment requests i.e. consideration/scrutiny at CCG then submission to FCSG for approval.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1127                 |
| MHLD Neurodevelopment Outsourcing Core Funding              | Red: 20/25 cross all domains | <p>Proposal to suspend further outsourcing of children and adult's ND diagnostic assessments.</p> <p><u>Action from Panel:</u> Obtain more detail on impact from service:</p> <p>Subsequently discussed at EITS &amp; IQFPD in September.</p> <p><u>Summary:</u> £980k received from WG on condition that 3-year waits are eliminated and performance/capacity improvement of 30%. (In theory the £980k could be recalled if both conditions are not met in full). Plan developed to deliver the above that includes £897,600 spend on outsourcing 528 assessments and recruitment into 4 wte posts (awaiting approval)</p> <p>Category 1 saving identified of £580k in original proposal/paper: <u>Panel decision:</u> this cannot be achieved without compromising either one or both of the WG requirements and impact on quality(as per QIA).</p> <p><u>Update:</u> Following a detailed review, slippage identified of circa £230k – this is predominantly a saving against full year cost of employing 4 wte posts who are unlikely to be in post before the start of Qtr4 and some other minor slippage/savings the team have managed to achieve.</p> <p><u>Revised Options:</u></p> <ul style="list-style-type: none"> <li>Achieve £580k saving as per Category 1 list but run the risk of having to repay £980k to WG and further delay assessments for up to 341 patients. <b>Not Supported</b></li> <li>Achieve £230k saving – no risk of having to repay £980k to WG and reduce waiting times to</li> </ul> | 230                  |

# QIA Summary (category 1)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

| Scheme                                    | Risk Score STEEP                                                              | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                         | Opportunity Estimate |
|-------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Strategic Planning Budget                 | Red 15-20: safe, timely, efficient effective<br>Amber: 10<br>equitable/person | Removal of budget and delay in the expenditure associated with Clinical Services Plan and the development of the next phase of works associated with the infrastructure requirement to support the implementation of the Health and Care Strategy. <u>Action</u> : Request further information on strategic planning budget and its implications although no impact on quality identified in the short term up to end of fy. | 250                  |
| Cease minor Works Other than Essential    | Positive and negative impact against all domains Risk scores between 4 & 9.   | Proposal to review process, establish governance and control for new requests for minor works based on new criteria around essential or non-essential. Panel supported this QIA as it was strengthening the current arrangements and driving efficiency. Following Board discussion this was moved into a category 2 scheme to be further reviewed.                                                                          | 100                  |
| Pause Procurement Non-essential Equipment | Efficiency: Positive 5<br>Person Centred: Negative                            | Proposal Stop stationery / non-clinical requisitions and Pause non-essential non-clinical equipment. The panel noted negative score due to potential inequity between clinical & non-clinical groups. <u>Decision</u> : Supported QIA                                                                                                                                                                                        | 41                   |
| Mandate Virtual Meetings                  | Amber: 9 all domains                                                          | Negative across all domains – linked to travel QIA. Exceptions caveated in the QIA e.g. interviews, disciplinary procedures, clinical duties <u>Decision</u> : Mandate virtual meetings although necessary to target ‘non-essential’ travel. Following Board Principles are being developed to enact the mandating of virtual meetings.                                                                                      | 33                   |

# QIA Summary (category 1)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

| Scheme                                                | Risk Score<br>STEEEP                      | QIA Feedback Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Opportunity<br>Estimate |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Invest To save Fund                                   | No QIA Received                           | No options forthcoming.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |
| Review group for all revenue requisitions             | No QIA Received                           | No options forthcoming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
| Tritch Release of funds related to completed projects | No Score                                  | <p><u>Proposal considered</u>: To enable the systematic release of any uncommitted financial surplus within the budgets of completed projects under the Tritech &amp; Innovation division.</p> <p><u>Negative impact identified (no score)</u>:</p> <p>Staff experience/morale. No impact score.</p> <p>Legal: Need to consider non-compliance with contractual terms. No impact score.</p> <p><u>Recommendation</u>: No committed financial surplus within the budgets of ongoing initiatives be released. Ensuring protection of legally binding contracts.</p> | 0                       |
| Pause non-statutory CPD Training & Conferences        | Amber: 6 all domains                      | <p>Numerous QIAs received – reviewed WOD submission as overarching assessment. Panel noted impact on all leadership programmes which have supported a reduction in TI status. For CPD relating to clinical skills there is a direct impact on patient care. <u>Action</u>: Ensure enhanced scrutiny, enact temporary pause where appropriate, honour commitment already made &amp; pursue options for charitable funding.</p> <p>Update Sept 9: Board decision to develop principles.</p>                                                                         | 0                       |
| 2025/26 Velindre LTA Position                         | No QIA received                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                       |
| Reduce/eliminate Off Contract Agency                  | Nil QIA for Off-Contract Agency Received. | <p>Nil specific <b>Off-Contract Agency</b> QIAs submitted as nil used in Month 5.</p> <p><u>Panel decision</u>: all Off-contract agency use should be eliminated except via formal escalation (FCSG).</p> <p><u>Action</u>: Utilise enhanced scrutiny of off-contract agency requests via FCSG.</p>                                                                                                                                                                                                                                                               | 0                       |

- Category 3 QIA summary – Not Yet Assessed

**Category 3:** Least feasible – options which are either not deemed possible to pursue or require further exploration with Welsh Government.

| Scheme                                                                        | Opportunity<br>Estimate<br>Q1 | Latest Updates including QIA feedback                                                                                                                                                                                                                                                                                       | Opportunity<br>Estimate<br>Remaining |
|-------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|                                                                               | £'000                         | £'000                                                                                                                                                                                                                                                                                                                       | £'000                                |
| Recovery Plan / Waiting List Funding to cost of delivery.                     | 500                           | Planned care recovery will already be compromised in targeting variable pay initiatives. Despite opportunity being focused on core budget, there is a risk of additional WG monies confirmed for recovery initiatives not being released to afford insourcing/ outsourcing committed activity. Would require WG discussion. | 0                                    |
| HB wide recruitment freeze for patient facing roles                           | TBC                           | Risk of triggering variable pay in a number of clinical areas. FCSG process will continue to consider relevant roles.                                                                                                                                                                                                       | 0                                    |
| Delay the Drugs NICE guidance implementation until 26/27                      | 1,300                         | Statutory requirement                                                                                                                                                                                                                                                                                                       | 0                                    |
| Strategic Planning budget including consultancy use, split B: CSP Consultancy | 250                           | CSP consultancy costs already committed                                                                                                                                                                                                                                                                                     | 0                                    |
| <b>TOTAL Category 3</b>                                                       | <b>2,050</b>                  |                                                                                                                                                                                                                                                                                                                             | <b>0</b>                             |



- The Quality Safety & Experience Committee are asked to **Note** the process for assessing then quality impact of the proposed saving schemes and to take **Assurance** that any changes being considered have appropriate governance, scrutiny and mitigation arrangements in place.

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## 5.3 - INVESTMENT AND BENEFITS REALISATION REPORT

*Sian Jenkins (Hywel  
Dda UHB - Deputy  
Director of Finance)*

| For assurance

### **Attachments**

[Investment and Benefit Realisation Report FPC 21 October 2025.pdf](#)

[Appendix 1 Investment and Benefits Realisation Report.pdf](#)



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

|                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                            |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Investment and Benefits Realisation Report |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Director of Finance            |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Sian Jenkins, Deputy Director of Finance   |

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

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to provide an update on the status of investment cases. At this stage the investment cases are relatively recently approved therefore the benefits realisation has not been assessed.

**Cefndir / Background**

The Health Board approved an Annual Plan on 27 March 2025 which represented a planned deficit of £31.5m. This includes provision for investments totalling £11.9m, expected recurrent savings of £19.0m, plus a non-recurrent benefit of underspends and non-recurrent savings of £25.4m. Therefore, total savings delivery for the year of £46.4m.

Recognising that appropriate scrutiny of investment plans is required ahead of final approval being granted, the Annual Plan earmarked funding to support a number of priority proposals which had been highlighted through the planning cycle, total value £11.9m. These cases have been routed through an investment scrutiny process lead by representatives of the Finance, Operations, Planning, Workforce functions, with recommendations reported through to Formal Executive Team for decision.

**Asesiad / Assessment**

**Investments**

Within the Annual Plan £11.9m was supported to afford priority investment cases, these plans have been scrutinised ahead of formal approval and award of funding. To date £8.0m has been approved on a recurrent basis, with a level of slippage identified in respect of in year spend for 2025/26 as a result of recruitment timescales and lead in times.



- **Process** – the cases included in the annual plan were split into 3 batches and a process of desktop review, feedback, follow up meetings and recommendations to Formal Executive Team. The intention had been to conclude the review process by early June, however, to ensure robust cases are presented to Formal Executive Team it has been necessary to allow more time for further work to be done on some cases. A handful of additional cases were also referred into the scrutiny process by Executive Directors.
- **Status** – all submitted cases have been through the initial review process, the majority have been considered by Formal Executive Team for decision. Included in **Appendix 1** is a status update across all the investment cases.
  - o One area earmarked for investment has had funding confirmed by Welsh Government, this will support medical recruitment and has released £0.2m recurrently as a saving scheme.
  - o Recognising the financial challenge within the organisation, in reviewing options to improve the financial plan, some of the original provision for investment has been reviewed, £0.6m has been released recurrently as saving schemes.
  - o Two further additional cases have directed into the process in respect of Emergency Department nursing at Glangwili Hospital (GGH) and Bronglais Hospital (BGH), for which no provision was made in the 2025/26 Annual Plan. Further work is being undertaken to ensure a complete financial assessment is reflected within the plans, plus consideration of the Urgent and Emergency Care (UEC) programme and associated impact on appropriate capacity and nursing workforce implications.
- **Next Steps** – the focus of the scrutiny process remains to complete the review of the original cases for 2025/26, pending final proposals. This process has provided positive learning which the panel are keen to apply in framing the process for the 2026/27 planning cycle. This includes development of a standardised template for proposals, currently in draft, to include delivery milestones and benefits realisation. Also, the timeline for investments to be considered, to ensure there is scrutiny of plans ahead of proposals being prioritised within the Annual Plan.

Recognising that of the 2025/26 investments, cases are relatively recently being granted approval and are currently being implemented, further updates on delivery and benefits realised will be provided subsequently.

Whilst decision outcomes remain to be confirmed for some cases, the associated funding is being reviewed on a monthly basis and factored into the financial position as appropriate.

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

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

#### **Argymhelliad / Recommendation**

The Finance and Performance Committee is asked to:

- **ACKNOWLEDGE** that investment cases for 2025/26 are being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team. Also that this process has incorporated the consideration of essential proposals

to enable key quality and safety priorities for the Health Board in respect of fire enforcement notices and review of nursing workforce in particular areas.

- **NOTE** that the process for investment cases is being reviewed to inform the 2026/27 annual planning cycle in a bid to standardise the approach both in respect of business cases and benefits realisation.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                           | <p>3.1.3 Receive assurance on the development and realisation of opportunities. This will be achieved through scrutiny of the bi-monthly savings and opportunities report to the Committee.</p> <p>3.1.13 Review any investment/disinvestment strategy, including Procurement and Contracting Strategy, maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:</p> <p>3.1.13.1 Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;</p> <p>3.1.13.2 Ensuring that robust processes are followed; and</p> <p>3.1.13.3 Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.</p> |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                 | 2086 (score 20) 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:<br>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:                                                                                                                                  | BGH – Bronglais Hospital<br>CHC – Continuing Healthcare<br>EOY – End of Year<br>FNC – Funded Nursing Care<br>FYE – Full Year Effect<br>GGH – Glangwili Hospital<br>GMS – General Medical Services<br>HSCEY – Health, Social Care and Early Years<br>MHLDD – Mental Health & Learning Disabilities<br>NICE – National Institute for Health and Care Excellence<br>OCP – Organisational Change Policy/Process<br>OOH – Out of Hours<br>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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                                        |
|---------------------------------------------------------|--------------------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | Financial implications are inherent within the report. |

|                                                          |                                                                                                                                                                                                   |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b> | The impact on patient care is assessed within the savings schemes.                                                                                                                                |
| <b>Gweithlu:<br/>Workforce:</b>                          | The report considers the financial implications of our workforce.                                                                                                                                 |
| <b>Risg:<br/>Risk:</b>                                   | Financial risks are detailed in the report.                                                                                                                                                       |
| <b>Cyfreithiol:<br/>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:<br/>Reputational:</b>                         | Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.                                                   |
| <b>Gyfrinachedd:<br/>Privacy:</b>                        | Not Applicable                                                                                                                                                                                    |
| <b>Cydraddoldeb:<br/>Equality:</b>                       | Not Applicable                                                                                                                                                                                    |





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# Investment and Benefits Realisation Report

## Finance and Performance Committee

21 October 2025

Key Commentary

Priority cases within the 2025/26 Annual Plan for which investment funding was supported, have been progressing through an internal review and scrutiny process during Q1.

- All cases have been through the initial review process
- To date 13 cases have been approved through Formal Executive Team
- 1 case has been updated and resubmitted for the scrutiny process to continue
- Updated proposals for 4 cases are awaited.

The status update of each proposal in respect of the investment scrutiny process is outlined below and across the following 2 slides.

| Annual Plan Category     | CCG / Directorate                   | Description                                                | Annual Plan Provision<br>£ | Approved 25/26<br>£ | Approved Recurrent<br>£ | Status                                                                                   | Formal Executive Team consideration |
|--------------------------|-------------------------------------|------------------------------------------------------------|----------------------------|---------------------|-------------------------|------------------------------------------------------------------------------------------|-------------------------------------|
| Local Future Investments | Planned and Specialist Care         | Acute Oncology Service (AOS) provision improvement         | 398,013                    | 174,407             | 398,013                 | Approved                                                                                 | 16/04/2025                          |
| Local Future Investments | Planned and Specialist Care         | Ophthalmology IVT recovery plan - clinic staffing capacity | 350,000                    | 350,000             | 350,000                 | Approved                                                                                 | 16/04/2025                          |
| Local Future Investments | Planned and Specialist Care         | Ophthalmology IVT recovery plan - drug consumption         | 1,300,000                  | 1,300,000           | 1,300,000               | Approved                                                                                 | 16/04/2025                          |
| Local Future Investments | Planned and Specialist Care         | Endoscopy                                                  | 700,000                    | 439,796             | 475,719                 | Approved                                                                                 | 16/04/2025                          |
| Local Future Investments | Allied Health and Health Scientists | Radiology diagnostic improvement                           | 1,500,000                  | 1,500,000           | 1,500,000               | Recommendation made to Execs. Subsequent follow up to finalise approval. <b>Approved</b> | 16/04/2025                          |
| Local Future Investments | Digital                             | Modular Electronic Health Record                           | 1,800,000                  | 1,540,000           | 1,800,000               | Recommendation made to Execs. Subsequent follow up to finalise approval. <b>Approved</b> | 16/04/2025                          |
| Local Pre-Commitment     | Estates and Facilities              | Additional fire wardens required at WGH                    | 178,000                    | 153,922             | 178,000                 | Approved                                                                                 | 21/05/2025                          |
| Local Pre-Commitment     | Director of Nursing                 | Legal Service                                              | 324,945                    | 269,842             | 324,945                 | Approved                                                                                 | 21/05/2025                          |

## 2025/26 Investment Case Update (2 of 3)

| Annual Plan Category     | CCG / Directorate         | Description                         | Annual Plan Provision<br>£ | Approved 25/26<br>£ | Approved Recurrent<br>£ | Status                                                                                                                                                                                                                                                                                                                                                                                               | Formal Executive Team consideration |
|--------------------------|---------------------------|-------------------------------------|----------------------------|---------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Local Pre-Commitment     | Estates and Facilities    | Maintenance Volume                  | 400,000                    | 0                   | 0                       | Deferred, awaiting paper. Exec decision to release funding reserve, recognising new leadership arrangements for CCG and need for wider review of function to inform an investment plan. Any subsequent proposal will feed in through planning cycle. <b>Funding reserve released as a recurrent saving scheme.</b>                                                                                   | N/A                                 |
| Local Pre-Commitment     | Director of Workforce     | International Recruitment (Medical) | 200,000                    | 0                   | 0                       | Deferred, awaiting paper. Subsequent confirmation of WG funding to support recruitment. <b>No investment required, funding reserve released as a recurrent saving scheme.</b>                                                                                                                                                                                                                        | N/A                                 |
| Local Pre-Commitment     | Medical Director          | VBHC - Heart Failure                | 624,000                    | 0                   | 0                       | Exec recommendation made. Exec ask to service that savings assessment re-visited, reassess and determine future, VBHC funding extended. Review of options in respect of service mitigation plans and recurrent cost requirement being assessed through Value & Sustainability Group, timeline set for end of October. <b>Financial reserve converted to a non-recurrent saving scheme for 25/26.</b> | 21/05/2025                          |
| Local Pre-Commitment     | Estates and Facilities    | RAAC revenue pressure               | 150,000                    | 150,000             | 150,000                 | <b>Approved</b>                                                                                                                                                                                                                                                                                                                                                                                      | 04/06/2025                          |
| Local Future Investments | Director of Public Health | Child Obesity PH                    | 300,000                    | 80,000              | 0                       | Progressed through batch 2, require greater clarity ahead of making recommendation, awaiting paper. Exec decision to pause potential investment until latter stages of 25/26, non-recurrent saving to be transacted month on month in the interim. Non-recurrent funding allocated to support dietician capacity for selective eating disorders.                                                     | TBC                                 |

# 2025/26 Investment Case Update (3 of 3)

| Annual Plan Category               | CCG / Directorate                 | Description                                       | Annual Plan Provision<br>£ | Approved 25/26<br>£ | Approved Recurrent<br>£ | Status                                                                                                                                                                                                                                                                | Formal Executive Team consideration |
|------------------------------------|-----------------------------------|---------------------------------------------------|----------------------------|---------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Local Future Investments           | Central Reserves                  | Nurse Staffing 25b Provisional Autumn 2024 Review | 380,030                    | 164,551             | 164,551                 | Progressed directly through Executive Team, Spring Review 25b. <b>Approved</b>                                                                                                                                                                                        | N/A                                 |
| Local Future Investments           | Central Reserves                  | Band 2/3 HCSW Pay Dispute                         | 2,261,379                  |                     |                         | National/HR/corporate nursing process will determine appropriate costs, not an investment case per se. Provision scaled back from £2.3m to £2.0m.                                                                                                                     | N/A                                 |
| Local Future Investments           | Central Reserves                  | Nurse Staffing 25a Provisional MH&LD              | 988,657                    | 988,657             | 988,657                 | Progressed directly through Executive Team. <b>Approved</b>                                                                                                                                                                                                           | N/A                                 |
| Not included in the financial plan | Estates and Facilities            | Additional fire wardens required at WGH           | 0                          | 0                   | 205,000                 | <b>Approved</b> (costs start Sept '26)<br>In the absence of reserve funding, budget will be aligned through the 26/27 planning cycle.                                                                                                                                 | 04/06/2025                          |
| Not included in the financial plan | Estates and Facilities            | Additional fire wardens required at GGH           | 0                          | 153,922             | 205,000                 | <b>Approved</b><br>In the absence of reserve funding, costs in 25/26 will generate a deficit variance - budget will be aligned through the 26/27 planning cycle.                                                                                                      | 04/06/2025                          |
| Not included in the financial plan | Director of Public Health         | Health Coaches - pursuing VBHC funding initially  | 0                          |                     |                         | Linked to VBHC funding to pilot. Progressed through batch 2, further work required, updated proposal submitted - scrutiny process to recommence. Exec decision to pause potential investment until latter stages of 25/26, dependent on availability of VBHC funding. | TBC                                 |
| Not included in the financial plan | Community and Integrated Medicine | BGH EUCC Nursing                                  | 0                          |                     |                         | Deferred, pending paper. Paper submitted and queries raised for clarity, in particular link to UEC programme.                                                                                                                                                         | TBC                                 |
| Not included in the financial plan | Community and Integrated Medicine | GGH ED Nursing                                    | 0                          |                     |                         | Deferred, pending paper                                                                                                                                                                                                                                               | TBC                                 |
| Total                              |                                   |                                                   | 11,855,024                 |                     |                         |                                                                                                                                                                                                                                                                       |                                     |
| Approved Total                     |                                   |                                                   |                            | 7,265,097           | 8,039,885               |                                                                                                                                                                                                                                                                       |                                     |



5.4

12:20 PM, 5 Mins

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## 5.4 - BALANCE SHEET REPORT

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Balance Sheet Report FPC 21 October 2025.pdf](#)

[Appendix 2 Financial Accounting Dashboard.pdf](#)



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

|                                                        |                                                      |
|--------------------------------------------------------|------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                      |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Balance Sheet Analysis                               |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance            |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Tim John, Head of Accounting and Statutory Reporting |

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of the report is to outline the Health Board's Balance Sheet position as at the end of Quarter 2 2025/26 (M6), to provide an explanation for any key movements and to provide assurance to the Committee that robust, routine and effective monitoring is in place.

The report also outlines the monthly scrutiny of the Balance Sheet and any further developments.

**Cefndir / Background**

The Health Board's Financial Accounts team, on behalf of the Director of Finance, and as part of a monthly review process and sign off, will ensure scrutiny and completeness of the Health Board's Balance Sheet.

**Asesiad / Assessment**

**Quarter 3 2025-26 Balance Sheet Review**

The Month 6 Balance Sheet, with explanation of key variances, is shown in **Appendix 1**. The movement of £13m from the opening position can be summarised as follows:

|                                    | 2025-26<br>Opening<br>balance £m | 30 Sep 2025<br>£m | Movement<br>£m |
|------------------------------------|----------------------------------|-------------------|----------------|
| <b>Non-Current assets</b>          |                                  |                   |                |
| Fixed Assets                       | 379                              | 378               | -1             |
| Other non- current assets          | 60                               | 69                | 9              |
|                                    | <b>439</b>                       | <b>447</b>        | <b>8</b>       |
| <b>Current Assets</b>              |                                  |                   |                |
| Inventories                        | 12                               | 13                | 1              |
| Trade and other Receivables        | 69                               | 78                | 9              |
| Cash                               | 4                                | 11                | 7              |
| <b>Total Assets</b>                | <b>524</b>                       | <b>549</b>        | <b>25</b>      |
| <b>Liabilities</b>                 |                                  |                   |                |
| Trade and other Payables           | -169                             | -164              | 5              |
| Provisions                         | -95                              | -112              | -17            |
| <b>Total Liabilities</b>           | <b>-264</b>                      | <b>-276</b>       | <b>-12</b>     |
| <b>Net Assets less Liabilities</b> | <b>260</b>                       | <b>273</b>        | <b>13</b>      |
| <b>Financed by:</b>                |                                  |                   |                |
| General Fund                       | 199                              | 209               | 10             |
| Revaluation Reserve                | 61                               | 64                | 3              |
| <b>Total Funding</b>               | <b>260</b>                       | <b>273</b>        | <b>13</b>      |

**Appendix 2** shows the Power BI platform for Balance Sheet analysis.

### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **NOTE** the Balance Sheet as at the end of Quarter 2 2025/26

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

|                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                           | 2.2            | Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | 2086.          | Current Risk Score = 20.                                                                                                                                                                                                                                                                                                                                                                                                  |
| Parthau Ansawdd:                                                                           | Not Applicable |                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                           |                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                                         |                                                                                             |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable                                                                              |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | Not Applicable                                                                              |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 1 Workforce Stabilisation<br>2 Financial recovery and route map<br>6 Clinical services plan |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                                                                          |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                                         |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                 | Monitoring returns to Welsh Government based on the Health Board's financial reporting system. |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                  | Explanation of terms is included in the report.                                                |
| Partïon / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | Finance Team                                                                                   |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                                        |
|---------------------------------------------------------|--------------------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | Financial implications are inherent within the report. |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:        | Not Applicable                                         |

|                                    |                                                                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gweithlu:<br/>Workforce:</b>    | Not Applicable                                                                                                                                                                                              |
| <b>Risg:<br/>Risk:</b>             | Financial risks are detailed in the report.                                                                                                                                                                 |
| <b>Cyfreithiol:<br/>Legal:</b>     | The Health Board 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:<br/>Reputational:</b>   | Adverse variance against the Health Board's financial plan will affect its reputation with Welsh Government, Audit Wales and with external stakeholders.                                                    |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable                                                                                                                                                                                              |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable                                                                                                                                                                                              |



## APPENDIX 1: Statement of Financial Position as of 30 September 2025

| Statement of Financial Position as of 30 September 2025 | Opening Balance 1 April 2025<br>£'000 | Closing Balance 30 September 2025<br>£'000 | Movement<br>£'000 |
|---------------------------------------------------------|---------------------------------------|--------------------------------------------|-------------------|
| <b>Non-Current Assets</b>                               |                                       |                                            |                   |
| Property, plant and equipment (PP&E)                    | 377,071                               | 376,718                                    | (353)             |
| Intangible assets                                       | 1,952                                 | 1,589                                      | (363)             |
| Trade and other receivables                             | 59,122                                | 68,015                                     | 8,893             |
| Other financial assets                                  | 826                                   | 826                                        | 0                 |
| <b>Non-Current Assets sub total</b>                     | <b>438,971</b>                        | <b>447,148</b>                             | <b>8,177</b>      |
| <b>Current Assets</b>                                   |                                       |                                            | <b>0</b>          |
| Inventories                                             | 12,475                                | 12,800                                     | 325               |
| Trade and other receivables                             | 68,508                                | 78,245                                     | 9,737             |
| Cash and cash equivalents                               | 3,943                                 | 10,637                                     | 6,694             |
| Other financial assets                                  | 148                                   | 148                                        | 0                 |
| <b>TOTAL CURRENT ASSETS</b>                             | <b>85,074</b>                         | <b>101,830</b>                             | <b>16,756</b>     |
| <b>TOTAL ASSETS</b>                                     | <b>524,045</b>                        | <b>548,978</b>                             | <b>24,933</b>     |
| <b>Current Liabilities</b>                              | (162,040)                             | (158,689)                                  | <b>3,351*</b>     |
| Provisions                                              | (33,839)                              | (39,647)                                   | (5,808)^          |
| <b>NET CURRENT ASSETS / (LIABILITIES)</b>               | <b>(110,805)</b>                      | <b>(96,506)</b>                            | <b>14,299</b>     |
| <b>Non-Current Liabilities</b>                          |                                       |                                            |                   |
| Trade and other Payables                                | (6,837)                               | (5,914)                                    | 923*              |
| Provisions                                              | (61,742)                              | (72,339)                                   | (10,597)^         |
| <b>TOTAL ASSETS EMPLOYED</b>                            | <b>259,587</b>                        | <b>272,389</b>                             | <b>12,802</b>     |

There has been an increase in the total for Non-Current Assets of £8.2m since the end of 2024/25. Trade and other receivables have increased by £8.9m. This is mainly due to the increase in the Welsh Risk Pool debtor.

There has been an increase of £16.7m in the total amount of Current Assets since the end of 2024/25, of which an increase of £9.7m relates to Trade and other receivables. Cash and cash equivalents accounted for £6.7m of the increase. This increase is mainly due to cash drawdown in anticipation of losses payments that are yet to be made.

\*There has been a net decrease in Total Liabilities (excluding Provisions) of £4.3m since the end of 2024/25. This decrease relates to Trade and Other Payables – further details are provided below\*\*

^Total provisions have increased by £16.4m since the end of 2024/25. The movement was mainly due to an increase in the provision for clinical negligence cases from the end of 2024/25. This is due to a increase in the provision across multiple cases.

|                                |                |                |               |
|--------------------------------|----------------|----------------|---------------|
| <b>FINANCED BY:</b>            |                |                |               |
| <b>Taxpayers' Equity</b>       |                |                |               |
| <b>General Fund</b>            | 198,951        | 208,525        | <b>9,574</b>  |
| <b>Revaluation Reserve</b>     | 60,636         | 63,864         | <b>3,228</b>  |
| <b>TOTAL TAXPAYERS' EQUITY</b> | <b>259,587</b> | <b>272,389</b> | <b>12,802</b> |

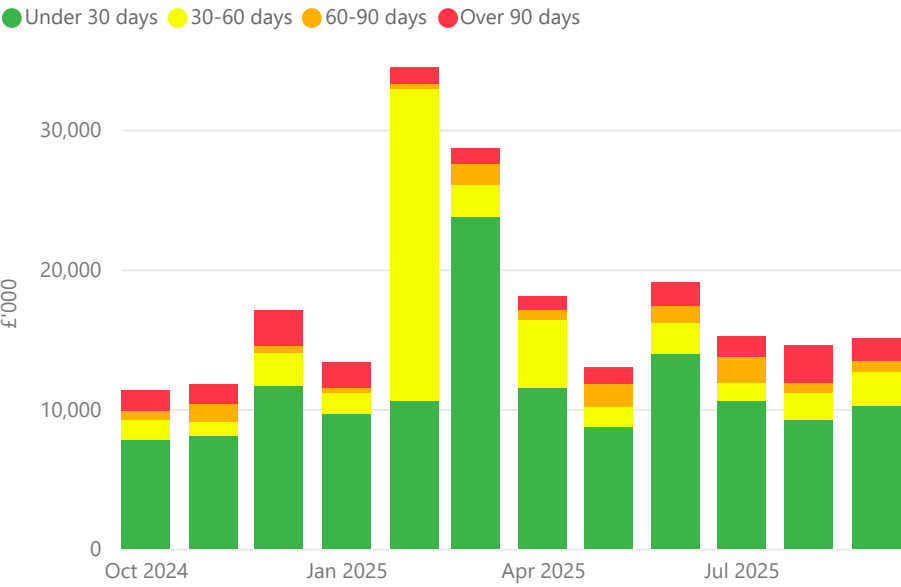
\*\*Additional information in respect of the decrease in Trade and Other Payables:

The main movements in Trade and Other payables are as follows :

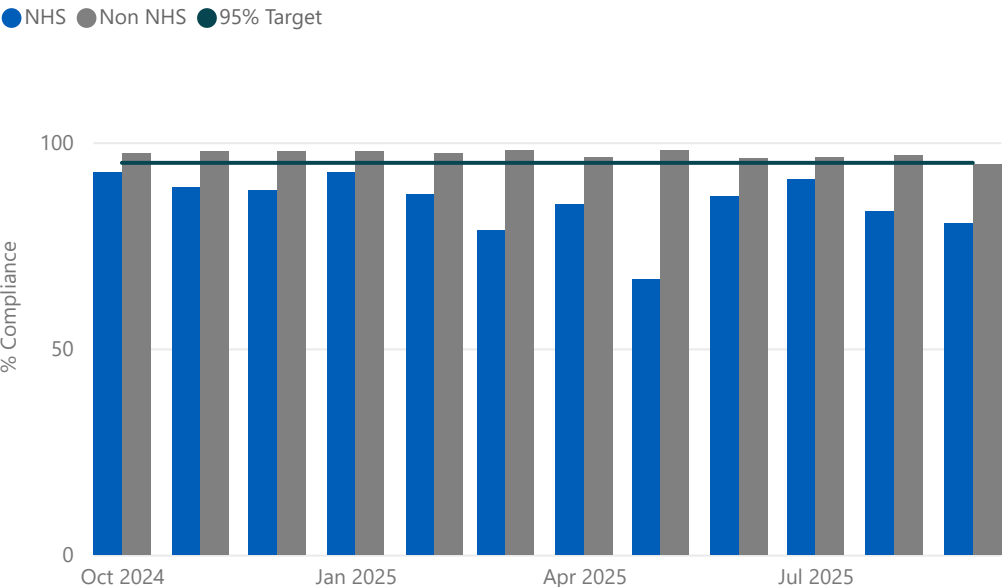
|                                  |                                                                                                                                                                                         |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Trade Payables (£35.9m) decrease | (£28.7m) Timing of year end reversals<br>(£9.2m) Timing of invoices processed through AP<br>(£8.3m) Timing of Month 5 primary care contractor payments<br>£11.7m Timing of CHC invoices |
| NHS Payables £29.4m increase     | £9.8m English NHS/PCT<br>£9.7m Health Commission Wales<br>£6.6m Healthcare Contracting - Other<br>£2.4m Velindre                                                                        |



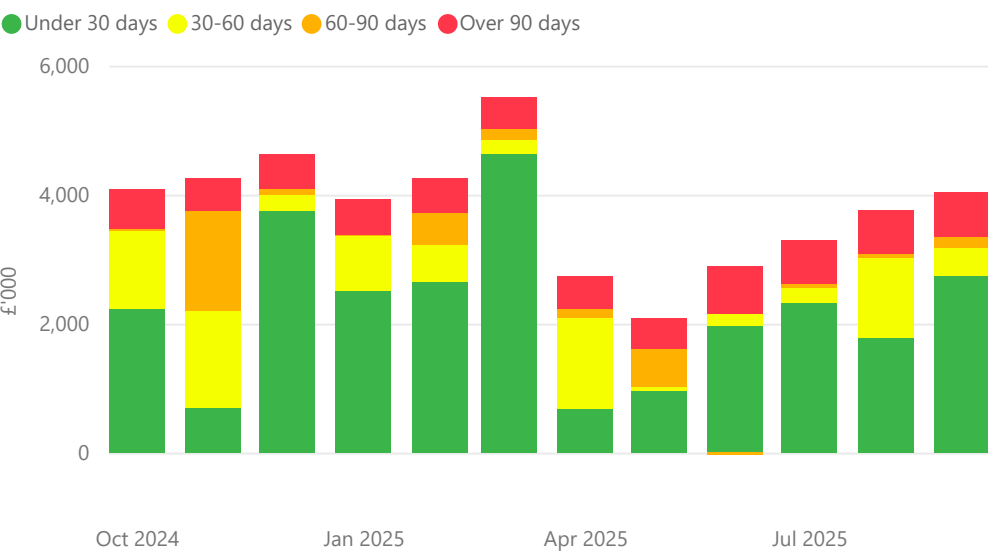
Aged Payables



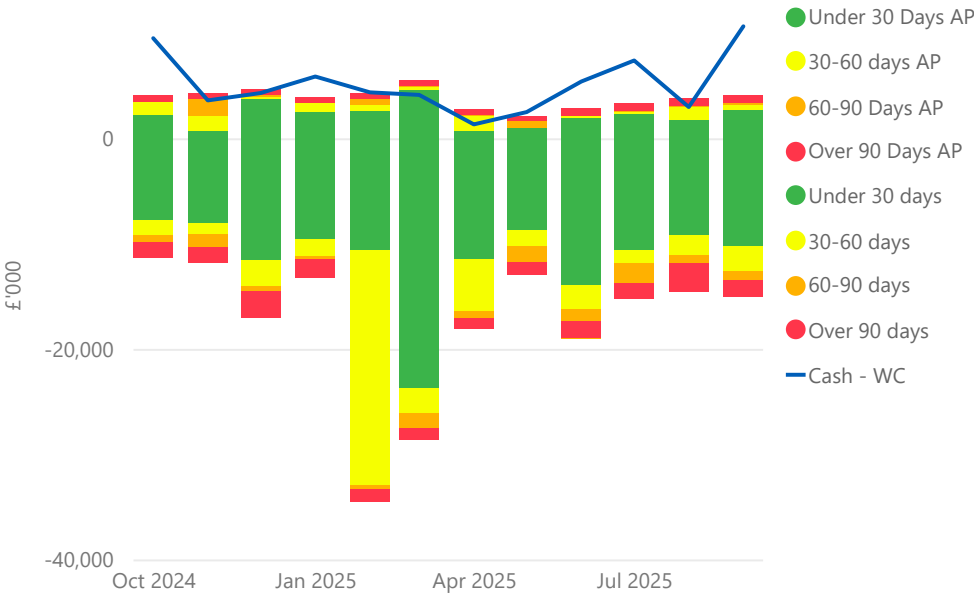
Public Sector Payment Policy (PSPP)



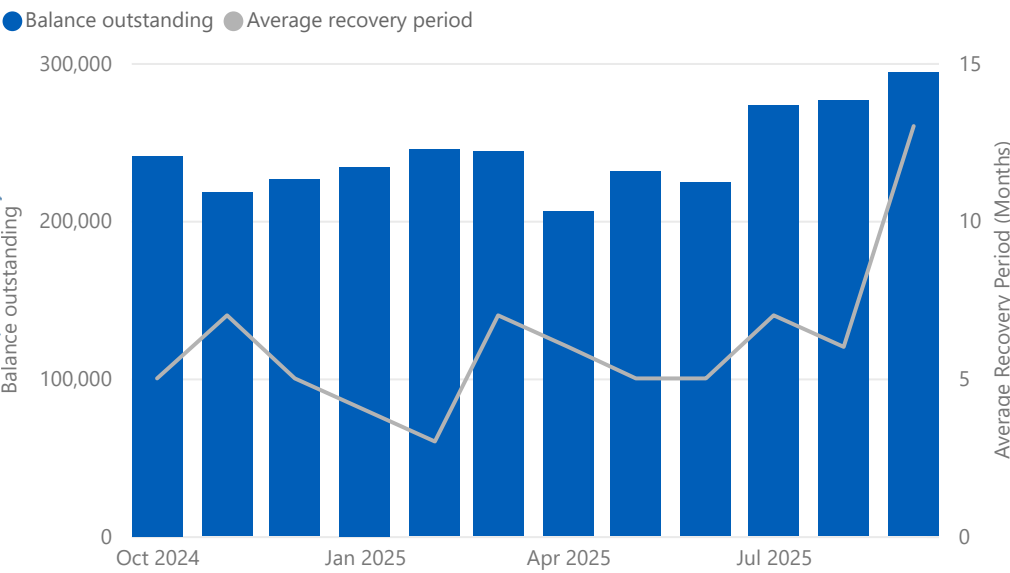
Aged Receivables



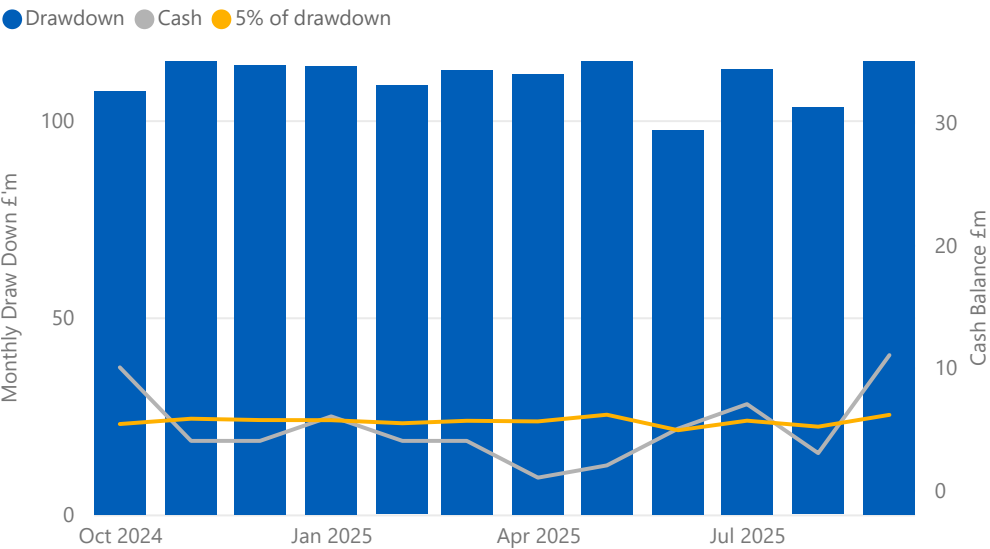
Working Capital



Overpayments of Salaries

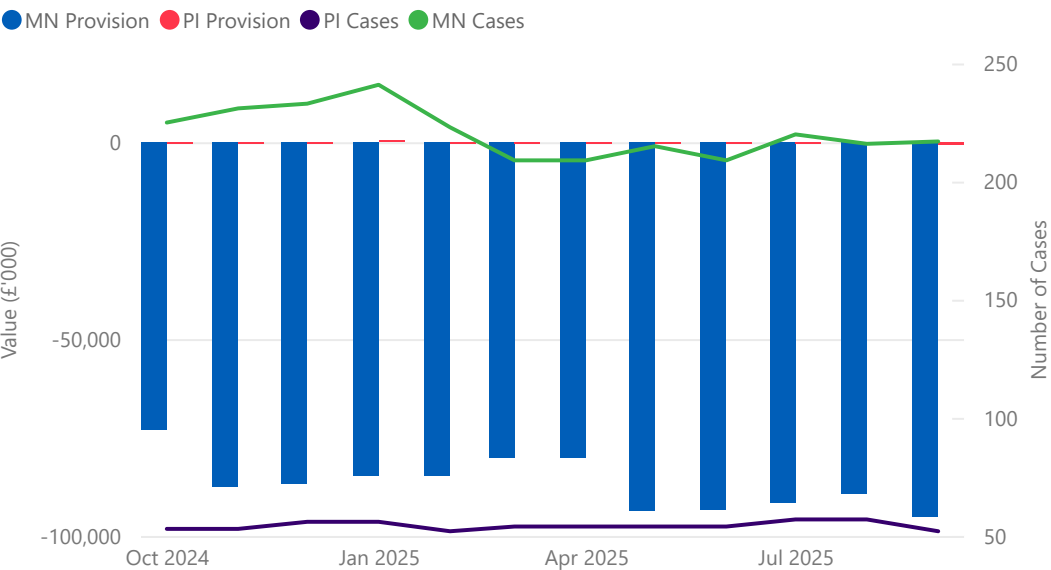


Cash WG Allocation



| Summarised                        | Opening Balance £'000 | Month 6 £'000 | Movement M6 £'000 |
|-----------------------------------|-----------------------|---------------|-------------------|
| Fixed assets                      | 377,071               | 376,718       | -353              |
| Other non current assets          | 61,900                | 70,430        | 8,530             |
| Total Non Current Assests         | 438,971               | 447,148       | 8,177             |
| Cash                              | 3,943                 | 10,637        | 6,694             |
| Inventories                       | 12,475                | 12,800        | 325               |
| Other financial assets            | 148                   | 148           | 0                 |
| Trade and other receivables       | 68,508                | 78,245        | 9,737             |
| Total Current Assets              | 85,074                | 101,830       | 16,756            |
| Total Assets                      | 524,045               | 548,978       | 24,933            |
| Provisions                        | 33,839                | 39,647        | 5,808             |
| Trade and other payables          | 162,040               | 158,689       | -3,351            |
| Total Current Liabilities         | 195,879               | 198,336       | 2,457             |
| Total Net Assets less Liabilities | 328,166               | 350,642       | 22,476            |
| Provisions                        | 61,742                | 72,339        | 10,597            |
| Trade and other payables          | 6,837                 | 5,914         | -923              |
| Total Non-current liabilities     | 68,579                | 78,253        | 9,674             |
| Total Assets Employed             | 259,587               | 272,389       | 12,802            |
| General Fund                      | 198,951               | 208,525       | 9,574             |
| Revaluation reserve               | 60,636                | 63,864        | 3,228             |
| Total Taxpayers' equity           | 259,587               | 272,389       | 12,802            |

Medical Negligence & Personal Injury





Aged Payables



Aged Receivables



PSPP



Cash



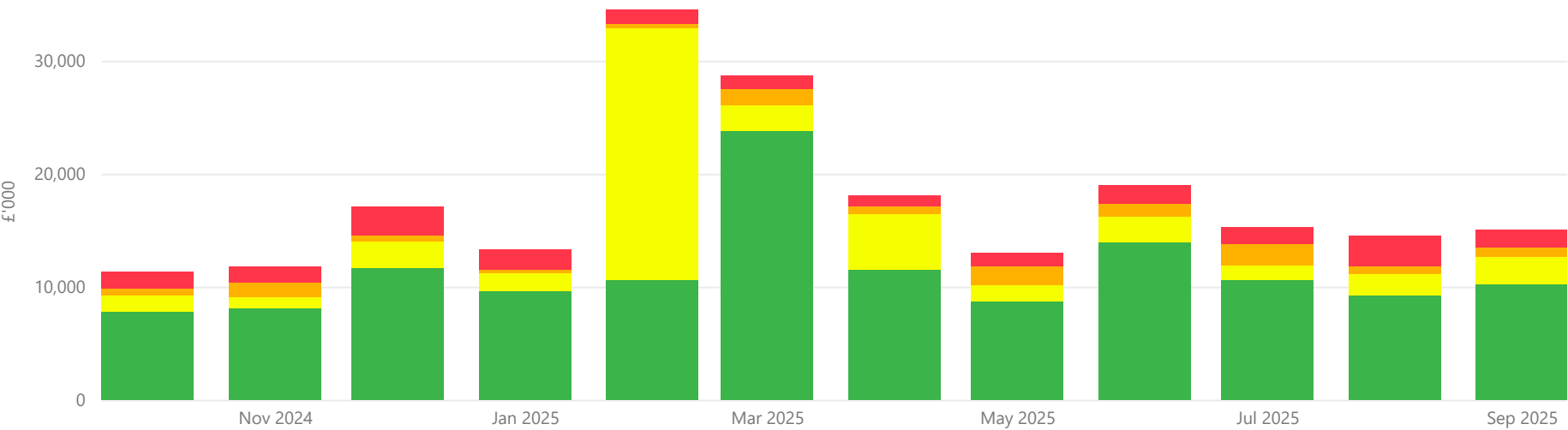
Working Capital



Medical Negligence

Aged Payables

Under 30 days 30-60 days 60-90 days Over 90 days



As at the end of September there were £15.0m of unpaid supplier invoices in the Oracle financial ledger (£19.1m at the end of June). Of these, £4.8m were over 30 days old, representing 32% of the overall outstanding number of invoices (28.68% at the end of June).



Aged Payables



Aged Receivables



PSPP



Cash



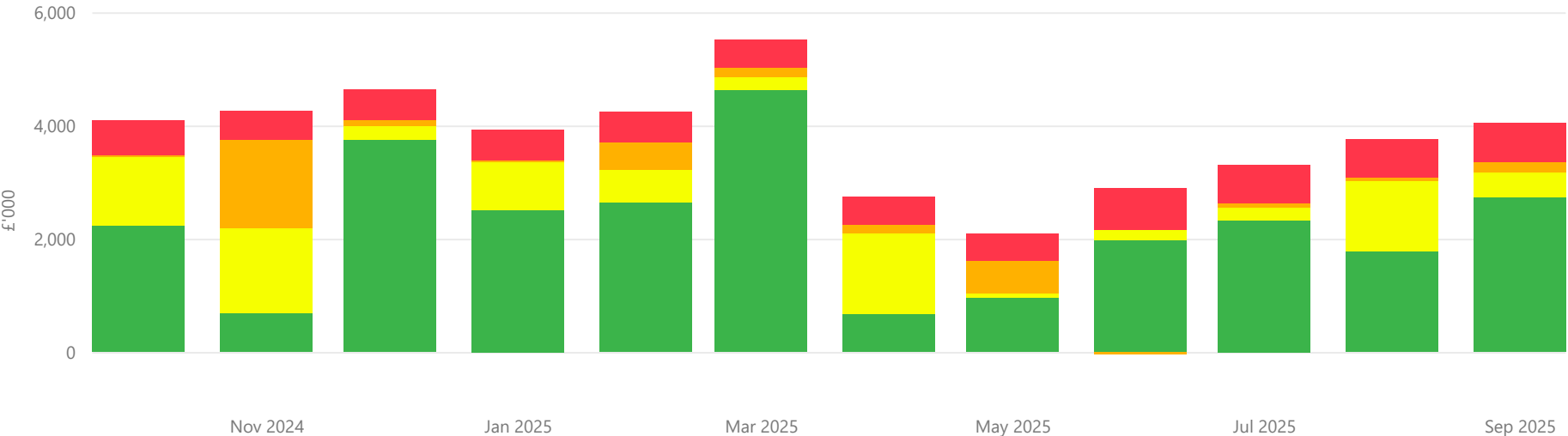
Working Capital



Medical Negligence

Aged Receivables

Under 30 days 30-60 days 60-90 days Over 90 days



A sum of £108k is being repaid directly to the Health Board by instalment or salary deduction.

A sum of £243k is currently being managed on our behalf by our debt recovery agency, CCI.

As at the end of September there was £4.0m (£2.8m at the end of June) of debt owed to the Health Board, of this £2.7m, (68%) (corresponding September figure was £2.0m, 69%) was under 30 days old.



Aged Payables



Aged Receivables



PSPP



Cash



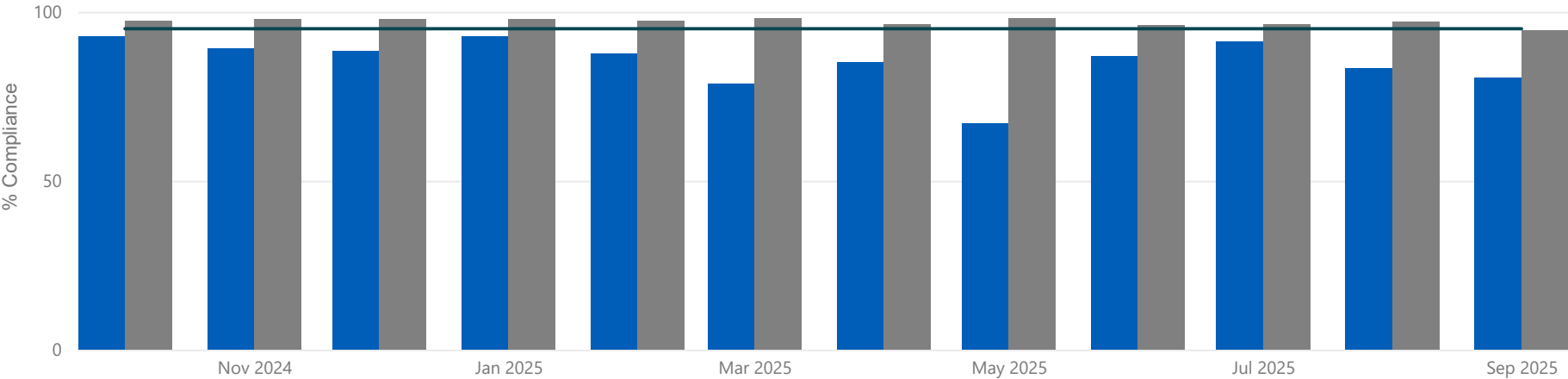
Working Capital



Medical Negligence

Public Sector Payment Policy (PSPP)

NHS Non NHS 95% Target



The Health Board has achieved its PSPP target of paying 95% of its non-NHS invoices within 30 days on a cumulative basis to 30 September (96.4%). Compliance for Quarter 2 was 95.9% (96.8% for Q1).



Aged Payables



Aged Receivables



PSPP



Cash

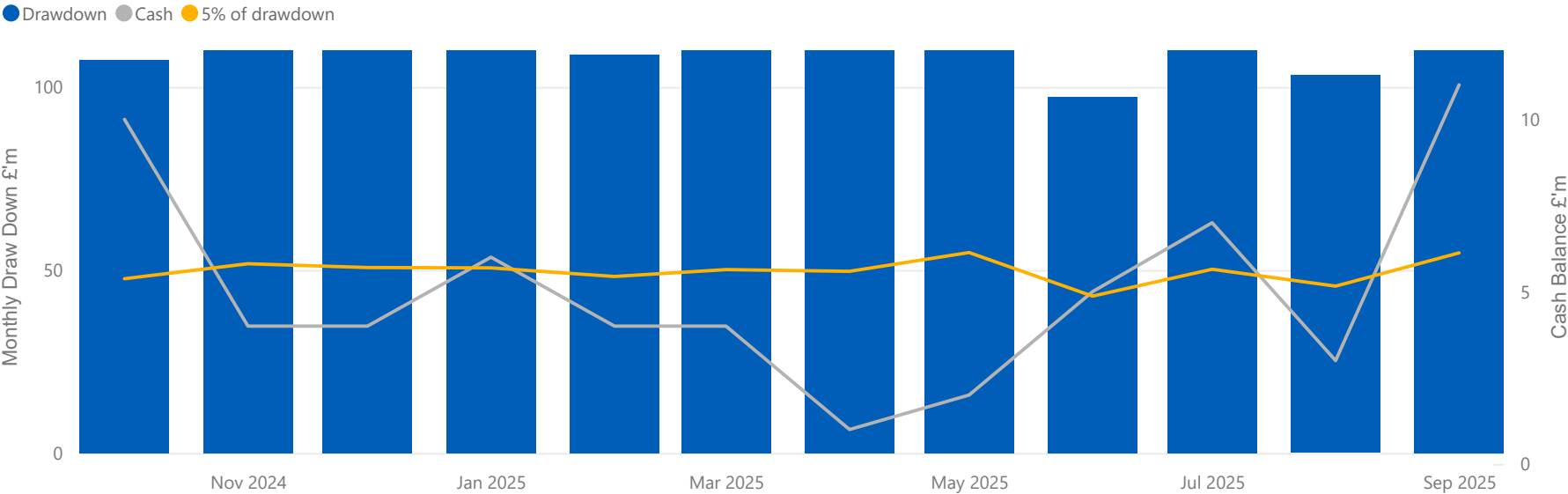


Working Capital



Medical Negligence

Cash WG Allocation



The Health Board has a cash limit of £1,326.1m split between revenue £1,287.2m and capital £38.9m. The amount of cash drawn down in total up to the end of September is £670.6m. The closing balance as at 30th September was £10.6m



Aged Payables



Aged Receivables



PSPP



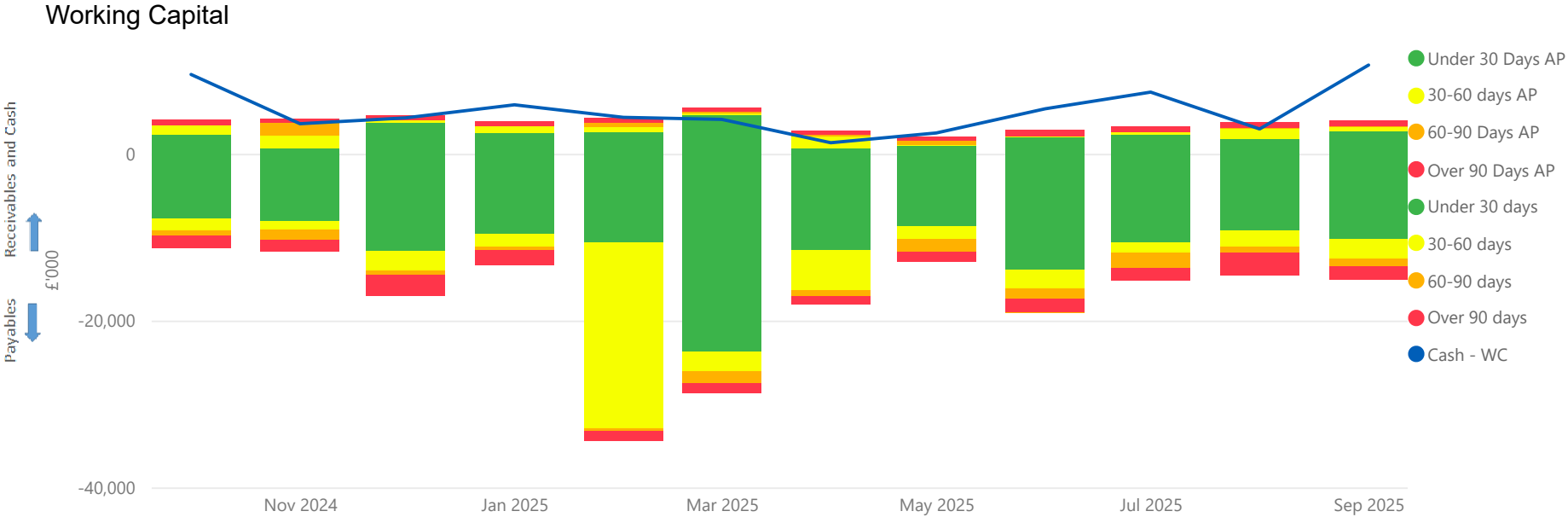
Cash



Working Capital



Medical Negligence



As at the end of September, the cash balance is £10.6m (£5.4m at the end of June). Balances owed to the Health Board at the end of September are £4.0m (£2.8m in June). It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to suppliers at the end of December are £15.1m (£19.0m in June).



Aged Payables



Aged Receivables



PSPP



Cash



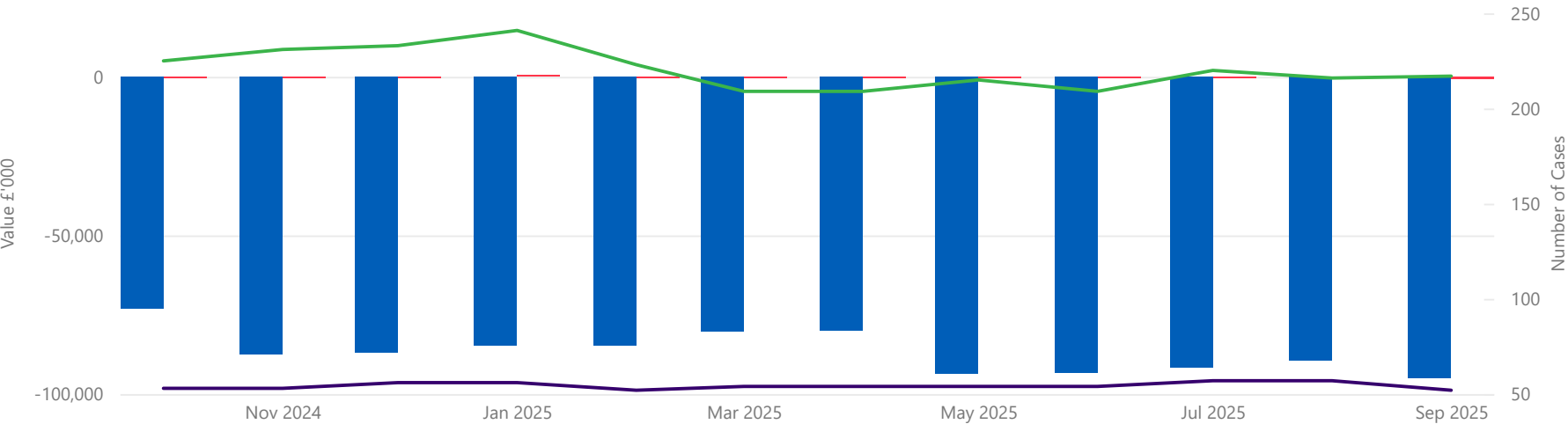
Working Capital



Medical Negligence

Medical Negligence & Personal Injury

MN Provision PI Provision PI Cases MN Cases



The movement in the provision for medical negligence cases from the end of 2024/25 is £14.8m increase. This is due to an increase in the number of cases and increases in the provision across a number of cases.

5.5

12:25 PM, 5 Mins

---

## 5.5 - PROCUREMENT SCRUTINY

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Procurement Report FPC 21 October 2025.pdf](#)





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

|                                                        |                                             |
|--------------------------------------------------------|---------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                             |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Procurement Report                          |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas - Executive Director of Finance  |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Gemma Deverill – Deputy Head of Procurement |

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

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**  
**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to inform Members of the:

1. Outcome of the procurement exercises which have been undertaken on behalf of Hywel Dda University Health Board (HDdUHB). In line with Welsh Government (WG) approval procedures, the Health Board is required to approve the following new contracts, as they have each have a cumulative contract value in excess of £1m over the term of the contract for HDdUHB.

Cefndir / Background

**1. All Wales Standard and Custom Procedure Packs Framework Agreement**

Proposed outcome

| Duration of Contract                                                                     | Proposed Supplier (s) | Current Annual Local Contract Value | Proposed Annual Value of New Contract | Proposed Total Value of New Contract |
|------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| 1 January 2026 to the 31 December 2030 with the option to extend to the 31 December 2031 | Multiple              | £345,119.31 ex VAT                  | £335,746.36 ex VAT                    | £1,678,731.80 ex VAT                 |

**2. Insourcing of Theatre Scrub Team**

| Duration of Contract                                                               | Proposed Supplier (s)                                                              | Current Annual Local Contract Value | Proposed Annual Value of New Contract                                              | Proposed Total Value of New Contract                                               |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| TBC - This will be confirmed post FPC and will be included within the Board paper. | TBC - This will be confirmed post SRC and will be included within the Board paper. | N/A                                 | TBC - This will be confirmed post FPC and will be included within the Board paper. | TBC - This will be confirmed post FPC and will be included within the Board paper. |

### 3. Outsourcing of Trauma and Orthopaedic (P0308) and Multi-Parametric Prostate MRI Scans (P0370)

#### Proposed outcome

| Contract Reference | Duration of Contract            | Proposed Supplier (s)              | Proposed Total Value of Contract |
|--------------------|---------------------------------|------------------------------------|----------------------------------|
| P0308              | 1 October 2025 to 31 March 2027 | Circle Health Group (BMI Werndale) | £797,262.50 ex VAT               |
| P0370              | 1 October 2025 to 31 March 2027 | Circle Health Group (BMI Werndale) | £59,585.00 ex VAT                |

### 4. Outsourcing of Ophthalmology (Cataracts) (P0309) and Intravitreal (IVT) Injections (P0299)

| Contract Reference | Duration of Contract                                                                            | Proposed Supplier (s) | Proposed Total Value of Contract |
|--------------------|-------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| P0299              | 1 January 2025 to 31 March 2025 with the option to extend to the 31 <sup>st</sup> of March 2026 | Spa Medica            | £935,000.00 ex VAT               |
| P0309              | 1 July 2025 to 31 March 2026 with the option to extend to the 31 March 2027                     | Spa Medica            | £6,000,000.00 ex VAT             |

### 5. Insourcing of Trauma and Orthopaedic (P0287) and Theatre Staff (P0368)

| Contract Reference | Duration of Contract                                                           | Proposed Supplier (s)                      | Proposed Total Value of Contract |
|--------------------|--------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|
| P0287              | 1 January 2025 to 31 March 2026 with the option to extend to the 31 March 2027 | Healthcare Business Solutions (UK) Limited | £2,203,400.00 ex VAT             |
| P0368              | 21 July 2025 to 31 March 2027                                                  | Healthcare Business Solutions (UK) Limited | £500,000.00 ex VAT               |

### 6. Insourcing of Dermatology (P0014A)

| Contract Reference | Duration of Contract                                                          | Proposed Supplier (s)    | Proposed Total Value of Contract |
|--------------------|-------------------------------------------------------------------------------|--------------------------|----------------------------------|
| P0014A             | 1 August 2024 to 31 March 2025 with the option to extend to the 31 March 2027 | ID Medical Group Limited | £960,000.00 ex VAT               |

## Asesiad / Assessment

### **1. All Wales Standard and Custom Procedure Packs Framework Agreement**

All Wales Medical Sourcing are seeking approval to award a multi-supplier framework award for five lots, with a sole-supplier award for a further one lot following an open tender exercise.

- Lot 1 – Medical Packs,
- Lot 2 – Surgical Packs,
- Lot 3 – Radiology and Cardiology Packs,
- Lot 4 – Spinal, Anaesthetic and NRFIT Packs,
- Lot 5 - Arterial, Cannulation and Critical Care Packs,
- Lot 6 - All Wales Packs (sole award)

Procedure packs are utilised in clinical settings to ensure all the consumables required to undertake a procedure are available within the pack. Under the framework lots, Procurement will review opportunities to standardise and reduce single-use items contained within the packs. Whilst awards were made across all lots, some packs were not awarded. Procurement will hold discussions with clinical leads to establish requirements and review whether additional items are needed alongside the use of generic procedure packs.

A benchmarking exercise demonstrated that the prices submitted within the tender are lower than the NHS minimum price paid. With prices capped for the duration of the contract, and no carriage charges, there is an estimated saving of £9,372.95 ex VAT per annum for the Health Board. Due to the value of this contract, there will be onward submission to Board for approval.

The contract term will be from the 1 January 2026 and will run for a four-year period to the 31 December 2030 with the option to extend to the 31 December 2031.

### **2. Insourcing of Theatre Scrub Team**

HDdUHB's Planned and Specialist Clinical Care Group have identified service-impacting constraints within Theatres that requires an insourcing solution to support with a number of Specialities, including but not limited to Ear, Nose and Throat (ENT) and Ophthalmology. The insourced solution requires a Theatre Scrub Team, currently, Healthcare Business Solutions are in contract however are unable to meet staffing levels and therefore an urgent mini competition is required.

A mini competition is in process utilising the NHS Shared Business Services (SBS) framework for Insourcing of Clinical Services (SBS10203).

The contract term and value will be confirmed post-FPC and will be included within the Board paper. Please note this is a zero-commitment contract.

### **3. Outsourcing of Trauma and Orthopaedic (P0308) and Multi-Parametric Prostate MRI Scans (P0370)**

HDdUHB have awarded two current contracts to Circle Health Group (BMI Werndale) for the Outsourcing of Trauma and Orthopaedic Procedures and Multi-Parametric Prostate MRI Scans which have an anticipated accumulative contract spend of £856,847.72 ex VAT between the 1 October 2025 and the 31 March 2027.

### **4. Outsourcing of Ophthalmology (Cataracts) (P0309) and Intravitreal (IVT) Injections (P0299)**

HDdUHB have awarded two current contracts to Spa Medica for the Outsourcing of Ophthalmology (Cataracts Procedures) which was presented to board in May 2025 prior to award and the Outsourcing of IVT Injections which have an anticipated accumulative contract spend of £6,935,000.00 ex VAT between the 1 January 2025 and the 31 March 2027.

### **5. Insourcing of Trauma and Orthopaedic (P0287) and Theatre Staff (P0368)**

HDdUHB have awarded two current contracts to Healthcare Business Solutions (UK) Limited for the Insourcing of Trauma and Orthopaedic Procedures which was presented to board in January 2025 and approved via a Chair's Action on the 11 December 2024 prior to award and the Insourcing of Theatre Staff which have an anticipated accumulative contract spend of £2,703,400.00 ex VAT between the 1 January 2025 and the 31 March 2027.

### **6. Insourcing of Dermatology (P0014A)**

HDdUHB have awarded a contract to ID Medical Group Limited for the Insourcing of up to 3,000 Dermatology cases. The Health Board has been allocated funding this year to deliver upon WG targets with regards to referral to treatment times (RTT) and reducing waiting list initiatives (WLI).

A mini competition was completed utilising the NHS Wales's Framework Agreement for Outsourcing/Insourcing of Clinical, Surgical and Diagnostic Services (OJEU ref PRO-OJEULT-50776) under Lot 2a Insourcing. Following the deadline of the mini competition, eight bid responses were received, an evaluation of the responses against the technical, social value and commercial criteria was completed. The recommendation was to award to ID Medical Group Limited.

The contract term was to run from the 1 August 2024 to the 31 March 2025 with the option to extend to the 31 March 2027 in twelve month increments with a total contract budget (including extensions) of £960,000.00 ex VAT.

### **Argymhelliad / Recommendation**

The Finance and Performance Committee (FPC) is asked to scrutinise and recommend for Board to:

- **APPROVE** the award of an All-Wales Standard and Custom Procedure Packs Framework Agreement for the period 1 January 2026 to 31 December 2030, with the

option to extend to the 31 December 2031. This framework agreement will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

- **APPROVE** the award of Insourcing of Theatre Scrub Team to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **NOTE** the Health Board has an accumulative current contract value which exceeds £1 million including VAT with Circle Health Group (BMI Werndale),
- **NOTE** the Health Board has an accumulative current contract value which exceeds £1 million including VAT with Spa Medica,
- **NOTE** the Health Board has an accumulative current contract value which exceeds £1 million including VAT with Healthcare Business Solutions,
- **NOTE** the award of an Insourcing of Dermatology Procedures contract for the period 1 August 2024 to 31 March 2025 with the option to extend to the 31 March 2027. This contract was not previously put to board as excluding VAT it was below £1 million.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | Not Applicable                            |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                            |
| 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                                                                                                 | Not Applicable                            |
| 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 |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                                 |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                 | Not Applicable |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                                   | Not Applicable |
| Partïon / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | Not Applicable |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                |
|-----------------------------------------------------------------|----------------|
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | Not Applicable |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Not Applicable |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Not Applicable |
| <b>Risg:<br/>Risk:</b>                                          | Not Applicable |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | Not Applicable |
| <b>Enw Da:<br/>Reputational:</b>                                | Not Applicable |

|                                    |                |
|------------------------------------|----------------|
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |

5.6

12:30 PM, 5 Mins

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## 5.6 - PLANNING OBJECTIVES Q2 2025/26 UPDATE REPORT

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Planning Objectives Update Report Q2 2025-26 FPC 21 October 2025.pdf](#)

[Annex 1 Planning Objective Highlight Report Q2 2025-26.pdf](#)





PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE

|                                          |                                                           |
|------------------------------------------|-----------------------------------------------------------|
| DYDDIAD Y CYFARFOD:<br>DATE OF MEETING:  | 21 October 2025                                           |
| TEITL YR ADRODDIAD:<br>TITLE OF REPORT:  | Planning Objectives Update Report                         |
| CYFARWYDDWR ARWEINIOL:<br>LEAD DIRECTOR: | Huw Thomas, Director of Finance                           |
| SWYDDOG ADRODD:<br>REPORTING OFFICER:    | Angharad Lloyd-Probert, Senior Project Manager (Planning) |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA  
SBAR REPORT

Sefyllfa / Situation

A set of 10 Planning Objectives (PO) have been developed and reviewed through Quarter1 of 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2025/26, four Planning Objectives have been aligned to the Finance and Performance Committee (FPC), namely:

- **Planning Objective 2:** Financial Recovery and Road Map
- **Planning Objective 3:** Urgent and Emergency Care
- **Planning Objective 4:** Planned Care including cancer and diagnostics
- **Planning Objective 5:** Mental Health and Learning Disabilities

As in previous years it is the expectation that FPC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as an update on the key elements of Planning Objectives 2,3,4 and 5 and can be found in **Annex 1**. The PO updates have been brought to committee for assurance of progress.

Asesiad / Assessment

The Planning Objectives remain a key element of the Annual Plan for 2025/26, The updated position on the 2025/26 Planning Objectives are detailed in **Annex 1** Highlight Reports.

| Planning Objective                               | Executive Lead          | Updated position on 2025/26 Planning Objectives |
|--------------------------------------------------|-------------------------|-------------------------------------------------|
| 2: Financial Recovery and Road Map               | Director of Finance     | On Track                                        |
| 3: Urgent and Emergency Care                     | Chief Operating Officer | On Track                                        |
| 4: Planned Care including Cancer and Diagnostics | Chief Operating Officer | On Track                                        |
| 5: Mental Health and Learning Disabilities       | Chief Operating Officer | On Track                                        |

For **PO2, Financial Recovery and Road Map**, this is **on-track**: Progressing to agreed milestones and establishing the guiding principles that will shape the financial elements of the organisations 2026/29 planning cycle.

Engagement sessions initially sharing the concept and principles have been completed in-line with the planned timelines, including presentation to HDdUHB Executive Team, together with a strategic milestone approach agreed in principle.

For **PO3, Urgent and Emergency Care**, this is currently **on-track**: The majority of deliverables against the portfolio of work are complete with a minority remaining behind due to resource, but mitigations are in place to address.

For **PO4, Planned Care including Cancer and Diagnostics**, the overarching progress is **on-track**, with the three individual components being:

- RTT – On Track
- Diagnostics – On Track
- Cancer – On-track

For **PO5, Mental Health and Learning Disabilities**, **on-track** the overarching progress is on-track, with progress having been made in a number of key areas, although there is acknowledgement that there is more to do.

#### Argymhelliad / Recommendation

The Finance and Performance Committee is asked **RECEIVE ASSURANCE** and note the progress of the Planning Objectives which are aligned to it; in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

#### **Amcanion: (rhaid cwblhau) Objectives: (must be completed)**

|                                                                  |                                                                                                                                                                                                                                              |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.1.17 Seek assurance on delivery against all Planning Objectives aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                           | the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate                                    |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                                                                                                                                                           |
| 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:                                                                                    | 3. Striving to deliver and develop excellent services<br>5. Safe sustainable, accessible and kind care<br>6. Sustainable use of resources                                |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 2 Financial recovery and route map<br>3 Transforming Urgent and Emergency Care programme<br>4 Planned care, diagnostics and cancer Recovery<br>5 Mental health and CAHMS |
| 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:                                                                                                               | Annual Plan 2025/26                                                                                                                      |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                | Explanation of terms is included within the report                                                                                       |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board | Public Board - March 2025 (acceptance of 2025/26 Planning Objectives being developed through Quarter 1 25-26 as part of the Annual Plan) |

#### Effaith: (rhaid cwblhau) Impact: (must be completed)

|                                                     |                                                                        |
|-----------------------------------------------------|------------------------------------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service: | Any financial impacts and considerations are identified in the report. |
|-----------------------------------------------------|------------------------------------------------------------------------|

|                                                          |                                                                                                                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          |                                                                                                                                                                      |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b> | Any issues are identified in the report.                                                                                                                             |
| <b>Gweithlu:<br/>Workforce:</b>                          | Any issues are identified in the report.                                                                                                                             |
| <b>Risg:<br/>Risk:</b>                                   | Consideration and focus on risk is inherent within the report.<br>A sound system of internal control helps to ensure any risks are identified, assessed and managed. |
| <b>Cyfreithiol:<br/>Legal:</b>                           | Any issues are identified in the report.                                                                                                                             |
| <b>Enw Da:<br/>Reputational:</b>                         | Any issues are identified in the report.                                                                                                                             |
| <b>Gyfrinachedd:<br/>Privacy:</b>                        | Not Applicable                                                                                                                                                       |
| <b>Cydraddoldeb:<br/>Equality:</b>                       | Not Applicable                                                                                                                                                       |

Planning Objective: PO2 Financial Recovery and Road Map

Executive Lead: Huw Thomas, Director of Finance

Reporting Period: Q2 2025/26

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):  
 Draft completed, shared to Exec Team and NHS P&I Finance

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Progressing to agreed milestones and establishing the guiding principles that will shape the financial elements of the organisations 2026/29 planning cycle. Engagement sessions initially sharing the concept and principles have been completed in-line with the planned timelines, including presentation to Hywel Dda Health Board Executive Team, together with a strategic milestone approach agreed in principle.

| Activities completed in previous reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Activities planned for next milestone and reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Financial roadmap to 2028/29 re-drafted with engagement from Clinical Care Group triumvirates and corporate colleagues</li> <li>Engaged with Clinical Care Group triumvirates and corporate colleagues to reflect appropriate changes to the Roadmap</li> <li>Refreshed financial road map to 2028/29 drafted and to be presented to Finance and Performance Committee in October 2025</li> <li>Financial planning timeline drafted and financial road map work aligning with this</li> </ul> | <ul style="list-style-type: none"> <li>Continue to embed the strategic financial milestones within the organisations planning cycle for 2026/29 ensuring alignment</li> <li>Review and reflect appropriate changes following further workshops with NHS Performance and Improvement Financial Planning and Delivery and publication of national guidance</li> <li>Refreshed Roadmap to be presented to Finance and Performance Committee in October 2025</li> <li>November 2025 Board Meeting will be a further engagement milestone, with all elements being reviewed for updates</li> </ul> |

Any other Comments

Matters for information:  
 Feedback from NHS Performance and Improvement was complimentary as to the approach, the financial milestones and the granularity of modelling assumptions.

Risks to delivery:  
 Sufficient financial opportunities are implemented by the organisation to allow any net expenditure increase trajectories to be offset by savings. Support from Clinical and Operational management.

Any other comments:  
 Not Applicable

Planning Objective: PO3 Urgent and Emergency Care

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):  
Majority of deliverables against the portfolio are complete. A minority remain behind due to resource, however mitigations are in place to address.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):  
See next slide

| Activities completed in previous reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Activities planned for next milestone and reporting period                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>7-Day Clinical Streaming and SDEC Model evaluation, business case and SBAR developed and presented at Public Board meeting in July 2025.</li> <li>Business Cases for transport to support Clinical Streaming Hubs and Clinical Streaming mentorship and educational programme have been developed with key stakeholders and submitted to WG for approval. WG have released monies to support the initiatives (£49k).</li> <li>Care Home training and equipment bid developed and submitted to National Six Goals Team. Case was approved and planning for roll-out from October 2025, planning meetings w/c 15 September.</li> <li>Baseline audits of environmental standards and demand/staffing capacity completed. Paper developed and going to Formal Executive Team for Approval in October 2025.</li> <li>Operational Delivery Unit (ODU) model developed and launched across the Health Board.</li> <li>Redirection Policy out for consultation. Criteria-led Discharge rolled out with edictional programme across sites.</li> </ul> | <ul style="list-style-type: none"> <li>Please see attached Accelerated Transformation Programme Position Report for further details on activities completed and planned activities.</li> </ul> |

Any other Comments

Matters for information:  
National Six Goals monies (non-recurrent until March 2026) are being released to support work on falls in care homes and Single Point of Access. Indicative costs have already been requested, and business cases will be developed for care home training and transport to support Clinical Streaming Hubs.

Risks to delivery: The Unscheduled Care risk remains the most challenged risk for the Care Group and the transformation required will be a resource challenge as progress is made at pace to achieve a different model prior to winter. Funding for the model will need to be pump-primed with the expectation that the 7-Day service will become self-sustaining within a year of operation. A detailed plan will need to be developed which clearly demonstrates the cost shift from acute to community services which will go to financial scrutiny group and submitted to Public Board in November 2025. A series of workshops for engagement on the Business Cases have been arranged for September and October 2025 and covered the model, Workforce and Finance and Planning.



# Programme Metrics, Quarter Two 2025



DIOGEL CYMALIADWY | HYGYRCH | CAREDIG



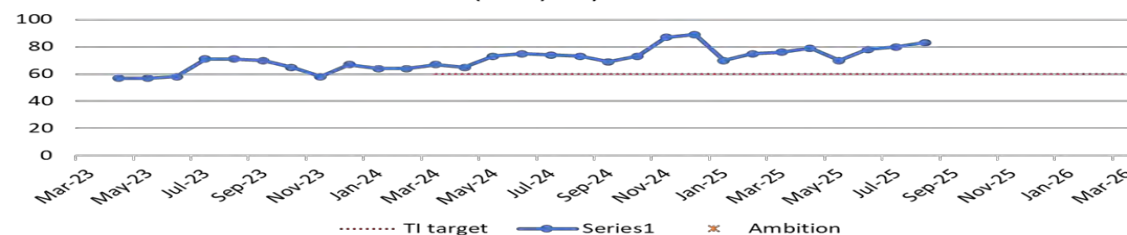
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Ambulance handovers taking over 1 hour - Hywel Dda



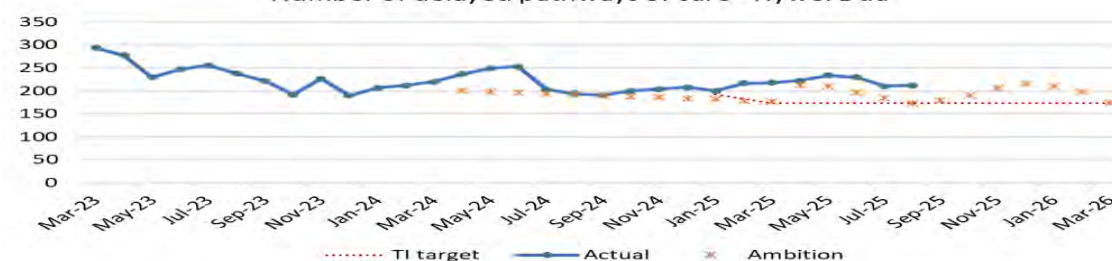
Median time from arrival at ED to assessment by a clinical decision maker (mins) - Hywel Dda



% patients waiting over 12 hours in an emergency department - Hywel Dda



Number of delayed pathways of care - Hywel Dda



**Targeted Intervention targets are not met for August 2025 across Hywel Dda (please note Sept. 2025 data not available at time of writing).**

- Health Board >1hr ambulance delays have shown month on month improvement since May 25 but are at 821, which is still above TI target of 680. WGH seems to be the most challenged site in this metric and although there has been a slight decrease on last months performance, >1hr is at 291 which is above TI target of 188. GGH has shown improvement since June 25, and in August is at 325 >1hr handovers, below the local TI target of 326.
- HDdUHB has increased in median time to assessment over the last few months. For remains the median time was 83 mins, TI target 60 mins. The poorest performing site for this metric is BGH, with a median time of 90 mins.
- % of patients waiting >12 hours has increased since last month and is at 8.3%, above TI target of 6%. All sites seem to have increased over the last month across this metric with WGH as the poorest performing site at 15.9%.
- POCD has shown improvement since April 2025 but remains above TI target of 174 at 212.

Planning Objective: PO4 Planned Care including Cancer and Diagnostics

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):  
See below.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

**52 Week Outpatients:** Whilst work is underway to achieve zero breaches over 52 weeks by the end of September 2025, there is a risk associated with less than 100 patients under the geriatric medicine/care of the elderly pathways. Plans have been developed to resolve these breaches. The focus through 2025/26 is to achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.

**RTT 104 Weeks:** Whilst work is underway to achieve zero breaches over 104 weeks by the end of September 2025, there is a high risk associated with around 30 patients under the general medicine and ENT pathways. The focus through 2025/26 is to achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.

| Activities completed in previous reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Activities planned for next milestone and reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Recovery is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).</li> <li>Demand and capacity trajectories anticipate this target being maintained in most specialties.</li> <li>Recurrent recovery monies are being prioritised for areas that anticipate breaches</li> <li>Active management and triage of referrals has resulted in no waiting list growth.</li> <li>Recent waiting list initiatives for end of year targets contribute to the increase in follow up waiting lists as more patients are processed through their pathways.</li> </ul> | <ul style="list-style-type: none"> <li>Recovery plans being progressed in ENT and Ophthalmology (Ocular Plastics). These plans include insourcing of theatre staff to secure core capacity and mitigate cancellations, outsourcing of tonsillectomy procedures and delivery of additional lists to recover backlogs</li> <li>Recovery plan in place to support recovery of Q2 Orthopaedic breaches</li> <li>Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties.</li> <li>There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group to promote further improvements in theatre productivity across all specialties and achievement of GIRFT standards.</li> </ul> |

Any other Comments

**Matters for information:** Performance is reported monthly within the Integrated Performance Assurance Report (IPAR), Welsh Government Integrated Quality Performance and Delivery (IPQD). Additional scrutiny undertaken via weekly scrutiny meetings & external WG meetings.

**Risks to delivery:** Staffing due to national shortages. Demand exceeding capacity including additional cancer demand spikes.

**Any other comments:** The WG First outpatient plan has been approved by the Board and is planned to commence in September 2025 and run through until March 2026. Plan B is being progressed and will require support of insourced specialties and clinic OPD staff which is in the draft tender stage. These projects are managed by a well-established transformation team and underpinned by a Senior Governance review panel.



Planning Objective: PO5 Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q2 2025/26

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):  
See below.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

**Art Therapy:** Continues to be a limited resource with 1.0 WTE covering 3 counties. All clients on the waiting list have been offered a supportive group interventions along with the therapist running Art Therapy groups to reduce the wait times as much as possible.

**Psychological Therapy:** The service has now commenced a prudent and tiered approach to high intensity intervention to support the increase in demand with a focus on groups as the initial intervention. Digital options continue to be explored, whilst caps in sessions in place. The planned treatment groups have commenced across the 3 counties with further groups commencing over the next 2 months.

**Child Neurodevelopmental Waits:** The overarching neurodevelopmental assessment metric is a combined ASD and ADHD position with the latter reported by Children’s Services. Children’s ASD performance in July 2025 of 27.04%, shows common cause variation but the target of 80% was not met. Performance is driven by ASD, where 569 of 3,465 (16.42%) patients had an ASD assessment < 26 weeks. Demand for assessment for continues to increase year on year, ranging from an average of 20 referrals per month (2016) to 110 per month (2025) with longest wait times approximately 3.6 years. Workforce constraints compounded by non-recurrent funding have a significant impact. ASD task and finish group, Chaired by CCG Service Director now in place to over-see 3-year improvement plan, involving stabilising and increasing workforce, outsourcing, service re-design, digital innovation and strategic stakeholder engagement and partnership working.

**Adult Neurodevelopmental Waits:** Adult ASD total waiting list is 2148 with a compliance of 15.9% waiting less than 26 weeks. This is contributed by demand outstripping capacity and no uplift in RIF budget since the service’s inception in 2019. For Adult ADHD, the total waiting list has increased, with 4754 now waiting diagnostic assessment. This is due to a backlog of referrals being processed and triaged and added to the waiting list. 731 adults are waiting to start treatment and trial medication. Lack of recurrent, ring-fenced money for adult ND services is creating unsustainable demand on services.

| Activities completed in previous reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Activities planned for next milestone and reporting period                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Workforce stabilisation for in-patient areas continues. All wards are participating in the HCSW pay band review and recruitment for Healthcare Support Workers (HCSWs) is about to commence.</li> <li>S136 paper outlining the option appraisal process received assurance at Quality Committee but has since been withdrawn from the Public Board agenda for September pending consideration of impacts of the evolving housing scheme near to St David’s Parc.</li> <li>The development of a Single Point of Assessment service as part of 111#2 transformation, requires a location on the Prince Philip Hospital site. A meeting to identify a clinical area to provide this was held on 19 September 2025.</li> </ul> | <ul style="list-style-type: none"> <li>Deliver additional outsourced children's neurodevelopmental assessments</li> <li>Review job plans and implementation of stepped care model in adult psychological therapies</li> </ul> |

Any other Comments

Matters for information: The temporary service change diverting routine MH referrals from GPs to 111 option 2 in Ceredigion was supported by board in March to facilitate timelier access to a mental health assessment and reduce waiting times. A request to extend this by 6 months is due to go to September's board as part of the Chief Exec brief. 72 hour follow up following discharge from adult inpatient consistently 100% achievement throughout reporting period.

Risks to delivery: Delays in improvement work to Ty Bryn to enable LD service to be relocated from Penlan

Any other comments: Not Applicable

5.7

12:35 PM, 20 Mins

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## 5.7 - PLANNING OBJECTIVE 2: FINANCIAL RECOVERY AND ROUTE MAP

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Planning Objective 2 Financial Recovery and Route Map FPC 21 October 2025.pdf](#)

[Appendix 1 Financial Roadmap 2026-29.pdf](#)



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

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                   |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Planning Objective 2: Financial Recovery and Route Map                            |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance                                         |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Richard Jenkins, Assistant Director of Finance – Commissioning, BI and Best Value |

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

As a Health Board we are forecasting a financial deficit of £27.8m for financial year 2025/26, with an underlying deficit of £58.5m. The expectation from Welsh Government is that the Health Board matches the outturn position for 2024/25, a £24.1m deficit.

The Health Board is currently in Targeted Intervention, with the requirement to breakeven by financial year 2027/28. We require a trajectory to achieve this and to support delivery of a breakeven financial plan, the Health Board has commenced work on a financial roadmap spanning financial years 2026/27 - 2028/29.

Year 0 (2025/26) is the current financial year, with a submitted annual plan deficit of £31.5m and a subsequent improvement to the plan through internal choices and actions, to a deficit of £30.0m. Month 5 reported a further improvement to our 2025/26 forecast, to a deficit of £27.8m as agreed with Welsh Government. The Welsh Government expectation is that we will go further to achieve a £24.1m deficit for financial year 2025/26.

Year 1 (2026/27) will achieve a c.£14m annual deficit, with an improvement trajectory across the quarters and with March 2027 needing to be a breakeven in-month position on a non-recurrent basis.

Year 2 (2027/28) will achieve a breakeven annual financial position on a non-recurrent basis as a minimum. Welsh Government have stipulated that we must achieve financial breakeven in financial year 2027/28, to ensure that the £26.0m conditionally recurrent funding received in 2024/25 can be assumed to be recurrent in future financial years.

Year 3 (2028/29) will achieve a breakeven annual financial position on a recurrent basis, with a significantly reduced underlying deficit (which is to be confirmed).

**Cefndir / Background**

The Health Board year by year financial position from financial year 2019/20 to financial year 2025/26 is summarised in the below table:

| Financial Year | WG Expectation £'m | Annual Plan £'m | Year End Position £'m | Plan v Actual Variance £'m | Comment                                                           |
|----------------|--------------------|-----------------|-----------------------|----------------------------|-------------------------------------------------------------------|
| 2019/20        | 25.0               | 25.0            | 34.9                  | 9.9                        | After £10.0m clawback due to not achieving £15.0m                 |
| 2020/21        | 25.0               | 25.0            | 24.9                  | (0.1)                      | After £116.1m of non-recurrent funding for COVID                  |
| 2021/22        | 25.0               | 25.0            | 25.0                  | -                          | After £75.5m of non-recurrent funding for COVID                   |
| 2022/23        | 25.0               | 25.0            | 59.0                  | 29.0                       | After £22.2m of non-recurrent funding for COVID                   |
| 2023/24        | 44.8               | 56.1            | 65.8                  | 9.7                        | Original plan £112.9m, revised mid-year with £56.8m extra funding |
| 2024/25        | 31.5               | 31.5            | 24.1                  | (7.4)                      | After mid-year funding of £32.5m to reduce original £64.0m plan   |
| 2025/26        | 24.1               | 30.0            | 27.8                  | (2.2)                      | As at M6, and after the original plan was improved from £31.5m    |

It is a statutory requirement of health boards in Wales to submit an Integrated Medium Term Plan (IMTP) which requires health boards to breakeven over a three-year period, as per the NHS Finance (Wales) 2006 Act.

Given the scale of the challenge to reach a break-even position, the Health Board submitted an Annual Plan for 2025/26, with a £31.5m deficit, and not an IMTP, but set within a three-year context.

The 2026/29 planning cycle, for submission to Welsh Government in March 2026, will be three-year plan as outlined above, not an IMTP, with the roadmap assessment work establishing an improving trajectory to breakeven across the period.

### Asesiad / Assessment

The Welsh Government planning guidance for financial 2026/27 is not yet published, therefore, to complete a draft roadmap to recurrent financial breakeven in financial year 2028/29 we have:

- Assumed macro-economic inflation in line with that most recently experienced.
- Modelled contractual investment pressures in line with known commitments and that most recently experienced.
- Identified prevalence of demand pressures from academic publications and their costs from our most recent reference cost returns (£12.4m additional cost in each financial year).
- Assumed additional £2.0m quality and outcomes Welsh Government budgetary allocation in each financial year.
- Identified costs of known national commitments for our Health Board.
- Included the costs of CSP consultation options.
- Included the costs of expected investment options, including £5.2m for UEC pathway and a £5.0m allowance for must-do investments.
- Estimated allocation funding growth based on 2025/26 known uplifts, Welsh Government spending review announcements and assuming pay awards will be fully funded.
- Assumed a 2% Welsh Government technical efficiency requirement.
- Identified the opportunity of converting current red/blue savings to green and achieving efficiency targets across workforce and non-pay.

The inclusion of the costs of prevalence within the financial roadmap model to financial year 2028/29 allows for the inclusion of productivity gains within our savings plans, as productivity gains release prevalence funding to be used in other ways. Whilst the savings targets in each financial year is significant (as summarised below), productivity gains can contribute to their achievement.

If the cost of local investment choices in each financial year exceeds the assumed cost of prevalence and outcomes allocation funding (total £14.4m per annum) additional savings will need to be found to offset that additional cost.

The total savings target in each financial year, assuming a 2% Welsh Government technical efficiencies requirement together with health board strategic and transformation savings, is:

- £49.4m in 2026/27
- £46.4m in 2027/28
- £38.1m in 2028/29

This compares against the 2025/26 savings target of £46.4m, with the current forecast 2025/26 recurrent green and amber savings delivery being £14.0m and non-recurrent savings delivery at £27.4m, a total of £41.4m

The summary level financial roadmap from financial year 2026/27 to 2028/29 based upon the above is as per the below table (the detailed roadmap to 2028/29 is Appendix 1 to this paper):

| 2026/29 Financial Plan Assessment        | Year 1 2026/27 |                |              | Year 2 2027/28 |                |              | Year 3 2028/29 |                |              |
|------------------------------------------|----------------|----------------|--------------|----------------|----------------|--------------|----------------|----------------|--------------|
|                                          | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m |
| Underlying deficit carried forward       | 58.5           |                | 58.5         | 40.4           |                | 40.4         | 27.0           |                | 27.0         |
| Macro-economic inflation price modelling | 13.5           |                | 13.5         | 14.1           |                | 14.1         | 14.8           |                | 14.8         |
| Contractual or unavoidable               | 15.1           |                | 15.1         | 16.2           |                | 16.2         | 17.3           |                | 17.3         |
| Prevalence                               | 12.4           |                | 12.4         | 12.4           |                | 12.4         | 12.4           |                | 12.4         |
| Quality and outcomes                     | 2.0            |                | 2.0          | 2.0            |                | 2.0          | 2.0            |                | 2.0          |
| Core budget allocation uplift            | (23.5)         | (3.5)          | (27.0)       | (24.0)         | (3.5)          | (27.5)       | (24.5)         | (3.5)          | (28.0)       |
| Ministerial priorities allocation uplift | (11.4)         |                | (11.4)       | (11.5)         |                | (11.5)       | (11.6)         |                | (11.6)       |
| Continued non-recurrent benefit/Savings  | -              | (23.2)         | (23.2)       | -              | (23.8)         | (23.8)       | -              | (24.3)         | (24.3)       |
| Strategic and transformation savings     | (26.2)         |                | (26.2)       | (22.6)         |                | (22.6)       | (13.8)         |                | (13.8)       |
| <b>Financial Deficit</b>                 | <b>40.4</b>    | <b>(26.7)</b>  | <b>13.7</b>  | <b>27.0</b>    | <b>(27.3)</b>  | <b>(0.3)</b> | <b>23.6</b>    | <b>(27.8)</b>  | <b>(4.2)</b> |
| <b>Proposed Trajectory Aim</b>           |                |                | <b>14.0</b>  |                |                | <b>0.0</b>   |                |                | <b>0.0</b>   |

### Scenario of Welsh Government inflation funding held at 1.7% (as per 2025/26)

If the Welsh Government limit inflation funding to 1.7% (4.4% overall allocation uplift) this reduces funding uplifts by 0.4% per annum and increases the required savings targets required to maintain our roadmap trajectory as per the table below:

| 2026/2029 financial savings required at 1.7% WG inflation funding               | Yr 1<br>2026/27<br>£m | Yr 2<br>2027/28<br>£m | Yr 3<br>2028/29<br>£m |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| Reduction in income if WG inflationary funding limited to 1.7% (as per 2025/26) | 3.4                   | 6.8                   | 10.2                  |
| Savings target then required to maintain roadmap trajectory                     | (52.8)                | (53.2)                | (48.3)                |

### **Government inflation funding held at 0% (as per 2025/26)**

If the Welsh Government limit inflation funding to 0% (flat cash) in each year, this reduces funding by:

£24m in Year 1 (2026/27)

£48m in Year 2 (2027/28)

£72m in Year 3 (2028/29)

### **Argymhelliad / Recommendation**

The Finance and Performance Committee is asked to:

- **NOTE** that the Health Board is progressing the development of a 3-year financial roadmap to support delivery of a recurrent breakeven financial plan by financial year 2028/29;
- **DISCUSS AND CONSIDER** the approach taken in developing the assessment to date, particularly the savings challenge presented, in the context of recurrent savings delivery to date; and
- **SUPPORT** the ongoing work to further develop and refine the financial roadmap in the coming months, alongside the annual planning cycle and in line with Welsh Government guidance, as it becomes available.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                           | 3.1.17 Seek assurance on delivery against all Planning Objectives (Appendix 2) aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                   |
| 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                                                                                                 | 2 Financial recovery and route map        |
| 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:<br>Further Information:                                                                                                                            |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                    | HDdUHB Planning Objectives 2025/26       |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                     | Contained within the body of the report. |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Cyllid a<br>Pherfformiad<br>Parties / Committees consulted prior<br>to Finance and Performance<br>Committee: | Not Applicable                           |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | Contained within the contents of the report. |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:        | Not Applicable                               |
| Gweithlu:<br>Workforce:                                 | Not Applicable                               |

|                                    |                |
|------------------------------------|----------------|
| <b>Risg:<br/>Risk:</b>             | Not Applicable |
| <b>Cyfreithiol:<br/>Legal:</b>     | Not Applicable |
| <b>Enw Da:<br/>Reputational:</b>   | Not Applicable |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |





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# Financial Roadmap 3 Year Annual Plan 2026-2029

Finance and Performance Committee, 21 October 2025



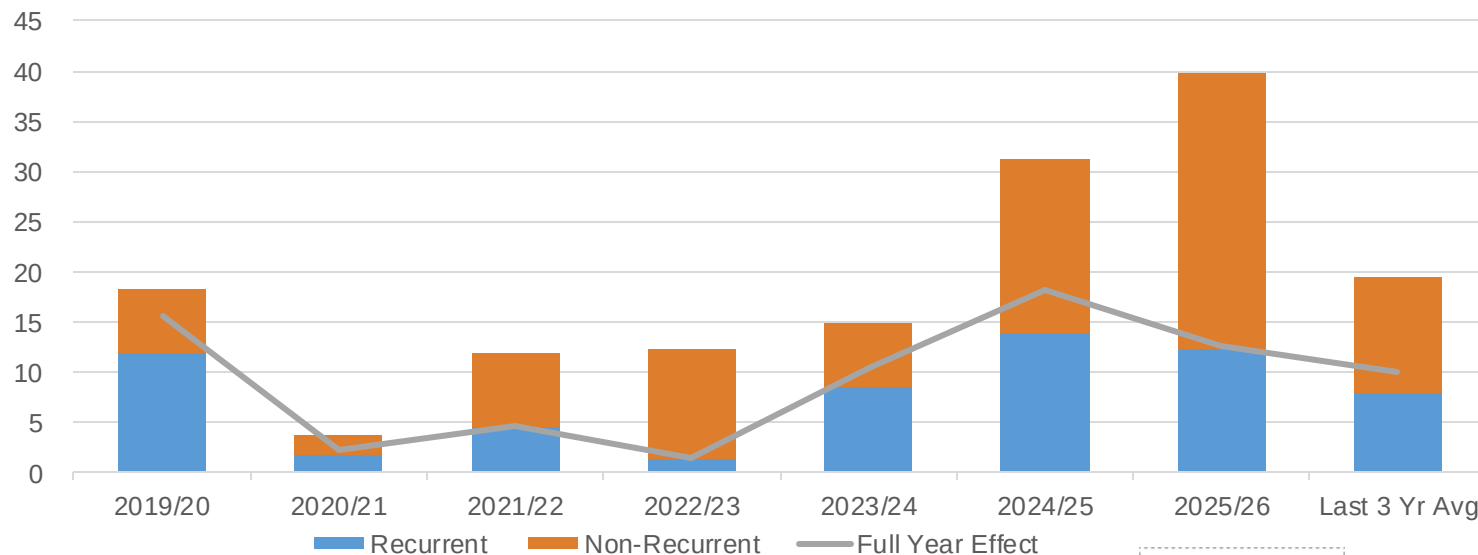
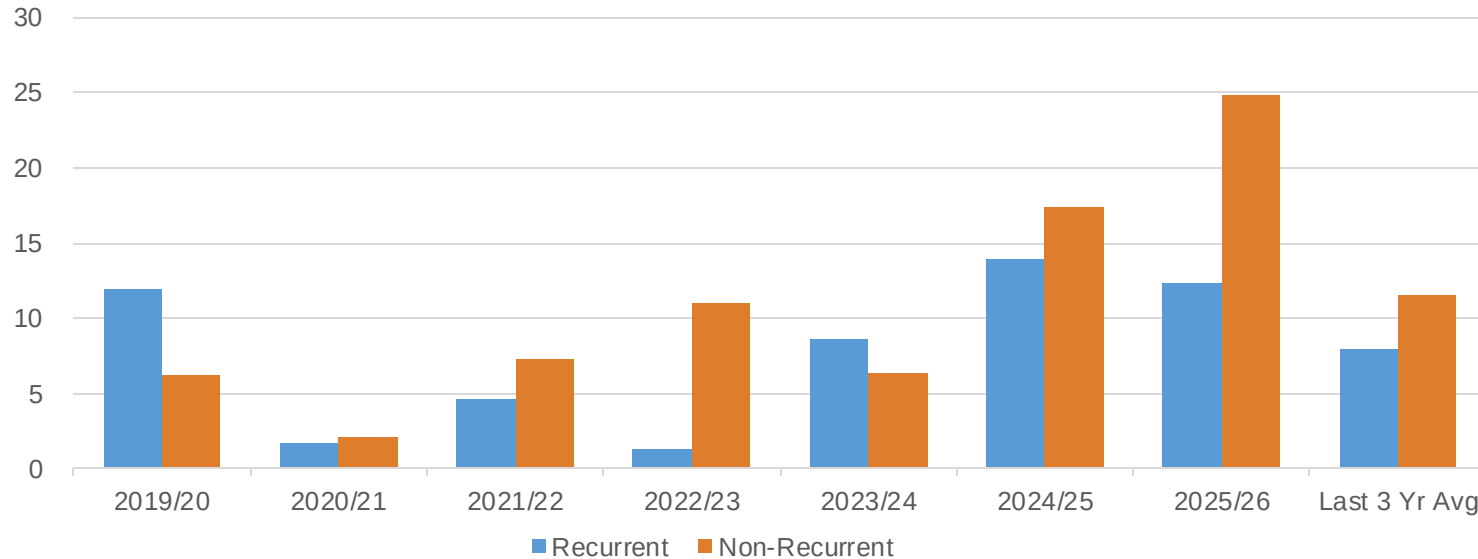
## Background and Context

## Background and Context

- The Health Board has a **revised annual plan deficit of £30.0m for 2025/26 with a forecast deficit of £27.8m as at Month 6**, which is an improvement on the original annual plan deficit of £31.5m. Whilst this achieved the target control total set in 2024/25 of £31.5m, Welsh Governments expectations are clear that a deficit of £24.1m is the revised target control total
- Given the scale of the challenge to bridge to a break-even position, the Health Board submitted an Annual Plan for 2025/26 and not an IMTP, but set within a three-year context
- The Health Board is in Targeted Intervention, with a financial criteria to deliver breakeven by 2027/28
- Significant change is required to meet the expectations clearly set out by Welsh Government
- With challenges to deliver annual plans in the post pandemic era, 2024/25 and 2025/26 are likely to see a reversing of this trend with a reframed approach to internal escalation and accountability management

| Financial Year | WG Expectation £'m | Annual Plan £'m | Year End Position £'m | Plan v Actual Variance £'m | Comment                                                           |
|----------------|--------------------|-----------------|-----------------------|----------------------------|-------------------------------------------------------------------|
| 2019/20        | 25.0               | 25.0            | 34.9                  | 9.9                        | After £10.0m clawback due to not achieving £15.0m                 |
| 2020/21        | 25.0               | 25.0            | 24.9                  | (0.1)                      | After £116.1m of non-recurrent funding for COVID                  |
| 2021/22        | 25.0               | 25.0            | 25.0                  | -                          | After £75.5m of non-recurrent funding for COVID                   |
| 2022/23        | 25.0               | 25.0            | 59.0                  | 29.0                       | After £22.2m of non-recurrent funding for COVID                   |
| 2023/24        | 44.8               | 56.1            | 65.8                  | 9.7                        | Original plan £112.9m, revised mid-year with £56.8m extra funding |
| 2024/25        | 31.5               | 31.5            | 24.1                  | (7.4)                      | After mid-year funding of £32.5m to reduce original £64.0m plan   |
| 2025/26        | 24.1               | 30.0            | 27.8                  |                            | at M6, and after the original plan was improved from £31.5m       |

# Savings Deliverability Assessment (£'m)



- 2025/26 Savings are as at Month 5
- The three-year average is based on 2022/23 to 2024/25
- The 2024/25 was a step change to previous years deliverability of savings, in comparison to recent years
- Historically, and currently, there remains an **over-reliance on non-recurrent** savings, where no year has been able to achieve a full year effect of recurrent schemes to the same level of total savings
- An **ambitious two-year savings aspiration** was set in 2024/25, covering 2024/25 and 2025/26, to ensure the health board sets the expectation of achieving an improved financial trajectory into 2025/26 and beyond





## Financial Roadmap Assessment

# Financial Roadmap Assessment 2025-26 (Year 0)

The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows (Forecast as at Month 6 is £27.8m):

| 2025/26 Financial Plan Assessment            | Recurrent<br>£'m | Non-Rec<br>£'m | Total<br>£'m |
|----------------------------------------------|------------------|----------------|--------------|
| 2024/25 underlying deficit carried forward   | 51.1             |                | 51.1         |
| Macro-economic inflation price modelling     | 15.5             |                | 15.5         |
| Volume and mix growth modelling              | 3.2              |                | 3.2          |
| Contractual or unavoidable                   | 14.5             | 2.0            | 16.5         |
| National investment commitments              | 0.1              | 0.7            | 0.8          |
| Local investment choices – approved          | 0.4              |                | 0.4          |
| Local investment choices – not yet approved  | 11.9             | (1.5)          | 10.4         |
| Budget allocation letter funding             | (19.2)           | (2.3)          | (21.5)       |
| Technical efficiency saving (75% of 2024/25) |                  | (27.4)         | (27.4)       |
| Strategic and transformation savings         | (19.0)           |                | (19.0)       |
|                                              | 58.5             | (28.5)         | 30.0         |

# Financial Roadmap Assessment Reserves 2025-26 (Year 0)

As part of decisions made to reduce the outturn for 2025-26, the following will be part of opening reserves and should be discussed as part of the choices available in the FY27 planning process:

| Opening Reserves                   | Recurrent<br>£'m | Comments                                                                                              |
|------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|
| Premium Variable pay               | 19.4             | Moved to directorates on NR annually – expenditure levels being reviewed                              |
| Overtime on annual leave           | 1.9              | Funding directorates on NR annually                                                                   |
| Horizon scanning / High cost drugs | 0.4              | Not committed fully in 25-26                                                                          |
| Childhood Obesity                  | 0.3              | Not committed in 25-26                                                                                |
| Heart Failure VBHC replenishment   | 0.6              | Paused in 25-26 – re-assessment of costs ongoing in October 25, requirement likely to reduce to £350k |
|                                    | 22.6             |                                                                                                       |

# Financial Roadmap Assessment 2025-26 (Year 0)

Through a series of internal choices and actions, the health board has improved its 2025/26 initial Financial Plan submitted to Welsh Government at the end of March 2025 from £31.5m deficit to a Month 5 forecast deficit position of £27.8m.

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 to review and conclude forward actions to improve the year end forecast. Following this meeting, the year end forecast has improved, and in Month 5 reported as £27.8m. The Health Board remains committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation. The choices required to achieve a deficit of £24.1m were further explored at the Public Board meeting on the 25 September, with further work now being undertaken to convert the choices to achievable actions. The Month 6 forecast position remained at £27.8m.



# Financial Roadmap Assessment 2026-29 (Years 1-3)

- The 2026/29 planning cycle, for submission to WG in March 2026, will be three-year plan, not an IMTP
- The roadmap assessment work will look to establish an improving trajectory to breakeven across the period
- Year 0 (2025/26) is the current financial year, with a submitted annual plan deficit of £31.5m, with an improvement to the plan through internal choices and actions to a deficit of £30.0m. Month 5 reported further improvement to forecast to a deficit of £27.8m as agreed with Welsh Government, with Welsh Government expectation that we will go further to achieve a £24.1m deficit for FY 2025/26.
- Year 1 (2026/27) will achieve a c.£14m annual deficit, with an improvement trajectory across the quarters, with March 2027 needing to have a breakeven in-month position, on a non-recurrent basis
- Year 2 (2027/28) will achieve a breakeven annual financial position, on a non-recurrent basis as a minimum. It is this year which WG have stipulated the Health Board must achieve breakeven to ensure the £26.0m conditionally recurrent funding received in 2024/25 can be assumed to be recurrent thereafter, and no clawback would occur
- Year 3 (2028/29) will achieve a breakeven annual financial position, on a recurrent basis, with a significantly reduced underlying deficit (which is to be confirmed)

# Financial Roadmap Assessment 2026-29 (Years 1-3)

The 2026/29 financial plan is summarised as follows:

| 2026/29 Financial Plan Assessment        | Year 1 2026/27 |                |              | Year 2 2027/28 |                |              | Year 3 2028/29 |                |              |
|------------------------------------------|----------------|----------------|--------------|----------------|----------------|--------------|----------------|----------------|--------------|
|                                          | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m | Rec<br>£'m     | Non-Rec<br>£'m | Total<br>£'m |
| Underlying deficit carried forward       | 58.5           |                | 58.5         | 40.4           |                | 40.4         | 27.0           |                | 27.0         |
| Macro-economic inflation price modelling | 13.5           |                | 13.5         | 14.1           |                | 14.1         | 14.8           |                | 14.8         |
| Contractual or unavoidable               | 15.1           |                | 15.1         | 16.2           |                | 16.2         | 17.3           |                | 17.3         |
| Prevalence                               | 12.4           |                | 12.4         | 12.4           |                | 12.4         | 12.4           |                | 12.4         |
| Quality and outcomes                     | 2.0            |                | 2.0          | 2.0            |                | 2.0          | 2.0            |                | 2.0          |
| Core budget allocation uplift            | (23.5)         | (3.5)          | (27.0)       | (24.0)         | (3.5)          | (27.5)       | (24.5)         | (3.5)          | (28.0)       |
| Ministerial priorities allocation uplift | (11.4)         |                | (11.4)       | (11.5)         |                | (11.5)       | (11.6)         |                | (11.6)       |
| Continued non-recurrent benefit/Savings  | -              | (23.2)         | (23.2)       | -              | (23.8)         | (23.8)       | -              | (24.3)         | (24.3)       |
| Strategic and transformation savings     | (26.2)         |                | (26.2)       | (22.6)         |                | (22.6)       | (13.8)         |                | (13.8)       |
| <b>Financial Deficit</b>                 | <b>40.4</b>    | <b>(26.7)</b>  | <b>13.7</b>  | <b>27.0</b>    | <b>(27.3)</b>  | <b>(0.3)</b> | <b>23.6</b>    | <b>(27.8)</b>  | <b>(4.2)</b> |
| <b>Proposed Trajectory Aim</b>           |                |                | <b>14.0</b>  |                |                | <b>0.0</b>   |                |                | <b>0.0</b>   |

# Choices Framework; beyond the Financial Roadmap

## Assessment 2026-29

To go beyond the financial roadmap assessment framed, and further improve the financial trajectory, may require more significant and difficult changes. Consideration of strategic redesign options of the Health Boards service provision to remove costs, informed by cost variation analysis. These options have not been tested with operational colleagues and are acknowledged to be very challenging to progress.

Recognising the Health Board is currently providing x4 of a number of services across the acute hospital footprint, consideration of specific aspects of care provision has been made and potential cost estimates outlined below if services were redesigned to amalgamate front door care in respect of A&E and MIU, plus maternity services and associated out of hour support service provision.

These are estimated as options to save additional costs of care currently incurred by our Health Board of £7.45m in the table below. Radiology and Pathology out of hours costs are included on the basis that the medical take at that site ceased.

| Site                   | A&E (£'m)   | MIU (£'m)   | Path on call (£'m) | Radiology on call (£'m) | Maternity (£'m) | Total (£'m) |
|------------------------|-------------|-------------|--------------------|-------------------------|-----------------|-------------|
| Bronglais Hospital     | 0.98        |             | 0.45               | 0.45                    | 0.95            | 2.83        |
| Withybush Hospital     | 1.54        |             | 0.45               | 0.45                    |                 | 2.44        |
| Prince Philip Hospital |             | 2.18        |                    |                         |                 | 2.18        |
| <b>Total</b>           | <b>2.52</b> | <b>2.18</b> | <b>0.90</b>        | <b>0.90</b>             | <b>0.95</b>     | <b>7.45</b> |

# Choices Framework; beyond the Financial Roadmap

## Assessment 2026-29

The greatest opportunity to release costs would be to close sites and release the full cost of enabling the site, inclusive of all support services and associated costs such as catering, portering, estates, annual rate charges etc.

All Wales reference cost data highlights Bronglais Hospital as our highest cost acute hospital site in respect of activity unit costs, comparing average unit costs to All Wales average numbers. High level estimate of circa £25m saving opportunity if the Health Board functioned with one less site, this figure would be dependent on operational detail in respect of service reprovision etc.

In respect of community sites, Llandovery Hospital costs approximately £2.3m annually to deliver 10-11 beds, approximately £0.2m per bed. If the site closed the total costs of the site could be released, not just the cost of the ward. Cost saving estimates from closing an acute hospital bed are closer to £0.1m, recognising the whole site wouldn't be closed. In respect of care re-provision, this would presumably be community based, a high-level conservative estimate would be £0.6m for the same number of beds. Net saving potential £1.7m.

South Pembrokeshire Hospital is a further site which has been referenced in the context of beds closure. The site currently provides Sunderland Ward 40 beds, and the suggestion has been to accommodate these within Withybush Hospital once the fire works are complete and current decant ward available. This site poses a challenge in respect of complete closure as a number of services are accommodated. As such the service re-provision would be more complex and likely more costly. Sunderland Ward initial saving £280k estimate, not currently reflected in blue saving scheme figures.

Changes of this scale would require the appropriate engagement and consultation processes with stakeholders. It is estimated that associated costs would not reduce until Year 3 (2028/29) earliest.



## Appendices



## Year 1

# Financial Roadmap Assessment 2026-27 (Year 1)

The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/ demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows:

| Slide Ref #                      | 2026/27 Financial Plan Assessment          | Recurrent £'m | Non-Rec £'m   | Total £'m   |
|----------------------------------|--------------------------------------------|---------------|---------------|-------------|
|                                  | 2025/26 underlying deficit carried forward | 58.5          |               | 58.5        |
| 1                                | Macro-economic inflation price modelling   | 13.5          |               | 13.5        |
| 2                                | Contractual or unavoidable                 | 15.1          |               | 15.1        |
| 3                                | Prevalence                                 | 12.4          |               | 12.4        |
| 3                                | Quality and outcomes                       | 2.0           |               | 2.0         |
| 4                                | Core budget allocation uplift              | (23.5)        | (3.5)         | (27.0)      |
| 4                                | Ministerial priorities allocation uplift   | (11.4)        |               | (11.4)      |
| 5                                | Continued non-recurrent benefit/Savings    | -             | (23.2)        | (23.2)      |
| 6                                | Strategic and transformation savings       | (26.2)        |               | (26.2)      |
| <b>2026-27 Financial Deficit</b> |                                            | <b>40.4</b>   | <b>(26.7)</b> | <b>13.7</b> |

# 1. Macro-economic inflationary price modelling

| Investment Description                                                                            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                |
|---------------------------------------------------------------------------------------------------|--------------------------|----------------------|------------------|--------------------------------------------------------------------|
| Acute drugs                                                                                       |                          | 3.5                  | 3.5              |                                                                    |
| Primary Care prescribing                                                                          |                          | 2.2                  | 2.2              |                                                                    |
| Continuing Health Care (CHC)                                                                      |                          | 4.2                  | 4.2              |                                                                    |
| Real Living Wage                                                                                  |                          | -                    | -                | Costs included in CHC line                                         |
| General goods and services (CPI)                                                                  |                          | 1.9                  | 1.9              |                                                                    |
| Fuels and Utilities                                                                               |                          | 0.0                  | 0.0              | Will be included as part of CPI if no further updates from Service |
| Specific Consumables price                                                                        | -                        | -                    | -                | Included as part of CPI                                            |
| Specific Contracts price                                                                          | -                        | -                    | -                | Included as part of CPI                                            |
| Medical & Dental and Agenda for Change Pay Award and National Insurance uplift for vacancy factor |                          | 1.7                  | 1.7              |                                                                    |
| <b>Total</b>                                                                                      |                          | <b>13.5</b>          | <b>13.5</b>      |                                                                    |



## 2. Contractual or unavoidable investments

| Investment Description            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                 |
|-----------------------------------|--------------------------|----------------------|------------------|-----------------------------------------------------|
| JCC Price                         |                          | 15.1                 | 15.1             | Modelled using total LTA, SLA, JCC values           |
| JCC Investments                   |                          |                      |                  |                                                     |
| LTA NHS Wales Investments         |                          |                      |                  |                                                     |
| LTA NHS Wales Price               |                          |                      |                  |                                                     |
| LTA/SLA Other Non NHS Wales Price |                          |                      |                  |                                                     |
| SLA NHS Wales Price               |                          |                      |                  |                                                     |
| SLA NHS Wales Investments         |                          |                      |                  |                                                     |
| NICE In-Year FYE Drugs            |                          |                      |                  | Included within Macros Price and Growth Acute Drugs |
| NICE In-Year PYE Non-Drugs        |                          |                      |                  |                                                     |
| NICE New-Year PYE Drugs           |                          |                      |                  |                                                     |
| NICE New-Year PYE Non-Drugs       |                          |                      |                  |                                                     |
| <b>Total</b>                      |                          | <b>15.1</b>          | <b>15.1</b>      |                                                     |

### 3. Prevalence

Review of prevalence data framed below informed by Aberystwyth University research. Challenge to identify reducing prevalence of disease. Evidence of reducing birth rate impacting the population demographic and fewer children, however this is alongside the impact of the cost of caring for children becoming more expensive, largely driven by new technology and in particular genomic medicine.

| Investment Description                  | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Comments<br>This is full cost estimates based on 2023/24 Programme Budgeting Costs//Patient Level costs, source of activity increase Aberystwyth University review of prevalence |
|-----------------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Atrial fibrillation & related events    |                          | 0.5                  | 0.5              | 3% per annum (£1.60m 3 years)                                                                                                                                                    |
| Breast Cancers                          |                          | 0.4                  | 0.4              | 3.33% per annum (£1.2m over 3 years)                                                                                                                                             |
| Colorectal Cancers                      |                          | 0.6                  | 0.6              | 5% per annum, Lower Gastro Intestinal cancers                                                                                                                                    |
| Lung Cancer                             |                          | 0.3                  | 0.3              | 11% increase over 3 years                                                                                                                                                        |
| MI and Cardiovascular                   |                          | 0.0                  | 0.0              | Not seeing growth or decline                                                                                                                                                     |
| Dementia                                |                          | 1.0                  | 1.0              | 3% per annum, 9% increase over 3 years                                                                                                                                           |
| Diabetes Type 2                         |                          | 0.3                  | 0.3              | 1% per annum, Community management until severe cases such as amputations                                                                                                        |
| Heart failure and chronic heart disease |                          | 0.2                  | 0.2              | 1% per annum (Heart Failure PBC costs primary & secondary care)                                                                                                                  |
| Mental Health demand                    |                          | 0.6                  | 0.6              | This is an estimate of 1% per annum                                                                                                                                              |
| Elective Care Pathways MSK              |                          | 2.0                  | 2.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Trauma and injuries                     |                          | 4.0                  | 4.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Ophthalmology                           |                          | 1.0                  | 1.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| CHC                                     |                          | 1.0                  | 1.0              | We are seeing c 1.5% complexity inflation increase – cost of delivery (living wage)                                                                                              |
| Urgent Care – ED                        |                          | 0.5                  | 0.5              | Assuming 1% growth in demand per annum as per last 10 years – cost of delivery                                                                                                   |
| Primary Care                            |                          | 0.0                  | 0.0              | Contract increase for GPs would be initiated by Welsh Government, funded assumed                                                                                                 |
| <b>Total</b>                            |                          | <b>12.4</b>          | <b>12.4</b>      |                                                                                                                                                                                  |

### 3. Prevalence – further considerations

- Welsh Government populations projections (Source: Stats Wales national population projections - based upon 2022), shows that overall for Wales between 2025 and 2029 key population changes are forecast to be:
- The population aged 65+ will increase from an estimate of 706,000 in 2025 to 764,000 in 2029, an increase of 8.2% or 2.05% per annum
- The population aged 15 years of age or under will decrease from 536,000 in 2025 to 510,000 in 2029, a decrease of 4.8% or 1.2% per annum
- The female population will increase from 1,636,000 in 2025 to 1,668,000 in 2029, an increase of 2% or 0.5% per annum (23,700 of this increase is those aged 65+ years of age)
- The male population will increase from 1,579,000 in 2025 to 1,611,000 in 2029, an increase of 2% or 0.5% per annum (27,100 of this increase is those aged 65+ years of age).
- Given the rural nature of the Hywel Dda geography, the above over-arching change of an increasingly ageing population may be more pronounced in Hywel Dda UHB than the overall Wales figures above (requirement to check against previous prevalence population work).
- On the basis of the above the assumed 3% YoY growth in dementias per annum may be high as those aged > 65yrs across Wales is +2% per annum (requirement to check the Aberystwyth demographic data), the previous work stated + 10% older age groups in 3 years, this needs to be checked, also affects elective MSK, trauma and Ophthalmology
- The stated ED growth of 1% per annum over last 10 years (and assumed going forward) is being checked with the service.

## 3a. Deployment of prevalence and quality and outcomes

| Investment Description                           | Non-<br>Recurren<br>t Impact<br>£'m | Recurren<br>t Impact<br>£'m | Total<br>Impact<br>£'m | Additional Comments |
|--------------------------------------------------|-------------------------------------|-----------------------------|------------------------|---------------------|
| Prevalence assessment                            |                                     | 12.4                        | 12.4                   |                     |
| Quality and outcomes allocation                  |                                     | 2.0                         | 2.0                    |                     |
| <b>Total assessment</b>                          |                                     | <b>14.4</b>                 | <b>14.4</b>            |                     |
| 3b. Volume and mix growth                        |                                     | (2.1)                       | (2.1)                  |                     |
| 3c. National investments                         |                                     | (1.2)                       | (1.2)                  |                     |
| 3d. CSP                                          |                                     | (1.8)                       | (1.8)                  |                     |
| 3e. Other investments                            |                                     | (15.0)                      | (15.0)                 |                     |
| <b>Total investment proposals</b>                |                                     | <b>(20.1)</b>               | <b>(20.1)</b>          |                     |
| <b>Required decisions (reduce, avoid, defer)</b> |                                     | <b>(5.7)</b>                | <b>(5.7)</b>           |                     |

## 3b. Volume and mix growth

| Investment Description                                     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments |
|------------------------------------------------------------|--------------------------|----------------------|------------------|---------------------|
| Acute drugs                                                |                          | 1.0                  | 1.0              |                     |
| Primary Care prescribing                                   |                          | 0.6                  | 0.6              |                     |
| Continuing Health Care (CHC)                               |                          | 0.5                  | 0.5              |                     |
| Fuels and Utilities                                        |                          | TBC                  | TBC              |                     |
| Medical & Dental and Agenda for Change spine point changes |                          | TBC                  | TBC              |                     |
| <b>Total</b>                                               |                          | <b>2.1</b>           | <b>2.1</b>       |                     |

### 3c. National investment commitments

| Investment Description                                         | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                                                                                                                          |
|----------------------------------------------------------------|--------------------------|----------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIMS / LINC system                                             |                          | 0.2                  | 0.2              | Impact to be confirmed, email via DDOFs suggests pressure will be £1.2m, but could be £2.8m across all Health Boards if £1.6m funding not received HD share of £1.2m = £0.2m |
| Welsh Risk Pool                                                |                          | TBC                  |                  |                                                                                                                                                                              |
| National Resident Doctors pay reform                           |                          | TBC                  |                  | New pay structure to be implemented                                                                                                                                          |
| NHS Wales hearing care: future approach for audiology services |                          | 1.0                  | 1.0              | 1.0m per HB for 3 years                                                                                                                                                      |
| Climate Adaptation plan                                        |                          | TBC                  |                  | Query if this is fully capital funded or revenue consequences                                                                                                                |
| WJCC Risk Share changes to %s                                  |                          | TBC                  |                  | WJCC updating, to be signed off by DoFs, assuming allocation adjustment                                                                                                      |
|                                                                |                          |                      |                  |                                                                                                                                                                              |
| <b>Total</b>                                                   |                          | <b>1.2</b>           | <b>1.2</b>       | <b>Total excludes TBC</b>                                                                                                                                                    |

### 3d. Local investment choices – CSP Implementation Phase

| Investment Description                                     | Non-Recurrent Impact £'m                                                              | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                            |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|------------------|----------------------------------------------------------------|
| CSP Option 1                                               |                                                                                       | (0.5)                | (0.5)            | Costed with 5.5% 24/25, 3.6% inflation 25/26 and 3% thereafter |
| CSP Option 2                                               |                                                                                       | 0.7                  | 0.7              | Costed with 5.5% 24/25, 3.6% inflation 25/26 and 3% thereafter |
| CSP Option 3                                               |                                                                                       | (0.5)                | (0.5)            | Costed with 5.5% 24/25, 3.6% inflation 25/26 and 3% thereafter |
| CSP Option 4                                               |                                                                                       | (0.4)                | (0.4)            | Costed with 5.5% 24/25, 3.6% inflation 25/26 and 3% thereafter |
| Inter hospital transfer estimate – relevant to all options |                                                                                       | 1.09                 | 1.09             | Costed with 5.5% 24/25, 3.6% inflation 25/26 and 3% thereafter |
| <b>Total</b>                                               | <b>Range £0.6m to £1.8m dependent on option, including hospital transfer estimate</b> |                      |                  |                                                                |

#### Key Commentary

- CSP is shown above based upon the options that were subject to consultation.
- CSP Implementation Phase (0-2 years) assume October 2026 start, 6 months cost in 2026/27
- Please note, these figures reflect OCP 1. Noting that there are references to OCP 2 and 3 within the Health Board, mindful of timescales to develop these plans, undertake the appropriate consultation etc these are not expected to have a financial impact within the 3 year period to 2028/29.

### 3e. Local investment choices – Other (1 of 2)

| Investment Description              | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                                                                                                                                                   |
|-------------------------------------|--------------------------|----------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GGH Theatres                        |                          | TBC                  | TBC              | Active review and assessment underway, investment case to follow. Initial focus GGH, likely to incorporate other sites. Expected to form part of 6 monthly Safe Staffing Level reviews going forward. |
| UEC pathway                         |                          | 5.2                  | 5.2              | 7 Day SDEC (3 sites) and Clinical Streaming Hub                                                                                                                                                       |
| VBHC – Fracture Liaison Service     |                          | 0.2                  | 0.2              | 6 months                                                                                                                                                                                              |
| VBHC – Vascular Podiatry            |                          | 0.1                  | 0.1              | 4 months – rounded values will cover the full year effect                                                                                                                                             |
| VBHC – Chronic Pain Management      |                          | 0.5                  | 0.5              | Estimated cost pre full business case, challenge to fund from savings elsewhere in the pathway, potential cost pressure                                                                               |
| VBHC – Health Coaches/Heart Failure |                          | TBC                  | TBC              | 25/26 financial plan; NR saving 25/26, remains in reserves recurrently                                                                                                                                |
| Allowance for “must do” investments |                          | 5.0                  | 5.0              | Yet to be worked up detailed plans, i.e. 25A & 25B Safe Staffing Level reviews, diagnostics etc. Assume any Planned Care Recovery initiatives will attract WG funding.                                |
| Revenue costs of capital            |                          | TBC                  | TBC              | This needs calculation                                                                                                                                                                                |
| LinAc 5, plus SWWCC satellite in HD |                          | 1.0                  | 1.0              | Assumes 50/50 of 5th Linac business case with Swansea Bay, business case approved in principle, 6th and 7th LinAc plans in progress.                                                                  |
| <b>Sub-total</b>                    |                          | <b>12.0</b>          | <b>12.0</b>      | <b>Sub-total excludes costs TBC</b>                                                                                                                                                                   |



### 3e. Local investment choices – Other (2 of 2)

| Investment Description                                  | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                        |
|---------------------------------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------|
| Bronglais and Glangwili - Fire Wardens                  |                          | 0.4                  | 0.4              | Investment approval panel June 2025                                        |
| MHLD - NSA 25A Wards                                    |                          | 1.2                  | 1.2              | Funded in 25/26 by medical training allocation R/NR                        |
| Neurodevelopmental sustainability                       |                          | TBC                  | TBC              |                                                                            |
| Chief Executive realignment of pay budgets              |                          | 0.1                  | 0.1              | Value of recurrent funding to ensure pay budgets are aligned               |
| Community Health Pathways                               |                          | 0.1                  | 0.1              | Funding reducing in 26-27, decision whether this service continues? CHOICE |
| Pentre Awel / Carmarthen Hwb / Car parking for Hwb / HQ |                          | 1.2                  | 1.2              | Revenue costs of accommodation moves (estimate)                            |
| <b>Sub-total</b>                                        |                          | <b>3.0</b>           | <b>3.0</b>       | <b>Sub-total excludes costs TBC</b>                                        |
| <b>Total</b>                                            |                          | <b>15.0</b>          | <b>15.0</b>      | <b>Total excludes costs TBC</b>                                            |

## 4. Core budget and ministerial priorities allocation uplift

| Uplift Description               | Non-Recurrent Impact £'m | Recurrent Impact Scenario 1 £'m | Total Impact £'m | Additional Comments                                                              |
|----------------------------------|--------------------------|---------------------------------|------------------|----------------------------------------------------------------------------------|
| Core budget funding - Scenario 1 |                          | (23.5)                          | (23.5)           | See slide 4a for breakdown and assumptions, based on 2.3% (excluding pay awards) |
| Ministerial priorities funding   |                          | (11.4)                          | (11.4)           | See slide 4a-c for breakdown and assumptions, based on 1%                        |
| Real Living Wage                 | (2.3)                    |                                 | (2.3)            | Based on 25/26 allocation, non recurrent allocation expected                     |
| Medical Training uplift          | (1.2)                    |                                 | (1.2)            | Assumed annual NR funding                                                        |
| <b>Total</b>                     | <b>(3.5)</b>             | <b>(34.9)</b>                   | <b>(38.4)</b>    |                                                                                  |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- The allocation uplift used in the modelling is 4.8% per the NHS Confederation Spending Review , scenario 1 ref 4a
- Illustration of inflation funded per 2024-25 levels is set out in ref 4b, scenario 2, result will be reduction of £3.4m
- No additional funding for inflation will result in funding being reduced by £24.0m, as set out in ref 4c, scenario 3

## 4a. Core budget and ministerial priorities allocation uplift - Scenario 1

The detail below summarises the calculated estimate of future recurrent funding based on UK Government Spending Review 11 June 2025 of 2.8% funding above inflation. Forward projection of inflation is 2%, therefore **total uplift of 4.8% assumed**.

| WG funding calculation                        | £'000         | %           | Comments / Assumptions                                                                                                                                                                                                                                  |
|-----------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Expected WG funding uplift</b>       | <b>54,748</b> | <b>4.8%</b> | Based on 4.8% of the 25/26 Resource Allocation of £1,140m                                                                                                                                                                                               |
| <i>Allocated as follows:</i>                  |               |             |                                                                                                                                                                                                                                                         |
| Pay award uplift estimated                    | 19,865        | 1.7%        | Based on 3% of total pay costs of £662m                                                                                                                                                                                                                 |
| Ministerial Priorities and ringfenced budgets | 11,406        | 1.0%        | Top-sliced by WG to cover ringfence budgets and Ministerial priorities. Assumed that any balance will be used to make good ringfence / project costs funded only on a non-recurrent basis e.g. RIF. Costs all assumed in Prevalence, Quality & Outcomes |
| Inflationary pressures 26-27                  | 23,477        | 2.1%        | To cover macro-economic inflationary and growth rises                                                                                                                                                                                                   |
| <b>Total</b>                                  | <b>54,748</b> | <b>4.8%</b> |                                                                                                                                                                                                                                                         |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- NHS Confederation responded to Spending Review stating: the 2.8 per cent increase to the DHSC budget over the course of the Spending Review period is generous compared to other departmental budgets in a difficult fiscal environment. However, the announcement falls short of the historic 3.6 per cent increase, and short of the Health Foundation's 4 per cent target we called for to restore services over the coming decade.

## 4b. Core budget and ministerial priorities allocation uplift – Scenario 2

Assumed same rate of inflationary funding as 2025/26

| WG funding calculation                        | £'000         | %           | Comments / Assumptions                                                                                                                                                                                                                                  |
|-----------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Expected WG funding uplift</b>       | <b>51,326</b> | <b>4.4%</b> | Based on 4.4% of the 25/26 Resource Allocation of £1,140m                                                                                                                                                                                               |
| <i><b>Allocated as follows:</b></i>           |               |             |                                                                                                                                                                                                                                                         |
| Pay award uplift estimated                    | 19,865        | 1.7%        | Based on 3% of total pay costs of £662m                                                                                                                                                                                                                 |
| Ministerial Priorities and ringfenced budgets | 11,406        | 1.0%        | Top-sliced by WG to cover ringfence budgets and Ministerial priorities. Assumed that any balance will be used to make good ringfence / project costs funded only on a non-recurrent basis e.g. RIF. Costs all assumed in Prevalence, Quality & Outcomes |
| Inflationary pressures 26-27                  | 20,055        | 1.7%        | Funding assumption based on 2024-25 macro-economic inflationary and growth rises                                                                                                                                                                        |
| <b>Total</b>                                  | <b>51,326</b> | <b>4.4%</b> |                                                                                                                                                                                                                                                         |

### Key Commentary

- Assumed that WG will fund pay awards in full
- Assumed WG will continue to fund Ministerial Priorities
- Assumed WG will continue to fund inflationary rises, but based on 2024-25 funding of 1.77%

## 4c. Core budget and ministerial priorities allocation uplift – Scenario 3

| WG funding calculation                        | £'000         | %           | Comments / Assumptions                                                                                                                                                                                                                                  |
|-----------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Expected WG funding uplift</b>       | <b>30,796</b> | <b>2.7%</b> | Based on 2.7% of the 25/26 Resource Allocation of £1,140m                                                                                                                                                                                               |
| <i><b>Allocated as follows:</b></i>           |               |             |                                                                                                                                                                                                                                                         |
| Pay award uplift estimated                    | 19,865        | 1.7%        | Based on 3% of total pay costs of £662m                                                                                                                                                                                                                 |
| Ministerial Priorities and ringfenced budgets | 11,406        | 1.0%        | Top-sliced by WG to cover ringfence budgets and Ministerial priorities. Assumed that any balance will be used to make good ringfence / project costs funded only on a non-recurrent basis e.g. RIF. Costs all assumed in Prevalence, Quality & Outcomes |
| Inflationary pressures 26-27                  | -             | 0.0%        | To cover macro-economic inflationary and growth rises                                                                                                                                                                                                   |
| <b>Total</b>                                  | <b>30.796</b> | <b>2.7%</b> |                                                                                                                                                                                                                                                         |

### Key Commentary

- Assumed that WG will fund pay awards in full
- Assumed WG will continue to fund Ministerial Priorities
- Assumed WG **will not** provide anything to cover macro-economic inflationary and growth rises

## 5. Technical efficiency savings

| Saving Description     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                    |
|------------------------|--------------------------|----------------------|------------------|----------------------------------------|
| Minimum WG expectation |                          | (23.2)               | (23.2)           | Based on 2% of WG recurrent allocation |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
| <b>Total</b>           |                          | <b>(23.2)</b>        | <b>(23.2)</b>    |                                        |

## 6. Total of savings themes 2026/27

Savings assessment considers savings already put forward by CCGs plus considers areas of savings that should be targeted based on current spend pressures and delivery

| Themes                                                    | £'m         |
|-----------------------------------------------------------|-------------|
| Theme 1: Hospital Bed Provision & Alternative Care Models | 8.0         |
| Theme 2: Workforce Optimisation                           | 5.2         |
| Theme 3: Non Pay                                          | 9.4         |
| Theme 4: Efficiency, productivity and clinical variation  | 0.0         |
| Theme 5: Clinical Services                                | 3.6         |
| <b>Total</b>                                              | <b>26.2</b> |

## 6a. Red/Blue savings reconciliation

Savings reconciliation shows the movement of red/blue savings between June 2025 and September 2025 with some schemes progressing to green and others being ruled out as savings opportunities and being closed.

| Month 3 BRAG Rating     | £'m         | Month 6 BRAG Rating         | £'m         | Change<br>£'m |
|-------------------------|-------------|-----------------------------|-------------|---------------|
| <b>Green conversion</b> |             |                             |             |               |
| Red                     | 1.0         | Green                       | 1.0         | 0.0           |
| Blue                    | 0.5         | Green                       | 0.1         | (0.4)         |
| <b>Total</b>            | <b>1.5</b>  | <b>Total Green schemes</b>  | <b>1.1</b>  | <b>(0.4)</b>  |
| <b>Red conversion</b>   |             |                             |             |               |
| Red                     | 10.8        | Red                         | 10.9        | 0.1           |
| <b>Total</b>            | <b>10.8</b> | <b>Total Red schemes</b>    | <b>10.9</b> | <b>0.1</b>    |
| <b>Blue conversion</b>  |             |                             |             |               |
| Red                     | 0.2         | Blue                        | 0.2         | -             |
| Blue                    | 0.5         | Blue                        | 0.5         | -             |
| <b>Total</b>            | <b>0.7</b>  | <b>Total Blue schemes</b>   | <b>0.7</b>  | <b>-</b>      |
| <b>Closed schemes</b>   |             |                             |             |               |
| Red                     | 1.4         | Closed                      | -           | (1.4)         |
| Blue                    | 1.5         | Closed                      | -           | (1.5)         |
| <b>Total</b>            | <b>2.9</b>  | <b>Total Closed schemes</b> | <b>-</b>    | <b>(2.9)</b>  |
| <b>Grand Total</b>      | <b>16.0</b> |                             | <b>26.2</b> | <b>(3.2)</b>  |



## 6b. Saving theme breakdown 2026-27 (1 of 3)

| Theme 1: Hospital bed provision and alternative care models, beyond CSP |                                                      | £'m        |
|-------------------------------------------------------------------------|------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                                      | High value schemes re. MIU and community beds/estate | 3.0        |
| Patient Flow: bed base reduction                                        |                                                      | 5.0        |
| <b>Total</b>                                                            |                                                      | <b>8.0</b> |

| Theme 2: Workforce optimisation    |                                                                                                                                                      | £'m        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes | High value schemes re. Planned Care medical workforce, theatres IEN                                                                                  | 0.3        |
| Medical staffing                   | Medical staffing temporary staffing costs are running at circa £22m per annum if we can remove 25% of this cost over 3 years this is £1.8m per annum | 1.8        |
| Agenda for change staff overtime   | AfC staff overtime is running at £8m per annum, if we can take 25% of this cost out of the system over 3 years this is £0.66m per annum              | 0.7        |
| Admin & Clerical                   | 211 increase since Covid, reduce by two thirds                                                                                                       | 2.4        |
| <b>Total</b>                       |                                                                                                                                                      | <b>5.2</b> |

## 6b. Saving theme breakdown 2026-27 (2 of 3)

| Theme 3: Non pay                                             |                                                                                                                      | £'m        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                           | Schemes re. Medicines management and Local Authority costs                                                           | 0.6        |
| Medicines management                                         | Primary and Secondary Care drugs costs FOT 205/26 is £162m a 3% YoY saving would be £4.8m per annum                  | 4.8        |
| Estates & Facilities                                         | Closing of 2025/26 savings gap                                                                                       | 1.0        |
| Procurement non pay savings                                  |                                                                                                                      | 1.5        |
| Commercial income opportunities                              | E.g. Catering and site retail opportunities, all external/private service provision                                  | 0.3        |
| Clinical income opportunities - current service provision    | LTA/private/overseas patient activity capture and charges                                                            | 0.7        |
| Clinical income opportunities - additional service provision | Provide additional services to other health bodies re. planned care, dependent on local demand and capacity position | 0.5        |
| <b>Total</b>                                                 |                                                                                                                      | <b>8.0</b> |

## 6b. Saving theme breakdown 2026-27 (3 of 3)

| Theme 4: Efficiency, productivity and clinical variation |                                                                                                                                      | £'m |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| Existing Blue & Red saving schemes                       |                                                                                                                                      | -   |
| Digital enablers - no direct cash releasing savings      | EPMA rollout - to support Medicines management savings                                                                               | -   |
|                                                          | Patient Flow - to support bed release                                                                                                | -   |
|                                                          | Consultant Connect - improved pathways and patient outcomes, productivity gain. (Benefits already in financial position since Jun24) | -   |
|                                                          | Health Pathways - improved pathways and patient outcomes, productivity gain                                                          | -   |
| <b>Total</b>                                             |                                                                                                                                      | -   |

| Theme 5: Clinical Services                  |                                                                                                              | £'m        |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes          | Schemes re. Pathology OOH and outsourcing                                                                    | 0.6        |
| Velindre LTA                                | Rebase drug spend to outturn                                                                                 | 0.5        |
| NWJCC national decommissioning              | NWJCC approximately £144m attracts disproportionate funding uplift year on year, requires review of services | 2.0        |
| Alternative models of care/service delivery | Consider alternative means of service provision e.g. managed service model                                   | 0.5        |
| <b>Total</b>                                |                                                                                                              | <b>3.6</b> |



## Year 2

# Financial Roadmap Assessment 2027-28 (Year 2)

The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/ demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows:

| Slide Ref #                      | 2027/28 Financial Plan Assessment          | Recurrent £'m | Non-Rec £'m   | Total £'m    |
|----------------------------------|--------------------------------------------|---------------|---------------|--------------|
|                                  | 2026/27 underlying deficit carried forward | 40.4          |               | 40.4         |
| 1                                | Macro-economic inflation price modelling   | 14.1          |               | 14.1         |
| 2                                | Contractual or unavoidable                 | 16.2          |               | 16.2         |
| 3                                | Prevalence                                 | 12.4          |               | 12.4         |
| 3                                | Quality and outcomes                       | 2.0           |               | 2.0          |
| 4                                | Core budget allocation uplift              | (24.0)        | (3.5)         | (27.5)       |
| 4                                | Ministerial priorities allocation uplift   | (11.5)        |               | (11.5)       |
| 5                                | Continued non-recurrent benefit/Savings    |               | (23.8)        | (23.8)       |
| 6                                | Strategic and transformation savings       | (22.6)        |               | (22.6)       |
| <b>2027-28 Financial Deficit</b> |                                            | <b>27.0</b>   | <b>(27.3)</b> | <b>(0.3)</b> |

# 1. Macro-economic inflationary price modelling

| Investment Description                                                                                  | Non-Recurren<br>t Impact<br>£'m | Recurren<br>t Impact<br>£'m | Total<br>Impact<br>£'m | Additional Comments                  |
|---------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|------------------------|--------------------------------------|
| Acute drugs                                                                                             |                                 | 3.7                         | 3.7                    |                                      |
| Primary Care prescribing                                                                                |                                 | 2.2                         | 2.2                    |                                      |
| Continuing Health Care (CHC)                                                                            |                                 | 4.5                         | 4.5                    |                                      |
| Real Living Wage                                                                                        |                                 | -                           | -                      |                                      |
| General goods and services (CPI)                                                                        |                                 | 1.9                         | 1.9                    |                                      |
| Fuels and Utilities                                                                                     |                                 | -                           | -                      |                                      |
| Specific Consumables price                                                                              |                                 | -                           | -                      | Included in CPI figure for modelling |
| Specific Contracts price                                                                                |                                 | -                           | -                      | Included in CPI figure for modelling |
| Medical & Dental and Agenda for Change<br>Pay Award and National Insurance uplift<br>for vacancy factor |                                 | 1.8                         | 1.8                    |                                      |
| <b>Total</b>                                                                                            |                                 | <b>14.1</b>                 | <b>14.1</b>            |                                      |

## 2. Contractual or unavoidable investments

| Investment Description            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                 |
|-----------------------------------|--------------------------|----------------------|------------------|-----------------------------------------------------|
| JCC Price                         |                          | 16.2                 | 16.2             | Modelled using total LTA, SLA, JCC values           |
| JCC Investments                   |                          |                      |                  |                                                     |
| LTA NHS Wales Investments         |                          |                      |                  |                                                     |
| LTA NHS Wales Price               |                          |                      |                  |                                                     |
| LTA/SLA Other Non NHS Wales Price |                          |                      |                  |                                                     |
| SLA NHS Wales Price               |                          |                      |                  |                                                     |
| SLA NHS Wales Investments         |                          |                      |                  |                                                     |
| NICE In-Year FYE Drugs            |                          |                      |                  | Included within Macros Price and Growth Acute Drugs |
| NICE In-Year PYE Non-Drugs        |                          |                      |                  |                                                     |
| NICE New-Year PYE Drugs           |                          |                      |                  |                                                     |
| NICE New-Year PYE Non-Drugs       |                          |                      |                  |                                                     |
| <b>Total</b>                      |                          | <b>16.2</b>          | <b>16.2</b>      |                                                     |

### 3. Prevalence

Review of prevalence data framed below informed by Aberystwyth University research. Challenge to identify reducing prevalence of disease. Evidence of reducing birth rate impacting the population demographic and fewer children, however this is alongside the impact of the cost of caring for children becoming more expensive, largely driven by new technology and in particular genomic medicine.

| Investment Description                  | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Comments<br>This is full cost estimates based on 2023/24 Programme Budgeting Costs//Patient Level costs, source of activity increase Aberystwyth University review of prevalence |
|-----------------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Atrial fibrillation & related events    |                          | 0.5                  | 0.5              | 3% per annum (£1.60m 3 years)                                                                                                                                                    |
| Breast Cancers                          |                          | 0.4                  | 0.4              | 3.33% per annum (£1.2m over 3 years)                                                                                                                                             |
| Colorectal Cancers                      |                          | 0.6                  | 0.6              | 5% per annum, Lower Gastro Intestinal cancers                                                                                                                                    |
| Lung Cancer                             |                          | 0.3                  | 0.3              | 11% increase over 3 years                                                                                                                                                        |
| MI and Cardiovascular                   |                          | 0.0                  | 0.0              | Not seeing growth or decline                                                                                                                                                     |
| Dementia                                |                          | 1.0                  | 1.0              | 3% per annum, 9% increase over 3 years                                                                                                                                           |
| Diabetes Type 2                         |                          | 0.3                  | 0.3              | 1% per annum, Community management until severe cases such as amputations                                                                                                        |
| Heart failure and chronic heart disease |                          | 0.2                  | 0.2              | 1% per annum (Heart Failure PBC costs primary & secondary care)                                                                                                                  |
| Mental Health demand                    |                          | 0.6                  | 0.6              | This is an estimate of 1% per annum                                                                                                                                              |
| Elective Care Pathways MSK              |                          | 2.0                  | 2.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Trauma and injuries                     |                          | 4.0                  | 4.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Ophthalmology                           |                          | 1.0                  | 1.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| CHC                                     |                          | 1.0                  | 1.0              | We are seeing c 1.5% complexity inflation increase – cost of delivery (living wage)                                                                                              |
| Urgent Care – ED                        |                          | 0.5                  | 0.5              | Assuming 1% growth in demand per annum as per last 10 years – cost of delivery                                                                                                   |
| Primary Care                            |                          | 0.0                  | 0.0              | Contract increase for GPs would be initiated by Welsh Government, funded assumed                                                                                                 |
| <b>Total</b>                            |                          | <b>12.4</b>          | <b>12.4</b>      |                                                                                                                                                                                  |



## 3a. Deployment of prevalence and quality and outcomes

| Investment Description            | Non-<br>Recurrent<br>Impact<br>£'m | Recurrent<br>Impact<br>£'m | Total<br>Impact<br>£'m | Additional Comments |
|-----------------------------------|------------------------------------|----------------------------|------------------------|---------------------|
| Prevalence assessment             |                                    | 12.4                       | 12.4                   |                     |
| Quality and outcomes allocation   |                                    | 2.0                        | 2.0                    |                     |
| <b>Total assessment</b>           |                                    | <b>14.4</b>                | <b>14.4</b>            |                     |
| 3b. Volume and mix growth         |                                    | (2.2)                      | (2.2)                  |                     |
| 3c. National investments          |                                    | 0.0                        | 0.0                    |                     |
| 3d. CSP                           |                                    | (1.9)                      | (1.9)                  |                     |
| 3e. Other investments             |                                    | (5.2)                      | (5.2)                  |                     |
| <b>Total investment proposals</b> |                                    | <b>(9.3)</b>               | <b>(9.3)</b>           |                     |
| <b>Required decisions</b>         |                                    | <b>5.1</b>                 | <b>5.1</b>             |                     |

## 3b. Volume and mix growth modelling

| Investment Description                                     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments |
|------------------------------------------------------------|--------------------------|----------------------|------------------|---------------------|
| Acute drugs                                                |                          | 1.1                  | 1.1              |                     |
| Primary Care prescribing                                   |                          | 0.6                  | 0.6              |                     |
| Continuing Health Care (CHC)                               |                          | 0.5                  | 0.5              |                     |
| Fuels and Utilities                                        |                          | TBC                  | TBC              |                     |
| Medical & Dental and Agenda for Change spine point changes |                          | TBC                  | TBC              |                     |
| <b>Total</b>                                               |                          | <b>2.2</b>           | <b>2.2</b>       |                     |



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3c. National investment commitments

| Investment Description | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments |
|------------------------|--------------------------|----------------------|------------------|---------------------|
|                        |                          |                      |                  |                     |
|                        |                          |                      |                  |                     |
|                        |                          |                      |                  |                     |
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|                        |                          |                      |                  |                     |
|                        |                          |                      |                  |                     |
|                        |                          |                      |                  |                     |
| Total                  |                          |                      |                  |                     |

### 3d. Local investment choices – CSP FYE Implementation Phase

| Investment Description                                     | Non-Recurrent Impact £'m                                                              | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                          |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|------------------|--------------------------------------------------------------|
| CSP Option 1                                               |                                                                                       | (0.6)                | (0.6)            | In year cost increase above 2026/27 and applies 3% inflation |
| CSP Option 2                                               |                                                                                       | 0.7                  | 0.7              | In year cost increase above 2026/27 and applies 3% inflation |
| CSP Option 3                                               |                                                                                       | (0.5)                | (0.5)            | In year cost increase above 2026/27 and applies 3% inflation |
| CSP Option 4                                               |                                                                                       | (0.4)                | (0.4)            | In year cost increase above 2026/27 and applies 3% inflation |
| Inter hospital transfer estimate – relevant to all options |                                                                                       | 1.2                  | 1.2              | In year cost increase above 2026/27 and applies 3% inflation |
| <b>Total</b>                                               | <b>Range £0.4m to £1.9m dependent on option, including hospital transfer estimate</b> |                      |                  |                                                              |

#### Key Commentary

- CSP (Full year implementation phase, increased costs in 2027/28 on 2026/27).
- Please note, these figures reflect OCP 1. Noting that there are references to OCP 2 and 3 within the Health Board, mindful of timescales to develop these plans, undertake the appropriate consultation etc these are not expected to have a financial impact within the 3 year period to 2028/29.

### 3e. Local investment choices – Other

| Investment Description              | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                                                                                                                    |
|-------------------------------------|--------------------------|----------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VBHC – Fracture Liaison Service     |                          | 0.2                  | 0.2              | Full year effect of funding required (Year 1, 6 months)                                                                                                                |
| VBHC – Vascular Podiatry            |                          | 0.0                  | 0.0              | Year 1 funding rounded covers FYE requirement                                                                                                                          |
| Allowance for “must do” investments |                          | 5.0                  | 5.0              | Yet to be worked up detailed plans, i.e. 25A & 25B Safe Staffing Level reviews, diagnostics etc. Assume any Planned Care Recovery initiatives will attract WG funding. |
| Revenue cost of capital             |                          | TBC                  | TBC              | This needs to be calculated                                                                                                                                            |
|                                     |                          |                      |                  |                                                                                                                                                                        |
|                                     |                          |                      |                  |                                                                                                                                                                        |
| <b>Total</b>                        |                          | <b>5.2</b>           | <b>5.2</b>       | <b>The total excludes costs TBC</b>                                                                                                                                    |

## 4. Budget allocation uplift

| Uplift Description             | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                              |
|--------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------------|
| Core budget funding            |                          | (24.0)               | (24.0)           | See slide 7b for breakdown and assumptions. Based on 2.3% (excluding pay awards) |
| Ministerial priorities funding |                          | (11.5)               | (11.5)           | See slide 7b for breakdown and assumptions. Based on 1% of total uplift          |
| Real Living Wage               | (2.3)                    |                      | (2.3)            | Based on 25/26 allocation, non recurrent allocation expected year on year        |
| Medical Training uplift        | (1.2)                    |                      | (1.2)            | Assumed annual NR funding                                                        |
| <b>Total</b>                   | <b>(3.5)</b>             | <b>(35.5)</b>        | <b>(39.0)</b>    |                                                                                  |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- The allocation uplift used in the modelling year 2 is 4.8% per the NHS Confederation Spending Review , scenario 1 ref 4a
- If funding is reduced per the illustration on Year 1 scenario 2 and scenario 3, there will be a consequential impact on year 2 and year 3

## 4a. Core budget and ministerial priorities allocation uplift

The detail below summarises the calculated estimate of future recurrent funding based on UK Government Spending Review 11 June 2025 of 2.8% funding above inflation. Forward projection of inflation is 2%, therefore total uplift of 4.8% assumed.

| WG funding calculation                        | £'000         | %           | Comments / Assumptions                                                                                                                                                                                                                                  |
|-----------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Expected WG funding uplift</b>       | <b>55,691</b> | <b>4.8%</b> | Based on 4.8% of the 25/26 Resource Allocation of £1,140m                                                                                                                                                                                               |
| <i>Allocated as follows:</i>                  |               |             |                                                                                                                                                                                                                                                         |
| Pay award uplift estimated                    | 20,211        | 1.7%        | Based on 3% of total pay costs of £662m in Year 1                                                                                                                                                                                                       |
| Ministerial Priorities and ringfenced budgets | 11,520        | 1.0%        | Top-sliced by WG to cover ringfence budgets and Ministerial priorities. Assumed that any balance will be used to make good ringfence / project costs funded only on a non-recurrent basis e.g. RIF. Costs all assumed in Prevalence, Quality & Outcomes |
| Inflationary pressures 27-28                  | 23,960        | 2.1%        | To cover macro-economic inflationary and growth rises                                                                                                                                                                                                   |
| <b>Total</b>                                  | <b>55,691</b> | <b>4.8%</b> |                                                                                                                                                                                                                                                         |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- NHS Confederation responded to Spending Review stating: the 2.8 per cent increase to the DHSC budget over the course of the Spending Review period is generous compared to other departmental budgets in a difficult fiscal environment. However, the announcement falls short of the historic 3.6 per cent increase, and short of the Health Foundation's 4 per cent target we called for to restore services over the coming decade.



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5. Technical efficiency savings

| Saving Description     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                    |
|------------------------|--------------------------|----------------------|------------------|----------------------------------------|
| Minimum WG expectation |                          | (23.8)               | (23.8)           | Based on 2% of WG recurrent allocation |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
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|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
| Total                  |                          | (23.8)               | (23.8)           |                                        |



## 6. Total of savings themes 2027/28

Savings assessment considers savings already put forward by CCGs plus considers areas of savings that should be targeted based on current spend pressures and delivery

| Themes                                                    | £'m         |
|-----------------------------------------------------------|-------------|
| Theme 1: Hospital Bed Provision & Alternative Care Models | 9.9         |
| Theme 2: Workforce Optimisation                           | 4.9         |
| Theme 3: Non Pay                                          | 6.3         |
| Theme 4: Efficiency, productivity and clinical variation  | 0.0         |
| Theme 5: Clinical Services                                | 1.6         |
| <b>Total</b>                                              | <b>22.6</b> |

## 6b. Saving theme breakdown 2027-28 (1 of 3)

| Theme 1: Hospital bed provision and alternative care models, beyond CSP |                                                      | £'m        |
|-------------------------------------------------------------------------|------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                                      | High value schemes re. MIU and community beds/estate | 4.9        |
| Patient Flow: bed base reduction                                        |                                                      | 5.0        |
| <b>Total</b>                                                            |                                                      | <b>9.9</b> |

| Theme 2: Workforce optimisation    |                                                                                                                                                      | £'m        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes | High value schemes re. Planned Care medical workforce, theatres IEN                                                                                  | -          |
| Medical staffing                   | Medical staffing temporary staffing costs are running at circa £22m per annum if we can remove 25% of this cost over 3 years this is £1.8m per annum | 1.8        |
| Agenda for change staff overtime   | AfC staff overtime is running at £8m per annum, if we can take 25% of this cost out of the system over 3 years this is £0.66m per annum              | 0.7        |
| Admin & Clerical                   | 211 increase since Covid, reduce by two thirds                                                                                                       | 2.4        |
| <b>Total</b>                       |                                                                                                                                                      | <b>4.9</b> |

## 6b. Saving theme breakdown 2027-28 (2 of 3)

| Theme 3: Non pay                                             |                                                                                                                      | £'m        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                           | Schemes re. Medicines management and Local Authority costs                                                           | -          |
| Medicines management                                         | Primary and Secondary Care drugs costs FOT 205/26 is £162m a 3% YoY saving would be £4.8m per annum                  | 4.8        |
| Estates & Facilities                                         | Closing of 2025/26 savings gap                                                                                       | -          |
| Procurement non pay savings                                  |                                                                                                                      | 1.5        |
| Commercial income opportunities                              | E.g. Catering and site retail opportunities, all external/private service provision                                  | -          |
| Clinical income opportunities - current service provision    | LTA/private/overseas patient activity capture and charges                                                            | -          |
| Clinical income opportunities - additional service provision | Provide additional services to other health bodies re. planned care, dependent on local demand and capacity position | -          |
| <b>Total</b>                                                 |                                                                                                                      | <b>6.3</b> |

## 6b. Saving theme breakdown 2027-28 (3 of 3)

| Theme 4: Efficiency, productivity and clinical variation |                                                                                                                                      | £'m |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| Existing Blue & Red saving schemes                       |                                                                                                                                      | -   |
| Digital enablers - no direct cash releasing savings      | EPMA rollout - to support Medicines management savings                                                                               | -   |
|                                                          | Patient Flow - to support bed release                                                                                                | -   |
|                                                          | Consultant Connect - improved pathways and patient outcomes, productivity gain. (Benefits already in financial position since Jun24) | -   |
|                                                          | Health Pathways - improved pathways and patient outcomes, productivity gain                                                          | -   |
| <b>Total</b>                                             |                                                                                                                                      | -   |

| Theme 5: Clinical Services                  |                                                                                                              | £'m        |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes          | Schemes re. Pathology OOH and outsourcing                                                                    | 1.6        |
| Velindre LTA                                | Rebase drug spend to outturn                                                                                 | -          |
| NWJCC national decommissioning              | NWJCC approximately £144m attracts disproportionate funding uplift year on year, requires review of services | -          |
| Alternative models of care/service delivery | Consider alternative means of service provision e.g. managed service model                                   | -          |
| <b>Total</b>                                |                                                                                                              | <b>1.6</b> |



## Year 3

# Financial Roadmap Assessment 2028-29 (Year 3)

The underlying assessment is identified at the start of the new financial year. Together with an assessment of the macro costs/ demographics, allocation funding and savings, the 2025/26 financial plan is summarised as follows:

| Slide Ref #                      | 2028/29 Financial Plan Assessment          | Recurrent £'m | Non-Rec £'m   | Total £'m    |
|----------------------------------|--------------------------------------------|---------------|---------------|--------------|
|                                  | 2027/28 underlying deficit carried forward | 27.0          |               | 27.0         |
| 1                                | Macro-economic inflation price modelling   | 14.8          |               | 14.8         |
| 2                                | Contractual or unavoidable                 | 17.3          |               | 17.3         |
| 3                                | Prevalence                                 | 12.4          |               | 12.4         |
| 3                                | Quality and outcomes                       | 2.0           |               | 2.0          |
| 4                                | Core budget allocation uplift              | (24.5)        | (3.5)         | (28.0)       |
| 4                                | Ministerial priorities allocation uplift   | (11.6)        |               | (11.6)       |
| 5                                | Continued non-recurrent benefit/Savings    |               | (24.3)        | (24.3)       |
| 6                                | Strategic and transformation savings       | (13.8)        |               | (13.8)       |
| <b>2028-29 Financial Deficit</b> |                                            | <b>23.6</b>   | <b>(27.8)</b> | <b>(4.2)</b> |

# 1. Macro-economic inflationary price modelling

| Investment Description                                                                            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                  |
|---------------------------------------------------------------------------------------------------|--------------------------|----------------------|------------------|--------------------------------------|
| Acute drugs                                                                                       |                          | 3.9                  | 3.9              |                                      |
| Primary Care prescribing                                                                          |                          | 2.3                  | 2.3              |                                      |
| Continuing Health Care (CHC)                                                                      |                          | 4.8                  | 4.8              |                                      |
| Real Living Wage                                                                                  |                          | -                    | -                |                                      |
| General goods and services (CPI)                                                                  |                          | 2.0                  | 2.0              |                                      |
| Fuels and Utilities                                                                               |                          | -                    | -                |                                      |
| Specific Consumables price                                                                        |                          | -                    | -                | Included in CPI figure for modelling |
| Specific Contracts price                                                                          |                          | -                    | -                | Included in CPI figure for modelling |
| Medical & Dental and Agenda for Change Pay Award and National Insurance uplift for vacancy factor |                          | 1.8                  | 1.8              |                                      |
| <b>Total</b>                                                                                      |                          | <b>14.8</b>          | <b>14.8</b>      |                                      |

## 2. Contractual or unavoidable investments

| Investment Description            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                 |
|-----------------------------------|--------------------------|----------------------|------------------|-----------------------------------------------------|
| JCC Price                         |                          | 17.3                 | 17.3             | Modelled using total LTA, SLA, JCC values           |
| JCC Investments                   |                          |                      |                  |                                                     |
| LTA NHS Wales Investments         |                          |                      |                  |                                                     |
| LTA NHS Wales Price               |                          |                      |                  |                                                     |
| LTA/SLA Other Non NHS Wales Price |                          |                      |                  |                                                     |
| SLA NHS Wales Price               |                          |                      |                  |                                                     |
| SLA NHS Wales Investments         |                          |                      |                  |                                                     |
| NICE In-Year FYE Drugs            |                          |                      |                  | Included within Macros Price and Growth Acute Drugs |
| NICE In-Year PYE Non-Drugs        |                          |                      |                  |                                                     |
| NICE New-Year PYE Drugs           |                          |                      |                  |                                                     |
| NICE New-Year PYE Non-Drugs       |                          |                      |                  |                                                     |
| <b>Total</b>                      |                          | <b>17.3</b>          | <b>17.3</b>      |                                                     |



### 3. Prevalence

Review of prevalence data framed below informed by Aberystwyth University research. Challenge to identify reducing prevalence of disease. Evidence of reducing birth rate impacting the population demographic and fewer children, however this is alongside the impact of the cost of caring for children becoming more expensive, largely driven by new technology and in particular genomic medicine.

| Investment Description                  | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Comments<br>This is full cost estimates based on 2023/24 Programme Budgeting Costs//Patient Level costs, source of activity increase Aberystwyth University review of prevalence |
|-----------------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Atrial fibrillation & related events    |                          | 0.5                  | 0.5              | 3% per annum (£1.60m 3 years)                                                                                                                                                    |
| Breast Cancers                          |                          | 0.4                  | 0.4              | 3.33% per annum (£1.2m over 3 years)                                                                                                                                             |
| Colorectal Cancers                      |                          | 0.6                  | 0.6              | 5% per annum, Lower Gastro Intestinal cancers                                                                                                                                    |
| Lung Cancer                             |                          | 0.3                  | 0.3              | 11% increase over 3 years                                                                                                                                                        |
| MI and Cardiovascular                   |                          | 0.0                  | 0.0              | Not seeing growth or decline                                                                                                                                                     |
| Dementia                                |                          | 1.0                  | 1.0              | 3% per annum, 9% increase over 3 years                                                                                                                                           |
| Diabetes Type 2                         |                          | 0.3                  | 0.3              | 1% per annum, Community management until severe cases such as amputations                                                                                                        |
| Heart failure and chronic heart disease |                          | 0.2                  | 0.2              | 1% per annum (Heart Failure PBC costs primary & secondary care)                                                                                                                  |
| Mental Health demand                    |                          | 0.6                  | 0.6              | This is an estimate of 1% per annum                                                                                                                                              |
| Elective Care Pathways MSK              |                          | 2.0                  | 2.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Trauma and injuries                     |                          | 4.0                  | 4.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| Ophthalmology                           |                          | 1.0                  | 1.0              | We are seeing older age groups + c 10% over 3 years                                                                                                                              |
| CHC                                     |                          | 1.0                  | 1.0              | We are seeing c 1.5% complexity inflation increase – cost of delivery (living wage)                                                                                              |
| Urgent Care – ED                        |                          | 0.5                  | 0.5              | Assuming 1% growth in demand per annum as per last 10 years – cost of delivery                                                                                                   |
| Primary Care                            |                          | 0.0                  | 0.0              | Contract increase for GPs would be initiated by Welsh Government, funded assumed                                                                                                 |
| <b>Total</b>                            |                          | <b>12.4</b>          | <b>12.4</b>      |                                                                                                                                                                                  |

## 3a. Deployment of prevalence and quality and outcomes

| Investment Description            | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments |
|-----------------------------------|--------------------------|----------------------|------------------|---------------------|
| Prevalence assessment             |                          | 12.4                 | 12.4             |                     |
| Quality and outcomes allocation   |                          | 2.0                  | 2.0              |                     |
| <b>Total assessment</b>           |                          | <b>14.4</b>          | <b>14.4</b>      |                     |
| 3b. Volume and mix growth         |                          | (2.3)                | (2.3)            |                     |
| 3c. National investments          |                          | 0.0                  | 0.0              |                     |
| 3d. CSP                           |                          | (4.3)                | (4.3)            |                     |
| 3e. Other investments             |                          | (5.0)                | (5.0)            |                     |
| <b>Total investment proposals</b> |                          | <b>(11.6)</b>        | <b>(11.6)</b>    |                     |
| <b>Required decisions</b>         |                          | <b>2.8</b>           | <b>2.8</b>       |                     |

## 3b. Volume and mix growth modelling

| Investment Description                                     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments |
|------------------------------------------------------------|--------------------------|----------------------|------------------|---------------------|
| Acute drugs                                                |                          | 1.2                  | 1.2              |                     |
| Primary Care prescribing                                   |                          | 0.6                  | 0.6              |                     |
| Continuing Health Care (CHC)                               |                          | 0.5                  | 0.5              |                     |
| Fuels and Utilities                                        |                          | TBC                  | TBC              |                     |
| Medical & Dental and Agenda for Change spine point changes |                          | TBC                  | TBC              |                     |
| <b>Total</b>                                               |                          | <b>2.3</b>           | <b>2.3</b>       |                     |

# 3c. National investment Commitments

| Investment Description | Non-<br>Recurrent<br>Impact<br>£'m | Recurrent<br>Impact<br>£'m | Total<br>Impact<br>£'m | Additional Comments |
|------------------------|------------------------------------|----------------------------|------------------------|---------------------|
| TBC                    |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
|                        |                                    |                            |                        |                     |
| Total                  |                                    |                            |                        |                     |

### 3d. Local investment choices – CSP Improvement Phase

| Investment Description                                     | Non-Recurrent Impact £'m                                                                                                | Recurrent Impact £'m | Total Impact £'m | Additional Comments              |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|----------------------------------|
| CSP Option 1                                               |                                                                                                                         | 3.6                  | 3.6              | The increase in costs on 2027/28 |
| CSP Option 2                                               |                                                                                                                         | 2.0                  | 2.0              | The increase in costs on 2027/28 |
| CSP Option 3                                               |                                                                                                                         | 4.0                  | 4.0              | The increase in costs on 2027/28 |
| CSP Option 4                                               |                                                                                                                         | 4.3                  | 4.3              | The increase in costs on 2027/28 |
| Inter hospital transfer estimate – relevant to all options |                                                                                                                         | 0.1                  | 0.1              | 3% inflation applied             |
| <b>Total</b>                                               | <b>Dependent on option pursued and improvement decisions taken, maximum £4.3m, including hospital transfer estimate</b> |                      |                  |                                  |

#### Key Commentary

- CSP Improvement Phase (years 2-4) – 6 month implementation + 6 month improvement, the increase costs in 2028/29 on 2027/28, including 3% inflation
- Please note, these figures reflect OCP 1. Noting that there are references to OCP 2 and 3 within the Health Board, mindful of timescales to develop these plans, undertake the appropriate consultation etc these are not expected to have a financial impact within the 3 year period to 2028/29.

### 3d. Local investment choices – Other

| Investment Description              | Non-<br>Recurrent<br>Impact<br>£'m | Recurrent<br>Impact<br>£'m | Total<br>Impact<br>£'m | Additional Comments                                                                                                                                                    |
|-------------------------------------|------------------------------------|----------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allowance for “must do” investments |                                    | 5.0                        | 5.0                    | Yet to be worked up detailed plans, i.e. 25A & 25B Safe Staffing Level reviews, diagnostics etc. Assume any Planned Care Recovery initiatives will attract WG funding. |
| Revenue cost of capital             |                                    | TBC                        | TBC                    | This needs calculating                                                                                                                                                 |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
|                                     |                                    |                            |                        |                                                                                                                                                                        |
| <b>Total</b>                        |                                    | <b>5.0</b>                 | <b>5.0</b>             | <b>The total excludes costs TBC</b>                                                                                                                                    |

## 4. Budget allocation uplift

| Uplift Description             | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                                                              |
|--------------------------------|--------------------------|----------------------|------------------|----------------------------------------------------------------------------------|
| Core budget funding            |                          | (24.5)               | (24.5)           | See slide 4a for breakdown and assumptions. Based on 2.3% (excluding pay awards) |
| Ministerial priorities funding |                          | (11.6)               | (11.6)           | See slide 4a for breakdown and assumptions. Based on 1% of total uplift          |
| Real Living Wage               | (2.3)                    |                      | (2.3)            | Based on 25/26 allocation, non recurrent allocation expected year on year        |
| Medical Training uplift        | (1.2)                    |                      | (1.2)            | Assumed annual NR funding                                                        |
| <b>Total</b>                   | <b>(3.5)</b>             | <b>(36.1)</b>        | <b>(39.6)</b>    |                                                                                  |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- The allocation uplift used in the modelling year 3 is 4.8% per the NHS Confederation Spending Review , scenario 1 ref 4a
- If funding is reduced per the illustration on Year 1 scenario 2 and scenario 3, there will be a consequential impact on year 2 and year 3

## 4a. Core budget and ministerial priorities allocation uplift

The detail below summarises the calculated estimate of future recurrent funding based on UK Government Spending Review 11 June 2025 of 2.8% funding above inflation. Forward projection of inflation is 2%, therefore total uplift of 4.8% assumed.

| WG funding calculation                        | £'000         | %           | Comments / Assumptions                                                                                                                                                                                                                                  |
|-----------------------------------------------|---------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Total Expected WG funding uplift</b>       | <b>56,652</b> | <b>4.8%</b> | Based on 4.8% of the 25/26 Resource Allocation of £1,140m                                                                                                                                                                                               |
| <i>Allocated as follows:</i>                  |               |             |                                                                                                                                                                                                                                                         |
| Pay award uplift estimated                    | 20,563        | 1.7%        | Based on 3% of total pay costs of £662m in year 1                                                                                                                                                                                                       |
| Ministerial Priorities and ringfenced budgets | 11,635        | 1.0%        | Top-sliced by WG to cover ringfence budgets and Ministerial priorities. Assumed that any balance will be used to make good ringfence / project costs funded only on a non-recurrent basis e.g. RIF. Costs all assumed in Prevalence, Quality & Outcomes |
| Inflationary pressures 28-29                  | 24,454        | 2.1%        | To cover macro-economic inflationary and growth rises                                                                                                                                                                                                   |
| <b>Total</b>                                  | <b>56,652</b> | <b>4.8%</b> |                                                                                                                                                                                                                                                         |

### Key Commentary

- Assumed that WG will fund pay awards in full, from the total settlement included within in the 2025 Spending Review.
- NHS Confederation responded to Spending Review stating: the 2.8 per cent increase to the DHSC budget over the course of the Spending Review period is generous compared to other departmental budgets in a difficult fiscal environment. However, the announcement falls short of the historic 3.6 per cent increase, and short of the Health Foundation's 4 per cent target we called for to restore services over the coming decade.



## 5. Te

| Saving Description     | Non-Recurrent Impact £'m | Recurrent Impact £'m | Total Impact £'m | Additional Comments                    |
|------------------------|--------------------------|----------------------|------------------|----------------------------------------|
| Minimum WG expectation |                          | (24.3)               | (24.3)           | Based on 2% of WG recurrent allocation |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
|                        |                          |                      |                  |                                        |
| Total                  |                          | (24.3)               | (24.3)           |                                        |

## 6. Total of savings themes 2028/29

Savings assessment considers savings already put forward by CCGs plus considers areas of savings that should be targeted based on current spend pressures and delivery

| Themes                                                    | £'m         |
|-----------------------------------------------------------|-------------|
| Theme 1: Hospital Bed Provision & Alternative Care Models | 5.0         |
| Theme 2: Workforce Optimisation                           | 2.5         |
| Theme 3: Non Pay                                          | 6.3         |
| Theme 4: Efficiency, productivity and clinical variation  | 0.0         |
| Theme 5: Clinical Services                                | 0.0         |
| <b>Total</b>                                              | <b>13.8</b> |

## 6b. Saving theme breakdown 2028-29 (1 of 3)

| Theme 1: Hospital bed provision and alternative care models, beyond CSP |                                                      | £'m        |
|-------------------------------------------------------------------------|------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                                      | High value schemes re. MIU and community beds/estate | -          |
| Patient Flow: bed base reduction                                        |                                                      | 5.0        |
| <b>Total</b>                                                            |                                                      | <b>5.0</b> |

| Theme 2: Workforce optimisation    |                                                                                                                                                      | £'m        |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes | High value schemes re. Planned Care medical workforce, theatres IEN                                                                                  | -          |
| Medical staffing                   | Medical staffing temporary staffing costs are running at circa £22m per annum if we can remove 25% of this cost over 3 years this is £1.8m per annum | 1.8        |
| Agenda for change staff overtime   | AfC staff overtime is running at £8m per annum, if we can take 25% of this cost out of the system over 3 years this is £0.66m per annum              | 0.7        |
| Admin & Clerical                   | 211 increase since Covid, reduce by two thirds                                                                                                       | -          |
| <b>Total</b>                       |                                                                                                                                                      | <b>2.5</b> |

## 6b. Saving theme breakdown 2028-29 (2 of 3)

| Theme 3: Non pay                                             |                                                                                                                      | £'m        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|
| Existing Blue & Red saving schemes                           | Schemes re. Medicines management and Local Authority costs                                                           | -          |
| Medicines management                                         | Primary and Secondary Care drugs costs FOT 205/26 is £162m a 3% YoY saving would be £4.8m per annum                  | 4.8        |
| Estates & Facilities                                         | Closing of 2025/26 savings gap                                                                                       | -          |
| Procurement non pay savings                                  |                                                                                                                      | 1.5        |
| Commercial income opportunities                              | E.g. Catering and site retail opportunities, all external/private service provision                                  | -          |
| Clinical income opportunities - current service provision    | LTA/private/overseas patient activity capture and charges                                                            | -          |
| Clinical income opportunities - additional service provision | Provide additional services to other health bodies re. planned care, dependent on local demand and capacity position | -          |
| <b>Total</b>                                                 |                                                                                                                      | <b>6.3</b> |

## 6b. Saving theme breakdown 2028-29 (3 of 3)

| Theme 4: Efficiency, productivity and clinical variation |                                                                                                                                      | £'m |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|
| Existing Blue & Red saving schemes                       |                                                                                                                                      | -   |
| Digital enablers - no direct cash releasing savings      | EPMA rollout - to support Medicines management savings                                                                               | -   |
|                                                          | Patient Flow - to support bed release                                                                                                | -   |
|                                                          | Consultant Connect - improved pathways and patient outcomes, productivity gain. (Benefits already in financial position since Jun24) | -   |
|                                                          | Health Pathways - improved pathways and patient outcomes, productivity gain                                                          | -   |
| <b>Total</b>                                             |                                                                                                                                      | -   |

| Theme 5: Clinical Services                  |                                                                                                              | £'m |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|
| Existing Blue & Red saving schemes          | Schemes re. Pathology OOH and outsourcing                                                                    | -   |
| Velindre LTA                                | Rebase drug spend to outturn                                                                                 | -   |
| NWJCC national decommissioning              | NWJCC approximately £144m attracts disproportionate funding uplift year on year, requires review of services | -   |
| Alternative models of care/service delivery | Consider alternative means of service provision e.g. managed service model                                   | -   |
| <b>Total</b>                                |                                                                                                              | -   |

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## 6 - PERFORMANCE

6.1

12:55 PM, 10 Mins

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## 6.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

*Anthony Tracey  
(Hywel Dda UHB -  
Digital Director)*

| For assurance

### Attachments

[Integrated Performance Assurance Report FPC 21 October 2025.pdf](#)

[Appendix 1 M6 October 2025 IPAR Overview.pdf](#)



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

|                                                        |                                                                                      |
|--------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                      |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Performance Update for Hywel Dda University Health Board – Month 6 2025/26           |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance<br>In association with all Executive Leads |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Huw Thomas, Executive Director of Finance                                            |

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

This report relates to the Month 6, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this SBAR and the following supporting documents:

- IPAR overview – includes data, issues and actions for the health board's key performance improvement measures.
- IPAR dashboard – provides statistical process control (SPC) charts for each of our performance measures. The dashboard can be accessed via the Integrated Performance Assurance Report (IPAR) dashboard as of 30 September 2025. Ahead of the Committee meeting, the dashboard will also be made available via our [internet site](#).

We have adopted the '3As assessment' approach to highlight either an alert, advise or assure status for each of our key performance metrics:

- **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.
- **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.
- **Assure (to note):** There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Please note:

- R1 appointments attended - improvement trajectories are being developed. Once complete and signed off by Executives, the trajectories will be reported in the IPAR.
- An additional R1 metric - patients waiting - is now reported in IPAR to offer greater scrutiny of the wider R1 pathway performance.



- The Audiology national data submission for Hywel Dda is delayed until a robust data cleansing exercise is complete. Timescales for data submission will be provided in future papers.

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk).

### Cefndir / Background

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. The framework outlines the Ministerial priorities for this financial year, along with key targets.

## Performance Overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our local key performance metrics. Additional data, details of key issues and actions being taken to address all of the metrics above can be found in the supporting document *IPAR overview*.

| Metric                                                                | Target | Period   | Actual     | Variation  | Assurance      | Trajectory                   | 3A     |
|-----------------------------------------------------------------------|--------|----------|------------|------------|----------------|------------------------------|--------|
| Number of Pathways of Care delayed discharges                         | n/a    | Sep 2025 | 230        | Usual      | n/a            | Trajectory missed by over 5% | Alert  |
| Patients spending > 12 hours in A&E/MIU Hywel Dda                     | 0      | Sep 2025 | 1,212      | Concerning | Missing target | n/a                          | Alert  |
| % patients spending <4 hours in A&E/MIU Hywel Dda                     | 95%    | Sep 2025 | 73.6%      | Usual      | Missing target | n/a                          | Alert  |
| Pts waiting 14 wks+ for specified therapy (Exc. Audiology)            | 0      | Sep 2025 | 2,807      | Concerning | Missing target | n/a                          | Alert  |
| % R1 eyecare appts attended in target or 25% delay                    | 95%    | Aug 2025 | 63.2%      | Usual      | Missing target | n/a                          | Alert  |
| % R1 eyecare patients waiting within 25% delay to target date         | 95%    | Aug 2025 | 34.2%      | Concerning | Missing target | n/a                          | Alert  |
| % child neurodevelopment assess waits <26 weeks                       | 80%    | Aug 2025 | 24.6%      | Improving  | Missing target | n/a                          | Alert  |
| % adult psychological therapy waits <26 weeks                         | 80%    | Aug 2025 | 51.6%      | Concerning | Missing target | n/a                          | Alert  |
| Ambulance handover > 45 minutes Hywel Dda                             | 0      | Sep 2025 | 656        | Improving  | Missing target | n/a                          | Alert  |
| Ambulance handovers > 1 hour Hywel Dda                                | 0      | Sep 2025 | 546        | Usual      | Missing target | Trajectory met               | Alert  |
| Ambulance handover > 4 hours Hywel Dda                                | 0      | Sep 2025 | 134        | Usual      | Missing target | Trajectory met               | Alert  |
| Median time ambulance arrest category calls                           | 8      | Aug 2025 | 10         | n/a        | n/a            | n/a                          | Alert  |
| Median time ambulance emergency category calls                        | 8      | Aug 2025 | 11         | n/a        | n/a            | n/a                          | Alert  |
| E. coli: Number of confirmed cases (in-month)                         | 21     | Sep 2025 | 38         | Usual      | Hit and miss   | n/a                          | Alert  |
| S. aureus: Number of confirmed cases (in-month)                       | 6      | Sep 2025 | 9          | Usual      | Hit and miss   | n/a                          | Alert  |
| % uptake of flu vacc - 65+ years                                      | 75%    | Mar 2025 | 64.9%      | n/a        | n/a            | n/a                          | Alert  |
| % Autumn 2024 COVID booster uptake for eligible residents             | 75%    | Feb 2025 | 45.7%      | n/a        | n/a            | n/a                          | Alert  |
| % Spring COVID booster uptake for eligible residents                  | 75%    | Jun 2025 | 39.0%      | n/a        | n/a            | n/a                          | Alert  |
| % children accessing dental within 24 months                          | n/a    | Mar 2025 | 49.2%      | Usual      | n/a            | n/a                          | Alert  |
| % adults accessing dental within 24 months                            | n/a    | Mar 2025 | 27.7%      | Concerning | n/a            | n/a                          | Alert  |
| Financial in month deficit                                            | n/a    | Sep 2025 | £2,029,000 | Usual      | n/a            | Trajectory met               | Advise |
| % pts on single cancer pathway within 62 days                         | 75%    | Aug 2025 | 65%        | Improving  | Missing target | Trajectory missed by over 5% | Advise |
| C. difficile: Number of confirmed cases (in-month)                    | 8      | Sep 2025 | 10         | Usual      | Hit and miss   | n/a                          | Advise |
| Pts waiting 8 wks+ for specified diagnostic                           | 0      | Sep 2025 | 2,598      | Improving  | Missing target | n/a                          | Advise |
| Patients waiting 104 weeks+ RTT                                       | 0      | Sep 2025 | 41         | Improving  | Missing target | n/a                          | Advise |
| Patients waiting over 52 weeks RTT                                    | 0      | Sep 2025 | 11,526     | Improving  | Missing target | n/a                          | Advise |
| Pts 12yrs+ with diabetes receiving all 8 NICE care processes          | n/a    | Sep 2025 | 44.0%      | Improving  | n/a            | n/a                          | Advise |
| Follow-up appts - delayed >100%                                       | 0      | Sep 2025 | 17,037     | Improving  | Missing target | n/a                          | Advise |
| % sickness absence rate of staff                                      | 6.60%  | Sep 2025 | 6.60%      | Concerning | Hitting target | n/a                          | Advise |
| % of children who are up to date with scheduled vaccinations by age 5 | 95%    | Jun 2025 | 89.6%      | n/a        | n/a            | n/a                          | Advise |
| % of children receiving HPV by age 15                                 | 90%    | Jun 2025 | 76.6%      | n/a        | n/a            | n/a                          | Advise |
| % of practices achieving National Access Standards                    | 100%   | Mar 2025 | 95.7%      | n/a        | n/a            | n/a                          | Advise |
| Waits over 52 weeks: new outpatient appointment                       | 0      | Sep 2025 | 0          | Improving  | Missing target | n/a                          | Assure |
| % MH assess within 28 days (age 0-17)                                 | 80%    | Aug 2025 | 90.4%      | Improving  | Hit and miss   | n/a                          | Assure |
| % MH assess within 28 days (age 18+)                                  | 80%    | Aug 2025 | 95.8%      | Improving  | Hit and miss   | n/a                          | Assure |
| % therapy interven post LPMHSS assess (age 0-17)                      | 80%    | Aug 2025 | 96.1%      | Improving  | Hit and miss   | n/a                          | Assure |
| % therapy interven post LPMHSS assess (age 18+)                       | 80%    | Aug 2025 | 96.2%      | Improving  | Hitting target | n/a                          | Assure |
| Consultations delivered through PIPS                                  | n/a    | Jul 2025 | 2,901      | Improving  | n/a            | Trajectory met               | Assure |

## Triangulating our data: 1 April 2022 to 30 September 2025.

- Quality safety and risk** –the number of incidents causing moderate harm or above reported by month, has been decreasing since July 2025 (180), with September reporting 139. The number of patient falls increased in September (218). Numbers have been static in the low 200s since February 2025. The decrease in medication errors reported in month, continues for the third consecutive month, September 2025 (95). We continue to have significant numbers of high and extreme risks on the risk register with 489 in September 2025. There has been a decrease in the number of new complaints received since July 2025 (254) with 213 in September. The number of new infection cases fluctuates from March 2025 between 76 and 61 with September reporting 66 cases. 35 of these cases were E. coli and 10 were C. difficile.
- Workforce** – In month, staff sickness increasing since June 2025 to 6.6% in September 2025. Long-term sickness is driving the overarching performance with an increase percentage trend since June 2025, however this reduced slightly with 4.6% in September. Short-term sickness decreasing percentage trend since April 2025 increased in September with 2.0%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024. In September it was 62.78 whole time equivalent (WTE). Rolling 12-month staff turnover percentage decreased from November 2024 (8.4%) with September at 7.3%

| Quality, safety and risk                                        | Best      |  | Worst  | Latest | Trend |
|-----------------------------------------------------------------|-----------|--|--------|--------|-------|
| Reported incidents causing moderate harm or above               | 123       |  | 305    | 139    |       |
| Patient falls                                                   | 189       |  | 301    | 218    |       |
| Medication errors                                               | 61        |  | 146    | 95     |       |
| Pressure damage developing or worsening during care             | 57        |  | 215    | 85     |       |
| New complaints by month received (ward level not available)     | 110       |  | 254    | 213    |       |
| Number of high and extreme risks (health board & function only) | 379       |  | 491    | 489    |       |
| Infections: new cases                                           | 53        |  | 84     | 66     |       |
| Infections: C. difficile cases                                  | 9         |  | 23     | 10     |       |
| Workforce                                                       |           |  |        |        |       |
| Number of staff/contractor related incidents                    | 98        |  | 186    | 141    |       |
| Sickness - short term                                           | 1.7%      |  | 2.8%   | 2.0%   |       |
| Sickness - long term                                            | 3.3%      |  | 4.9%   | 4.6%   |       |
| Number of vacancies                                             | To follow |  |        |        |       |
| Staff turnover (12 month rolling)                               | 7.3%      |  | 9.8%   | 7.3%   |       |
| Nursing and midwifery vacancies                                 | To follow |  |        |        |       |
| Nursing and midwifery agency (WTE)                              | 56.38     |  | 379.79 | 62.78  |       |
| Bank (WTE)                                                      | 212.99    |  | 352.85 | 300.82 |       |

### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **DISCUSS** the IPAR – Month 6 2025/2026 report; and
- **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as ‘alert’.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | <p>2.1.1 The financial performance and delivery against Health Board financial plans and objectives and</p> <ul style="list-style-type: none"> <li>• give early warning of potential performance issues,</li> <li>• make recommendations for action to continuously improve the financial position of the organisation,</li> <li>• focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.</li> </ul> <p>2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern</p> |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Risks are outlined throughout the report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                                 |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                 | 2025/2026 NHS Performance Framework     |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                  | Contained within the body of the report |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | Contained within the body of the report |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                                                                             |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | Better use of resources through integration of reporting methodology        |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Use of key metrics to triangulate and analyse data to support improvement   |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Development of staff through pooling of skills and integration of knowledge |
| <b>Risg:<br/>Risk:</b>                                          | Better use of resources through integration of reporting methodology        |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | Better use of resources through integration of reporting methodology        |



|                                    |                |
|------------------------------------|----------------|
| <b>Enw Da:<br/>Reputational:</b>   | Yes            |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable |



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30<sup>th</sup> September 2025

For further details see the 'System measures' section of the latest [IPAR dashboard](#).





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This document summarises performance against our key improvement measures for 2025/26. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care’s priorities for this financial year. We have also included measures for delayed ways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31st August 2025](#)

| Metric                                                                | Target | Period   | Actual     | Variation  | Assurance      | Trajectory                   | 3A     |
|-----------------------------------------------------------------------|--------|----------|------------|------------|----------------|------------------------------|--------|
| Number of Pathways of Care delayed discharges                         | n/a    | Sep 2025 | 230        | Usual      | n/a            | Trajectory missed by over 5% | Alert  |
| Patients spending > 12 hours in A&E/MIU Hywel Dda                     | 0      | Sep 2025 | 1,212      | Concerning | Missing target | n/a                          | Alert  |
| % patients spending <4 hours in A&E/MIU Hywel Dda                     | 95%    | Sep 2025 | 73.6%      | Usual      | Missing target | n/a                          | Alert  |
| Pts waiting 14 wks+ for specified therapy (Exc. Audiology)            | 0      | Sep 2025 | 2,807      | Concerning | Missing target | n/a                          | Alert  |
| % R1 eyecare appts attended in target or 25% delay                    | 95%    | Aug 2025 | 63.2%      | Usual      | Missing target | n/a                          | Alert  |
| % R1 eyecare patients waiting within 25% delay to target date         | 95%    | Aug 2025 | 34.2%      | Concerning | Missing target | n/a                          | Alert  |
| % child neurodevelopment assess waits <26 weeks                       | 80%    | Aug 2025 | 24.6%      | Improving  | Missing target | n/a                          | Alert  |
| % adult psychological therapy waits <26 weeks                         | 80%    | Aug 2025 | 51.6%      | Concerning | Missing target | n/a                          | Alert  |
| Ambulance handover > 45 minutes Hywel Dda                             | 0      | Sep 2025 | 656        | Improving  | Missing target | n/a                          | Alert  |
| Ambulance handovers > 1 hour Hywel Dda                                | 0      | Sep 2025 | 546        | Usual      | Missing target | Trajectory met               | Alert  |
| Ambulance handover > 4 hours Hywel Dda                                | 0      | Sep 2025 | 134        | Usual      | Missing target | Trajectory met               | Alert  |
| Median time ambulance arrest category calls                           | 8      | Aug 2025 | 10         | n/a        | n/a            | n/a                          | Alert  |
| Median time ambulance emergency category calls                        | 8      | Aug 2025 | 11         | n/a        | n/a            | n/a                          | Alert  |
| E. coli: Number of confirmed cases (in-month)                         | 21     | Sep 2025 | 38         | Usual      | Hit and miss   | n/a                          | Alert  |
| S. aureus: Number of confirmed cases (in-month)                       | 6      | Sep 2025 | 9          | Usual      | Hit and miss   | n/a                          | Alert  |
| % uptake of flu vacc - 65+ years                                      | 75%    | Mar 2025 | 64.9%      | n/a        | n/a            | n/a                          | Alert  |
| % Autumn 2024 COVID booster uptake for eligible residents             | 75%    | Feb 2025 | 45.7%      | n/a        | n/a            | n/a                          | Alert  |
| % Spring COVID booster uptake for eligible residents                  | 75%    | Jun 2025 | 39.0%      | n/a        | n/a            | n/a                          | Alert  |
| % children accessing dental within 24 months                          | n/a    | Mar 2025 | 49.2%      | Usual      | n/a            | n/a                          | Alert  |
| % adults accessing dental within 24 months                            | n/a    | Mar 2025 | 27.7%      | Concerning | n/a            | n/a                          | Alert  |
| Financial in month deficit                                            | n/a    | Sep 2025 | £2,029,000 | Usual      | n/a            | Trajectory met               | Advise |
| % pts on single cancer pathway within 62 days                         | 75%    | Aug 2025 | 65%        | Improving  | Missing target | Trajectory missed by over 5% | Advise |
| C. difficile: Number of confirmed cases (in-month)                    | 8      | Sep 2025 | 10         | Usual      | Hit and miss   | n/a                          | Advise |
| Pts waiting 8 wks+ for specified diagnostic                           | 0      | Sep 2025 | 2,598      | Improving  | Missing target | n/a                          | Advise |
| Patients waiting 104 weeks+ RTT                                       | 0      | Sep 2025 | 41         | Improving  | Missing target | n/a                          | Advise |
| Patients waiting over 52 weeks RTT                                    | 0      | Sep 2025 | 11,526     | Improving  | Missing target | n/a                          | Advise |
| Pts 12yrs+ with diabetes receiving all 8 NICE care processes          | n/a    | Sep 2025 | 44.0%      | Improving  | n/a            | n/a                          | Advise |
| Follow-up appts - delayed >100%                                       | 0      | Sep 2025 | 17,037     | Improving  | Missing target | n/a                          | Advise |
| % sickness absence rate of staff                                      | 6.60%  | Sep 2025 | 6.60%      | Concerning | Hitting target | n/a                          | Advise |
| % of children who are up to date with scheduled vaccinations by age 5 | 95%    | Jun 2025 | 89.6%      | n/a        | n/a            | n/a                          | Advise |
| % of children receiving HPV by age 15                                 | 90%    | Jun 2025 | 76.6%      | n/a        | n/a            | n/a                          | Advise |
| % of practices achieving National Access Standards                    | 100%   | Mar 2025 | 95.7%      | n/a        | n/a            | n/a                          | Advise |
| Waits over 52 weeks: new outpatient appointment                       | 0      | Sep 2025 | 0          | Improving  | Missing target | n/a                          | Assure |
| % MH assess within 28 days (age 0-17)                                 | 80%    | Aug 2025 | 90.4%      | Improving  | Hit and miss   | n/a                          | Assure |
| % MH assess within 28 days (age 18+)                                  | 80%    | Aug 2025 | 95.8%      | Improving  | Hit and miss   | n/a                          | Assure |
| % therapy interven post LPMHSS assess (age 0-17)                      | 80%    | Aug 2025 | 96.1%      | Improving  | Hit and miss   | n/a                          | Assure |
| % therapy interven post LPMHSS assess (age 18+)                       | 80%    | Aug 2025 | 96.2%      | Improving  | Hitting target | n/a                          | Assure |
| Consultations delivered through PIPS                                  | n/a    | Jul 2025 | 2,901      | Imp        |                | Trajectory met               | Assure |

Alert  
(may require discussion)

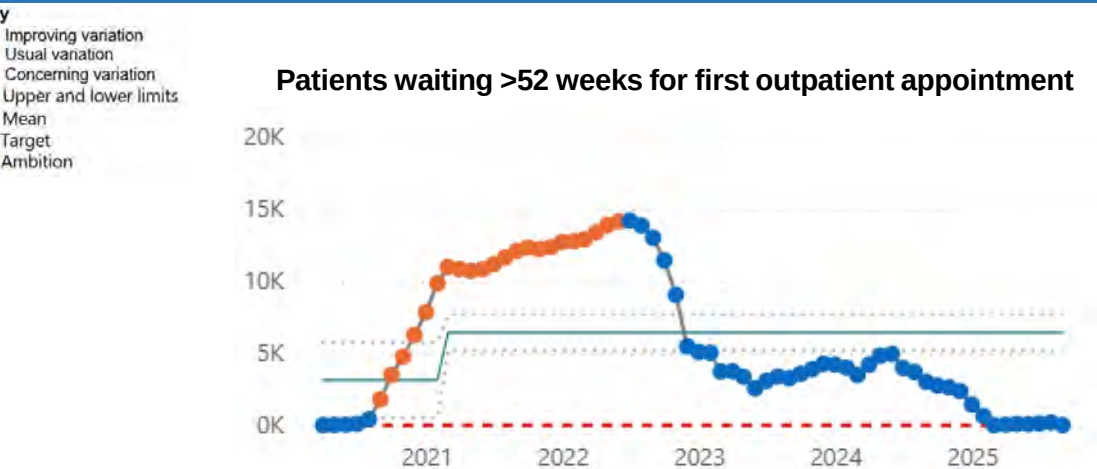
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

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.

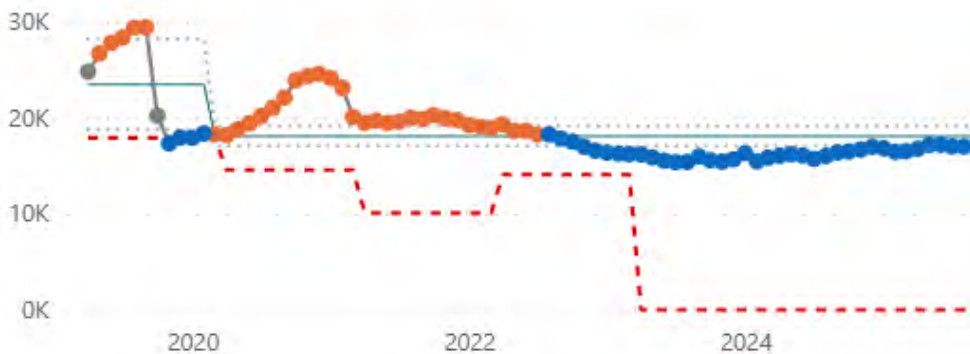
Assure  
(to note)

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



Performance shows improving variation with zero breaches at the end of September 2025, the first time the target has been met since March 2025.

Follow up outpatient appointments delayed over 100% past target date



Performance shows improving variation. Follow ups delayed over 100% of their target date increased to 17,037 in September 2025.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Due date                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>The Health board achieved zero 52-week waits for a first outpatient appointment across all specialties at the end of September 2025.</li> <li>52-week outpatient waits have significantly reduced from the June 2024 peak (4,930). Most specialties are expected to maintain targets, with recovery funding prioritised for Ear, Nose &amp; Throat (ENT), Neurology, and Rheumatology.</li> <li>Active management and triage of referrals has resulted in no waiting list growth, whilst a large reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future.</li> <li>Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.</li> </ul> | <ul style="list-style-type: none"> <li>Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).</li> <li>Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines.</li> <li>2025/26 demand and capacity plans are being used within all Planned Care services and aim for zero patients waiting over 36 weeks in key specialties, optimising capacity and forecasting.</li> <li>The Welsh Government First Outpatient Plan has been approved by the Board and commenced in September 2025. It will run through until March 2026. Our local plan to deliver over 15,000 additional appointments contributes to NHS Wales' goal of reducing outpatient waits by 200,000 by March 2026, with a focus on reducing breaches to 26 weeks in most specialties. Clinics started in September 2025 in Ophthalmology, Trauma &amp; Orthopaedics and Urology.</li> <li>The Welsh Government First Outpatient Plan is being progressed and will require support of insourced specialties and outpatient staff which is in the draft tender stage. These projects are managed by a well-established transformation team and underpinned by a Senior Governance Review Panel. A senior project manager has been appointed to support.</li> </ul> | <div>31/03/26</div> <div>31/03/26</div> <div>31/03/26</div> <div>31/03/26</div> <div>31/03/26</div> |



Key

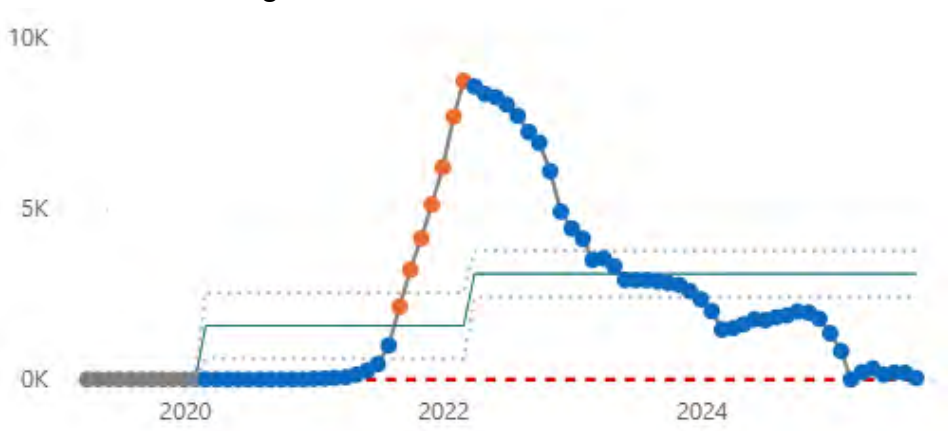
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance shows improving variation. The 11,526 breaches recorded in September 2025 is the lowest in almost five years.

Patients waiting over 104 weeks from referral to treatment



Performance shows improving variation. 41 breaches were recorded in September 2025, the lowest number since March 2025.

Key challenges / issues

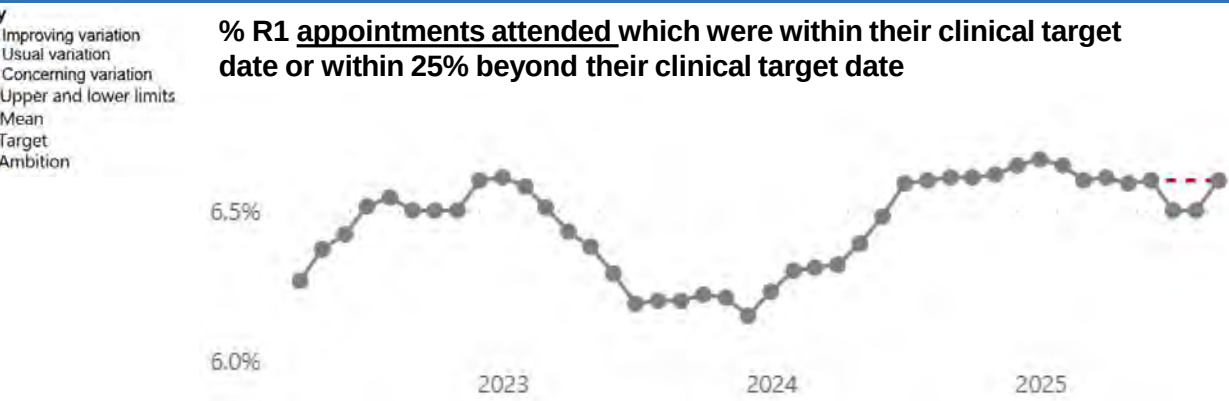
- Due to a reduced level of theatre staffing and cancellations, ENT (36) and Ophthalmology (5) recorded breaches over 104 weeks for RTT; however, these were the only specialties with breaches at the end of September 2025 and 99.9% of our patients are now waiting less than 2 years.
- Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, impacting treatment timelines.
- Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties.
- Additional risks include prioritisation of cancer backlogs, regional vascular capacity issues, and urgent cases consuming rescheduled theatre slots.
- Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints.

Key actions / initiatives

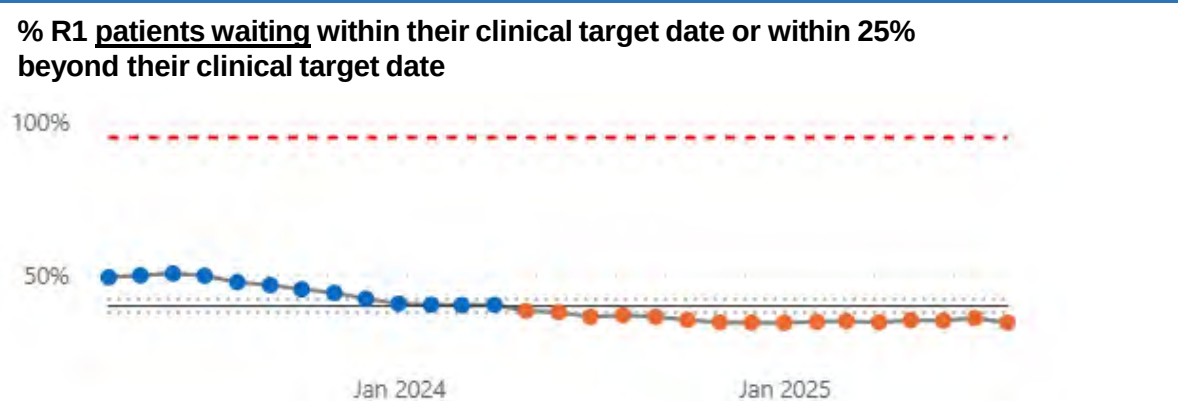
- Specialties are now working into quarter 3 to maintain and improve their 104-week positions into quarter 4.
- The directorate continues to focus on maintaining waiting time targets in 2025/26 using demand and capacity forecasts to highlight risks and guide funding allocation.
- Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing per procedure bundles with a view to eliminating variation between sites.
- Recovery plans in General Medicine and Care Of The Elderly continue and include doctor onboarding and Fracture Liaison Services (FLS) nursing support to address backlogs.

Due date

- 31/12/25
- 31/03/26
- 31/03/26
- 31/12/25

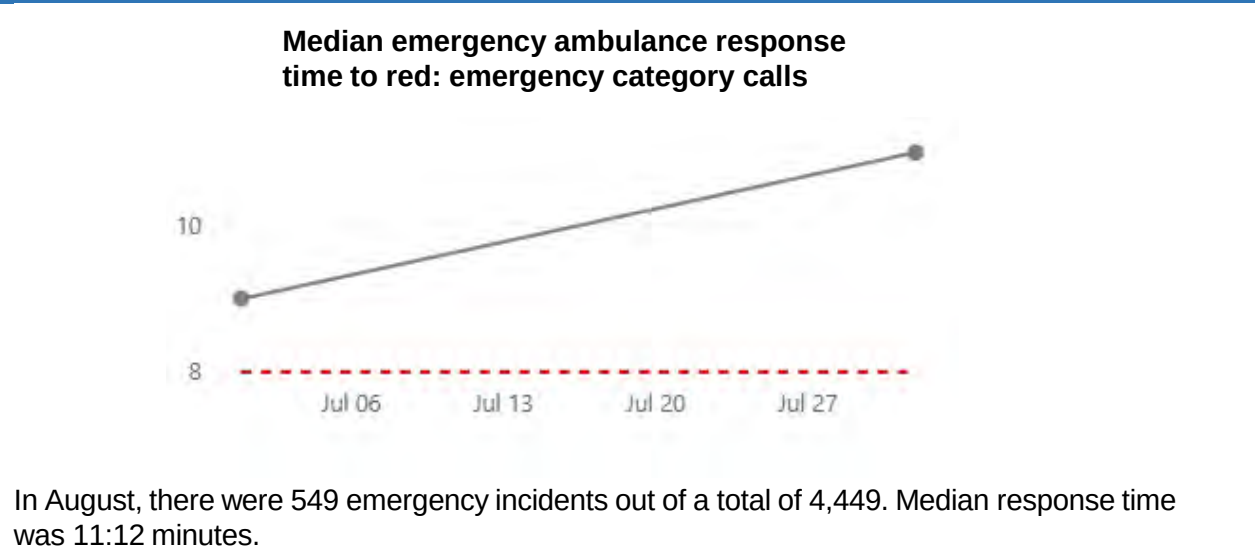
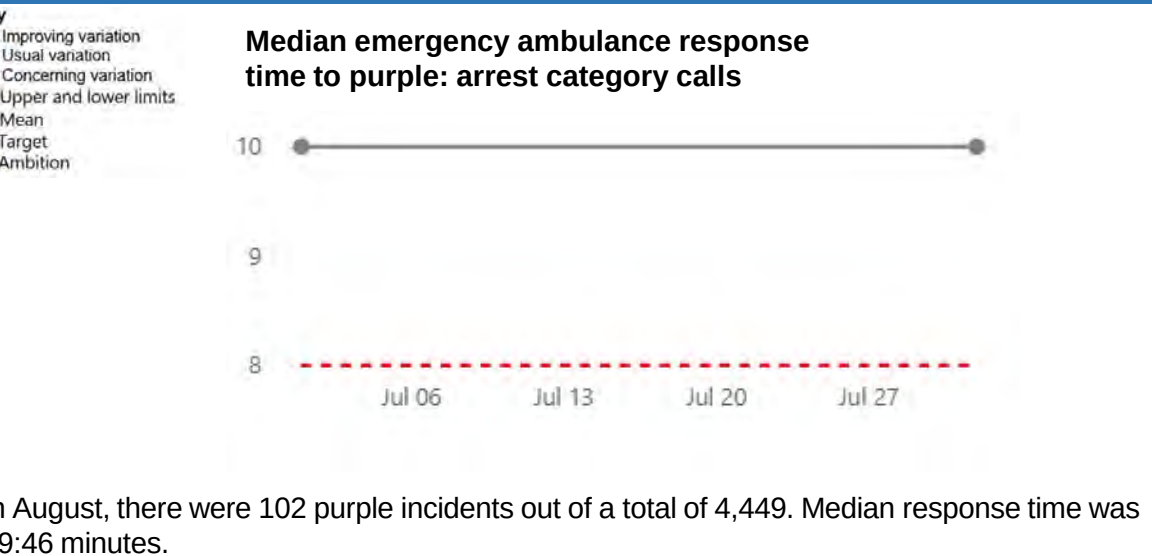


Performance is showing usual variation. 63% (934 of 1,478) of R1 appointments attended in August 2025 were seen within a 25% delay to their target date.



Performance is showing concerning variation. In August 2025, 6,172 out of 18,029 (34.2%) R1 patients were waiting within a 25% delay to their target date. Performance has been consistently between 34% and 36% since October 2024.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Due date                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Three vacancies in specialty and specialist (SAS) doctor rota. Two SAS doctors have commenced in September and completed induction. One is onboarding, start date for the end of October 2025. Gaps in the rota are currently covered with additional duty hours.</li><li>Advertisement of regional consultant posts has been agreed. The Service Level Agreement (SLA) needs to be drawn up with Swansea Bay, dates to be confirmed.</li><li>Recruitment to posts identified in Eye Care Measures (R1) Situation, Background, Assessment and Recommendation (SBAR) are out to advert, with some posts already recruited and onboarding. Training has commenced for those in post with clear competency pathways and timelines.</li><li>Some additional activity for R1 delivery was secured through waiting list initiative (WLI) sessions, however due to the insourcing project for outpatients we have been unable to deliver these clinics. This, and the increased capacity required for referral to treatment patients, will affect our R1 appointments attended delivery trajectory.</li><li>Clinic delivery restricted by staffing levels in outpatient departments, with two clinics recently rejected due to no outpatient staffing, however the Clinical Care Group is working on solutions.</li><li>Internal cataract delivery has been affected by theatre staffing issues, with list cancellations on a regular basis.</li><li>Reducing sites and increasing delivery on fewer sites will ensure staff can be trained and supervised appropriately and work towards the top of their licence.</li></ul> | <ul style="list-style-type: none"><li>Recruitment into SAS vacancies (will be complete end of October 2025).</li><li>Regional recruitment into two substantive consultant posts to stabilise service. Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified.</li><li>Additional staffing onboarding to improve Eye Care Measures (R1) delivery.</li><li>Internal solutions for Intravitreal injections (IVT) delivery have been provided to increase injections delivered per week.</li><li>External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service.</li><li>SBAR to be developed to identify requirements for outpatient delivery in Ophthalmology inclusive of Amman Valley Hospital outpatient department.</li><li>External solutions for cataract delivery has been secured through outsourcing.</li><li>Regular theatre delivery meetings to review all possibilities prior to list cancellations. Theatre staff recruitment and training commenced.</li></ul> | <div>31/10/25</div> <div>31/03/26</div> <div>30/11/25</div> <div>31/12/25</div> <div>31/10/25</div> <div>31/10/25</div> <div>31/03/26</div> <div>31/03/26</div> |



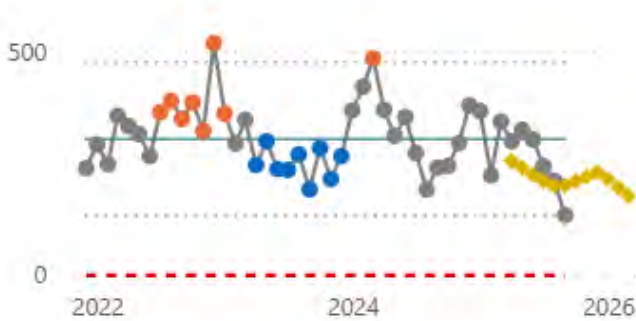
| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due date                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div>As of the 1<sup>st</sup> July 2025, new response category changes are now measured on a median response and clinical outcomes.</div><div>Overall attended demand in Hywel Dda health board area for September 2025 on average has been above forecast.</div><div>Hospital delays in offloading WAST ambulance crews, 1,819 hours lost at the 4 acute Hywel Dda hospital sites during September 2025.</div><div>There have been 30 immediate release requests in September 2025 with an acceptance rate of 90%.</div></div> | <div><div>Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts</div><div>Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources.</div><div>Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect is being in the process of being updated.</div><div>111 press 2 assisting WAST clinicians to support the management of mental health patients.</div><div>Porth Preseli and Eastgate clinical hubs staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance and to support equitable coverage in Ceredigion. Improvements being made with uplifting cover.</div><div>WAST resourcing reviews and targeted overtime allocation</div><div>Wait 45 initiative implemented, which will reduce length of ambulance wait times out</div></div> | <div>Weekly ongoing</div> <div>Daily – Hourly ongoing</div> <div>Weekly ongoing</div> <div>Active</div> <div>Weekly ongoing</div> <div>Weekly review – ongoing Live</div> |

Key  
● Improving variation  
● Usual variation  
● Concerning variation  
— Upper and lower limits  
— Mean  
— Target  
● Ambition

Ambulance handovers taking over 45 minutes



Ambulance handovers taking over 4 hours



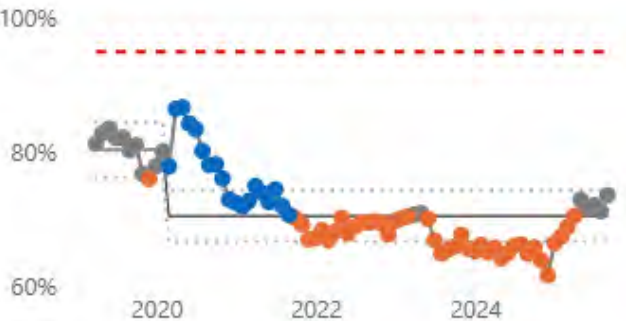
>45 Minutes handovers:

Latest data is showing improving variation  
656 handovers > 45 minutes out of a total of 2,151 handovers.

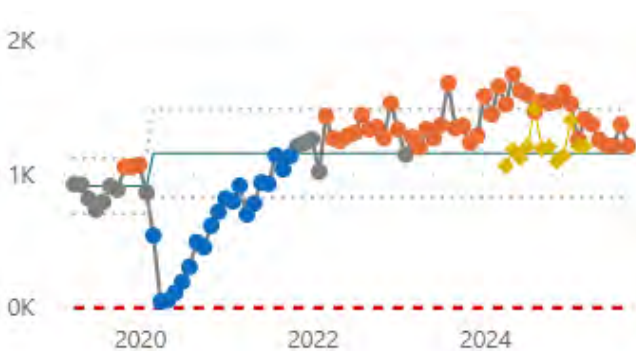
>4 hours handovers:

Latest data is showing usual variation. 134 handovers > 4 hour out of a total of 2,151, 6%.

Patients waiting less than 4 hours in A&E/MIU



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:

Latest data is showing usual variation.  
74% of patients were seen within 4 hours, 11,217 out of 15,245 new attendances.

Waits > 12 hours:

Latest data is showing cause for concern variation.  
1,212 patients waited over 12 hours, out of 15,245 new attendances, 8%.

Key actions / initiatives – tactical urgent and emergency programme

Due date

In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace (by October 2025) in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

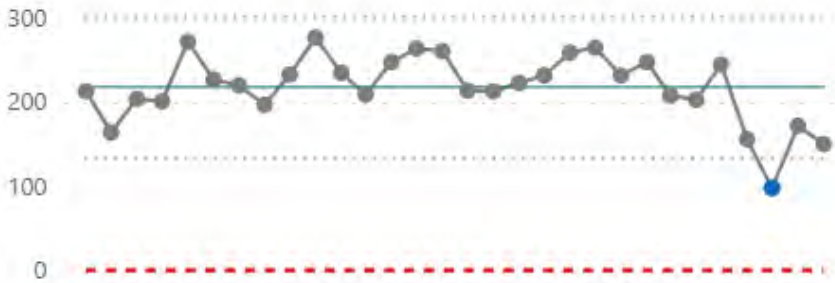
- [Bronglais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)



Key

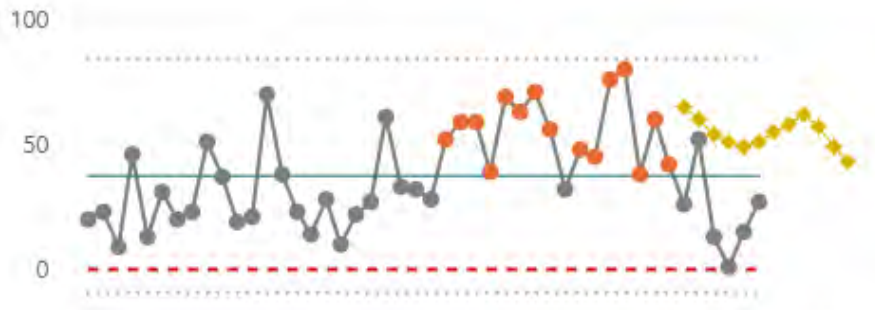
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing usual variation. 150 handovers >45 minutes reported out of a total of 416 handovers, 36%.

Ambulance handovers taking over 4 hours



September data is showing usual variation. 27 handovers >4 hours was reported out of 416 total handovers 6.5%.

Key challenges / issues

- High bed occupancy continues to restrict timely admission from the Emergency Department.
- Delayed transfers of care, complex discharge pathways and high number of clinically optimized patients, can create bottlenecks in patient flow.
- Staffing fragility across nursing and medical rotas in the Emergency Department (ED) create barriers in the department with ongoing workforce challenges and dedicated ED porter, administration or housekeeper. Additionally, the team leader/navigators often have to work as part of the numbers with frequent lack of Rapid Assessment and Treatment (RAaT) nurse.
- Physical space is limited within the department leading to regular overcrowding and restricted capacity to take ambulance handovers.
- Increased pressure on teams to achieve the 45 minute ambulance handover.

Key actions / initiatives

- 45 minute ambulance handover plan in place with focussed support from senior leadership team and escalation processes in place aligned to WG and 6 Goals expectations.
- Ongoing involvement of "Our Next Patient" with ward managers pulling from the Emergency Department and the implementation of bedside handovers with daily ward focus on identifying and expediting the next patient for transfer linked to internal professional standards.
- Integrated working between local WAST colleagues and Ceredigion health colleagues with regular communications to ensure appropriate plans for patient handover.
- Utilisation of shared dashboards with WAST to obtain early identification of ambulances en-route to hospital site.
- Use of quality improvement methodology to test and scale interventions (RAaT model, "fit to sit" model, to prevent patients deconditioning).
- Whole system (hospital and community) escalation procedures implemented during periods of sustained patient surges with deep dives into patients with an extended length of stay (LOS), use of virtual wards, intensive care bed capacity.
- Back Door System Reset taking place in November 2025
- Redesign of ED department – increase of majors patient type capacity, removal of beds in the Short Stay Triage and will be provided with chairs and trolleys to prevent bedding down as per "fit to sit" initiative.

Due date

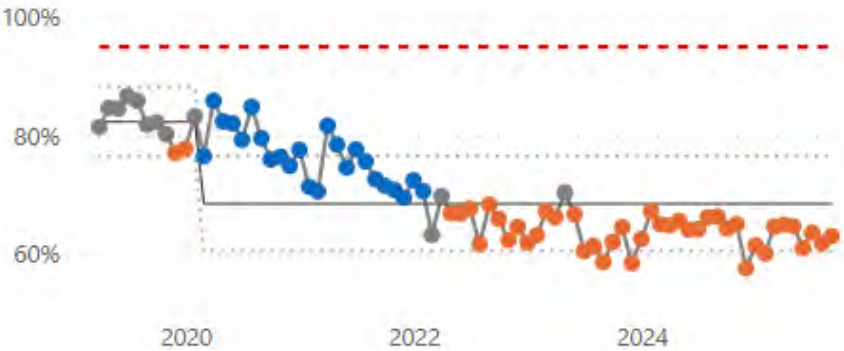
- Live
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- 30/11/25
- 30/11/25



Key

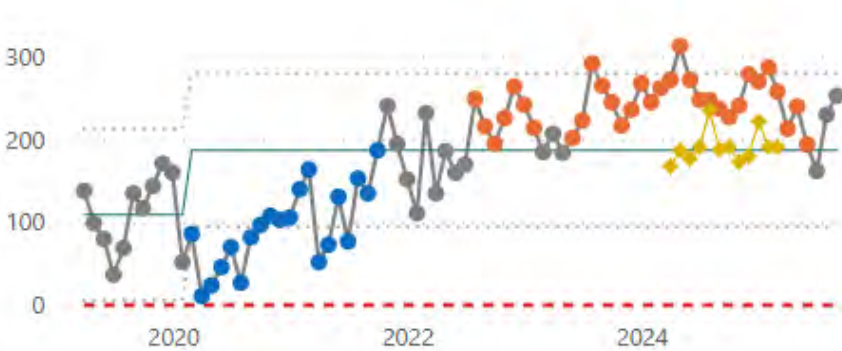
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



63% reported for September, 931 breaches out of 2,520 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



253 breaches out of 2,520 new attendances, 10%. The chart is showing usual variation

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Key actions / initiatives                                                                                                                               | Due date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <ul style="list-style-type: none"><li>Sustained high bed occupancy limits timely admission from ED.</li><li>Delayed transfers of care for clinically optimised patients impacted by reduced availability of packages of care or nursing/residential home capacity.</li><li>Continuous bedding of the Short Stay Triage area which significantly impacts flow within the department.</li><li>Prolonged stays in the ED department leading to increased crowding and reduced capacity to see new attenders promptly.</li><li>Acuity patient levels are placing additional strain on nursing and medical staff impacting assessment and treatment times.</li><li>Nurse staffing model is under recommended baseline.</li><li>Sustained periods of patient surge and high escalation (pressure)</li><li>Increased surge within department</li><li>Prolonged stays within the department lead to clinical risk, patient dissatisfaction and pressures on workforce.</li></ul> | Strengthening of “Our Next Patient” model to ensure early flow and Earlier in the Day Discharge.                                                        | Live     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Daily review of Delayed Pathways of Care and virtual wards to ensure capacity is maximised.                                                             | Live     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Nurse Staffing Model awaiting sign off – currently with Executive Team                                                                                  | 30/11/25 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Daily multidisciplinary safety huddles both at site wide level and within the Emergency Department.                                                     | Live     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Criteria led discharge - pilots undertaken on wards with it starting to become embedded. Focus on ensuring successful rollout across the whole hospital | 30/11/25 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Internal Operational Delivery Unit has been implemented across the Health Board with an oversight on patient flow and delays.                           | Live     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Boarding and surge capacity utilised.                                                                                                                   | Live     |
| Page 437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |          |

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing improving variation. 174 handovers >45 minutes reported out of a total of 805 handovers, 22%.

Ambulance handovers taking over 4 hours



September data is showing improving variation. 52 handovers >4 hours reported out of a total of 805 handovers, 6.5%.

Key challenges / issues

- Significant achievement has been made against the 45 minute handover target in September with focus continuing into October. Some lengthy delays during September due to acuity within ED and lengthy doctor waits.
- The improved performance at the front door has had an impact on the surge and boarding capacity within ward areas.
- Surge area around nursing bay is variable and dependent on acuity within the department.
- Advanced Paramedic Practitioner (APP) navigator fill rates continue to function below 100% due to clinical shifts taking priority.
- Early repatriation of patients from referring hospitals continues to encounter delays.
- Rapid assessment and triage demand has increased (particularly when multiple ambulances arrive simultaneously).

Key actions / initiatives

- Plans to implement " back door reset week" and reinforce Optimal Hospital Flow Framework
- In relation to the above, a pilot of Integrated Care Beds within Carmarthenshire for Nursing Needs Assessments and Discharge to Assess Pathways is planned.

Due date

31/12/25

31/12/25

Key

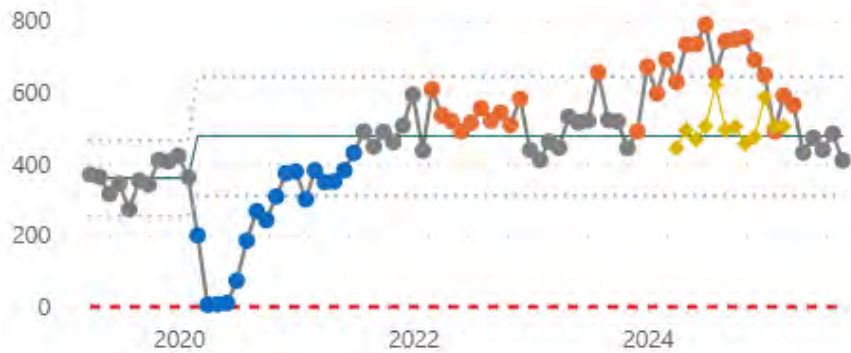
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



70% reported for September, 1,359 breaches out of 4,603 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



410 breaches out of 4,603 new attendances, 9%. Chart is showing usual variation.

Key challenges / issues

- Increase of simultaneous presentations (inclusive of ambulance handovers within department) contributing to 4 hour delays.
- Breach validation is actively undertaken daily.
- Patient flow from the Emergency Department continues to remain challenging with high acuity and high volume of patients awaiting beds contributing to 4 and 12 hour performance.

Key actions / initiatives

- Front door proposals with capital expansion awaiting approval at Board. Weekly project team in place.
- Reviewing staffing models to delivery 7/7 Same Day Emergency Care and Streaming Hub. Investment required to increase staffing.
- Senior ED Clinician assigned on staffing rota for pitstop to enable rapid assessment and triage.
- Plans to implement " back door reset week" and reinforce Optimal Hospital Flow Framework
- In relation to the above, a pilot of Integrated Care Beds within Carmarthenshire for Nursing Needs Assessments and Discharge to Assess Pathways is planned.

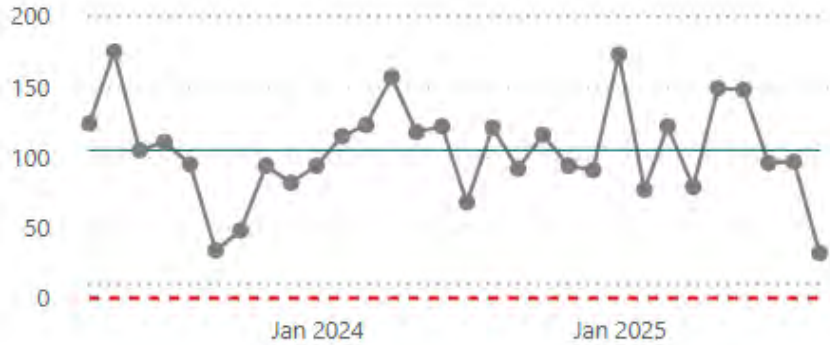
Due date

- 30/03/26
- 30/11/25
- Live
- 31/12/25
- 31/12/25

Key

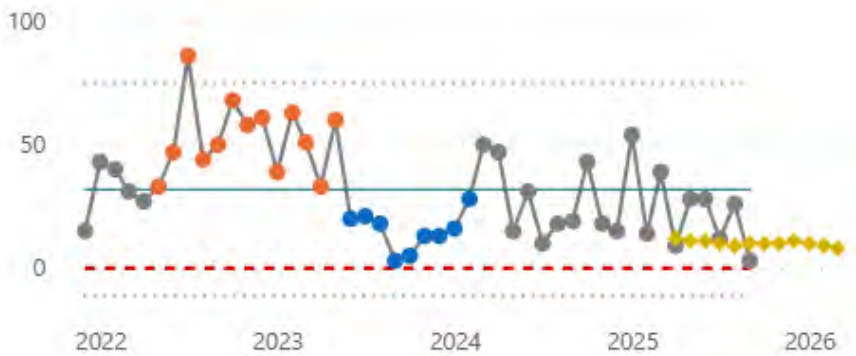
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing usual variation. 32 handovers >45 minutes reported out of a total of 244 handovers, 13%.

Ambulance handovers taking over 4 hours



September data is showing usual variation. 3 handovers >4 hours reported out of a total of 244 handovers, 1.2%.

Key challenges / issues

- Continued front door pressure resulting in very limited capacity at point of handover. Area highly impacted with Issues around IP&C (Infection Prevention and Control).
- We commenced our Reset Week which enabled us to handover ambulances within a timely manner however, this put pressure internally on our ward areas where we surged.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains which also limits the capacity for ambulance handover. This is further impounded by patients being admitted from Same Day Emergency Care (SDEC) and self-presenting GP referrals.
- Boarding protocol (Our Next Patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation. Patient flow outside of the hospital continues to be compromised with limited community beds availability.
- Across Carmarthenshire, advanced paramedic practitioner fill rate within the clinical streaming hub remains a challenge and as a result acute site dose experience an increase in ambulance arrivals.

Key actions / initiatives

- Internal Operational Delivery Team to launched in September to focus on ambulance handover and repatriation across all sites. This will allow for better management of ambulance handover times on each to coordinate and ensure that they are within targets times to release the ambulance back into duty and reducing and delays at site
- Preparations and pathways implemented between site teams on site for the 15 minute ambulance handover times target allowing for agreed actions to be in place for each occasion.
- Development and implementation of “Our Next Patient” operation procedure now active in AMAU to ensure that each patient is assigned to the right ward in a timely manner under the care of the appropriate team. To allow for more efficient treatment of each patient while creating flow throughout the acute handover area by reducing bed use and transfer wait times.
- Immediate ambulance release are almost always supported.
- AMAU acute medical model is now functional (1st Sep) to support early discharge at the front door and reduce Length of Stay.
- Clear communication channels with the operational delivery unit (ODU) In WAST to support decision making with a view to minimise risk as part of hospital flow.
- SDEC (Same Day Emergency Care) continue to support AMAU/MIU to reduce pressure

Due date

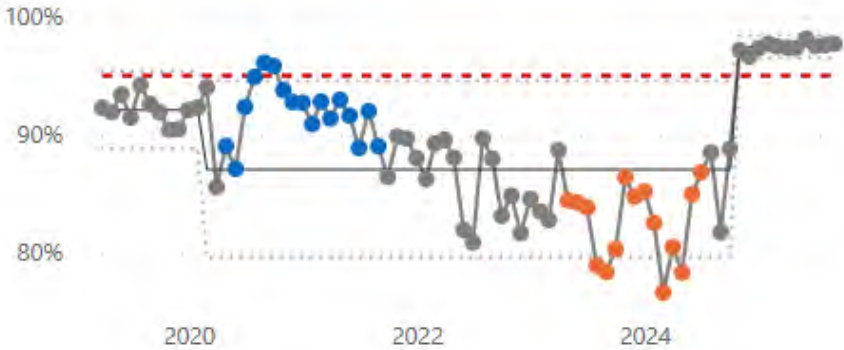
- 31/10/25
- 31/10/25
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- Live
- Live
- Live
- Live



Key

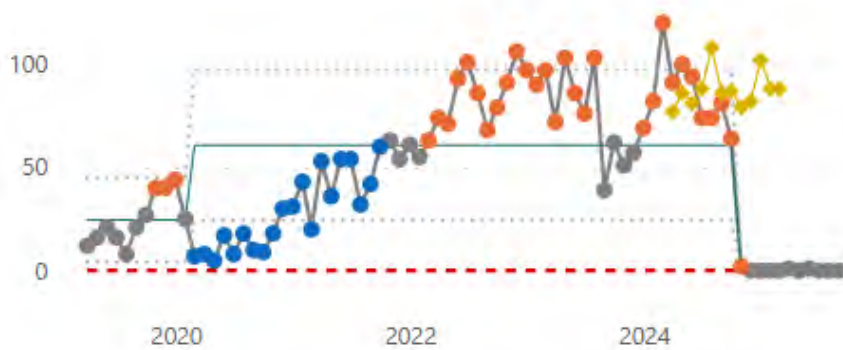
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



98% reported for September, 57 breaches out of 2,459 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,459 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues

- Our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) there has been a significant decrease in the amount of patients presenting with major complaints.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patient group does have a negative effect on flow and impact the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.

Key actions / initiatives

- Consultant connect (telemedicine) went live on 1st September, awaiting first data pull to review.
- Ongoing work with community colleges in early discharge planning. The use of hospital at home to create a wrap-around service enabling community GP's to refer into SDEC out of hours / weekends for SDEC to treat and reefer back into the virtual ward.
- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance

Due date

- 31/10/25
- 31/10/25
- Live

Key

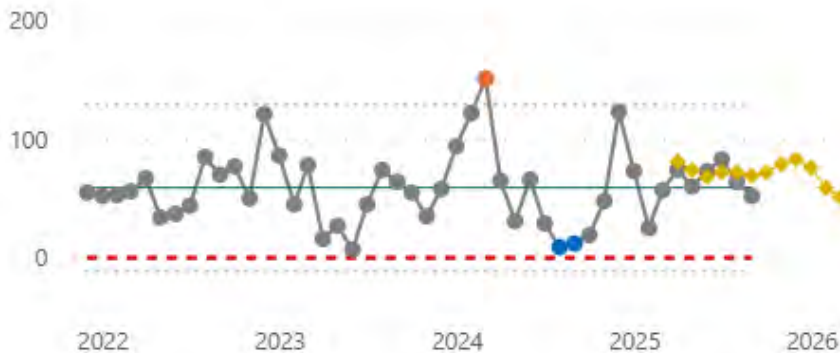
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



September data is showing usual variation. 300 handovers >45 minutes reported out of a total of 686 handovers, 44%.

Ambulance handovers taking over 4 hours



September data is showing usual variation. 52 handovers >4 hours reported out of a total of 686 handovers, 8%.

Key challenges / issues

- The Emergency Department (ED) continues to experience surges, with a high number of outlier patients, primarily from the Medicine speciality, adding to delays in handovers at the front door.
- Infection Prevention and Control (IP&C) challenges have further complicated patient flow, limiting movement and contributing to delays across departments.
- Boarding of patients has commenced alongside the initiation of “Our Next Patient.”
- Ideally, boarding should occur against a confirmed discharge to maintain flow; however, in some cases, it has been necessary due to additional surge pressures.
- Timely management of ambulance handovers is occasionally challenging due to the cumulative pressures outlined above, including sustained ED surges, outlier patient flow, IP&C constraints, and boarding complexities

Key actions / initiatives

- A dedicated team comprising a Consultant, Medical Grade (MG), and Resident Doctor has been assigned to manage Medicine patients currently outlying in the Emergency Department. This focused approach aims to improve oversight, expedite decision-making, and support timely patient flow.
- Clear and consistent communication between the Emergency Department, Site Team, and Manager of the Day is essential to maintaining effective patient flow and ensuring timely decision-making.
- Ensure timely and consistent ambulance handovers within 45 minutes to improve patient flow, reduce delays, and support ED operational efficiency.

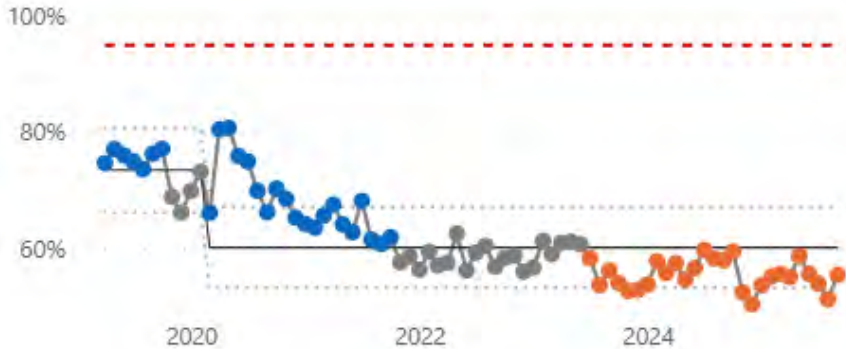
Due date

- Live
- Live
- Live

Key

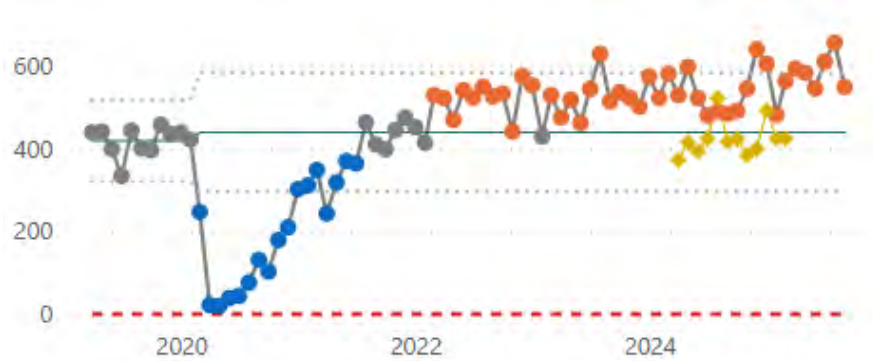
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



55% reported for September, 1,663 breaches out of 3,727 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



549 breaches out of 3,727 new attendances, 15%. Chart is showing concerning variation.

• Key challenges / issues

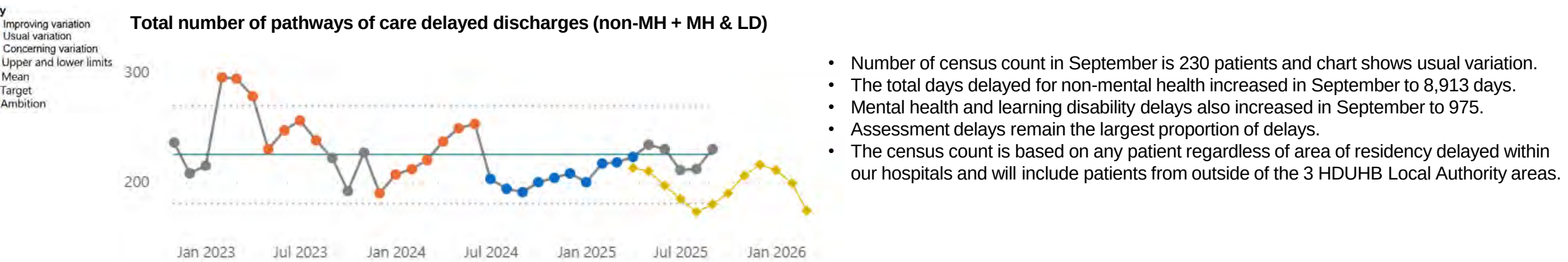
- The Emergency Department remains overcrowded at times, primarily due to high demand from attenders and a significant volume of high-acuity self-presenters.
- The number of clinically optimised patients who are ready for discharge continues to rise, which in turn reduces the availability of acute beds and contributes to flow constraints across the hospital.
- Discharge of complex, clinically optimised patients is often delayed due to the involvement of multiple external agencies, which can slow co-ordination and prolong hospital stays.
- SDEC continues to receive a growing number of GP referrals, which is placing additional pressure on the service. At times, this is challenging to manage due to clinician shortfalls, impacting assessment capacity and throughput.

• Key actions / initiatives

- A dedicated team of clinicians is actively reviewing medical patients in the Emergency Department to support increased discharge rates and facilitate smoother patient flow to inpatient wards.
- There is increased scrutiny on the clinically optimised patient list to support timely and appropriate discharges wherever possible, helping to free up acute bed capacity and improve patient flow.

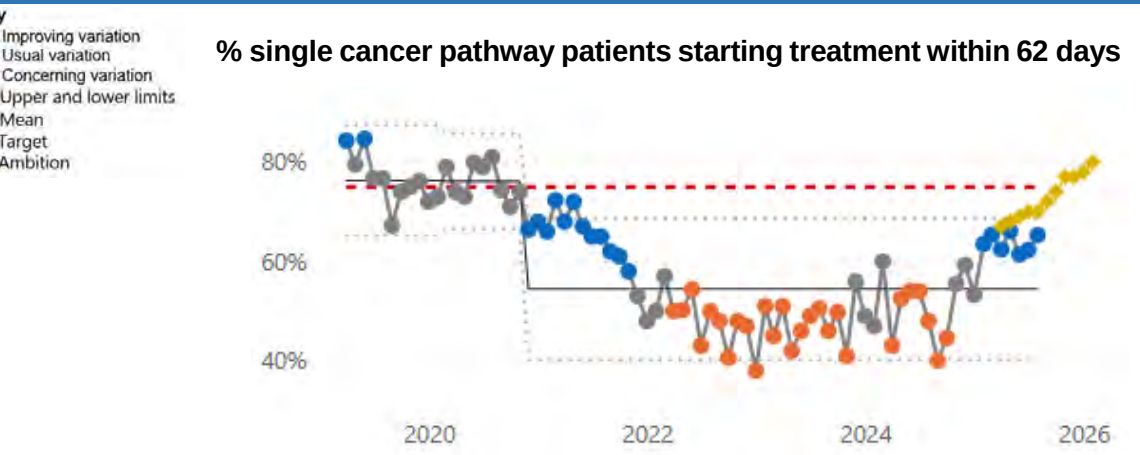
• Due date

- Live
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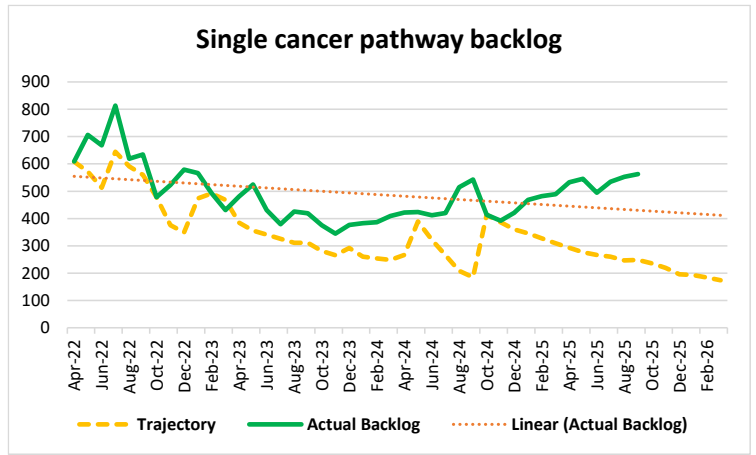
| Key Challenges / Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Due date                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Non-mental health:</b> <ul style="list-style-type: none"><li>Ongoing challenges relating to completion of social care assessments (n=44), provision of new community care packages funded by social care (n= 33) and reablement community care packages (n=31).</li><li>Staffing challenges with the Long-term Care team contributing to delays in completion of Continuing Health Care assessments (n=14).</li><li>Ongoing delays in housing related issues (n=8) and Court of Protection cases (pre and post application, n=5). Improving position in completion of nursing (n=7) and Allied Health Professionals (n=6) assessments.</li></ul> <b>Mental health:</b> <ul style="list-style-type: none"><li>The Mental Health &amp; Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for September 2025 is 15, this figure includes 5 discharges from last month, 10 who remain PoCD from the last count and 5 new patients identified as medically optimised.</li><li>The patients are categorised as follows, older adult 12, a decrease of 1, adult 3, an increase of 1 and 0 for learning disability which remains unchanged.</li><li>The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health is 2 over 100 who are adult patients and 2 over 200 who are older adult patients. In line with the PoCD action plan, professional meetings have been convened.</li><li>In summary, there are 15 medically optimised patients on in-patient wards, which although is an unchanged number this does comprise of discharges and newly identified medically optimised patients.</li></ul> | <b>Non-mental health:</b> <ul style="list-style-type: none"><li>Regional Delayed Pathways of Care Action plan developed and submitted including actions against local authorities funding allocation to support Delayed Pathways of Care (focus on increased reablement and social worker access and availability).</li><li>Strength- based collaborative communication training programme with health and Local Authority (LA) leaders and staff .</li><li>Ongoing work around preventing deconditioning, Trusted Assessor models around mental capacity assessments and interprofessional standards</li></ul> <b>Mental health:</b> <ul style="list-style-type: none"><li>All in-patient wards have the required Pathway of Care Delay processes in place but for older adults, the demand for places in specialised residential care homes for individuals with advanced dementia cannot be met by the current provision available.</li><li>Across Wales, Mental Health and Learning Disability services have a requirement to identify any patients that have a delayed pathway of care above 90 or 100 days.</li></ul> | <div>30/11/25</div> <div>31/12/25</div> <div>30/11/25</div> <div>31/10/25</div> |





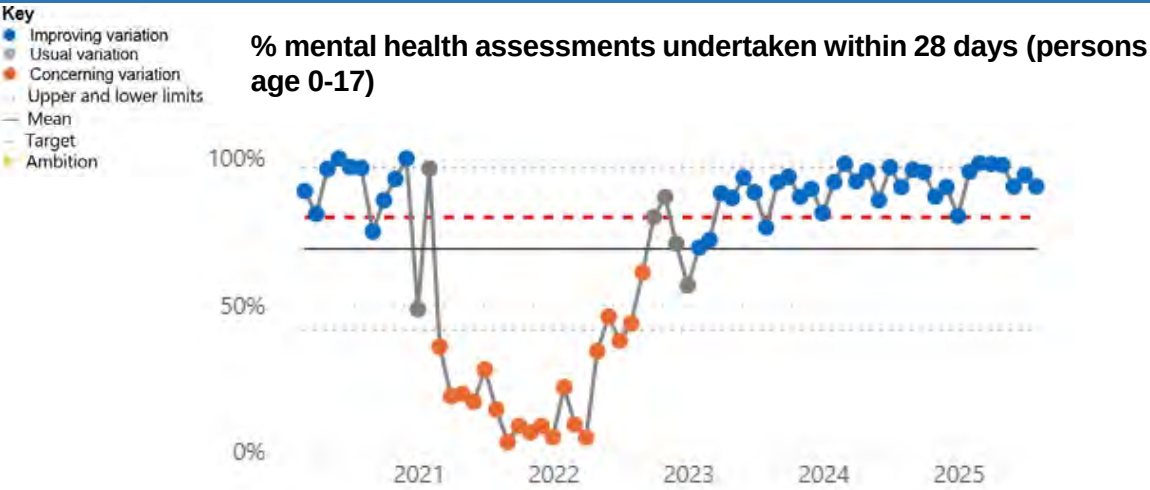
Performance was 65.3% in August 2025 against the trajectory of 70%.  
NOTE: Patients are either awaiting treatment or are going through the diagnostic phase of the pathway. Not all patients in the diagnostic phase will go on to have a confirmed cancer diagnosis.

Number of single cancer pathway patients waiting over 62 days



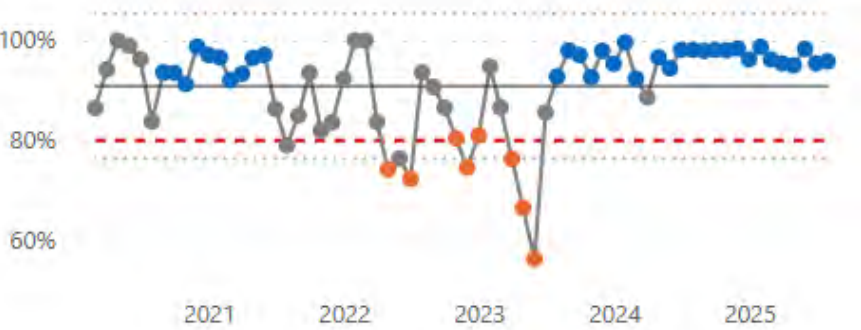
There were 563 patients waiting over 62 days in September 2025, the trajectory has not been met since October 2024.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                          | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Due date                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Single cancer pathway</b><br>Overall treatment activity was lower in August, 120 patients who were waiting over 62 days were treated, first treatment rates decreased by 116 patients.<br>226 patients started treatment within 62 days with 120 patients waiting over 62 days.<br>Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26. | <b>Diagnostics:</b> Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.<br><br><b>Urology:</b> Prostate pathway improvements; outsourcing of multiparametric (mp) MRI scans (16 patients/week) was tendered and awarded but delayed due to contract sign-off. Now expected to commence mid-October. Internal MRI capacity discussions are underway to bring activity back in-house longer term.<br>Robust improvement plans agreed for Urology diagnostics for 2025/26. | 31/03/26<br><br>31/10/25 |
| <b>Backlog</b><br>Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (Radiology, Dermatology and Urology) which have limited resilience to sickness/absence.                                                                                                                                                                                     | <b>Faecal immunochemical test (FIT) pathway</b> realigned to Primary Care planned implementation November 2025<br><br><b>Gynaecology:</b> Impact of the implementation of 'One Stop PMB (Post menopausal bleeding)' has improved the pathway from point of suspicion to diagnosis from 143 days to 29 days. We will continue to monitor the impact of this service. Next step is to improve the time it takes from when a patient agrees to when it happens.                                                                                            | 30/11/25<br><br>31/12/25 |



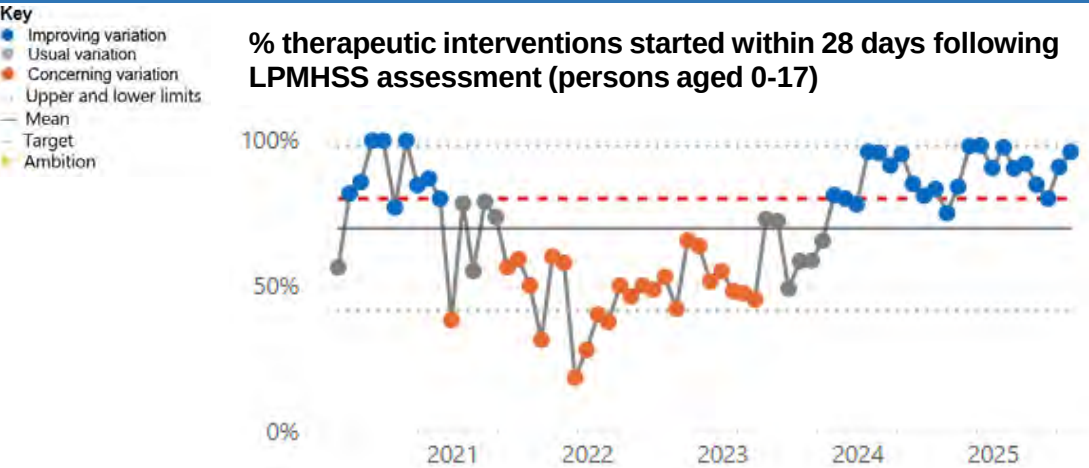
Latest performance of 90.4% is showing improving variation and the target of 80% was met.

**% mental health assessments undertaken within 28 days (persons age 18+)**



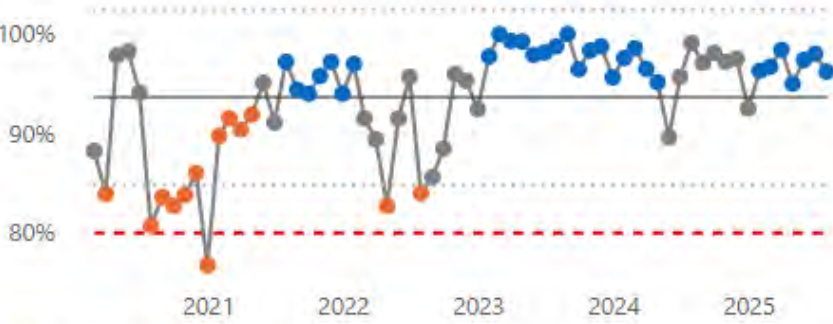
Latest performance of 95.8% is showing improving variation and the target of 80% was met.

| Key challenges / issues                                                                                                                                                                                                                                                                                                | Key actions / initiatives                                                                                                                                                                                                 | Due date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>% mental health assessments undertaken within 28 days (persons age 0-17):</b><br>Continued compliance, with some (limited) risk due to a yearly uptick in referrals in mid Autumn before the school term.                                                                                                           | <b>% mental health assessments undertaken within 28 days (persons age 0-17):</b><br>Recruitment to vacancies to address uptick in referrals. Cross cover to address gaps and ensure continued compliance.                 | 31/10/25 |
| <b>% mental health assessments undertaken within 28 days (persons age 18+):</b><br>Compliance remains above the required target. Due to the limited time period to achieve the target, if patients are unable to make the initial assessment date the follow up appointment can fall outside the allocated time frame. | <b>% mental health assessments undertaken within 28 days (persons age 18+):</b><br>Ensure an effective administration process is in place and vital support to ensure that the service remains compliant with the target. | 31/10/25 |



Latest performance of 96.1% is showing improving variation and the target of 80% was met.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)**



🏆 [Our Performance Dashboard](#), [Max of Target General](#), [Max of Target Percent](#), [Max](#)

Latest performance of 96.2% is showing improving variation and the target of 80% was met.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                 | Key actions / initiatives                                                                                                                                                                                                                                                                                                  | Due date         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <p><b>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):</b></p> <p>Continued compliance, with some (limited) risk due to a yearly uptick in referrals in mid Autumn before the school term.</p>                                                         | <p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):</b></p> <p>Ongoing development of group work, with offers already in place and learning being used to inform development.</p>                                                                                    | 31/10/25         |
| <p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b></p> <p>Compliance remains above the required target. Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties.</p> | <p><b>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):</b></p> <p>The Primary Care Liaison Service is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. Digital options now active with all services on boarded.</p> | 31/10/25<br>Live |

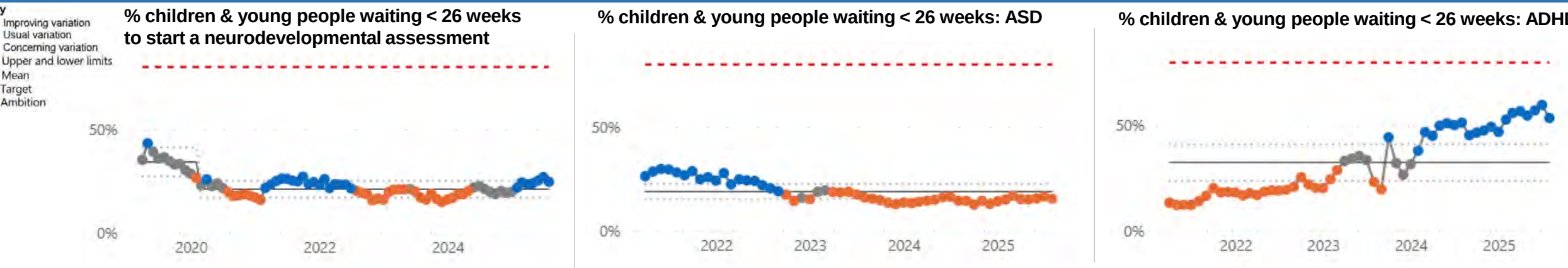


Performance in August of 51.6% shows concerning variation and the target of 80% was not met.

- 365 out of 695 (52.5%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 12 (50%) were waiting <26 weeks to start an adult psychology assessment;
- 39 out of 84 (46.4%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Due date                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Integrated Psychological Therapies Service (IPTS):</b><br>We have observed a 0.9% decrease in patients waiting less than 26 weeks to start an integrated psychological therapy due to the transition period of six months before improvements following our service model change can be established. It is forecasted that there will be continued deterioration until the service model change takes effect and identified that stabilisation and impact from the stepped model approach to high intensity should support improved trajectory by December 2025. Currently all those who accept a group and have been waiting less than 26 weeks causes deterioration in our compliance percentage. | <b>IPTS:</b> <ul style="list-style-type: none"><li>Caps in sessions are in place along with a number of evidence-based high intensity groups. These have been developed to increase capacity of the service and minimise a deterioration of position whilst the service model change takes effect.</li><li>Continue to promote acceptance of the offer of groups which remains high and is key to supporting the increase in demand whilst reducing pressure on other services within the Health Board and ensured that the service is abiding by Prudent Healthcare principles.</li><li>Digital options are being explored to support waiting times further.</li></ul>                                              | 31/12/25<br><br>31/10/25<br><br>31/10/25 |
| <b>Adult Psychology Mental Health (AMH):</b><br>The AMH waiting list continued to improve in August in terms of the waiting time target. A large geographical area can mean that access is limited in some areas particularly if client requires face to face intervention as opposed to remote.                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Adult Psychology:</b> <ul style="list-style-type: none"><li>All four clinicians are providing consultations to other services, decreasing referrals to AMH.</li><li>Grow Your Workforce plans are in place.</li><li>A whole-time equivalent vacancy has been recruited to and commenced on 6<sup>th</sup> October. This post is based in an area where there is currently no community provision.</li></ul>                                                                                                                                                                                                                                                                                                       | 31/03/26<br>31/03/26<br>Live             |
| <b>Learning disabilities (LDs):</b><br>Long term sickness and vacancies in the team are affecting capacity and impact on waiting times, as well as intensive work and court reports required for the increasing complex Court of Protection (CoP) cases.                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Learning disabilities:</b><br>A project is underway to scope under 18s who potentially require a specialist LD service with pathways for earlier identification, education and engagement with families in children's services regarding the changes of legislation/transition from children to adult services including court of protection and the Best Interest process. The new service model includes a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. This will be recruited into the organisational change process from November 2025 to January 2026. | 31/01/26                                 |



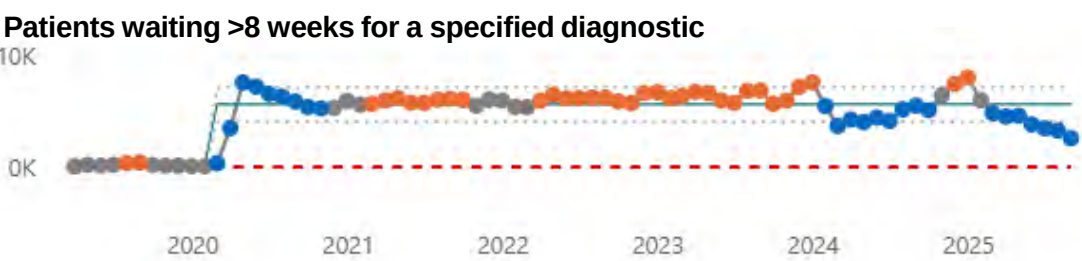


% children & young people waiting < 26 weeks: ADHD

| Year | Percentage |
|------|------------|
| 2022 | 15%        |
| 2023 | 25%        |
| 2024 | 45%        |
| 2025 | 55%        |

The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in August 2025 of 24.6% shows improving variation but the target of 80% was not met. Performance is driven by ASD, where 524 of 3,399 (15.4%) patients were waiting for an assessment <26 weeks. 575 of 1,071 (53.7%) were waiting for an ADHD assessment <26 weeks.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Key actions / initiative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Due date                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Autism Spectrum Disorder (ASD):</b><br>As of August 2025, there are 2,875 children and young people waiting more than 26 weeks for an ASD assessment. Demand continues to outstrip capacity. The current waiting list for an ASD assessment stands at 3,399 with longest wait times increased from 3.5 years to 3.9 years. Demand for assessment remains consistently high with referrals averaging 115 per month. This is approximately 3 times higher than current service capacity. Lack of recurrent Welsh Government funding along with late confirmation of funding, hinders planning to bring about improved performance and sustainable change for services.                                                                              | <b>ASD:</b> <ul style="list-style-type: none"><li>3-year improvement plan and re-design of service underway. Monthly touch-point meetings in place.</li><li>Waiting list initiative planned to bring about more efficient, value-based approach to diagnostic assessment, starting with a review and stratification of the existing waiting list.</li><li>Pending financial approval for outsourcing to eradicate &gt;3 year waits and substantive posts.</li><li>Stakeholder mapping completed and engagement plans with partners to bring about system change.</li><li>Integrated Board's 2025-26 implementation plan priorities include needs-led support being delivered through integrated multi-agency services, which will help to facilitate change.</li><li>Digital innovation in partnership with Welsh Government and Clinical Digital Professional Services. We are the second Health Board in Wales to pilot the scribe tool to reduce administrative burden.</li></ul> | 31/03/28<br>01/10/25<br><br>31/12/25<br>Complete<br>31/03/26<br><br>31/03/26 |
| <b>Attention Deficit Hyperactivity Disorder (ADHD):</b><br>The longest wait for an ADHD assessment is currently 90 weeks with 144 waiting more than 52 weeks. The service has seen a 100% increase in referrals, resulting in a need to significantly increase core capacity where possible to achieve target. Despite this, demand continues to outweigh current core capacity even with a fully established medical workforce considered. Similarly, the demand for Quantitative Behavioural (QB) tests which forms part of the diagnostic pathway exceeds current capacity. Clinic room capacity across all sites remains a challenge. Long term solutions are being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward. | <b>ADHD:</b> <ul style="list-style-type: none"><li>Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward.</li><li>Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use these. Funding streams are being sought to support the purchase of additional devices.</li><li>There is a post to advert that, if successful, would see the recruitment of one whole time equivalent Community Paediatrician in Bronglais General Hospital.</li><li>Continue to manage clinic capacity flexibly and maximise through rigorous job planning.</li></ul>                                                                                                                                                                                                              | 31/03/27<br>31/12/25<br><br>31/03/26<br><br>31/10/25                         |



Performance is showing improving variation over the latest six months with 2,598 breaches in September and recording the lowest result since March 2020.

| Diagnostic      | Latest period | Latest actual | Variation | Assurance | Trajectory |
|-----------------|---------------|---------------|-----------|-----------|------------|
| All             | Sep 2025      | 2,598         | ●         | □         | n/a        |
| Radiology       |               | 2,313         | ●         | □         | n/a        |
| Endoscopy       |               | 162           | ●         | □         | n/a        |
| Cardiology      |               | 72            | ●         | □         | n/a        |
| Phys measure    |               | 29            | ●         | □         | n/a        |
| Imaging         |               | 22            | ●         | □         | n/a        |
| Neurophysiology |               | 0             | ●         | □         | n/a        |

**Radiology**  
Demand exceeding capacity for timely investigations and reporting- 2,176  
Urgent Suspected Cancer requests increased in September-6,530.  
Requests received in September increased - 15,044.  
Cancer and inpatient reporting is being prioritised. Current breaches total 2,335 (Decrease of 582 breaches from August), by modality:

- Computed Tomography 284,
- Magnetic Resonance Imaging 1,104,
- Non-Obstetric Ultrasound 886.

Key actions / initiatives

- Ultrasound - Extension of Non-Obstetric Ultrasound insourcing in progress – current contract ends November 2025. Contract extension to November 2026 being procured at present – on target for November 2025.
- Magnetic Resonance Imaging – 2 staffed scanners on site, one producing increased activity due to undertaking shorter, easier cases and one producing decreased activity due to performing complex, long scans.
- Computed Tomography – staffing difficulties over the summer have resulted in a decrease in activity in Computed Tomography. Computed Tomography Van being procured for 6 weeks at end of Q3.

Due date

31/10/25

Live

31/12/25

**Endoscopy**

- Endoscopy theatre nursing staff fragility (particular to Glangwili) due to short term sickness and gaps in the nursing establishment.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

- Delivery plan in place to support achievement of zero breach performance by March 2026.
- Newly recruited endoscopy theatre nursing staff being onboarded at Glangwili.
- Urology seeking support to run Check Flexi clinics at weekends during October, November and December to release 120 capacity back to weekday lists.
- Capacity planning with Endoscopy to outline the need for additional 4 lists (2 days) per month to clear urgent and routine 8 week waiting list

31/03/26

31/10/25

13/12/25

17/10/25

**Cardiology:**

- Radiology Cardiac Myocardial Perfusion Imaging breaches at end of September decreased by 57. 3 Echo breach this month.
- Dobutamine Stress Echocardiogram Consultant - led diagnostics have been limited due to Consultant leave, a limited list has been running for month of September.

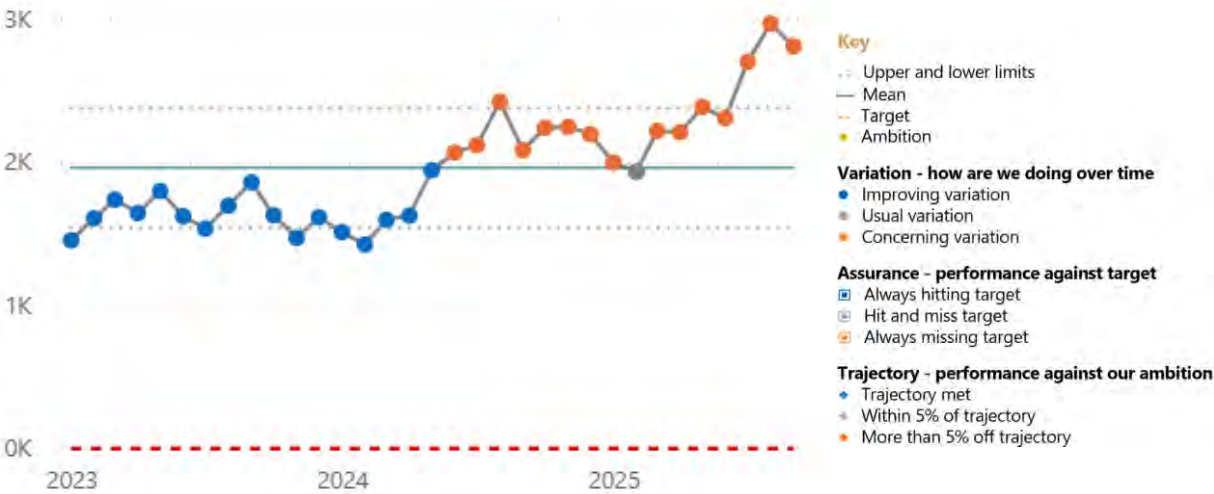
- Breach reduction, supported by a combination of core and additional outsourcing, which commenced on 18th September in partnership with Singleton. Additionally, the re-triage of referrals has enabled the transfer of suitable patients to alternative diagnostic pathways such as Computed Tomography Coronary Angiogram. Continuing to working closely to sustain and further reduce the breach position.
- Staffing gaps bridged and vacancy post used to offer overtime opportunities.
- Dobutamine Stress Echocardiogram: breaches decreased slightly, despite limited capacity in September due to consultant ward commitments and study leave. We continue to work collaboratively across all sites to further reduce the breach position.

31/03/26

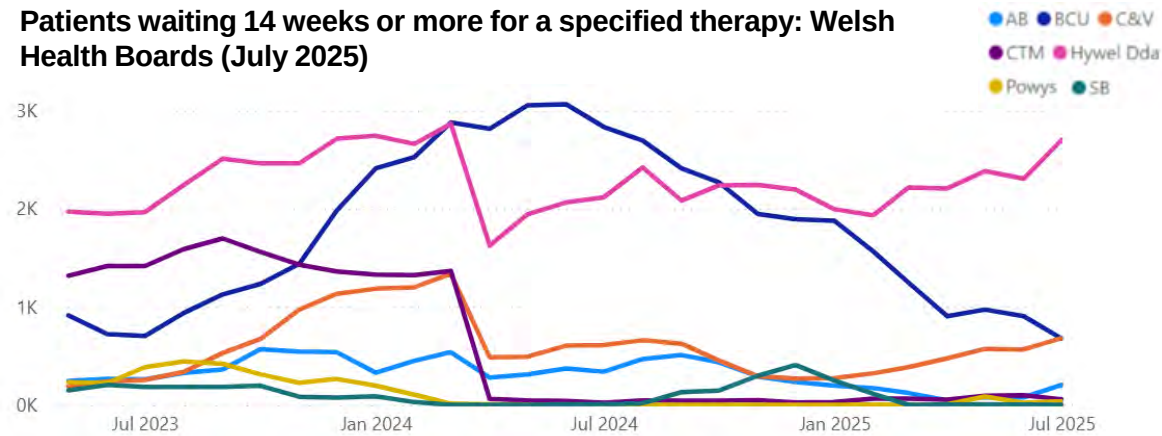
31/03/26

31/11/25

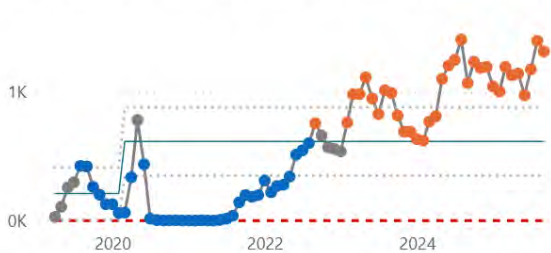
Patients waiting >14 weeks for a specified therapy



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (July 2025)



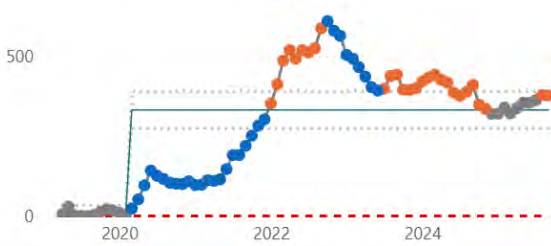
Number of patients waiting 14 weeks plus for Physiotherapy



Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



Dietetics: Number of patients waiting 14 weeks+ for Dietetics (excluding Weight Management)



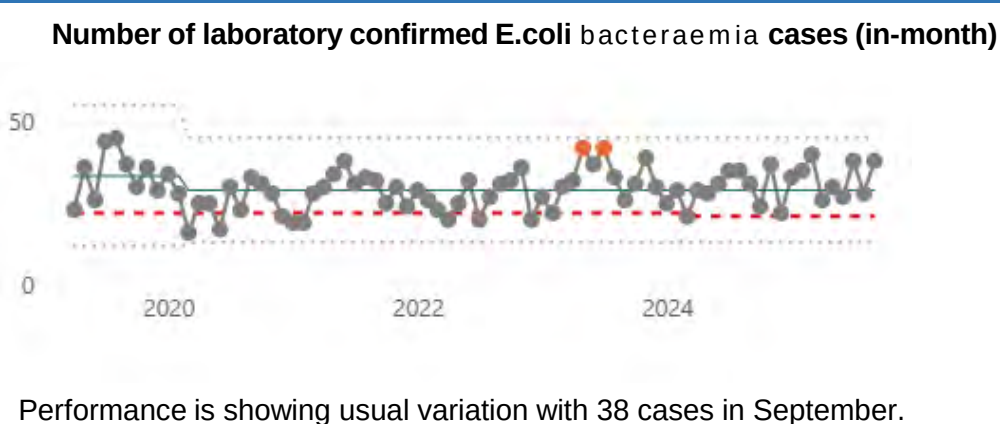
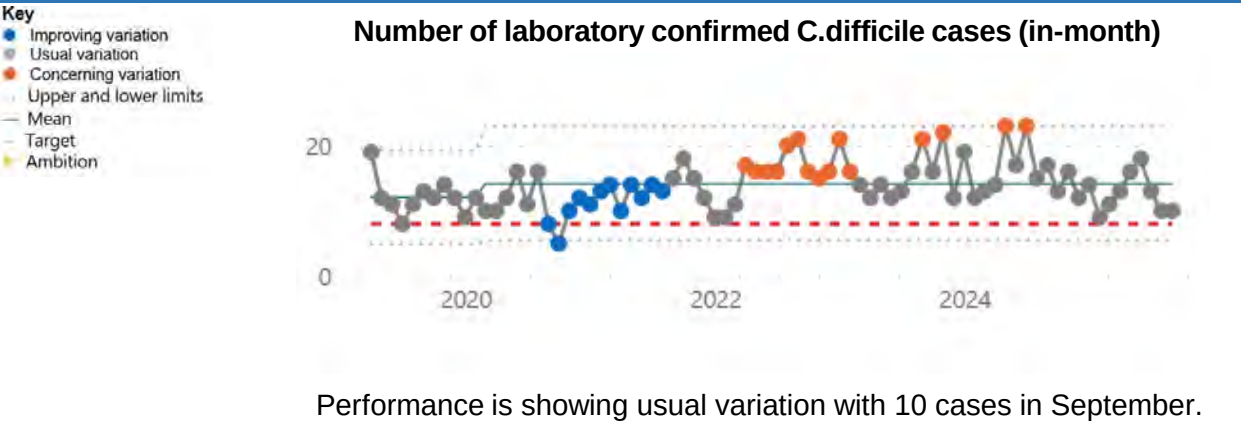
| Therapy                   | Latest period | Latest actual | Variation | Assurance | % children waiting < 14 weeks |
|---------------------------|---------------|---------------|-----------|-----------|-------------------------------|
| All                       | Sept 2025     | 2,807         | ●         | □         | 56.8%                         |
| Physiotherapy             |               | 1,312         | ●         | □         | 96.3%                         |
| Podiatry                  |               | 823           | ●         | □         | 86.3%                         |
| Occupational Therapy      |               | 378           | ●         | □         | 15.8%                         |
| Dietetics                 |               | 244           | ●         | □         | 36.6%                         |
| Art therapy               |               | 44            | ●         | □         | n/a                           |
| Speech & Language Therapy |               | 6             | ●         | □         | 100%                          |

Performance is showing concerning variation and the second highest number of breaches recorded. Of note, breaches in dietetics (244) have risen for seven consecutive months and are at the highest level recorded. Breaches physiotherapy (1,312) and podiatry (823) remain high but both reduced breaches since August 2025. There is a widening gap between Hywel Dda and other Health Boards in Wales; Data as the end of July 2025 shows Hywel Dda with 2,699 breaches, with the next highest Cardiff and Vale at 681.



| Therapy waits over 14 weeks (continued)<br>(Ministerial priority)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | Therapies |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Due date |           |
| <b>Physiotherapy:</b><br>93% of breaches are within Musculoskeletal (MSK) Specialty. Demand is growing and is greater than capacity. Changes to Community Health Pathways and other national pathways are causing a shift of work from primary and secondary care towards community MSK Physiotherapy services, which do not have capacity to meet shifting demand. Current financial control process means that the service is unable to recruit bank workers. This is making it challenging for the service to cover short-term, within budget vacancies caused by normal workforce turnover. This adversely impacts capacity.                  | <b>Physiotherapy</b> <ul style="list-style-type: none"> <li>Development of a standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). This work is progressing, and a draft standard operating procedure (SOP) is in place. The deadline for completion of the SOP has been extended due to other priorities and service pressures.</li> <li>Three whole time equivalent (WTE) agency workers recruited to cover service vacancies until January 2026.</li> <li>Active recruitment to secure additional registrant workforce at Band 6 level to support bank work to cover vacancies. Further requests to be taken through financial control process to request permission to recruit.</li> <li>Full MSK service review being undertaken in collaboration with National MSK Network. Target completion timeframe to be confirmed by the National Network, expected by end of October 2025.</li> </ul> | 31/12/25 |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Live     |           |
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| <b>Podiatry</b><br>Overall increase in new referrals from 9,000 to 14,500 annually over last 5 years - despite mitigation efforts, nearly 3,000 new referrals waiting. Changes to the vascular pathway have contributed to a rise in referrals, a validation piece of work is underway of this waiting list. Overall patient contacts have reduced from 60,000 to 45,000 annually due to increased patient complexity. Lower clinic throughput: Patients seen in clinics decreased from 18 to 10 per day, reflecting increased complexity and time per case. Lower-risk cases now discharged to private sector, narrowing scope of patients seen. | <b>Podiatry</b> <ul style="list-style-type: none"> <li>Skill mixing for efficiency: 6 administrative staff (Bands 3 &amp; 4) undergoing Agored training to become podiatry assistants, enabling task redistribution, backfilling with new administrative recruits.</li> <li>Plans to establish a consultant podiatrist role to manage complex cases more efficiently.</li> <li>Enforcement of strict eligibility criteria and robust discharge processes in place.</li> <li>Innovative practice rollout: Ongoing implementation of phone triage, skill mixing, and pathway redesign to improve service efficiency.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         | 01/09/26 |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01/03/26 |           |
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| <b>Occupational therapy (Paediatrics):</b><br>Most breaches are within the Paediatric Occupational Therapy service. Existing backlog combined with increased demand is impacting on service delivery. Reduced Clinical Leadership Capacity: Reduced Band 7 leadership due to one retirement and two staff on sick leave has impacted service delivery.                                                                                                                                                                                                                                                                                            | <b>Occupational therapy (Paediatrics):</b> <ul style="list-style-type: none"> <li>Band 6 staff member temporarily uplifted to fill leadership gaps and extended by 1 month.</li> <li>Head of Speech Language Therapy Paediatrics providing additional capacity for safeguarding concerns.</li> <li>Recruitment to replace retired Band 7: start date 27/10/25 (currently on maternity leave).</li> <li>Review of demand and capacity modelling and taking action to increase number of new appointments available per month.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 30/10/25 |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 30/10/25 |           |
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| <b>Dietetics:</b><br>Paediatrics are seeing increased new referral demand for selective eating. Diabetes are experiencing increased demand for the service. This, along with increased vacancies due to new appointments, including internal recruitment, is impacting.                                                                                                                                                                                                                                                                                                                                                                           | <b>Dietetics:</b> <ul style="list-style-type: none"> <li>In paediatrics, a service lead has been appointed and commences the second week of October 2025, with work to commence exploring options to improve access to services and sustainability of waiting lists.</li> <li>Temporary additional hours for staff / using staff from other areas with appropriate skills continues.</li> <li>In diabetes, recruitment into vacancies has been successful, however, there is a lead-in time to commence in posts.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 31/11/25 |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Live     |           |
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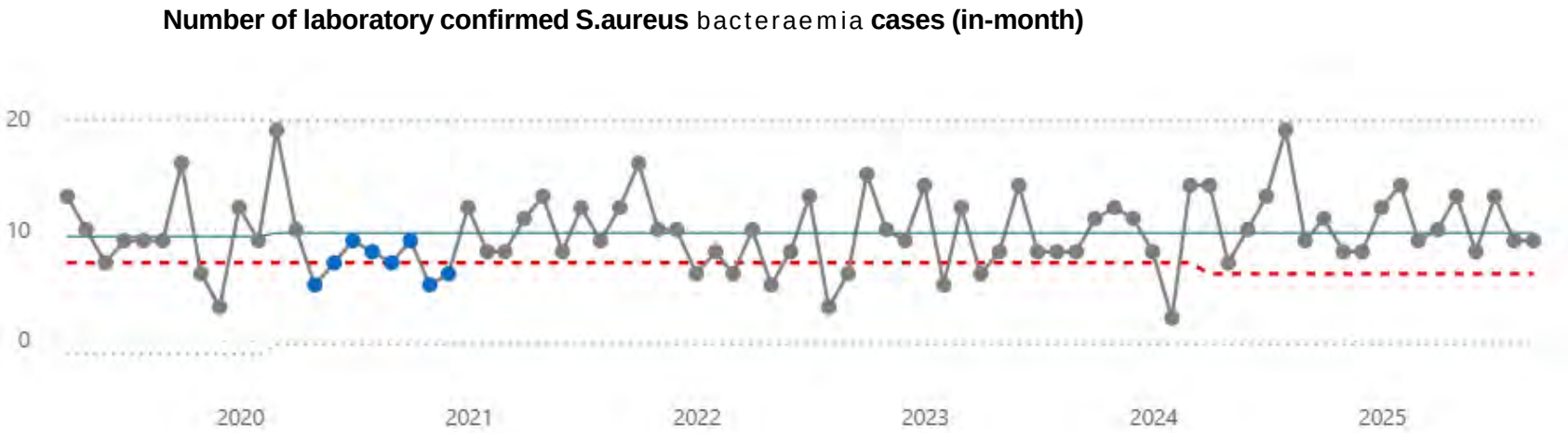




| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Due date                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>C. difficile:</b> <ul style="list-style-type: none"><li>Start Smart and Then Focus (SSTF) audits for antibiotic prescribing not consistently completed.</li><li>Delays in recognition, isolation or diagnosis noted in some cases.</li><li>Environmental cleaning and deep cleaning challenges relating to staffing and surge capacity in ward areas.</li><li>Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li><li>Level 2 mandatory compliance for Infection, Prevention and Control is at 75.36% as a Health Board below expected 85% target.</li><li>There is a risk due to vacancies in the Antimicrobial Pharmacy team that Antimicrobial stewardship will be negatively impacted.</li></ul> | <b>C.difficile:</b> <ul style="list-style-type: none"><li>The SSTF audits have been scrutinised in terms of completion and prescribing, tazocin and cotrimoxazole most prescribed antibiotics. Around two thirds of C. difficile patients (67%) had a Proton Pump Inhibitor prescribed, quality improvement projects linked to C.difficile collaborative discussed at C. difficile Improvement Group.</li><li>Environmental audits and observational audits continue with oncology/ Special Care Baby Unit next to be completed.</li><li>Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through Clinical Care Groups (CCG). Review of areas with highest rates in CCG to be shared.</li><li>Hydrogen Peroxide Vapor (HPV) available on 3 acute sites currently, yet use is not consistent. Infection Prevention and Control team have presented at local Professional Nurse Forums and to be escalated through governance structures.</li></ul> | Live<br><br>30/10/25<br><br>Live<br><br>Live<br>30/10/25 |
| <b>E. coli:</b> <ul style="list-style-type: none"><li>Burden of infection remains community-onset; cases are linked to urinary tract infections and some catheter device related infections.</li><li>Cases are predominantly in the 80 to 89 age demographic.</li><li>Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li><li>Aseptic Non-Technique (ANTT) compliance for the Health Board is at 83.35%</li></ul>                                                                                                                                                                                                                                                                                       | <b>E. coli:</b> <ul style="list-style-type: none"><li>Health and Wellbeing Booklet for Hywel Dda University Health Board population in review status and to be published following presentation at the Readers' Panel.</li><li>Healthcare Associated Infections (HCAI) cases discussed monthly at the Assurance Group meeting for each site and learning disseminated through Clinical Care Groups.</li><li>Hand Hygiene audits completed by Ward Managers monthly, these are reviewed and monitored.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30/10/25<br><br>Live<br><br>Live                         |

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition



Performance is showing usual variation with 9 cases in September.

| Key challenges / issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Key actions / initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Due date                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>S. aureus:</b> <ul style="list-style-type: none"><li>Inconsistent compliance with aseptic non-touch technique (ANTT), 83.35% for Electronic learning.</li><li>Environmental or equipment contamination contributing to transmission, linked to challenges around environmental cleaning and surge.</li><li>Greater burden of infection remains to be in community, with wounds being the primary source of infection.</li><li>Lapses in compliance to hand hygiene practices and bare below the elbow across all staff disciplines.</li></ul> | <b>S. aureus:</b> <ul style="list-style-type: none"><li>ANTT compliance and competency assessments for clinical staff shared via Clinical Care Groups (CCG) meetings .Request to place competency assessments as mandatory on Electronic Staff Record sitting with Mandatory Training Group</li><li>Healthcare-Associated Infection (HCAI) cases discussed monthly at the HCAI Assurance Group meeting for each site and learning disseminated through CCGs . Review of areas with highest rates in CCG to be shared</li><li>Hand hygiene validation audits and observational audits in wards and departments as indicated from monthly senior nurse audits</li></ul> | <div>30/11/25</div> <div>Live</div> <div>30/10/25</div> |

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% staff sickness rate (12 months rolling)



Services with 60+ staff with the highest levels of in-month sickness rates in September 2025

| Team                         | Staff     | In-month % | R12m % |
|------------------------------|-----------|------------|--------|
| Glangwili Hotel Services     | 128 staff | 16.7%      | 14.1%  |
| Glangwili Theatres           | 82 staff  | 15.3%      | 11.0%  |
| Prince Philip Acute Response | 66 staff  | 14.6%      | 12.2%  |
| Sunderland Ward              | 71 staff  | 14.6%      | 10.9%  |
| Prince Philip AMAU           | 73 staff  | 14.2%      | 11.0%  |

In September 2025, 12-month rolling staff sickness was 6.6%.

Key challenges / issues

Targeted support for sickness absence:  
Estates and Facilities sickness rates continue to be the highest across the Health Board (9.7% rolling for September) with ongoing focused support from the Workforce Team.

Designated support from Workforce & Organisational Development continues to be utilised to help address concerns aligned to Employment Relation matters such as Respect & Resolution, Raising Concerns etc. which are impacting on employee’s wellbeing and attendance.

Key actions / initiatives

Temporary redeployment guidance, bite sized training sessions, Occupational Health referral how to guide, review of sickness absence letters and passport for reasonable adjustments:

Work continues on the development and implementation of these pieces of work. Lack of progress is due to limited capacity and increased demand for operational support to clinical care groups.

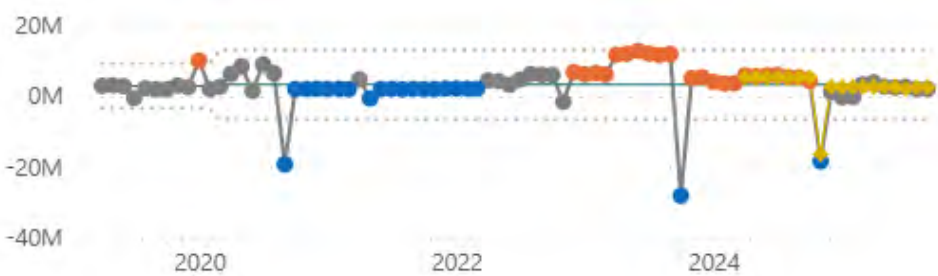
Due date

Live

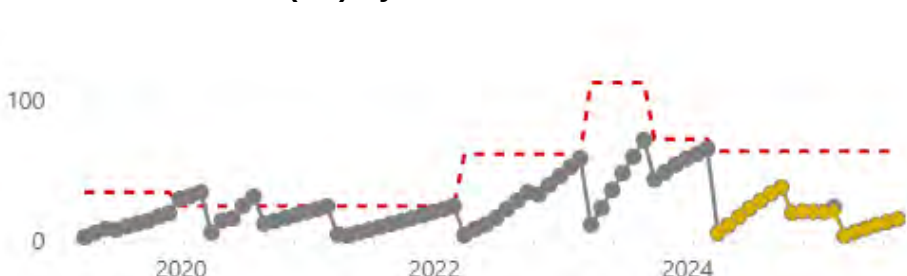
Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Financial in-month deficit



Financial deficit (£m) – year to date



Key challenges / issues

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. Gross forecast position is £31.1m, with planned mitigating actions of £3.3m, to be finalised, to achieve the reported end of year forecast position of £27.8m. Total savings delivery are £41.1m, leaving a savings delivery gap of £5.3m against the savings target.

The in-month financial position is a deficit of £2.0m, which is an improvement against the £2.5m in-month deficit plan due to the in-month savings target of £3.9m being over identified by £0.3m, and a core operational underspend of £0.5m. These are offset by in-month under delivery of savings of £0.3m relating to one scheme within Planned & Specialist Care. The financial run rate is on track to achieve the forecast position with mitigating actions of £3.3m required. The Health Board is committed to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation.

The in-month core budget performance is £0.5m underspent, and the end of year core budget performance is £4.2m underspent. Further to the work aligned to the quarter 2 focus of de-risking the plan, the forecast position has remained at £27.8m in Month 6 with further actions expected to improve towards the £24.1m in October.

Key actions / initiatives

Forecast Credibility: Health Board no longer providing credibility to Welsh Government due to continued improvement of in-month position compared with prior forecast. Currently a c.£10m forecast deviation between the End of Year forecast and current run rate.

Reactive Savings Planning: For those areas that are forecasting materially lower savings when compared to monthly delivery, a review meeting will need to explore specific actions and rationale for the assumed reduction in savings delivery.

Top 10 Overspend Alerts: Following an assessment at the year midpoint, further management actions required to mitigate material overspend areas that are now embedded. Improving the current run rate avoiding unnecessary difficult decisions.

£30.0m to £24.0m further savings options: Latest update highlights some schemes are now delivering, but further updates required for those items that are not yet confirmed with robust plans for items that have been agreed.

Medical Pay: Continued use of additional medical cover, including premium locum and agency in Bronglais Hospital. Planned Care and Mental Health. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans.

Referral to Treatment (RTT) performance trajectory: With multiple workstreams and programmes to improve waiting times and waiting lists, a clearer triangulation is required around the implications between elective pathways and diagnostics, ensuring value for money approaches are maximised.

Due date

Overdue & Urgent  
31/10/25

31/10/25

31/11/25

31/12/25

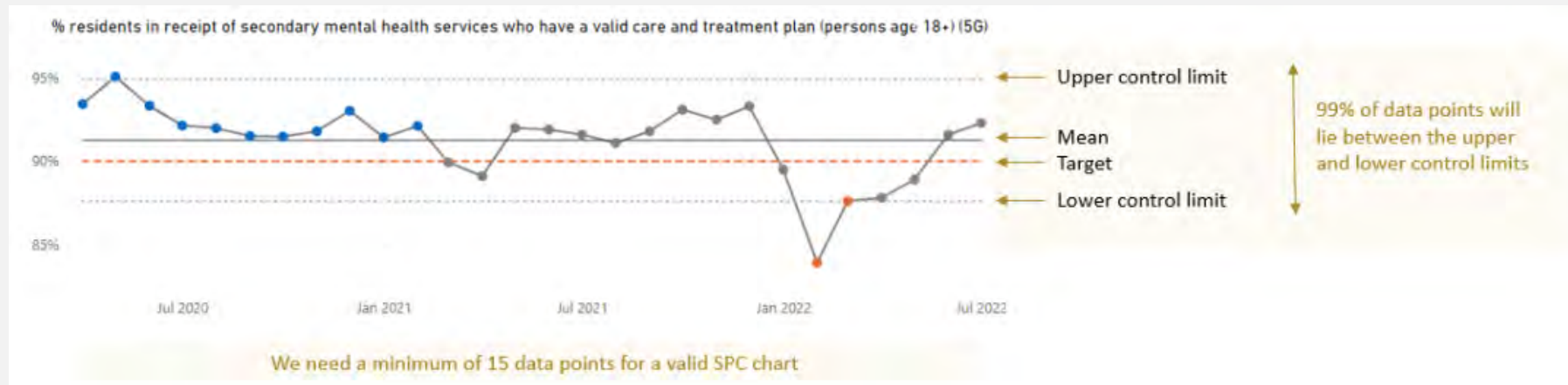
Overdue

31/11/25

## Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

## Anatomy of a SPC chart

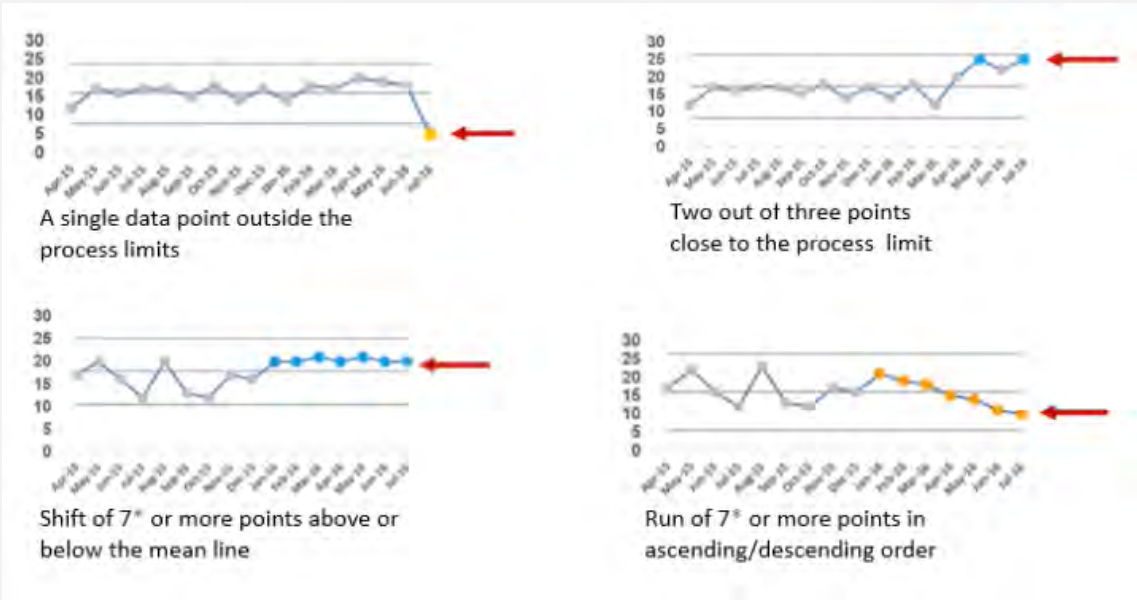




## Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



\* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

## Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e.. one for variation and another for assurance.

|                                            |   |                                                                                                                                                                                                                      |
|--------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Variation<br>How are we doing over time    | ● | Concerning trend = a decline that is unlikely to have happened by chance                                                                                                                                             |
|                                            | ● | Usual trend = common cause variation / a change that is within our usual limits                                                                                                                                      |
|                                            | ● | Improving trend = an improvement that is unlikely to have happened by chance                                                                                                                                         |
| Assurance<br>Performance against target    | □ | Missing target = will consistently fail target without a service review                                                                                                                                              |
|                                            | □ | Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors |
|                                            | □ | Hitting target = will consistently meet target                                                                                                                                                                       |
| Note: remember blue is good, orange is bad |   |                                                                                                                                                                                                                      |

6.2

1:05 PM, 5 Mins

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## 6.2 - PUBLIC SECTOR EMISSIONS REPORTING

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For assurance

### Attachments

[Public Sector Emissions Reporting FPC 21 October 2025.pdf](#)



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

|                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 21 October 2025                                       |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Public Sector Emissions Reporting                     |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Huw Thomas, Director of Finance                       |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Douglas Wilson, Senior Performance Management Analyst |

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

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

In 2017, the Welsh Government (WG) set the ambition of achieving a carbon neutral public sector by 2030. In March 2019, WG published *Prosperity for All: A Low Carbon Wales* which includes policy 20: *Support the public sector to baseline, monitor and report progress towards carbon neutrality*.

The national aim is to:

- Baseline: To understand the current quantity of organisational emissions and removals for a consistently drawn boundary, quantifying the likely emission gap to carbon neutral operations by 2030.
- Identify mitigation potential: To assess and identify significant sources of emissions enabling organisations and the Welsh Public Sector to prioritise action needed to move to carbon neutral operations by 2030.
- Monitor progress: To gather, collate and analyse data on an annual basis to assess whether organisations are on track to achieving their goals of carbon neutrality by 2030.

There is a national requirement to complete and submit a carbon accounting form to Welsh Government annually.

This report provides a summary of the Health Board's submission to WG in August 2025. It aims to raise awareness to the committee of the key areas of carbon generation across the Health Board.

**Cefndir / Background**

The [Welsh Public Sector Net Zero Carbon reporting guide](#) provides principles and priorities for carbon reporting, its operational and organisational scope and the data which Welsh public bodies need to assemble annually in order to fulfil the reporting requirements. The Net Zero



reporting template spreadsheet is published alongside this guide. This is our fifth round of submitting our carbon estimate to WG with reporting requirements evolving each year.

### Asesiad / Assessment

The results are showing an increase in emissions from 153,738,825 kgCO<sub>2</sub>e in 2023/24 to 156,486,472 kgCO<sub>2</sub>e in 2024/25.

The main drivers of the increase are buildings emissions (+7% = 1,310,046 kgCO<sub>2</sub>e) and the supply chain (+2% = 2,244,602 kgCO<sub>2</sub>e) with increases also found in refrigerant f-gases (101,719 kgCO<sub>2</sub>e) and streetlighting (3,672 kgCO<sub>2</sub>e).

The table below shows the Health Board's carbon generation (kgCO<sub>2</sub>e) in 2024/25 and how it compares to 2023/24 and the trend.

| Categories                                          | 2023/24            | 2024/25            | Trend    |
|-----------------------------------------------------|--------------------|--------------------|----------|
| <b>Buildings, fleet &amp; other assets</b>          |                    |                    |          |
| Buildings                                           | 20,052,328         | 21,362,374         | ↑        |
| Streetlighting                                      | 622                | 4,294              | ↑        |
| Fleet and equipment                                 | 676,043            | 563,624            | ↓        |
| F-gases and anaesthetic gases                       | 1,877,545          | 1,920,265          | ↑        |
| <b>Business travel, commuting &amp; homeworking</b> |                    |                    |          |
| Business travel                                     | 2,200,851          | 2,084,307          | ↓        |
| Commuting                                           | 16,282,868         | 15,733,993         | ↓        |
| Homeworking                                         | 954,588            | 920,110            | ↓        |
| <b>Waste</b>                                        |                    |                    |          |
| Organisational waste                                | 501,733            | 460,656            | ↓        |
| <b>Supply chain - Tier 1 and Tier 2 combined</b>    |                    |                    |          |
| Supply chain                                        | 111,192,247        | 113,436,849        | ↑        |
| <b>Total emissions</b>                              |                    |                    |          |
| <b>Total emissions</b>                              | <b>153,738,825</b> | <b>156,486,472</b> | <b>↑</b> |

The table below shows the Health Board's generation of renewable energy (kWh).

| Categories                         | 2023/24    | 2024/25   | Trend |
|------------------------------------|------------|-----------|-------|
| <b>Renewable electricity</b>       |            |           |       |
| Onsite renewables - heat           | 6,836,205  | 3,893,750 | ↓     |
| Onsite renewables - electricity    | 699,549    | 684,193   | ↓     |
| <b>Renewable electricity</b>       |            |           |       |
| Purchased renewables - electricity | 10,194,208 | 0         | ↓     |

The reporting guide is: [Welsh Public Sector Net Zero Carbon Reporting Guide \(gov.wales\)](https://gov.wales/welsh-public-sector-net-zero-carbon-reporting-guide)

## **Observations since 2023/24 submission:**

### **Buildings:**

- Increase in Liquefied Petroleum Gas (LPG) from 3,812,481 kWh in 2023/24 to 6,308,634 kWh in 2024/25 due to:
  - o LPG being commissioned in Glangwili Hospital in November 2023 with 2024/25 being the first full financial year.
  - o Decrease for biomass at Glangwili Hospital due to more boiler downtime in 2024/25 than 2023/24. This is in part because our 10-year maintenance contract for the boiler ended 31<sup>st</sup> March 2025 with poor provider support towards the end of the contract. We have had a new maintenance provider in place since 1<sup>st</sup> April 2025.
  - o Gained confirmation from Welsh Government (WG) to include biomass emissions under buildings as was previously counted under renewables. This accounts for 74,916 kgCO<sub>2</sub>e additional carbon emissions.

### **Streetlighting:**

- Streetlighting emissions increased from 622 kgCO<sub>2</sub>e to 4,294 kgCO<sub>2</sub>e in 2024/25 due to:
  - o Streetlighting missions in Withybush Hospital were backed under the Renewable Energy Guarantees of Origin (REGO) scheme between April and September 2023 meaning energy was sourced from renewable electricity. NHS Wales made the decision for 2024/25 to purchase EDF Energy's 'low carbon for business' tariff rather than a REGO-accredited tariff for financial reasons which includes nuclear energy so does not qualify for REGOs.
  - o Car park lighting at Frongoch park and ride carpark for Bronglais Hospital now included under streetlighting (previously included under grid electricity)

### **Fleet:**

- Reduction in emissions from fleet from 676,043 kgCO<sub>2</sub>e in 2023/24 to 563,624 kgCO<sub>2</sub>e with a continued reduction in diesel emissions by over 50% due to replacement of diesel vehicles in the pool car scheme. There are no more diesel vehicles in the central pool car fleet.
- Nine electric vehicles are now in the pool car scheme with 45% being electric or hybrid.
- Diesel vehicles in our overall fleet is now limited to 29 vans.

### **Refrigeration f-gas additions:**

- Increase in emissions due to refrigerant additions being made in Radiology at Glangwili Hospital, the Ty Nant Server Room, Withybush Hospital Chiller and its Mortuary Main Store in 2024/25 in contrast to no additions in 2023/24.
- This covers logs for Bronglais, Glangwili, Prince Philip, Withybush, Aberaeron and Amman Valley Hospitals. Tregaron is no longer included as their body store fridge/condenser has been decommissioned and removed.

**Business travel:**

- A 6% decrease in vehicle miles in 2024/25 from business travel with mileage only 40% of pre-Covid levels (5,778,631 miles in 2024/25 compared to 14,487,837 miles in 2019/20).
- Taxi mileage has decreased from 137,052 miles in 2023/24 to 131,179 miles in 2024/25. Taxi usage reduced by a third in Pembrokeshire (from 30,280 miles in 2023/24 to 19,755 miles in 2024/25) following resolution of Reinforced Autoclaved Aerated Concrete (RAAC) work where clinics moved to South Pembrokeshire Hospital and Amman Valley Hospital.

**Staff commuting:**

- An increase in staff commuting miles, however, estimated emissions from commuting have reduced by 3% due to the inclusion of electric and hybrid private vehicles in the data which was made available in the 2025 staff travel survey.

**Homeworking:**

- A continued reduction in emissions from homeworking from 954,588 kgCO<sub>2</sub>e in 2023/24 to 920,110 kgCO<sub>2</sub>e in 2024/25 due to less homeworking in our workforce overall and specifically in 'Additional Clinical Services', 'Medical and Dental' and 'Nursing and Midwifery Registered' staff groups since the 2023 staff travel survey.

**Supply chain and medical gases:**

- NWSSP continues to lead on reporting of the supply chain including medical gases from pharmacy procurement
- A supply chain methodology report will be published by national Procurement in the near future to provide assurance of their approach to carbon reporting. It is currently going through internal governance procedures in Shared Services.
- One submission including both tier 1 and 2 emissions, where available, is included and reconciled in the template to avoid double counting. £140,319,394 out of £507,165,191 reportable expenditure has emissions calculated at tier 2 (27.7% of spend with NHS Wales' suppliers who have Carbon Reduction Plans, compared with 22.6% in 2023/24)
- The NWSSP approach uses organisational specific Standard Industrial Classification (SIC) codes rather than mapping by procurement category and acknowledges that the emission factors relating to actual products within the group may be quite different
- Primary care expenditure continues to be allocated to Health Boards. This appears to contradict page 21 of the Reporting Guide which states that 'Primary care services (dentists, GPs, opticians, pharmacies) except where they are under the control of the Health Board are excluded from the carbon reporting' which I took to mean only 'Health Board managed practices'. However, the position of NWSSP noted to the Welsh Government Energy Service (WGES) is that the 'direct control' aspect is ambiguous as we are in paid contracts with those organisations so they are under the control of the Health Board and if it is not reported elsewhere we should be reporting it here.
- Bridgend stores continues to be reported under Shared Services despite the emissions being aligned to individual Health Boards due to the methodology being based on expenditure.

**Waste:**

- Clinical waste continues to increase from 143 tonnes in 2023/24 to 148 tonnes in 2024/25
- Black bag waste continues to show a sustained reduction from 331 tonnes in 2021/22 to 110 tonnes in 2023/24 to 97 tonnes in 2024/25
- Recycling tonnage has remained static following more significant improvements in previous years (1,257 tonnes in 2024/25 compared with 1,263 tonnes in 2023/24 but 1,011 tonnes in 2021/22). However, emissions from recycling reduced by 70% following a reduction in the emissions factor from 21.281 in 2023/24 to 6.4106 in 24/25 for recovery/recycling.
- Infectious orange bag waste has reduced from 591 tonnes in 2023/24 to 539 tonnes in 2024/25 and non-infectious clinical waste has reduced from 325 tonnes in 2023/24 to 295 tonnes in 2024/25
- Reduction in anaerobic digestion from 270 tonnes to 255 tonnes as a result of catering implementing practices to reduce food waste such as cook/freeze.

**Renewables:**

- Overall Solar photovoltaic (PV) power generated onsite decreased from 699,549 kWh in 2023/24 to 684,193 kWh in 2024/25. This was a relatively poor year for solar PV due to weather variability and no increase in solar PV or ground PV installed in 2024/25 despite less downtime on the ground-mounted solar PV system (at Hafan Derwen) in 2024/25 than 2023/24 due to initial maintenance after commissioning in February 2023.

**Limitations:**

- Methods of calculating emissions from sources are divided into three tiers. The Tier 3 methodology uses the actual amount of activity (e.g. energy consumption data in kWh, metered water consumption or litres of fuel used) to give the most direct connection between activities and emissions. The Tier 1 method is the lowest accuracy and uses proxies such as floor data or industry type to provide an estimate of activity data from which emissions can be calculated, and the Tier 2 method is an intermediate choice generally using expenditure spend. Buildings, streetlighting, f gases, medical gases, fleet, commuting and waste are all currently reported on tier 3 whilst business travel and homeworking are currently reported on tier 2, meaning a higher relative standard deviation in carbon estimates. We have a low estimate of 111,318,857 kgCO<sub>2</sub>e and an upper estimate of 171,689,897 kgCO<sub>2</sub>e.
- 27.7% of our procurement emissions were reported at tier 2, with the remaining reported at tier 1. Tier 1 emission factors represent the average emissions relating to each Standard Industrial Classification (SIC), and the emission factors relating to actual products within the group can be quite different. As a result, Tier 1 emissions estimates will not reflect any efforts made to reduce emissions through efficiencies in the supply chain or setting targets for emission reduction efforts.
- We are migrating to the collation of supplier specific emissions at tier 2 level using the requirement for suppliers of NHS contracts worth over £5 million (excluding VAT) over 4 years to produce and maintain a 'Carbon Reduction Plan'. At present, 5 areas of our supply emissions out of a total of 15 categories intended are covered by these plans to cover all areas of emissions with further work required to standardise accounting. The

aim is to have supplier specific emissions per unit of product and transition to Tier 3 with a historic line of sight.

- The average commuting distance of 11.4 miles for staff was calculated using a bespoke tool by the Carbon Trust using Hywel Dda University Health Board's payroll expenses data in 2018/19. This differed from the average commuting distance for reported by staff respondents to the 2025 staff travel survey of 27.8 miles. It was deemed most suitable to continue to use the verified figures from the Carbon Trust.

### Argymhelliad / Recommendation

The Finance and Performance Committee is requested to **NOTE** the Health Board's 2024/25 public sector emissions reporting.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                           | 3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery.<br><br>3.1.18 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>      | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a> | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                     | 4. Positive futures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                           |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 8 Estates plans                                                         |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 1. Plan and deliver services to increase our contribution to low carbon |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                  | The data to inform the report has been collated from the relevant directorates across the health board. |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                   | Standard Industrial Classification (SIC)                                                                |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Strategaeth a<br>Chynllunio<br>Parties / Committees consulted prior<br>to Strategy and Planning Committee: | Not Applicable                                                                                          |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                                                                                                                                                                                                       |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | The Executive Director of Strategy and Planning has the lead for the carbon plan which outlines the actions to be taken to reduce our emissions. The impact on finances, services would be outlined within that plan. |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:        | Not Applicable                                                                                                                                                                                                        |
| Gweithlu:<br>Workforce:                                 | Not Applicable                                                                                                                                                                                                        |

|                                    |                                                                                                                                                                                                                                                                                                              |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risg:<br/>Risk:</b>             | Not Applicable                                                                                                                                                                                                                                                                                               |
| <b>Cyfreithiol:<br/>Legal:</b>     | Not Applicable                                                                                                                                                                                                                                                                                               |
| <b>Enw Da:<br/>Reputational:</b>   | There is a Welsh Government target to be carbon neutral by 2023. The Executive Director of Strategy and Planning has the lead for the carbon plan which outlines the actions to be taken to reduce our emissions. The reputational impact of not achieving net zero would be picked up as part of that plan. |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable                                                                                                                                                                                                                                                                                               |
| <b>Cydraddoldeb:<br/>Equality:</b> | Not Applicable                                                                                                                                                                                                                                                                                               |

7 - FOR APPROVAL



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## 7.1 - FINANCIAL PROCEDURES

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For approval

### Attachments

[Financial Procedures FPC 21 October 2025.pdf](#)

[FP050 Cash Imprest Accounts - Rehabilitation Monies.pdf](#)

[FP050 EqlA Screening.pdf](#)

[FP051 Income and Cash Collection.pdf](#)

[FP051 EqlA Screening.pdf](#)

[FP078 Patient Property and Monies.pdf](#)

[FP078 EqlA Screening.pdf](#)

[FP1032 Treatment of Private Patients.pdf](#)

[FP1032 EqlA Screening.pdf](#)



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

|                                                        |                                                    |
|--------------------------------------------------------|----------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                    |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Financial Procedures                               |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Director of Finance                    |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Tim John, Head of Accounting & Statutory Reporting |

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

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

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

Each year planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

The Finance and Performance Committee can take assurance that there is a robust review process in place in respect of financial procedures.

**Cefndir / Background**

The following procedures have been reviewed and are presented to the Finance and Performance Committee for approval:

- **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
- **Financial Procedure 051** - Income and Cash Collection
- **Financial Procedure 078** - Patient Property and Monies
- **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The purpose of these documents is to outline the key processes to be followed by Health Board staff in connection with the above-named financial procedures and to set out associated roles and responsibilities.

The review date of the following procedure falls in November 2025:

- **Financial Procedure 070** - Hospital Travel Cost Scheme

In order to ensure the Health Board's procedure aligns with the All-Wales procedure, approval is sought to defer the review the review and present an updated procedure to the Committee for approval at the February 2026 meeting.

### Asesiad / Assessment

- **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
- **Financial Procedure 051** - Income and Cash Collection
- **Financial Procedure 078** - Patient Property and Monies
- **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The financial procedures are covered by a specific Financial Procedures Equality Impact Assessment (EqIA) with no negative impact.

### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **APPROVE** the following updated financial procedures:
  - **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
  - **Financial Procedure 051** - Income and Cash Collection
  - **Financial Procedure 078** - Patient Property and Monies
  - **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The Finance and Performance Committee is requested to:

- **APPROVE** an extension to the review date of the following procedure:
  - **Financial Procedure 070** - Hospital Travel Cost Scheme

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

|                                                                                            |                                                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                           | 3.13 Review and approve financial procedures on behalf of the Health Board |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Not Applicable                                                             |
| Parthau Ansawdd:                                                                           | Not Applicable                                                             |

|                                                                                                                                           |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                                         |                                         |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable                          |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | All Strategic Objectives are applicable |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | Not Applicable                          |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                      |

| Gwybodaeth Ychwanegol:<br>Further Information:                                                                                                                         |                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                 | Previous procedures, internal audit report recommendations, standing financial instructions.            |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                  | Included within the body of the report.                                                                 |
| Partïon / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior<br>to Sustainable Resources<br>Committee: | HDdUHB Finance<br>HDdUHB Local Counter Fraud Service<br>HDdUHB Workforce and Organisational Development |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) |                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:     | Financial procedures are required to ensure sound financial control. |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:        | Not Applicable                                                       |

|                                    |                                                                                            |
|------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Gweithlu:<br/>Workforce:</b>    | Not Applicable                                                                             |
| <b>Risg:<br/>Risk:</b>             | Financial procedures are required to ensure good governance and therefore minimise risk.   |
| <b>Cyfreithiol:<br/>Legal:</b>     | Not Applicable                                                                             |
| <b>Enw Da:<br/>Reputational:</b>   | Financial procedures are required to ensure good governance and sound financial control.   |
| <b>Gyfrinachedd:<br/>Privacy:</b>  | Not Applicable                                                                             |
| <b>Cydraddoldeb:<br/>Equality:</b> | EqIA has been undertaken with no negative impacts on those with protected characteristics. |

# Cash Imprest Accounts – Rehabilitation Monies

## Procedure information

Procedure number: 050

Classification: Financial

Supersedes: 3.0

Version number: 4.0

Date of Equality Impact Assessment: *Detail date of EqIA*

## Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*

**Summary of document:**

The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/occupational therapy monies.

This policy needs to be read in conjunction with [Patients Property and Monies](#) procedure.

**Scope:**

Hywel Dda University Health Board wide

**To be read in conjunction with:**

[Standing Orders Hywel Dda University Local Health Board](#) (opens in new tab)

[Standing Financial Instructions](#) (opens in new tab)

[815 - Counter Fraud, Bribery and Corruption Policy](#) (opens in new tab)

[Financial Procedures](#) (opens in new tab)

**Patient information:**

[Patient Information Library](#)

**Owning group:**

Finance Directorate

*Date signed off by owning group*

**Executive Director job title:**

Director of Finance

**Reviews and updates:**

1.0 – New Procedure

2.0 – Full Review

3.0 – Full Review

4.0 – Full Review

**Keywords**

Cash, Imprest, Accounts, Rehabilitation, Monies, Money, Patients

**Glossary of terms**

MH – Mental Health Services

LD – Learning Disabilities

General Offices – The respective General Office for each of the Health Board sites including Patients Welfare Department.

## FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [All Wales Procedure for NHS Staff to Raise Concerns Policy](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk),
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the [Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) for further information.



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## Introduction

A number of Wards and Community Mental Health Teams (CMHT) within Mental Health and Learning Disabilities (MH&LD) are allowed a fixed monthly amount for patient's rehabilitation/ occupational therapy, which can be collected from General Offices. The amounts shall be determined and periodically reviewed - annually by the Mental Health and Learning Disabilities Director who has overall responsibility.

## Scope

The financial procedure is Health Board Wide but covers the Mental Health and Learning Disabilities Directorate.

## Aim

The aim of this document is to:

- Provide clarity of the process to the Mental Health and Learning Disabilities Directorate.
- Provide governance around the security of cash. The cash must be kept in a secure lockable cash box. The cash box, when not in use, must be locked and stored in a safe or in a secure location if no safe available.

## Objectives

The aim of this document will be achieved by the following objectives:

- Confirming roles and responsibilities to ensure clear accountability in the organisation.
- Providing clear procedures of the actions to be followed.

## Roles and Responsibilities

| Procedure                                                          | Responsible Party                                                |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| <a href="#">Handling of Monthly Allowances at Ward/ CMHT Level</a> | Occupational Therapist Lead                                      |
| <a href="#">Authorisation of activity expenditure</a>              | Service Manager and Occupational Therapist Lead                  |
| <a href="#">Reimbursement of Monthly Allowances</a>                | General Office/ Patients Welfare Department                      |
| <a href="#">Assurance expenditure is in line with procedure</a>    | Occupational Therapist Lead                                      |
| <a href="#">Changes to the Monthly Allowance</a>                   | Senior staff member identified by the Director of MH&LD Services |

## Handling of Monthly Allowances at Ward/ CMHT Level

The area's Occupational Therapists (OT) Lead will determine with the Ward/ CMHT Managers the patient activity and what is required. They will then issue the necessary monies for the activity to the OT technician and record this in the ward/ team book:

- Date monies issued, staff member the monies were issued to, the amount issued and their signature.
- When the purchase has been made, the trader's receipt and unspent monies shall be returned to the OT Lead who will complete the ward/ team book to show date monies/ receipts returned, record the amount of monies spent, supported by the receipts. The OT Lead should ensure that no personal debit/ credit card has been used in replace of the cash, and no loyalty cards have been used within the receipt.
- The [Expenditure Form](#) shall be completed for each purchase until the cash has been used.
- The [Expenditure Form](#) is signed by the Occupational Therapist and OT/ Ward/ CMHT Lead, with all trader's receipts attached, assuring that all activities have been undertaken.

## Authorisation of Activity Expenditure

The Expenditure form and trader's receipts are then scanned/ taken to the Service Manager or the OT Lead for authorisation. The OT Lead forwards the documentation to the Business Manager for Budget Holders signature.

Once complete, the Business Manager will forward the signed documents to the OT Lead for reimbursement.

## Reimbursement of Monthly Allowances

Reimbursement is available on a monthly basis from the General Office/ Patients Welfare Department.

The General Office/ Patients Welfare Department issues the monthly top up allowance to a member of the Ward/ Community staff on receipt of the previous month's Expenditure Form. The Expenditure Form shall be completed, including the rationale for the expenditure, attaching the trader's receipt and signed by the relevant Budget Holder.

The General Office/ Patients Welfare Department will check that the trader's receipts are attached for each item (particularly that the dates on receipts fall within the claim period), and that the form is arithmetically correct and duly signed.

If there is a difference, then this shall be investigated. Any deficits will be notified via email to the Head of Services and Head of Accounting and Statutory Reporting.

Any discrepancies will be reported to the Counter Fraud Department.

Having completed all checks, including the authorisation of the budget holder, the General Office/ Patients Welfare Department can make the reimbursement.

The General Office/ Patients Welfare Department will issue a new [Expenditure Form](#) for the new month, with the monthly allowance entered. This amount shall be checked in the presence of the staff member of the ward/ department, together with the cash to be held by the ward/ team. Those details will be then updated in the ward/ team book ensuring initials entered that the cash has been given by the responsible petty cash holder.

The member of the ward staff collecting the cash shall check the cash and sign the Rehabilitation book/ sheet to acknowledge issue and receipt of monies.

The monies shall be returned to the ward/ team immediately and given to the OT Lead. Both members of staff shall check the money before it is placed in the secure box, and the register updated to record the reimbursement. The register shall be signed by both members of staff to record the receipt of the new monies.

## Assurance Expenditure is in line with Procedure

To ensure Governance of the expenditure, it will be the OT Team Lead responsibility to ensure that:

- No personal items have been made on any of the trader receipts that the staff member is claiming for
- The receipt has the method of payment showing on the receipt, and that no personal debit/ credit card has been used
- The receipt does not have any loyalty card numbers on it
- The receipt has not been defaced, e.g. method of payment is not visible

If any of the above are on the receipt that the staff member is claiming back, the OT Lead shall immediately notify the Head of Service, or if fraud is suspected, the Counter Fraud Department.

## Changes to the Monthly Allowance

The Mental Health and Learning Disabilities Director is responsible for agreeing allowances and reviewing the level and appropriateness of expenditure. Requests for additional or increased allowances shall be made in writing. The Mental Health and Learning Disabilities Director will then inform the manager and the Patients Welfare Department of their decision and confirm to the Head of Accounting and Statutory Reporting.

## Monitoring and Review

The monitoring and review of this procedure is the responsibility of the Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

## Appendix 1 – Expenditure Form

|                          |                         |                     |  |                 |  |
|--------------------------|-------------------------|---------------------|--|-----------------|--|
| Area:                    |                         | Cost Code:          |  | Monthly Amount: |  |
| Date                     | Description of Purchase | Activity Undertaken |  | Amount          |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
|                          |                         |                     |  |                 |  |
| Total Amount of Receipts |                         |                     |  |                 |  |

### Declaration of Purchases/ Delivery of Activities

|                                     |                                                                                                                                  |           |         |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Staff Members Name                  | Declaration of Purchase                                                                                                          | Signature | Checked |
| OT                                  | You have used the monies according to the activity criteria.                                                                     |           |         |
| Ward/Team Lead                      | You have seen that the activity was delivered with the purchased items                                                           |           |         |
| Head of Service                     | Checked for approval of payment                                                                                                  |           |         |
| Patients Welfare/<br>General Office | Checked all receipts, form and book are correct.<br>Entered new amount monthly and initialled/ signed the book for audit purpose |           |         |

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                 |                                        |
|---------------------------------|----------------------------------------|
| <b>Director and Directorate</b> | Hywel Dda University Health Board wide |
| <b>Service Area</b>             | Hywel Dda University Health Board wide |

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | 050 - Cash Imprest Accounts – Rehabilitation Monies |
|----------------------------------------------------------------------|-----------------------------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies.

The aim of this document will be achieved by the following objectives:

- Confirming roles and responsibilities to ensure clear accountability in the organisation.
- Providing clear procedures of the actions to be followed.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                                                                                                                                                                                      |  |                 |  |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|---|
| <b>Age</b>                                                                                                                                                                                                                                                                           |  |                 |  |           |   |
| Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                                                           |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people of different age groups.                     |  |                 |  |           |   |
| <b>Disability</b>                                                                                                                                                                                                                                                                    |  |                 |  |           |   |
| Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                                                   |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will not have an impact on those with a disability.                        |  |                 |  |           |   |
| <b>Gender Reassignment</b>                                                                                                                                                                                                                                                           |  |                 |  |           |   |
| Is it likely to affect those who either:                                                                                                                                                                                                                                             |  |                 |  |           |   |
| <ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>                       |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no effect on individuals who have undergone gender reassignment. |  |                 |  |           |   |
| <b>Marriage / Civil Partnership</b>                                                                                                                                                                                                                                                  |  |                 |  |           |   |
| Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.                                                                                                                                                        |  |                 |  |           |   |
| Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.                                                                                                                                         |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>This group is in relation to workplace and employment only and is therefore not relevant for this policy.                                                                                                                                     |  |                 |  |           |   |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                                                                                                       |  |                 |  |           |   |
| Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.                                                                                                  |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on those who are pregnant or are on maternity.         |  |                 |  |           |   |
| <b>Race / Ethnicity</b>                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?                                                                                     |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                      |  | Negative Impact |  | No Impact | ✓ |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-------------|
| <p>Justification of impact identified:<br/>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people of different race or ethnicity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |             |
| <p><b>Religion or Belief</b><br/>Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people who have a religion or belief.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                 |  |             |
| <p><b>Sex</b><br/>Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on one sex more than the other.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                 |  |             |
| <p><b>Sexual Orientation</b><br/>Whether a person's sexual attraction is towards their own sex, the opposite sex or either.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on individuals regardless of their sexual orientation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |             |
| <p><b>Armed Forces Community</b><br/>Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br/><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a></p> |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on members of the Armed Forces and their families.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                 |  |             |
| <p><b>Socio Economic Duty</b><br/>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                 |  |             |

|                                                                                                                                                                                                                                                                                      |                          |                 |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|------------------------------------------------------------------------|
| For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a>                                                                                                                           |                          |                 |                                                                        |
| Positive Impact                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> No Impact <input checked="" type="checkbox"/> |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on individuals of different socio economic groups.     |                          |                 |                                                                        |
| <b>Welsh Language</b><br>Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                                                                            |                          |                 |                                                                        |
| Positive Impact                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> No Impact <input checked="" type="checkbox"/> |
| Justification of impact identified:<br>The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on opportunities for people to use the Welsh language. |                          |                 |                                                                        |

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Screening Completed by:                                                                              | Name            | Sarah Morgan                                                                 |
|                                                                                                      | Title           | Finance Analyst                                                              |
|                                                                                                      | Contact details | <a href="mailto:sarah.morgan16@wales.nhs.uk">sarah.morgan16@wales.nhs.uk</a> |
|                                                                                                      | Date            | 29/09/25                                                                     |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Timothy John                                                                 |
|                                                                                                      | Title           | Head of Accounting & Statutory Reporting                                     |
|                                                                                                      | Contact details | <a href="mailto:Timothy.john@wales.nhs.uk">Timothy.john@wales.nhs.uk</a>     |
|                                                                                                      | Date            | 29.09.25                                                                     |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            | Kylie Daniels                                                                |
|                                                                                                      | Title           | Senior Diversity and Inclusion Officer                                       |
|                                                                                                      | Contact details | <a href="mailto:Kylie.daniels@Wales.nhs.uk">Kylie.daniels@Wales.nhs.uk</a>   |
|                                                                                                      | Date            | 13/10/2025                                                                   |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                                                                              |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

# Income and Cash Collection

## Procedure information

Procedure number: 051

Classification:  
Financial

Supersedes:  
Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:  
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards: N/A

Version number:  
4.0

Date of Equality Impact Assessment:

## Approval information

Approved by: Finance and Performance Committee

Date of approval:

Date made active:

Review date:

Summary of document:

This document outlines the system and procedure to be followed to ensure all income due to the Health Board is properly accounted for.

Scope:  
Hywel Dda University Health Board wide.

To be read in conjunction with:

[Standing Orders Hywel Dda University Local Health Board](#) (opens in new tab)

[Standing Financial Instructions](#) (opens in new tab)

[815 - Counter Fraud, Bribery and Corruption Policy](#) (opens in new tab) [Financial Procedures](#) (opens in new tab)

Patient information:

[EIDO Patient Information Library](#)

Owning group:

Finance Directorate

Executive Director job title:

Director of Finance

Reviews and updates:

1.0 – New Procedure

2.0 – Full Review

3.0 – Full Review

4.0 – Full Review

Keywords

Income, Cash, Collection

Glossary of terms

WG – Welsh Government

HUHB – Hywel Dda University Health Board

WHC – Welsh Health Circular

NCA – Non-Contracted Activity

CRU – Compensation Recovery Unit

AHCAT – Assistant Head of Core Accounting Team

ADOF – Assistant Director of Finance

AR – Accounts Receivables

DHCAT – Deputy Head of Core Accounting Team

HASR – Head of Accounting & Statutory Reporting

ICR - Injury Costs Recovery

LTAs - Long Term Agreements

LHBs - Local Health Boards

UHB – University Health Board

NHS – National Health Service

ARAC - Audit and Risk Assurance Committee

## FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the AW Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods.

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk ,
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

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## Introduction

The Director of Finance is responsible for ensuring that appropriate systems and procedures are in place to ensure all income due to the Health Board is identified, collected, recovered, banked and recorded fully in the Financial Management System (Oracle E Business Suite).

The aim of this procedure will be achieved by ensuring staff are aware of how to handle cash and income securely to minimise instances of loss or theft. Where cases of fraud or corruption are suspected, the guidance given in the Health Board's Counter Fraud, Bribery and Corruption Policy should be followed.

## Scope

This procedure is Hywel Dda University Health Board wide.

## Aim

The aim of this document is to:

- Outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board.

## Objectives

The aim of this document will be achieved by the following objectives:

- This procedure is to ensure financial probity and clarity of accountability in the organisation.

## Roles and Responsibilities

|   | Procedure                           | Responsible party                         |
|---|-------------------------------------|-------------------------------------------|
| 1 | Receipting                          | Relevant department accepting cash/cheque |
| 2 | Banking                             | Relevant department accepting cash/cheque |
| 3 | Raising Invoices                    | Core Accounting Team                      |
| 4 | Submission of FIS 1 requests        | Financial Accounting                      |
| 5 | Long Term Agreement (LTA) Schedules | Contracting                               |
| 6 | Non-Contract Activity               | Contracting                               |
| 7 | Road Traffic Accidents              | Core Accounting Team                      |

## Income and Cash Collection

### Receipting and Banking

All Income shall be receipted and recorded in the Health Board's Financial Management System (Oracle E Business Suite) in accordance with desk top operating instructions and banked on a weekly basis, with the following exceptions only:

- Income collected by deduction from salary will be receipted and recorded in the Health Board's Financial Management System but will not require banking. Systems will be in place to ensure the completeness of this income.
- Automatic credits to the Health Board's bank accounts will be receipted and recorded directly in the Health Board's Financial Management System as noted above, but again, will not require banking.

Only those officers nominated by the Director of Finance shall bank income.

When paying in money to the bank a triplicate paying-in book, provided by the Finance Department must be used as follows:

- i. First copy retained by the bank; (when a security carrier is used, ensure that the second copy is not included with the banking)
- ii. Second copy attached to the collector's account sheet and forwarded to the Finance Department;
- iii. Third copy retained in the paying-in book

All sums of monies are to be banked on a regular basis by the security company which the Health Board shall employ, via the General Offices on the Acute sites.

### Recovery of Income

All sales ledger invoices will be raised on a weekly basis following notification of income due. Invoices will be raised in accordance with desk top operating instructions. In addition, a register of periodic income will be maintained, and periodic invoices raised on a weekly basis.

Quarterly a sample of cancellation of invoices which occurred during the month shall be retrospectively authorised by HASR or DHCAT or AHCAT.

Statements, reminder letters and copy invoices will be issued, in accordance with section ['Credit Control and Debt Recovery'](#) of this procedure, in order to secure the recovery of outstanding balances.

The Health Board will retain the services of a debt collection agency and will refer accounts (in accordance with section ['Credit Control and Debt Recovery'](#)) to this agency where payment against overdue accounts cannot be secured by the Health Board.



Where appropriate, income may be recovered by deduction from salary. The approval from the employee shall be obtained before making deduction from salary, unless the agreement is already included in their contract of employment, with reference to Workforce policies as required.

The Health Board's main source of income is via Welsh Government and will be in the form of an annual allocation. This will be updated throughout the year as additional funding is provided by Welsh Government. The Health Board will request the drawdown of the allocation monthly via a FIS1 form; this is then paid to the organisation at the start of each month.

Other sources of income to the Health Board include the following, but not exclusive to:

#### Long Term Agreements with Local Health Boards

Long Term Agreements (LTAs), between Hywel Dda UHB and other Local Health Boards (LHBs) for patient services should be agreed in accordance with the timetable set out by WG. It will not be necessary for the HDUHB to invoice the LHBs to recover income. Other LHBs may also produce payment schedules and will advise the Health Board if an invoice is required.

Any adjustments to the LTA that are agreed with the LHBs will be detailed in an amended schedule and the monthly payments adjusted accordingly.

LTA schedules will be reconciled to the general ledger monthly.

#### Non-Contracted activity

WHC (2006) 12 sets out the basis on which NHS Health Boards may charge commissioners for activity that is not covered by an LTA or other contract. It applies to all non-elective activity and to elective activity for which prior permission has been obtained from the responsible commissioner.

The Finance department will invoice the value of Non-Contracted Activity (NCA) to the responsible commissioner.

#### Patients from Overseas

The Welsh Government Charging Regulations place a legal obligation on Health Boards in Wales to establish if people to whom they are providing NHS hospital services are not normally resident in the UK. If they are not, then charges may be applicable for the NHS hospital services provided. When that is the case, the Health Board must charge the person liable for the costs of NHS hospital services in accordance with financial procedure [082 - Identification and Charging for Overseas Visitors for NHS Treatment Financial Procedure](#) (opens in new tab).

#### Category II Fees

Category II fees are due to both the Health Board and relevant practitioner where work is undertaken for which there is no clinical need, for example medical reports for solicitors or insurance companies.

A fixed proportion of the category II fee is due to the practitioner if certain criteria are met (as per Amendment to the National Consultant Contract in Wales, 2.10 -see [Appendix 1.](#)) and following recovery, should be paid to the practitioner via Payroll. Please refer to [1032 - Treatment of Private Patients - Control of Admission and Collection of Income Financial Procedure](#) (opens in new tab)

### Test Fees

The main source of this income is the cost of tests performed by the Cardiology and Pathology Departments.

Tariffs for the Cardiology and Pathology Departments are uplifted annually by Finance. Cardiology and Pathology Departments will notify the Finance Department of activity in order that an invoice can be produced for tests performed.

### Road Traffic Accidents

The Compensation Recovery Unit (CRU) under the provisions of the Road Traffic (NHS Charges) Act 1999 will be responsible for the collection of all income due to the Health Board following Road Traffic Accidents, in accordance with financial procedure [1001 - Injury Costs Recovery Scheme Financial Procedure](#) (opens in new tab).

### Private Patients

Each practitioner undertaking private practice within the Health Board shall provide the Finance Department details of each private activity – the Agreement to Pay Form.

The Finance Department shall invoice all private patients for services provided by the Health Board in accordance with financial procedure [1032 - Treatment of Private Patients - Control of Admission and Collection of Income Financial Procedure](#) (opens in new tab).

### Accommodation

The Hotel Services Department send Finance monthly spreadsheets of any charges required for rent and bonds. The Finance Department will notify the Payroll Department of any deductions from pay details and will raise invoices to staff.

### Vending Machines and telephone coin boxes

Vending machines will be emptied on a regular basis, at least monthly. Any telephone coin boxes can be emptied as required and always by two members of staff. Staff will sign a return recording the amount collected and all income will be taken weekly to a general office to be officially receipted (if not collected by GO staff.)

### Canteen and shop (if applicable) Income

[Appendix 2](#) of this document details the procedure to follow for all departments operating cash tills, which includes cashing up and cash security.

### Disposal of Surplus Assets

The Procurement Department is responsible for arranging the disposal of surplus assets and other items. An All-Wales contract is in place for the disposal of all assets, refer to [093 - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Procedure](#) (opens in new tab) for further information. Income will be paid directly to the Health Board Bank Account and will be receipted as per section '[Receipting and Banking](#)'.

### Crèche

The Health Board's crèche based in Wylabush General Hospital is open to all children (Health Board employees and the General Public).

An officer of the crèche will prepare a schedule on a monthly basis of charges to employees for the time that their children have spent in the crèche and this will be forwarded to the Payroll Agency who will arrange deduction from salary, all others will make Payment directly with the General Office.

### Lease Cars and Salary Sacrifice schemes

The relevant administrators of the salary sacrifice scheme will notify Payroll of the amounts to be deducted from salary in respect of the Health Board Salary Sacrifice Schemes.

### Telephone Charges

The cost of private telephone calls logged on call logging software or by switchboard will be recharged to the individual making the call.

Payroll will be notified of charges to be deducted from employees.

### Junior Doctors Training and Agenda for change training

Funding is received by an allocation from Welsh Government with regards to junior doctors.

HEIW will also provide funding for agenda for change staff who are in training which is invoiced on a monthly basis.

### Recharges

Where expenditure is incurred on behalf of a third party income and expenditure shall be shown net. Such arrangements will only proceed where the Health Board has assurances that the expenditure incurred will be reimbursed by the third party. This will usually take the form of a letter or an email confirmation from the third party.

### All Other Income

The Accounts Receivable team (based within the Core Accounting Team) shall be notified by relevant managers of all other income to be recovered, which can include for example

- Mortuary fees
- Sterilisation charges

The Accounts Receivable team will recover this income through invoicing at the request of a RRB to be completed and emailed to [AccountsReceivable.HDD@wales.nhs.uk](mailto:AccountsReceivable.HDD@wales.nhs.uk). (Please see [Appendix 3](#))

### **Control**

The Accounts Receivable team will be responsible for maintaining a register of regular/periodic income. The Senior Accounts Assistant for Accounts Receivable will ensure that such income is invoiced on a weekly basis.

The Senior Accounts Assistant for Accounts Receivable will review invoices raised against the register of regular/periodic income to ensure both the completeness of income and the timeliness of invoicing.

Those departments anticipating income through the mail shall ensure, where it is practical, that two members of staff are responsible for opening the mail.

The Financial Management System Accounts Receivable module will be closed at month-end in accordance with the Finance Department's period end closure timetable.

The Financial Management System's general ledger Accounts Receivable control accounts will be reconciled to the sales ledger monthly and prepared and certified via the Finance Reconciliation system (Blackline) monthly, as per the Finance timetable.

An aged debt analysis report will be produced from the Financial Management System monthly. This report will be reviewed by the Senior Accounts Assistant for Accounts Receivable and information in relation to NHS and WG will be reported monthly to WG.

## **Credit Control and Debt Recovery**

### **Raising of Invoices**

All income due to the Health Board will be notified to the Accounts Receivable team in writing in the agreed format, monthly. It is the responsibility of the requesting manager/department to ensure that the income source is valid and all details and backing documentation relating to the income source is correct and maintained e.g. Service Level Agreement relating to the income source. This documentation will be subject to scrutiny by the Health Board's auditors.

All requesting managers/ departments are expected to assist the Accounts Receivable team in the event of an invoice query or invoice dispute.

### **Recovery of Debt**

The payment terms for all invoices are within 14 days. Alternative payment terms must be agreed by the Senior Accounts Assistant for Accounts Receivable.

However, anything where recovery is requested for a period longer than 12 months will be raised to the Deputy Head of Core Accounting Team and will need approval by the Director of Finance. The collection agency may also recommend acceptance of payment by instalments as a settlement to debts referred to them for collection.

All correspondence with accounts receivable will be recorded in the Health Board's Financial Management System.

### **NHS Debtors**

All NHS Wales debtors will be issued with statements monthly. All NHS overdue accounts will be contacted by email within 28 days of the due date (30 days after invoice date,) to secure settlement. All NHS Wales debts will be pursued in accordance with the extant circular regarding the Debtor Arbitration Process WHC (2024/022). All overdue Other NHS debts will be pursued in the same period

as the arbitration process for NHS Wales debts; however Other NHS debts may be referred to the debt collection agency after 22 weeks.

### **Non-NHS – Public Sector**

Non-NHS public sector accounts with high volume of transactions will be sent statements monthly. All public sector overdue accounts will be sent a first reminder letter within 28 days of the due date. The first reminder letter will request settlement within 7 days. Where invoices remain outstanding, the public sector body will be contacted by telephone/emailed to establish why settlement has not been made.

Overdue debts not settled after the first reminder letter and emails will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days; otherwise, the account may be forwarded to the debt collection agency.

### **Non-NHS – Staff**

All overdue accounts will be sent a first reminder letter within 28 days of the due date. The letter will request settlement within 7 days. Staff debtors may also be contacted by telephone/email where appropriate.

Overdue debts not settled after the first reminder letter and telephone call / emails will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days; otherwise, the account will be forwarded to the debt collection agency.

### **Non-NHS – Other**

All overdue accounts will be sent a first reminder letter within 28 days of the due date. The letter will request settlement within 7 days.

Overdue debts not settled after the first reminder letter will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days otherwise; their account will be forwarded to the debt collection agency.

Debts greater than £100 not settled following the final reminder letter will be forwarded to the debt collection agency monthly.

### **External Recovery of Debt**

The Senior Accounts Assistant for Accounts Receivable will review the Accounts Receivable ledger monthly to identify those debts to be referred for external debt collection. The Senior Accounts Assistant for Accounts Receivable will maintain a schedule of debts referred for external collection and deal with all correspondence with the debt collection agency.

Where the address of the customer is unclear and the outstanding debt is greater than £100, the debt collection agency will be authorised to perform a search. The debt collection agency will advise when the only option for proceeding with collection is through the courts. This action will only be taken after an economic appraisal of the cost of recovery and enforcement is undertaken.

## **Write Off of Debt**

The Senior Accounts Assistant for Accounts Receivable will maintain a schedule (the "Write Off Schedule") of debt to be passed to the relevant parties for authorisation for write off Individual debts:

- Under £1,000 – Director of Finance
- Between £1,000 - £5,000 – Chief Executive Officer & Director of Finance
- Over £5,000 – Audit and, Risk Assurance Committee (ARAC)

Outstanding debts less than £100 not referred to the Debt Collection Agency will be included on the Write Off Schedule for write off when the debt is over 6 months old.

Debt referred to the Debt Collection Agency shall be written off on receipt of advice that they are unable to pursue collection.

The Senior Accounts for Accounts Receivable is responsible for ensuring that written off debts are recorded in the Financial Management System.

## **Charities**

In all instances agreement to pay is obtained prior to purchasing goods/services for which an invoice is subsequently raised to the relevant Charitable organisation.

Where invoices remain outstanding with a charitable body, the debtor will be contacted by email / telephone to try to ensure settlement.

All Charitable body debts not settled after the second reminder letter may be followed up with a further letter from the Director of Finance seeking payment and referred to the Charitable Funds Committee.

## **Hospital Cafeteria System**

All Income from the canteen must be banked and receipted daily, unless the total cash taken per week is less than £20, weekly collections are acceptable. Full details of the Hospital Cafeteria system can be found in [Appendix 2](#).

## **Training**

The Core Accounting Team is responsible for ensuring that all Finance Staff have detailed instructions which support deployment of this procedure and that they are appropriately trained to use the system.

## **Monitoring and Review**

The monitoring and review of this procedure is the responsibility of the Deputy Head of Core Accounting Team who is based in Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

## Appendix 1 – Extract from Amendment to the National Consultant Contract in Wales July 2004

2.10 Fee paying work including Category 2 (such as for government departments and additional work for NHS organisations) should not attract double payment. However, it may be carried out with the professional fee retained by the Consultant in the following circumstances, which will be agreed in the job plan review: -

1. When carried out in the Consultants uncontracted time or in annual or unpaid leave.

2. Where it is agreed the work involves minimal disruption to contracted NHS time. This may be particularly relevant in circumstances such as the undertaking of the occasional post-mortem examination for the coroner's office. This will be considered as part of the job plan review.

3. Where such work constitutes a significant element of time, Consultants will identify this in the job planning process, and identify 37 1/2 hours of time provided to the NHS apart from this work.

If none of the above circumstances apply and the work is carried out within NHS sessions with no compensatory time provided elsewhere, the professional fee is remitted to the employer. Otherwise, provision as set out in Terms & Conditions, Paragraphs 30 to 39.

## Appendix 2 – Operation of Till Guide

### Operation of Till

- a. Only the authorised nominated officers are allowed to operate the cash register.
- b. The fixed cash float should be checked at the commencement of each session and signed as agreed.
- c. Initial the audit roll and record the date and time before sales commence and at the end of each session.
- d. Each individual cash transaction must be recorded (rung up) as a separate amount on the till-roll.
- e. Any errors should be initialled by the till operator on the till-roll, the error transaction to be voided and countersigned by a supervisor.
- f. In the event of any change of staff responsibility during a period of duty, where practicable, the contents of the till must be checked and handed over and signatures of both parties obtained in a book provided for that purpose.
- g. Should the till-roll require changing during a session, a sub total must be registered at the end of the previous roll and beginning of the new roll and the till operator's signature recorded, together with date and time. If the till roll is kept in a locked box of the machine, the till operator should not hold the key.

### Cashing up – Till Operator

- a. At the end of each session, the till operator on duty will empty the till, count out and replace float, and count the takings.
- b. On electronic tills, a printed slip on the receipt roll, showing date and total amount of takings and identity of operator for each session is issued. This slip and cash shall be collected by the cash collecting officer for receipting.
- c. At the end of each session, the till-roll must also be initialled, and date and time entered by the till operator on duty.

### Cashing up – General Office

- a. A reading from the till-roll must be obtained and reconciled with the cash taken. A register should be maintained showing the actual cash taken for each session and the readings recorded. All "overs" and "unders" should be clearly shown, and also the identity of the operator for each session. All overs and unders in excess of £5 must be authorised by the Catering Manager /Supervisor.
- b. The till- rolls when completed should be verified against the summary slips produced at the end of each session.
- c. Whilst cash collection should be on a daily basis, if the total cash taken per week is less than £20 weekly collections are acceptable so long as the till is lockable and in a secure location.

### Security of Cash Weekend and Evening Takings

The Chief Executive by means of the Scheme of Delegation should ensure that strict Security precautions are taken during these periods and at other times when General Office staff are unavailable for collection of cash. Appropriate arrangements (e.g. night safe facilities), should be in place to safeguard cash outside normal office hours.



## **Cash Register**

Wherever possible, the cash register should be permanently fixed to the serving counter to deter removal.

The cash drawer must be locked at all times when meals are not being served and keys must not be left in the machine. Where cash registers are not permanently fixed to the serving counter, then the drawer must be removed and kept in a secure place (Safe).

At mealtimes the drawer must not be left open.

## **Security of Keys**

- a. The key of the till cash drawer (operator key) should be the personal responsibility of the delegated till operator.
- b. Custody of keys shall pass from one officer to another only against the signatures of the two officers in a book maintained for that purpose.

## Appendix 3 – Request to Raise a Bill

 **GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgo  
Hywel Dda  
Hywel Dda University  
Health Board

## REQUEST TO RAISE A BILL

[illegible]

### CHARGES TO BE RAISED

| Item Ref | Invoice Narrative (What the customer reads) | Finance code | Unit price | Qty | Total charge (Excl. VAT) |
|----------|---------------------------------------------|--------------|------------|-----|--------------------------|
| 1        |                                             |              |            | 1   | -                        |
| 2        |                                             |              |            |     | -                        |
| 3        |                                             |              |            |     | -                        |
| ...      |                                             |              |            |     | -                        |
|          |                                             |              |            |     | -                        |

**VAT CLASSIFICATION - MUST BE COMPLETED**

|                       |                       |                          |                                       |
|-----------------------|-----------------------|--------------------------|---------------------------------------|
| <b>Standard rated</b> | Subject to VAT at 20% | <b>Exempt</b>            | Not subject to VAT by VAT law         |
| <b>Reduced rated</b>  | Subject to VAT at 5%  | <b>Outside the scope</b> | Transaction outside of the VAT system |
| <b>Zero rated</b>     | Subject to VAT at 0%  |                          |                                       |

Guidance on the VAT classification common supplies made by the Health Board can be found within the Health Board's VAT income guide or otherwise from guidance published by H M Revenue & Customs (HMRC). It is recommended that documentation is provided along with this form to support the VAT classifications selected. A copy of a completed questionnaire from the VAT income guide can be used for this purpose.

| Item Ref | VAT classification   | How concluded/Supporting evidence provided (optional) | VAT to charge |
|----------|----------------------|-------------------------------------------------------|---------------|
| 1        | Standard rated (20%) |                                                       |               |
| 2        |                      |                                                       |               |
| 3        |                      |                                                       |               |
| ...      |                      |                                                       |               |

## INVOICE SUMMARY

|                           |   |
|---------------------------|---|
| Total charges (excl. VAT) | - |
| Total VAT                 | - |
| Gross invoice amount      | - |

|                   |  |  |       |  |
|-------------------|--|--|-------|--|
| Requested by:     |  |  | Date: |  |
| Department:       |  |  |       |  |
| Contact Telephone |  |  |       |  |
|                   |  |  |       |  |
| Authorised by:    |  |  | Date: |  |
| Department:       |  |  |       |  |
| Contact Telephone |  |  |       |  |
|                   |  |  |       |  |
| Actioned by:      |  |  | Date: |  |
|                   |  |  |       |  |

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                 |                                        |
|---------------------------------|----------------------------------------|
| <b>Director and Directorate</b> | Hywel Dda University Health Board wide |
| <b>Service Area</b>             | Hywel Dda University Health Board wide |

|                                                                      |                                 |
|----------------------------------------------------------------------|---------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | 051- Income and Cash Collection |
|----------------------------------------------------------------------|---------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board.

The aim of this document will be achieved by providing financial probity and clarity of accountability in the organisation.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                                                                                                                                                         |                          |                 |                          |           |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|
| <b>Age</b>                                                                                                                                                                                                                                              |                          |                 |                          |           |                                     |
| Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                              |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                         | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| Justification of impact identified:<br>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people of different age groups. |                          |                 |                          |           |                                     |
| <b>Disability</b>                                                                                                                                                                                                                                       |                          |                 |                          |           |                                     |
| Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                      |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                         | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                               |  |                 |  |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-------------|
| <p>Justification of impact identified:<br/>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will not have an impact on those with a disability.</p>                                                                                  |  |                 |  |             |
| <p><b>Gender Reassignment</b><br/>Is it likely to affect those who either:</p> <ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul> |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                               |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no effect on individuals who have undergone gender reassignment.</p>                                                           |  |                 |  |             |
| <p><b>Marriage / Civil Partnership</b><br/>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.<br/>Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.</p>                 |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                               |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>This group is in relation to workplace and employment only and is therefore not relevant for this policy.</p>                                                                                                                                                                                      |  |                 |  |             |
| <p><b>Pregnancy and Maternity</b><br/>Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>                                                                                                                 |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                               |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on those who are pregnant or are on maternity.</p>                                                                   |  |                 |  |             |
| <p><b>Race / Ethnicity</b><br/>Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?</p>                                                                                                           |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                               |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people of different race or ethnicity.</p>                                                                        |  |                 |  |             |
| <p><b>Religion or Belief</b><br/>Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.</p>                                                                                                                                                                           |  |                 |  |             |
| Positive Impact                                                                                                                                                                                                                                                                                                                               |  | Negative Impact |  | No Impact ✓ |
| <p>Justification of impact identified:<br/>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people who have a religion or belief.</p>                                                                         |  |                 |  |             |
| <p><b>Sex</b></p>                                                                                                                                                                                                                                                                                                                             |  |                 |  |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|
| Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
| Justification of impact identified:<br>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on one sex more than the other.                                                                                                                                                                                                                                                                                                                                                    |  |                 |  |           |
| <b>Sexual Orientation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |
| Whether a person's sexual attraction is towards their own sex, the opposite sex or either.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
| Justification of impact identified:<br>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on individuals regardless of their sexual orientation.                                                                                                                                                                                                                                                                                                                             |  |                 |  |           |
| <b>Armed Forces Community</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |
| Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' |  |                 |  |           |
| For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
| Justification of impact identified:<br>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on members of the Armed Forces and their families.                                                                                                                                                                                                                                                                                                                                 |  |                 |  |           |
| <b>Socio Economic Duty</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.                                                                                                                                                                                                                                                       |  |                 |  |           |
| For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
| Justification of impact identified:<br>The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on individuals of different socio economic groups.                                                                                                                                                                                                                                                                                                                                 |  |                 |  |           |
| <b>Welsh Language</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                 |  |           |
| Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |

Justification of impact identified:  
 The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on opportunities for people to use the Welsh language.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Screening Completed by:                                                                              | Name            | Sarah Morgan                                                                 |
|                                                                                                      | Title           | Finance Analyst                                                              |
|                                                                                                      | Contact details | <a href="mailto:sarah.morgan16@wales.nhs.uk">sarah.morgan16@wales.nhs.uk</a> |
|                                                                                                      | Date            | 29/09/25                                                                     |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Timothy John                                                                 |
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| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            | Kylie Daniels                                                                |
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|                                                                                                      | Date            | 13/10/2025                                                                   |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                                                                              |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate’s responsibility to update the EqlA and inform the D&I team.**

# Patient Property and Monies

## Procedure information

Procedure number: 078

Classification: Financial

Supersedes: 4.0

Version number: 5.0

Date of Equality Impact Assessment: *Detail date of EqIA*

## Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*



**Summary of document:**

The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the management and safekeeping of property and monies brought onto the Health Board's sites by patients and to set out associated roles and responsibilities.

**Scope:**

Hywel Dda University Health Board wide.

**To be read in conjunction with:**

[Standing Orders Hywel Dda University Local Health Board](#) (opens in a new tab)

[Standing Financial Instructions](#) (opens in a new tab)

[Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab)

[Financial Procedures](#) (opens in a new tab)

**Patient information:**

[Patient Information Library](#)

**Owning group:**

Finance Directorate

30/09/2025

**Executive Director job title:**

Director of Finance

**Reviews and updates:**

1.0 – New Procedure – 01.10.2009

2.0 – Full Review – 10.01.2012

3.0 – Full Review – 24.09.2019

4.0 – Full Review – 10.11.2022

5.0 – Full Review – tbc

**Keywords**

Patient, Property, Monies

**Glossary of terms**

BACS – Bankers' Automated Clearing System

DWP – Department for Work and Pensions

Patient's Property – Physical items belonging to the patient

General Office – The respective General Office for each Health Board site. For the Mental Health and Learning Disabilities Service, this shall be the Patients Welfare Department

## FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [All Wales Procedure for NHS Staff to Raise Concerns Policy](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk),
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the [Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) for further information.

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## Introduction

The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the management and safekeeping of property and monies brought onto the Health Board's sites by patients and to set out associated roles and responsibilities.

## Scope

The financial procedure applies Health Board wide and includes all staff and contractors who come into contact with patients or their property.

## Aim

The aim of this document is to:

- Ensure the security of patient's property in order to prevent loss or theft. This procedure is in place in order to protect both the interests of individual patients and members of staff coming into contact with patients.

## Objectives

The aim of this document will be achieved by the following objectives:

- Providing clear procedures to be followed by relevant teams at all stages of a patient's journey from admission to discharge.
- Clearly setting out the team responsible for each step in the management of patient property in order to maintain clear accountability.

## Roles and Responsibilities

| General Roles and Responsibilities                                                                  |                                    |
|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Responsibility                                                                                      | Staff/ Team                        |
| Inform patient of the Health Board's Patient Property Disclaimer                                    | Ward, Clinic or Department Manager |
| Collection of property from patients for safekeeping and maintenance of the Patient's Property Book | Ward, Clinic or Department Manager |
| Safekeeping of property handed into General Office                                                  | General Office                     |
| Ensure the safe release of property held at ward level                                              | Ward, Clinic or Department Manager |
| Ensure the safe release of property held at General Office                                          | General Office                     |

|                                                                        |                    |
|------------------------------------------------------------------------|--------------------|
| Processing of payments and journals upon request by the General Office | Finance Department |
|------------------------------------------------------------------------|--------------------|

| <b>Additional Roles and Responsibilities specific to the Mental Health and Learning Disability Service</b>         |                                  |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Responsibility</b>                                                                                              | <b>Staff/ Team</b>               |
| Maintain a personal account of monies held per patient                                                             | General Office/ Patients Welfare |
| Operation of the patient's savings accounts                                                                        | Finance Department               |
| Notify the benefits office of admission of a patient into hospital                                                 | Ward/ Unit Manager               |
| Arrange regular transfers of funds to patients on commissioned placements                                          | General Office                   |
| Processing of cash withdrawals from patients' funds                                                                | General Office                   |
| Management of cash held in the Learning Disability Service's Residential Units and on patient holidays and outings | Unit Manager                     |

## Money Laundering

This is a process by which the proceeds of crime are converted into assets, which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises.

Criminals will attempt to distance themselves from their crimes by finding safe havens for their profits. where they can avoid confiscation orders, and where the proceeds can be made to appear legitimate.

Money Laundering Regulations 2017 apply to any high value dealer, i.e. any organisation that accepts cash transactions in excess of €10,000 (approximately £9,000). However, the Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash, or bank transfers.

Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2017 will be considered in accordance with the Health Boards Fraud, Bribery and Corruption Policy and referred to NHS Counter Fraud Services Wales team for investigation where appropriate.

## Procedures

### Inform Patients of the Health Board's Patient Property Disclaimer

#### **Health Board's Patient Property Disclaimer:**

**The Health Board will not accept responsibility or liability for patient property brought onto the Health Board's premises unless it is handed in for safe custody and a copy of an official property record is retained as a receipt.**

The ward, clinic or department manager shall be responsible for ensuring that patients, or their guardians/ representatives if appropriate, are informed of the Health Board's Patient Property Disclaimer by ensuring that the disclaimer is:

- Publicly displayed on notices in wards, clinics and departments at all times.
- Included prominently in any handbook/ information issued to patients prior to admission.
- Communicated orally to patients/ guardians on admission and to arrange for all patients/ guardians to sign a disclaimer form.

In addition, the ward, clinic or department manager shall ensure that patients/ guardians are:

- Encouraged to hand property not needed for their stay to a friend or relative.
- Informed of the procedure for handing in property to the Health Board for safekeeping.
- Required to sign the patient care record should the patient/guardian decide not to hand any valuables over for safekeeping.

Where staff identify potential difficulties in complying with the above procedures as prescribed, for example, if patients do not wish to hand over religious jewellery, clothing or artefacts whilst in hospital, staff should reach a safe and acceptable solution on a case-by-case basis in conjunction with the patient.

Patients transferred in from other wards, clinics or departments shall be treated as new admissions for the purpose of these procedures.

The ward, clinic or department manager shall be responsible for informing new staff, on, appointment, of their responsibilities and duties for the administration of patients' property.

#### **Collection of Property for Safekeeping**

#### **Collection of Property and Completion of Patient Property Book**

All property handed over for safe custody must be examined and listed separately in the Patient's Property Book.

## **Patient's Property Book**

The Patient's Property Book takes the form of an inventory of patient's property handed in for safekeeping.

The book shall be in the format determined by the Finance Department and serial numbered. General Office shall be responsible for issuing books to wards, clinics and departments and for maintaining a record of books issued. Each ward, clinic and department may only be issued one book at any one time. A replacement book shall not be issued by General Office unless the existing book is returned.

The Patient's Property Book must be the only official record of patients' property held. The book must be kept in a safe place and immediately available for inspection when required. It is the responsibility of the Ward, Clinic and Department Manager to ensure that it is properly maintained at all times.

The book comprises of three copies of each patient's inventory; the patient's copy, a copy to be sent to the General Office for record and a third copy (the fixed copy) retained in the book.

In completing the property book, the terms "gold", "silver", "diamond" etc. must NOT be used, and the descriptions "yellow metal", "white metal", "white stone", etc. must be used.

Any spoiled sheets must be retained in the book and clearly marked "CANCELLED". The top and second sheet of spoiled copies must be similarly endorsed and forwarded to the General Office for record.

Once completed, the Patient's Property Book shall be signed by two members of staff. Where possible, the patient/ guardian should be asked to sign the book, indicating agreement that the items listed are correct and that the disclaimer is accepted.

The top copy of the book should be handed to the patient/ guardian as an official receipt for property deposited for safe custody.

The above process should be repeated in respect of any additional property handed in for safekeeping following admission.

### **Patients without capacity on admission or who die whilst in hospital**

This section applies where a patient dies whilst in hospital or is admitted to hospital whilst:

- Mentally disordered
- Confused and/ or disorientated
- Unconscious, or
- Severely incapacitated for any other reason.

The contents of the patient's clothing and effects must be examined and all items placed in safe custody following the above procedures. Since the patient will not be able to sign the Patient Property Book, it is

absolutely essential that the book is signed by two members of staff, one of whom must be the senior nurse on duty.

### **Patients deceased on arrival**

If a patient is deceased on arrival and the body taken into the mortuary, the responsibility for the collection and registration of the deceased's property in accordance with the procedures in this section shall fall on the mortuary attendant (or member of staff responsible in their absence).

The paramedic, undertaker or hospital porter bringing the body into the mortuary should be asked to act as a witness in listing and taking the patient's property into custody and should sign the Patient's Property Book.

### **Coroner's Cases**

In the event that the Coroner's Officer wishes to take away the deceased's property, then this may be done on consideration of the police officer completing and signing a patients' property indemnity form. The police officer must also be required to sign the Patients' Property Book. The second copy of the Patient's Property Book, together with the indemnity form, should be forwarded to the General Office for record.

### **Safekeeping of Property**

Non-valuable property should be stored within the ward or department, within a secure and lockable safe or cabinet.

All cash and valuable property handed in shall be transferred to the General Office for safekeeping.

- Valuable property shall be placed in a sealed property bag. The second copy of the Patient's Property Book shall be securely attached to the property bag with the serial number clearly visible to enable identification of contents.
- All cash shall be placed inside a separate sealed property bag separate from non-cash property as all cash handed into the General Office will be banked.
- Sealed property bags should be taken with the property book to the General Office as soon as possible but no later than 48 hours after collection of the property from the patient. Property collected outside the working hours of the General Office shall be stored in the Out of Hours Safe (where available), else in another secure lockable cabinet within the Ward or Department. The property bag shall be taken to the General Office at the earliest opportunity following re-opening.
- Staff depositing property bags at the General Office shall ensure that the fixed copy of the Patient's Property Book is signed by the recipient.

### **Cash and Valuables handed in for Temporary Safekeeping**

Property handed in for safekeeping at ward/ clinic/ department level whilst a patient is temporarily away from the ward, e.g., for an x-ray or other treatment, should be registered in the Patient's Property Book and placed in an envelope marked with the patient's full name and address and sealed in the presence of the patient. The seal of the envelope should be signed by the patient and the Patient's Property Book should be signed by the patient and a member of staff. The fixed copy of the Patient's Property Book must be clearly marked "return to patient". The second copy must be similarly endorsed and forwarded to the General Office for record.

The property should be placed in a secure cabinet and handed back to the patient only when they are in a condition to appreciate that the property has been returned. The return of the property must be



acknowledged in the Patient's Property Book and witnessed by the member of staff handing over the property.

## **Receipt and Safekeeping of Property handed into General Office**

### **Valuable Property**

On receipt of sealed property bags into the General Office, the Patient's Property Book shall be signed by the recipient.

The General Office shall maintain a register of property bags handed over for safekeeping. The register must be cross-referenced to the serial numbered Patient's Property Book, copies of which shall be maintained on file in numerical order. Property bags need not be opened and examined.

The General Office shall be responsible for the safekeeping of all property handed over for safekeeping in a safe or secure cabinet.

### **Cash**

Any cash included within a property bag shall be removed from the bag for separate recording and banking.

In respect of each receipt of cash, the General Office shall:

- Issue an official receipt.
- Post a receipt transaction on the Oracle financial system for the relevant amount. The patient's name should be stated within the line description of the transaction.
- Where the amount receipted exceeds £8,999, Counter Fraud should be notified by way of emailing [hduhb.counterfraudteam.hdd@wales.nhs.uk](mailto:hduhb.counterfraudteam.hdd@wales.nhs.uk). Once notified, Counter Fraud will make enquiries with the patient before notifying NHS Counter Fraud Services Wales. The money should only be released upon completion of these enquiries, the outcome of which will be communicated to Finance.

Cash should be banked in accordance with the [Cash Procedure](#) (opens in new tab).

### **Release of Property**

Where a patient wishes to retrieve their property from safekeeping at ward level, property should be returned directly to the patient upon request. The Patient's Property Book shall be updated accordingly and signed by the patient and the staff member returning the property.

Where a patient wishes to retrieve property from safekeeping at the General Office, the patient should be advised to attend the relevant General Office in person to collect.

Release of property from the General Office should be made directly to the patient upon request and the presentation by the patient of the patient's copy of the Patient's Property Book. The patient's signature must be obtained in respect of all property released.

Patients should be informed that a BACS payment will be made in respect of any cash held in safekeeping. Up to £50 may be released in physical cash form by the General Office.

BACS payments shall be arranged by the Finance Department upon request by the General Office.

A patient's property may be released to another person on the specific written authority of the patient. The patient's copy of the Patient's Property Book will also need to be presented.

Release of property in any other circumstances, e.g., where the patient is unable to act for themselves, should be made to the registered next of kin against the signature of the recipient on both the Patients Property Book and a Patients Property Indemnity Form. The signing of the Patient's Property Book must be properly witnessed and signed by a member of staff.

### **Deceased Patients**

On the death of any patient on whose behalf property is held by the Health Board, the ward/ clinic/ department manager shall notify the General Office at the earliest convenience.

Non-valuable property held at ward level may be released to the registered next of kin where the identity of the registered next of kin has been verified. The Patient's Property Book shall be updated accordingly and signed by two staff members and the next of kin.

Valuable property in safekeeping at the General Office may be released to the registered next of kin in the following circumstances:

- a. The case is straightforward, property is not required by the police for evidence in cases of assault, alleged rape, sudden death etc and there is no likelihood of a dispute as to who is the bona fide person entitled to receive the valuables.
- b. Release is to a close relative (i.e., spouse, parent, son/daughter, brother/sister).
- c. There is no will, or there is a will, which the executors do not intend to prove.
  - i. If there is no will, an indemnity signed by all next of kin entitled under the rules of intestacy must be received.
  - ii. If there is a will that is unproved, indemnities agreed by all persons named in the will and by all next of kin entitled under the rules of intestacy.

All claimants other than spouse must complete and sign a Patient Property Indemnity Form before release of valuables.

In all cases where property, including cash and valuables of a deceased patient is of a total value of more than £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of probate or Letter of Administration shall be required before any of the property is released

Where the Health Board is paying for funeral costs for deceased patients, any property or cash shall not be released until such costs have been covered.

### **Property found on Health Board Premises**

Procedures to be followed in connection with property found on Health Board premises are set out in [Property Found on Hywel Dda LHB Premises](#) (opens in new tab).

### **Loss of Property**

Procedures to be followed in connection with the loss, including theft or damage to property, are set out in [Losses and Special Payments](#) (opens in new tab).

## **Additional Procedures specific to the Mental Health and Learning Disability Service (See also [MH&LD Services Financial Roles and Responsibility Procedure](#))**

### **Patient's Monies**

The General Office shall maintain a personal account of cash and other monies received into safekeeping in respect of each patient, recording also all income and outgoings against such accounts and maintaining an up-to-date balance. The General Office shall inform patients of the total amount held for them at least annually and in answer to reasonable requests.

Patients who bring in, hand over or accumulate more cash than required for their immediate needs, and are capable of understanding the transactions involved, should be encouraged and given every facility to bank or invest the balance in an account in their own name.

Where a patient is unwilling to bank or invest their own money, or is incapable of doing so, the General Office shall be responsible for submitting a request to the Finance Department for the transfer of sums of £500 or more, above a balance determined by the Ward Manager/ Care Co-ordinator to meet the immediate needs of the patient, to a patients' savings account opened in the patients' name.

The Finance Department shall be responsible for:

- Operating the patients' savings account and for processing transactions to and from the account upon request by the General Office.
- Reviewing annually the prevailing interest rate on the account to ensure that the rate of return obtained on behalf of patients is satisfactory.
- Accruing to individual patient accounts on a monthly basis the savings interest arising on the patients' savings account as per the monthly bank statement.

The Health Board's liability to the patient shall be the exact amount accepted for safe custody together with any accrued interest.

The Finance Department shall issue to the General Office, on a weekly basis, a summary of receipts and withdrawals into and from the patient's monies accounts (the "cashbook listing"), to enable the General Office to update patient personal accounts accordingly.

### **Benefits**

Where a patient is admitted and is in receipt of benefits, the Ward Manager shall notify the Department for Work & Pensions (DWP) of a patient's admission in accordance with the following published guidance:

[Going into hospital if you get benefits - GOV.UK](#) (opens in new tab)

Alternatively, the DWP may be informed by way of the submission of form BR409.

Where it is found that a patient is not in receipt of sufficient income to meet day-to-day needs and comforts, the Ward Manager shall notify the DWP of this fact.

### **Monthly transfer of funds to patients on Commissioned Placements**

Where the Health Board has custody of the monies of patients on Commissioned Placements at external charitable bodies or other care organisations, the General Office shall request the regular transfer of the patients' funds to the relevant placement account. The amount of funds to be transferred will be

determined by the relevant Social Worker or Care Co-ordinator based on their understanding of the needs of the patients at any given time.

Transfers of funds shall be requested by the General Office by way of the submission of a completed BACS request form to the Finance Department for payment authorisation. Authorised BACS request forms shall then be forwarded to the NHS Wales Shared Services Partnership's Accounts Payable Service for payment.

### **Cash withdrawals from Patient's Monies**

Patients may withdraw cash from their monies held by the Health Board. Withdrawals shall be processed by the General Office on presentation of a form, in a format agreed between the General Office and the Mental Health & Learning Disability Service, which shall be signed by the patient and accompanying nurse. The Ward Manager shall have the discretion to decide the frequency and limit of individual withdrawals available to individual patients based on the Ward Manager's understanding of the particular day-to-day needs of individual patients. On receipt of the cash, the patient shall sign the General Office's cash counter sheet.

Where a patient is unable to attend the General Office, withdrawals of cash should be made by a member of staff on the patient's behalf by way of a form in a similarly agreed format.

### **Learning Disability Services' Residential Units**

#### **Cash held on the Unit**

Residents have access to a limited amount of their monies in the form of cash held securely on their behalf on the Unit. The amount of cash to be held on the Unit in respect of each resident shall be determined on a case-by-case basis by the Ward/ Unit Manager.

The Ward/ Unit Manager shall be responsible for ensuring that:

- The cash is held securely in a cash box stored within a safe or lockable cabinet.
- Records are properly maintained for each resident, recording all receipts and withdrawals into and from the resident's cash box, and at all times agreeing with the balance of cash held for that resident. To ensure the protection of residents' cash and staff from allegations of impropriety, records shall state as a minimum:
  - o Date
  - o Money Out
  - o Details of Expected Expenditure
  - o Sign Out by Staff Member
  - o Receipt Number
  - o Money Spent
  - o Current Balance
  - o Sign In by Staff Member
- A receipt is obtained for all expenditure of cash from the resident's cash box and retained with the resident's records for later reconciliation.
- On the change of each shift, incoming staff check the balances for each client and sign in each resident's records.
- Any cash in excess of a resident's threshold is transferred to the General Office.
- The availability of cash for each resident is maintained by way of regularly replenishing residents' cash boxes. Further withdrawals of cash from the residents' patient monies accounts shall be

obtained from the General Office, in accordance with authorisation procedures agreed between the General Office and the Learning Disability Service.

### **Holidays and Outings**

The Ward/ Unit Manager shall be responsible for arranging the withdrawal from the General Office of additional cash from a resident's funds in advance of a planned holiday or outing, in accordance with authorisation procedures agreed between the General Office and the Learning Disability Service.

The Ward/ Unit Manager shall be responsible for ensuring:

- The safe custody of cash during holidays and outings, including ensuring the use of safe facilities of the host establishment to safeguard substantial amounts of cash at all times.
- That all expenditure is recorded in a format agreed between the General Office and the Learning Disability Service.
- That receipts are obtained for all expenditure made by or on behalf of residents and retained with the records.
- That any unexpended amount of cash withdrawn from residents' cash boxes are returned immediately upon return to the Unit.
- That records of expenditure are taken to the General Office within three working days of return from the holiday or outing for permanent record, along with any unexpended cash.

### **Unit Expenditure**

Residential Units shall maintain an account of all expenditure within the Unit which is not paid from individual residents' accounts, for example, Unit utility bills. A cross-charge arrangement shall be maintained in order for residents to contribute towards the running costs of their home. An annual review shall be undertaken by the Unit Manager in order to confirm expenditure to be recharged to individual residents' patient monies accounts.

The General Office shall be responsible for updating individual residents' personal accounts accordingly and for submitting a monthly request to the Finance Department for the transfer of funds from the residents' monies accounts to the relevant cost centre to which the associated expenditure was originally charged.

The Finance Department shall be responsible for processing the relevant monthly journal upon request by the General Office.

## **Monitoring and Review**

The monitoring and review of this financial procedure shall be the responsibility of the Finance Department. The procedure shall be reviewed whenever amendments to the procedure or related process are deemed necessary and no later than 3 years after the date the procedure was made active.

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                 |                                        |
|---------------------------------|----------------------------------------|
| <b>Director and Directorate</b> | Hywel Dda University Health Board wide |
| <b>Service Area</b>             | Hywel Dda University Health Board wide |

|                                                                      |                                   |
|----------------------------------------------------------------------|-----------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | 078 - Patient Property and Monies |
|----------------------------------------------------------------------|-----------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. This procedure is in place in order to protect both the interests of individual patients and members of staff coming into contact with patients.

The aim of this document will be achieved by the following objectives:

- Providing clear procedures to be followed by relevant teams at all stages of a patient's journey from admission to discharge.
- Clearly setting out the team responsible for each step in the management of patient property in order to maintain clear accountability.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                          |  |                 |  |             |
|--------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-------------|
| <b>Age</b><br>Is it likely to affect older and younger people in different ways or affect one age group and not another? |  |                 |  |             |
| Positive Impact                                                                                                          |  | Negative Impact |  | No Impact ✓ |

|                                                                                                                                                                                                                                                                                                                                               |                          |                 |                          |           |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|-----------|-------------------------------------|
| <p><b>Justification of impact identified:</b><br/>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people of different age groups.</p>                                                                                                                   |                          |                 |                          |           |                                     |
| <p><b>Disability</b><br/>Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?</p>                                                                                                                               |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| <p><b>Justification of impact identified:</b><br/>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will not have an impact on those with a disability.</p>                                                                                                                      |                          |                 |                          |           |                                     |
| <p><b>Gender Reassignment</b><br/>Is it likely to affect those who either:</p> <ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul> |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| <p><b>Justification of impact identified:</b><br/>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no effect on individuals who have undergone gender reassignment.</p>                                                                                               |                          |                 |                          |           |                                     |
| <p><b>Marriage / Civil Partnership</b><br/>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.<br/>Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.</p>                 |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| <p><b>Justification of impact identified:</b><br/>This group is in relation to workplace and employment only and is therefore not relevant for this policy.</p>                                                                                                                                                                               |                          |                 |                          |           |                                     |
| <p><b>Pregnancy and Maternity</b><br/>Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>                                                                                                                 |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| <p><b>Justification of impact identified:</b><br/>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on those who are pregnant or are on maternity.</p>                                                                                                       |                          |                 |                          |           |                                     |
| <p><b>Race / Ethnicity</b><br/>Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?</p>                                                                                                           |                          |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| <p><b>Justification of impact identified:</b><br/>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people of different race or ethnicity.</p>                                                                                                            |                          |                 |                          |           |                                     |
| <p><b>Religion or Belief</b><br/>Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.</p>                                                                                                                                                                           |                          |                 |                          |           |                                     |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                 |  |           |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|---|
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people who have a religion or belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |   |
| <b>Sex</b><br>Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on one sex more than the other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                 |  |           |   |
| <b>Sexual Orientation</b><br>Whether a person's sexual attraction is towards their own sex, the opposite sex or either.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on individuals regardless of their sexual orientation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| <b>Armed Forces Community</b><br>Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'<br><br>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a> |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on members of the Armed Forces and their families.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| <b>Socio Economic Duty</b><br>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.<br><br>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a>                                                                                                                                                                                                                                                                |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on individuals of different socio economic groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| <b>Welsh Language</b><br>Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |   |

|                                                                                                                                                                                                                                  |  |                 |  |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|---|
| Positive Impact                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| Justification of impact identified:<br>The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on opportunities for people to use the Welsh language. |  |                 |  |           |   |

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Screening Completed by:                                                                              | Name            | Sarah Morgan                                                                 |
|                                                                                                      | Title           | Finance Analyst                                                              |
|                                                                                                      | Contact details | <a href="mailto:sarah.morgan16@wales.nhs.uk">sarah.morgan16@wales.nhs.uk</a> |
|                                                                                                      | Date            | 30/09/25                                                                     |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Timothy john                                                                 |
|                                                                                                      | Title           | Head of Accounting & Statutory Reporting                                     |
|                                                                                                      | Contact details | Timothy.john@wales.nhs.uk                                                    |
|                                                                                                      | Date            | 30.09.25                                                                     |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            | Kylie Daniels                                                                |
|                                                                                                      | Title           | Senior Diversity and Inclusion Officer                                       |
|                                                                                                      | Contact details | <a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>   |
|                                                                                                      | Date            | 13/10/2025                                                                   |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                                                                              |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**

# Treatment of Private Patients - Control of Admission and Collection of Income

## Procedure information

Procedure number: 1032

Classification: Financial

Supersedes: 3.0

Version number: 4.0

Date of Equality Impact Assessment: *Detail date of EqlA*

## Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*

**Summary of document:**

This procedure states the private practice arrangements to be operated within Hywel Dda University Health Board.

**Scope:**

This procedure should be brought to the attention of all medical, nursing, administrative and other staff involved in the reception, admission or treatment of private patients, the management of private practice and the collection of charges and should be given to all new Medical Consultants on appointment.

**To be read in conjunction with:**

[Standing Orders Hywel Dda University Local Health Board](#) (opens in new tab)

[Standing Financial Instructions](#) (opens in new tab)

[Financial Procedures](#) (opens in new tab)

[534 - Patient Access: Elective Care Policy](#) (opens in new tab)

**Patient information:**

[Patient Information Library](#)

**Owning group:**

Finance Directorate

*Date signed off by owning group*

**Executive Director job title:**

Director of Finance

**Reviews and updates:**

1.0 – New Procedure – 2010

2.0 – Review – 04/01/2022

3.0 – Minor Change – 28/06/2022

4.0 – Full Review – *Enter approval date*

**Keywords**

DVLA, HCPs, Inpatient, Day Case, Outpatient, Pathology Test, RRB, Tariff, WPAS

**Glossary of terms**

UHB – Hywel Dda University Health Board

HCP – Healthcare professionals

DVLA – Driver & Vehicle Licensing Agency

Tariff – Details cost of treatment/ tests

RRB – Completion of a Request to Raise a Bill should accompany an UTP form, as it details information about the Consultant and any additional costs

UTP – The Undertaking to Pay (UTP) form is a statutory requirement for all private patients to complete before commencing any private treatment at HDUHB. In all cases, the patient is required to sign this form before a clinician is seen and/ or any diagnostic tests and/ or treatment takes place on a private basis.

WPAS – Welsh Patient Administration System

## FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the [All Wales Procedure for NHS Staff to Raise Concerns Policy](#) (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk),
- Making an online referral at <https://reportfraud.cfa.nhs.uk> or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the [Counter Fraud, Bribery and Corruption Policy](#) (opens in a new tab) for further information.

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## Scope

This procedure should be brought to the attention of all medical, nursing, administrative and other staff involved in the reception, admission or treatment of private patients, the management of private practice and the collection of charges and should be given to all new Medical Consultants on appointment.

This Financial Procedure should be read in conjunction with [Patient Access: Elective Care Policy](#) (opens in a new tab)

## Aim

The aim of this document is to:

- Provide guidance in the event that private patients are treated within the UHB. This is to assist the Health Board in maintaining financial probity and compliance with relevant legislation.

## Objectives

The aim of this document will be achieved by the following objectives:

- Ensuring all private patients receiving treatment within the UHB are identified.
- Staff undertake work when it is permissible to undertake it and the terms under which treatment is provided.
- There is clarity on issues around charges and tariffs.
- There is guidance for suitably qualified Healthcare Professionals (HCPs), Private Patient Co-ordinators within the Central Operations team and Admission Officers/ Ward Clerks on their roles in administering private patients.

## Suitably Qualified Healthcare Professionals (HCP) Responsibility

- The treatment of private patients should not prejudice or interfere with or be to the detriment of NHS patients. This includes any NHS on-call or emergency commitments that the HCP is contracted to undertake.
- HCPs wishing to provide outpatient and/ or diagnostic treatments to private patients within the UHB must seek the approval of the UHB Medical Director using the [Registration form](#). A HCP's wish to undertake private work should be discussed with their respective Clinical Director when preparing job plans to ensure that NHS commitments are fulfilled.
- HCPs are prohibited from initiating any discussions in relation to providing private services for an NHS patient whilst working in an NHS capacity.
- HCPs are required to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest if they wish to treat private patients within the Health Board. All disclosures should be made in writing to the Business and Governance Manager within Central Operations. This should be undertaken at the start of each financial year or when they arise.
- HCPs must inform the Private Patient Co-ordinator immediately of any planned admittance of a private patient.

The HCP to whom the patient has been referred is personally responsible to ensure that their patient understands the following matters relating to their treatment:

- That they will be required to pay HCP fees (together with the fees of other practitioners, e.g. Anaesthetists) AND Health Service charges.
- An estimate of the total charges which are likely to result from the proposed episode of treatment.

## Outpatients

An outpatient cannot be both private and NHS for the treatment of one condition during a single visit. For example, a patient must pay for consultation plus any diagnostic test carried out during a visit; the patient cannot be private for the consultation and NHS for the diagnostic tests. A patient can, however, change status at a subsequent visit.

Medical staff **MUST ENSURE** that patients are aware that they are required to pay HCPs fees plus the fees of any other practitioner e.g. those of Anaesthetists, Pathologists or Radiologists and that there is also a requirement to pay NHS charges for accommodation, hotel services and administration.

WPAS and other documentation returns or diagnostic requests **MUST CLEARLY** identify the status of the patient.

Use category 4 (shown below) to note a patient's private patient status on WPAS.

The screenshot shows the 'Admission Booking Details' form in the WPAS system. At the top, there are icons for Admission, Theatre, Transfer, Legal Status, and Delayed Transfer of Care. The form fields are as follows:

- Date of Admission: 05/07/2021
- Admission Time: 21:00
- Arrival Time: 20:56
- Referrer: POOLED LIST
- Address: W92009 MEDDYGFA TEILO CRESCENT ROAD LLANDEILD CARMARTHENSHIRE
- Category: 4. Private patient - not formally detained (highlighted with a red box)
- Source: Patient transfer from other health board/ trust
- Admitting Clinician: Edmunds, E

Following consultation, the correctly completed [Agreement to Pay Form](#) must be sent on to the Finance Department, along with the completed [Request to Raise a Bill](#) so that an invoice can be raised.

## Finance Department's Responsibility

Medical staff must ensure that an agreement to pay form is completed and signed by the patient.

Once the episode of care has been completed, the Finance Department should have been notified by all departments of the treatment received by the patient. An invoice should then be sent to the private patient, even if the patient has private medical insurance.

The charges by the Health Board are those agreed by and reviewed annually by the Finance and Performance Committee.



On a monthly basis, the Finance Department must reconcile the information received from the medical staff and the departments with the information held on WPAS and signed UTP forms, any discrepancies must be investigated.

HCPs will be requested for information to assist the reconciliation process and confirm whether patients were treated privately or not.

## Ward procedure

Once a private patient has been admitted onto a ward, the senior nursing staff should ensure that all ward returns; referral forms etc state the patient's status. Similarly, WPAS should also reflect the private patient status.

Ward staff should at all times ensure that they assist the Finance Department in the event of further information being requested.

## Other Departments

All departments providing diagnostic services to any private patient should note this on a weekly or monthly return which details the name and address of the patient, the date which the procedure was carried out and the nature of the procedure.

It is essential that ALL returns MUST CLEARLY state the patient status.

The following departments send information to the Finance Department on at least a monthly basis:

- Radiology
- Cardiology
- Pathology
- Physiotherapy

If no private patients have been seen, then a nil return should be sent monthly. It is essential that the returns are sent to the Finance Department on a regular basis so that the invoice sent to the patient includes details of all diagnostic tests performed.

Any other departments treating private patients should send returns to the Finance Department immediately following treatment of a private patient.

## Medical Staff Code of Conduct

Medical staff who wish to perform private Outpatient/ Diagnostic test at the UHB MUST register their intent by completing the [Private Practice Registration Form](#) and submit a copy of their indemnity insurance. No private work must be undertaken until authorisation has been approved by the Medical Director. The Private Patient Co-ordinators should ensure approval by the Medical Director has been obtained as soon as they are notified by the HCPs of any planned admittance.

Medical staff must ensure that they inform patients of all the charges they will incur as a private patient and when necessary, obtain the patient's signature on an [Agreement to Pay form](#).

Medical staff must ascertain whether or not the patient has private medical insurance and provide details on the Application for Admission form.

Medical staff will be required to provide the Finance Department with information to assist in the reconciliation process.

## Annual Processes

The following three processes are to be undertaken on an annual basis

- HCPs are to forward a copy of their indemnity policy directly to the Private Patient Co-ordinator.
- HCPs are to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest.
- HDUHB Tariff is to be uplifted annually by the Finance Department.

## Agreement to Pay Form

Following consultation, an Agreement to Pay Form should be completed by the HCP and signed by the private patient.

[Agreement to Pay Form](#) (opens in a new tab)

## Request to Raise a Bill

This excel sheet is required to be completed as per the embedded instructions below. These can be submitted electronically to the Debtors generic email address: [HDd.Finrecv@wales.nhs.uk](mailto:HDd.Finrecv@wales.nhs.uk) or posted via internal mail to: Ty Gorwel, Building 14, St David's Park, Jobs Well Road, Carmarthen, SA31 3HB.

[Completion of RRB – Request to raise a bill](#) (opens in a new tab)

[Raise a bill](#) (opens in a new tab)

## Hywel Dda University Health Board Tariff

This tariff is reviewed annually by the Finance Department. The hyperlinked document is the [tariff of private patient activity for the financial year 2025/26](#) (opens in a new tab) – These costs will be subject to inflationary uplifts in subsequent financial years.

## DVLA Process

### Receipt of Referral

The DVLA sometimes refers Category II patients to ascertain an individual's fitness to drive. On receipt of referral, ensure the referral is logged onto WPAS using the Administrative Category - 4.

| Value | Meaning                                                                                                                                                                                                                     | Valid From | Valid To |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| 01    | NHS Patient, including overseas visitors charged under regulations made under section 124 of the NHS (Wales) Act 2006.                                                                                                      | 2006       |          |
| 02    | Private Patient, one who uses accommodation or services authorised under paragraph 15 of Schedule 2 to the NHS (Wales) Act 2006 (applying the LHBs) or paragraph 11 of schedule 5 (applying to Special Health Authorities). | 2006       |          |
| 03    | Amenity Patient, one who pays for the use of a single room or small ward in accord with Section 137 of the NHS (Wales) Act 2006 entitled hospital accommodation on part payment.                                            | 2006       |          |
| 04    | Category II patient (for diagnostic requests only)                                                                                                                                                                          | 1999       |          |

A Category II [PATIENT](#) is one for whom work is undertaken by hospital medical or dental staff within category II as defined in paragraph 37 of the Terms and Conditions of Service for Consultant Contract in Wales.

#### Test Completed

Once the test is completed, a request to raise a bill must be completed (see [Request to Raise a Bill](#)).

#### Charges & Payment

The DVLA have an agreement with the BMA, which includes a universal fee that all Health Boards in Wales are paid. For example:

| Test                                                   | Value   |
|--------------------------------------------------------|---------|
| GP fee for filling in forms                            | £40     |
| GP fee for examination                                 | £85     |
| Consultant fee for filling in forms                    | £42     |
| Consultant fee for examination                         | £102.50 |
| Doctors who are franchised to undertake exercise tests | £136.50 |
| Profusion Tests                                        | £550    |
| Alcohol/ Drug Tests                                    | £85     |
| Carbohydrate-deficient transferrin                     | £98.50  |

HDUHB will then raise the invoices to the DVLA. Upon payment, 1/3<sup>rd</sup> of the payment is retained by the UHB and 2/3<sup>rd</sup> is paid to the consultant. The consultant should invoice the UHB for their share.

## Monitoring

The monitoring and review of this procedure is the responsibility of the Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

## Appendix A - Private Practice Registration Form



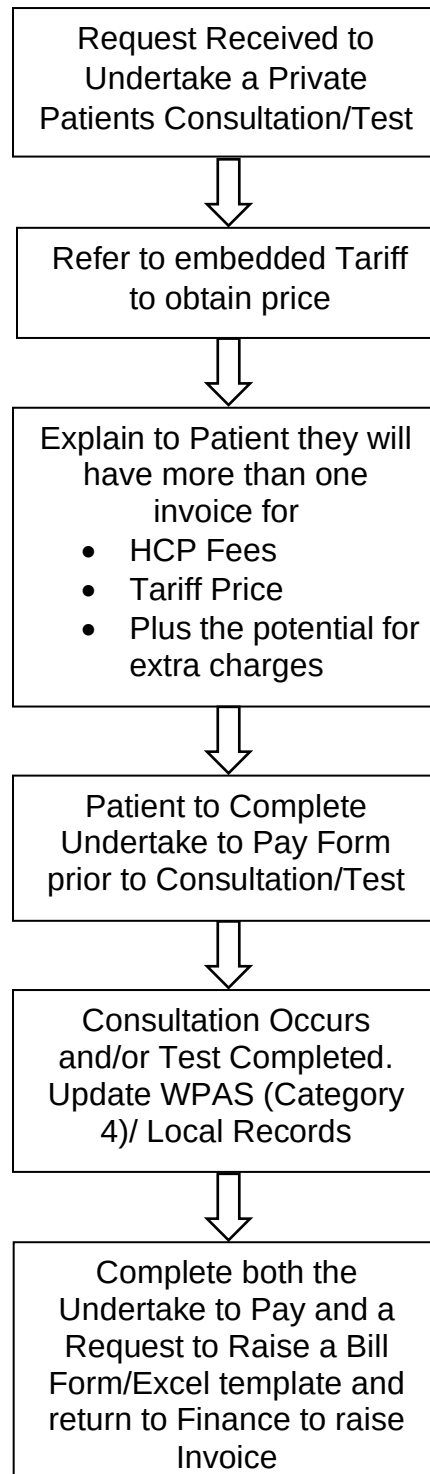
### Hywel Dda University Hospital Health Board

#### Consultant Private Practising Privileges Application Form

Please complete and return to the Business and Governance Manager within Central Operations:

|                                                                                                   |         |                               |          |     |               |               |                     |
|---------------------------------------------------------------------------------------------------|---------|-------------------------------|----------|-----|---------------|---------------|---------------------|
| Name                                                                                              |         | GMC Number                    |          |     |               |               |                     |
| Position Held                                                                                     |         | Specialty:                    |          |     |               |               |                     |
| Principal Qualifications:                                                                         |         | Special interest(s):          |          |     |               |               |                     |
| Private Indemnity Insurer:                                                                        |         | Private Indemnity Policy No:  |          |     |               |               |                     |
| Private Indemnity Expiry Date:                                                                    |         | Mobile No:                    |          |     |               |               |                     |
| Principal Email Address:                                                                          |         | GMC Registered Email Address: |          |     |               |               |                     |
| Please indicate the medical insurers you are currently registered with by ticking the below boxes |         |                               |          |     |               |               |                     |
| BUPA                                                                                              | AXA PPP | AVIVA                         | Vitality | WPA | Simply Health | CS Healthcare | Other (please list) |
|                                                                                                   |         |                               |          |     |               |               |                     |
| Signed                                                                                            |         |                               |          |     |               | Date          |                     |

## Appendix B - Private Patient Consultation/ Test Flow Chart



## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                 |                                        |
|---------------------------------|----------------------------------------|
| <b>Director and Directorate</b> | Hywel Dda University Health Board wide |
| <b>Service Area</b>             | Hywel Dda University Health Board wide |

|                                                                      |                                                                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | 1032 - Treatment of Private Patients - Control of Admission and Collection of Income |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim of this document is to provide guidance in the event that private patients are treated within the UHB. This is to assist the Health Board in maintaining financial probity and compliance with relevant legislation.

The aim of this document will be achieved by the following objectives:

- Ensuring all private patients receiving treatment within the UHB are identified.
- Staff undertake work when it is permissible to undertake it and the terms under which treatment is provided.
- There is clarity on issues around charges and tariffs.
- There is guidance for suitably qualified Healthcare Professionals (HCPs), Private Patient Co-ordinators within the Central Operations team and Admission Officers/ Ward Clerks on their roles in administering private patients.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures
- 534 - Patient Access: Elective Care Policy

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).



If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                                                                                                                                                            |  |                 |  |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|
| <b>Age</b>                                                                                                                                                                                                                                                 |  |                 |  |           |
| Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                                 |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                            |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                            |  |                 |  | ✓         |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people of different age groups.                                            |  |                 |  |           |
| <b>Disability</b>                                                                                                                                                                                                                                          |  |                 |  |           |
| Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                         |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                            |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                            |  |                 |  | ✓         |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will not have an impact on those with a disability.                                               |  |                 |  |           |
| <b>Gender Reassignment</b>                                                                                                                                                                                                                                 |  |                 |  |           |
| Is it likely to affect those who either:                                                                                                                                                                                                                   |  |                 |  |           |
| <ul style="list-style-type: none"> <li>Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul> |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                            |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                            |  |                 |  | ✓         |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no effect on individuals who have undergone gender reassignment.                        |  |                 |  |           |
| <b>Marriage / Civil Partnership</b>                                                                                                                                                                                                                        |  |                 |  |           |
| Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.                                                                                                                              |  |                 |  |           |
| Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.                                                                                                               |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                            |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                            |  |                 |  | ✓         |
| Justification of impact identified:<br>This group is only in relation to employment and workplace and is therefore not relevant for this group.                                                                                                            |  |                 |  |           |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                                                                             |  |                 |  |           |
| Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.                                                                        |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                            |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                            |  |                 |  | ✓         |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on those who are pregnant or are on maternity.                                |  |                 |  |           |
| <b>Race / Ethnicity</b>                                                                                                                                                                                                                                    |  |                 |  |           |
| Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?                                                           |  |                 |  |           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                 |  |           |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|---|
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people of different race or ethnicity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                 |  |           |   |
| <b>Religion or Belief</b><br>Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people who have a religion or belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                 |  |           |   |
| <b>Sex</b><br>Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on one sex more than the other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| <b>Sexual Orientation</b><br>Whether a person's sexual attraction is towards their own sex, the opposite sex or either.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on individuals regardless of their sexual orientation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                 |  |           |   |
| <b>Armed Forces Community</b><br>Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'<br><br>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a> |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Negative Impact |  | No Impact | ✓ |
| <b>Justification of impact identified:</b><br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on members of the Armed Forces and their families.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |   |
| <b>Socio Economic Duty</b><br>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                 |  |           |   |

|                                                                                                                                                                                                                                     |                          |                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|
| For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a>                                                                          |                          |                 |                          |
| Positive Impact                                                                                                                                                                                                                     | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> |
| No Impact                                                                                                                                                                                                                           |                          |                 | ✓                        |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on individuals of different socio economic groups.     |                          |                 |                          |
| <b>Welsh Language</b><br>Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                           |                          |                 |                          |
| Positive Impact                                                                                                                                                                                                                     | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> |
| No Impact                                                                                                                                                                                                                           |                          |                 | ✓                        |
| Justification of impact identified:<br>The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on opportunities for people to use the Welsh language. |                          |                 |                          |

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Screening Completed by:                                                                              | Name            | Sarah Morgan                                                                 |
|                                                                                                      | Title           | Finance Analyst                                                              |
|                                                                                                      | Contact details | <a href="mailto:sarah.morgan16@wales.nhs.uk">sarah.morgan16@wales.nhs.uk</a> |
|                                                                                                      | Date            | 02/10/25                                                                     |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Timothy John                                                                 |
|                                                                                                      | Title           | Head of Accounting & Statutory Reporting                                     |
|                                                                                                      | Contact details | <a href="mailto:timothy.john@wales.nhs.uk">timothy.john@wales.nhs.uk</a>     |
|                                                                                                      | Date            | 02.10.25                                                                     |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            | Kylie Daniels                                                                |
|                                                                                                      | Title           | Senior Diversity and Inclusion Officer                                       |
|                                                                                                      | Contact details | <a href="mailto:kylie.daniels@Wales.nhs.uk">kylie.daniels@Wales.nhs.uk</a>   |
|                                                                                                      | Date            | 13/10/2025                                                                   |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                                                                              |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

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## 7.2 - FINANCIAL POLICIES

**Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)**

| For approval

### **Attachments**

[Financial Policies FPC 21 October 2025.pdf](#)

[Appendix 1 NHS Wales IPFR Policy.pdf](#)

[Appendix 2 NHS Wales Prior Approval Policy.pdf](#)

[Appendix 3 EglA Screening Form IPFR Policy.pdf](#)

[Appendix 4 EglA Screening form Prior Approval Policy.pdf](#)



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

|                                                  |                                                                                                               |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 21 October 2025                                                                                               |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Financial Policies                                                                                            |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Mark Henwood, Executive Medical Director                                                                      |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Beverley Thorne IPFR/RMC Manager<br>Donna Edwards Head of Effective Clinical Practice and Quality Improvement |

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The current version of the NHS Wales Policy, Making Decisions on Individual Patient Funding Requests (IPFR) has been in place since June 2017. The NHS Wales Prior Approval Request (PAR) Policy was introduced in March 2018. Both are subject to regular review but opportunities for review were delayed during the Covid-19 pandemic.

In July 2022, the Welsh Government supported a 'de-minimis' review of the IPFR Policy and associated Terms of Reference (ToR) for the IPFR Panels. There followed a period of engagement, consultation and development, involving all Health Boards and NHS Wales Joint Commissioning Committee (NWJCC).

In July 2025, the final All-Wales version of the revised Policies were agreed. The expectation is that the agreed Policies are required to be reviewed, approved and adopted by all Welsh Health Boards prior to being implemented operationally and adopted across NHS Wales at an agreed date.

This briefing paper is to outline the key changes within the agreed updated IPFR Policy.

The proposed NHS Wales IPER policy is included as **Appendix 1** and the proposed NHS Wales PAR policy is attached as **Appendix 2**.

**Cefndir / Background**

IPFRs are defined as: *requests to a Health Board or NWJCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide, or commission.*

This can include a request for any type of healthcare including a specific service, treatment, medicine, device, or piece of equipment.

PARs are normally defined as: *requests for a patient to receive routine treatment outside of local services or established contractual arrangements.*

This can include (but is not limited to) a request for a second or specialist opinion, referral due to lack of local or commissioned service, or clinical continuity of care with a previous treating team.

The IPFR policy is operated throughout NHS Wales with each Health Board and NWJCC having their own panel.

For governance, the IPFR process is supported by the IPFR Policy Implementation Group, whose role is to facilitate the implementation of the Policy, whilst providing and developing assurance systems and guidance to aid the decision-making process. The group membership comprises of a senior member from each Health Board and NWJCC who are responsible for IPFR. Members of the All-Wales Therapeutics and Toxicology Centre (AWTTC) and Health Technology Wales (HTW) are also in attendance. The HDdUHB member of the IPFR Policy Implementation Group is the IPFR Development Manager, Beverley Thorne.

### Asesiad / Assessment

The NHS Wales IPFR Policy has been updated collaboratively, following a robust development project. The proposed version is accepted by the IPFR Policy Implementation Group as being fit for purpose.

The main changes to the IPFR policy to note are:

- Revisions to the section explaining how IPFR decisions are made, with more explanation of the criteria to be considered:
  - o Primary criteria relate to whether available guidelines (eg from NICE or AWMSG) recommend NOT to use an intervention; or if the intervention has NOT been appraised hence no guidelines are in place.
  - o Further criteria require the objective assessment of the clinical circumstances of the patient; the potential for significant clinical benefit; and whether the value for money of the intervention is likely to be reasonable.
- The 'decision making guide' has been retained; but is now an appendix rather than embedded with the core Policy.
- Updated Terms of Reference for the NWJCC IPFR Panel.
- Inclusion of the Terms of Reference for the IPFR Policy Implementation Group.
- Removal of surplus, convoluted, passages referring to legal challenge.
- Simplification of references to Health Board complaints processes and referrals to Public Services Ombudsman for support.
- In parallel with the review of the NHS Wales IPFR Policy, the opportunity was taken for the IPFR Policy Implementation Group to review the NHS Wales PAR Policy. The proposed version is accepted as being fit for purpose.

The main changes to the PAR policy to note are:

- Organisational change from Welsh Health Specialised Services (WHSSC) to NWJCC
- Clarity on exclusions which will not be considered:

- o retrospective requests
- o requests for healthcare travel costs
- o referrals related to (potential) participation in a clinical trial – these are included in the research costs, or facilitated via Health and Care Research Wales

### Argymhelliad / Recommendation

The Finance and Performance Committee are requested **TO APPROVE** and **ENDORSE** the implementation of the updated NHS Wales Individual Patient Funding Requests policy and Prior Approval Request policy for operational use within Hywel Dda University Health Board as part of the All-Wales implementation.

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | 3.1.21 Review and approve financial procedures on behalf of the Health Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                                                                |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | 1. Safe<br>3. Effective<br>6. Person-Centred                                  |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable                                                                |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | 2. Healthier communities<br>3. Great care                                     |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 10 Population health                                                          |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                                                            |

### Gwybodaeth Ychwanegol: Further Information:

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                                    | Reports submitted to:<br>AWTTC Quality Assurance Group<br>Quarterly reports to IPFR Panel                                                                                                                                                                                                                                                                                                                                                                                                           |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                                     | IPFR – Individual Patient Funding Request<br>INNU – Interventions Not Normally Undertaken<br>NICE – National Institute for Health and Care Excellence<br>NWJCC – NHS Wales Joint Commissioning Committee<br>AWMSG – All Wales Medicines Strategy Group<br>AWTTC – All Wales Therapeutics and Toxicology Centre<br>HTW - Health Technology Wales<br>QALY – Quality Adjusted Life Years ICER's – Incremental Cost Effectiveness Ratios<br>PAR – Prior Approval Request<br>WHC – Welsh Health Circular |
| Partion / Pwyllgorau â ymgynhorwyd<br>ymlaen llaw y Pwyllgor Cyllid a<br>Pherfformiad<br>Parties / Committees consulted prior<br>to Finance and Performance<br>Committee: | NWJCC – NHS Wales Joint Commissioning Committee<br>AWTTC – All Wales Therapeutics and Toxicology Centre<br>IPFR Panel – Health Board IPFR Panel<br>IPFR Policy Implementation Group                                                                                                                                                                                                                                                                                                                 |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Not Applicable                                                                                                                                                                                                       |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | The policies apply equally to individuals and do not result in differential treatment based on age. The nature of Policies affects different age groups depending on their condition and requirements for treatment. |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | The Standards of Behaviour policy applies to all staff                                                                                                                                                               |
| <b>Risg:</b><br><b>Risk:</b>                                          | Not Applicable                                                                                                                                                                                                       |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | Not Applicable                                                                                                                                                                                                       |



|                                          |                                                                                                                                                                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Enw Da:</b><br><b>Reputational:</b>   | Non-adherence to the Standards of Behaviour Policy could result in reputational harm to the health board                                                         |
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>  | Not Applicable                                                                                                                                                   |
| <b>Cydraddoldeb:</b><br><b>Equality:</b> | An EqIA has been undertaken for each separate policy (attached):<br><br><b>Appendix 3:</b> EqIA – IPFR Policy<br><b>Appendix 4:</b> EqIA - Prior Approval Policy |



## NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

| Reference Number | Policy Reference<br>(as per individual Health Board)                  | Version Number | FINAL<br>July 2025 |
|------------------|-----------------------------------------------------------------------|----------------|--------------------|
| Linked Documents | Health Board Policies on Interventions Not Normally Undertaken (INNU) |                |                    |

Classification of Document: Clinical Policy

Area for Circulation: Health Boards and Primary Care providers across Wales

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# 1 INTRODUCTION

## 1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted. In 2024 the commissioning responsibilities of WHSSC were transferred to the NHS Wales Joint Commissioning Committee (JCC).

## 1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.3 A comprehensive range of NHS healthcare services are routinely provided

locally by primary care services and hospitals across Wales. In addition, the JCC, working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that fall outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

- 1.2.4 Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:
  - There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
  - The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
  - The intervention is considered to be of relatively low priority for NHS resources.
- 1.2.5 The INNU policy should be read together with this policy on making decisions
- 1.2.6 The challenge for all Health Boards and JCC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or JCC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and JCC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or JCC will have to make.
- 1.2.7 In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.
- 1.3 Explaining Individual Patient Funding Requests (IPFR)
  - 1.3.1 IPFRs are defined as requests to a Health Board or JCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or JCC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories.

- a patient and NHS clinician have agreed together that they would like treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition).

- a patient and NHS clinician have agreed together that they would like treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone).
- a patient has a rare or specialist condition that falls within the service remit of the JCC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board’s Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered outside of NHS funded care. Requests will not be considered for retrospective funding.

1.3.4 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

- why the patient is likely to gain significant clinical benefit from the proposed intervention; and
- demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or JCC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of patients" means that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

1.3.7 In practice, it is not always practical to determine the “benefit” of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to

enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained.

In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.

- 1.3.8 Whether an intervention provides “value for money” is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst “reasonable” value for money is to be interpreted in the same way that “cost-effective” is used in the Health Technology Appraisal (HTA) process operated by NICE, AWMSG and HTW.
- 1.3.9 Recognising that it can never be possible to anticipate all unusual or unexpected circumstances, this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making factors in Appendix one. These are factors the panel may consider when looking at the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

## 2 THE LEGAL CONTEXT OF THIS POLICY

- 2.1 Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2 In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.
- 2.3 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have considered all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive.
- when the issue is controversial and may not have the support of NICE, AWMSG or HTW.
- when life or death decisions are involved.
- when limiting access to specific services or treatments.
- when setting priorities.
- when other Health Boards or JCC may have used their discretion to make a different decision on a specific topic.

- 2.4 It is lawful for JCC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for JCC and Health Boards to adopt this policy to define the circumstances in which a decision can be made to fund an intervention for a patient where the patients are lawfully
- 2.5 denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.
- 2.6 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

### 3 PRINCIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

- 3.1 NHS Core Values are set out by the Welsh Government as;
- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times.
  - Integrating improvement into everyday work and eliminating harm, variation and waste.
  - Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
  - Working in true partnerships with partner organisations and with our staff
  - Investing in our staff through training and development, enabling them to influence decisions and providing them with tools, systems, and environment to work safely and effectively.
- 3.2 Prudent Healthcare Principles
- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
  - Care for those with the greatest needs first, making the most effective use of all skills and resources.
  - Do only what is needed, no more, no less; and do not harm.
  - Reduce inappropriate variation using evidence-based practices consistently and transparently.
- 3.3 Evidence-Based Considerations
- 3.3.1 Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 3.3.2 The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently.



NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group and Health Technology Wales issue guidance which Health Boards and JCC are required to follow.

- 3.3.3 Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information

available which will continue to be developed over time as evidence /new reports are produced.

- 3.3.4 It is also important to acknowledge that in decision making there is not always an automatic “right” answer that can be scientifically reached. A “reasonable” answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately “live with” such decisions.

### 3.4 Ethical Considerations

- 3.4.1 Health Boards and JCC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources (‘distributive justice’). They are expected to respect each individual as a person in his or her own right.

- 3.4.2 Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and JCC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

- 3.4.3 Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:

- treating populations and particular people with respect.
- minimising the harm that an illness or health condition could cause.
- fairness.
- working together.
- keeping things in proportion; and
- flexibility

### 3.5 Economic Considerations

- 3.5.1 It is a matter for Health Boards and JCC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult

balancing decisions have to be made. Health Boards and JCC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

## 4 MAKING DECISIONS ON IPFR

4.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:

- openness and transparency.
- inclusiveness.
- accountability.
- reasonableness.
- effectiveness and efficiency.
- exercising duty of care.
- lawful decision making; and
- the right to challenge and appeal

This policy aims to ensure that the Health Board and JCC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, considered the above factors, and have been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and JCC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:

- evidence-based considerations – clinical and cost effectiveness; service and policy implications.
- economic considerations – opportunity cost; resources available; and
- ethical considerations – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patients' eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments' healthcare costs website.

4.3 The following criteria must be used by all Health Board and JCC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under either (a) or (b) below are satisfied:

(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT using the intervention/drug, or the clinical access criteria of an applicable policy are not met:

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention.
- II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:

- I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
- II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.

4.5.2 The panel next should consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are

met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

#### 4.6 Considerations under Part B

- 4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If this criterion is met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

#### 4.7 Value for money

- 4.7.1 The assessment as to whether the intervention provides “value for money” is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.
  - 4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.
  - 4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio (“ICER”) and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.
- 4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel is not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant to the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

### 5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

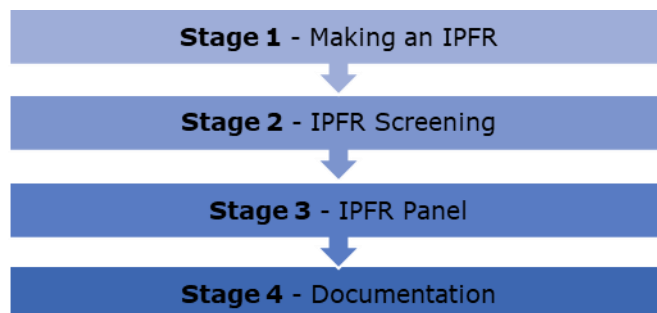
#### 5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health

Board, JCC or AWTTC website. Further information can be obtained from the IPFR Coordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Coordinator.

## 5.2 Summary of the IPFR Process



## 5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Coordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Coordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or if the incorrect form is completed, the form should be returned to the requesting clinician within three working days.

The requesting clinician is responsible for completing and re-submitting the application form within ten working days. Should this time elapse, a chaser letter will be sent providing a further ten working days to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

#### 5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- a) The request meets pre-agreed criteria for a service already commissioned/provided and can automatically be funded
- b) an alternative and satisfactory clinical solution is found
- c) The request represents a service development which needs to be passed to the relevant Division or Directorate for action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, within five working days of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

#### 5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Coordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the criteria set out in paragraph 4.3 of the Policy. Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Coordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made, and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent within five working days of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

## 5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of JCC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and JCC IPFR Panel.

## 5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, considering the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

## 5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. Any information provided which relates to non-clinical factors will not be considered. Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

## 5.9 Documentation

The IPFR Coordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

## 6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and their NHS clinician have the right to request information about how the decision was reached. If they are unhappy with the decision the NHS clinician on behalf of the patient can either:

Resubmit an IPFR application, but only if there is either significant new clinical information or a significant change in clinical circumstances, or

If the patient and their NHS clinician feel the process has not been followed in accordance with the IPFR policy, a review hearing can be requested (see below).

The review process for an application for funding under the IPFR policy does not conflict with a patient's ability to make a complaint about the care that has been arranged in relation to an IPFR funding decision. This is best achieved through the Health Boards or JCC's Putting Things Right process which can be found at

<https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right> (see section 9).

### 6.1 The 'review period'

There will be a period of 25 working days from the date of the decision letter during which they may request a review by the review panel ('the review period').

The letter from the Health Board or JCC that accompanies the original



decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

## 6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. The review request form must be completed by the clinician. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

## 6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

*Ground One: The Health Board or JCC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and JCC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or JCC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

*Ground Two: The Health Board or JCC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or JCC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or JCC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluding relevant ones, or gave unreasonable weight to particular factors.

*Ground Three: The Health Board or JCC has not exercised its powers correctly.*

Health Boards and JCC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or JCC has acted outside its remit or has acted unlawfully in any other way.

## 6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Coordinator of the Health Board or JCC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Coordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

#### 6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

#### 6.6 What is the timescale for a review to be heard?

The review panel will endeavor to hear a review within 25 working days of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

#### 6.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)

- Representative from Llais
- Chair of the Local Medical Committee, or deputy
- JCC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavor to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

#### 6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

#### 6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

#### 6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician. The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

#### 6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent within five working days of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

#### 6.12 How will JCC undertake a review?

As the JCC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. JCC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A JCC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the JCC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

### 7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

### 8 REVIEW OF THIS POLICY

8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and JCC Committee. Any delay in conducting a review will not prevent JCC or a Health Board from being able to rely on this policy.

8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:

- an exemption from a treatment policy criterion has been agreed.
- new scientific evidence of effectiveness is published for all patients or sub- groups.
- old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
- evidence of increased cost effectiveness is produced.

- NHS treatment would be provided in all (or almost all) other parts of the UK.
- a National Service Framework recommends care.

## 9 MAKING A COMPLAINT

9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or JCC's Putting Things Right process, details of which can be found at <https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right>

9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for Wales (PSOW). Further information is available on the Ombudsman's website [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

Patients are able to access advocacy support at any stage during this process.

## APPENDIX 1: DECISION MAKING FACTORS

Panels may find it useful to consider these factors, but they are not required to look at every factor set out in the table. Furthermore, there may be factors in the table that are not relevant to the individual case. The factors in the table are optional and cannot change the meaning of the criteria under paragraph 4.3 of the Policy.

| IPFR Panel<br>Decision-Making Factors                                                                                                                                                                                                                                                                                                                                                                                                              | IPFR Panel<br>Evidence for Consideration in Decision-Making                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>PART 9A - SIGNIFICANTLY DIFFERENT AND SIGNIFICANT CLINICAL BENEFIT</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population for whom the recommendation is not use the intervention?</p> <p>Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage and for whom the recommendation is not to use the intervention?</p> | <p>Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR:</p> <ul style="list-style-type: none"> <li>• What is the clinical presentation of this patient?</li> <li>• Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? This is in context of the population for whom the treatment is not recommended.</li> <li>• Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage? This is in context of the population for whom the treatment is not recommended.</li> </ul>                                                                                                                                                                                                                                 |
| <b>PART 9B - SIGNIFICANT CLINICAL BENEFIT</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Does the presentation of the patient's condition mean they are likely to gain significant clinical benefit from the intervention requested?</p>                                                                                                                                                                                                                                                                                                 | <p>Consider the evidence submitted in the application that describes the specific clinical circumstances of the IPFR:</p> <ul style="list-style-type: none"> <li>• What is the clinical presentation of this patient?</li> <li>• Does the evidence provided explain why this patient is likely to gain a significant clinical benefit when compared to next best alternative for this patient, which may in some cases be best supportive care?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>EVIDENCE BASED CONSIDERATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Does the treatment work?</p> <p>What is the evidence base for clinical and cost effectiveness?</p>                                                                                                                                                                                                                                                                                                                                              | <p>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel:</p> <ul style="list-style-type: none"> <li>• What does NICE recommend or advise?</li> <li>• What does the AWMMSG recommend or advise?</li> <li>• What does the Scottish Medicines Consortium recommend or advise?</li> <li>• What does Public Health Wales advise?</li> <li>• Is there advice available from the One Wales Medicines process or Health Technology Wales?</li> <li>• Is there peer reviewed clinical journal publications available?</li> <li>• What information does the locally produced evidence summary provide?</li> <li>• Is there evidence from clinical practice or local clinical consensus?</li> <li>• Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available?</li> <li>• Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.</li> </ul> |
| <b>ECONOMIC CONSIDERATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Is it a reasonable cost?</p> <p>What is the cost of the treatment and is the cost of the treatment likely to be reasonable?</p> <p>Is the cost of the treatment in balance with the expected clinical benefits?</p>                                                                                                                                                                                                                             | <p>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel:</p> <ul style="list-style-type: none"> <li>• What is the specific cost of the treatment for this patient?</li> <li>• What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined?</li> <li>• Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles.</li> <li>• Is the treatment reasonable value for money?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |

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| ETHICAL CONSIDERATIONS                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>How has the decision been reached?</p> <p>Is the decision a compromise based on a balance between the evidence-based input and a value judgement?</p> | <p>Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions?</p> <ul style="list-style-type: none"> <li>• Is the evidence base sufficient to support a decision?</li> <li>• Is the evidence and analysis of the cost sufficient to support a decision?</li> <li>• Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy?</li> <li>• Have non-clinical factors been excluded from the decision?</li> <li>• Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?</li> </ul> |

## APPENDIX 2

### TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

#### PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

| SCHEME OF DELEGATION REPORTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MEMBERSHIP AND ATTENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality &amp; Patient Safety Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"><li>- The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure.</li><li>- Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.</li></ul> | <ul style="list-style-type: none"><li>• Executive Public Health Director or deputy</li><li>• Executive Medical Director or deputy</li><li>• Executive Director of Therapies and Health Science or deputy</li><li>• Director of Pharmacy and/or Chief Pharmacist or deputy</li><li>• Executive Director of Nursing or deputy</li><li>• Two Lay Representatives</li></ul> <p>A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.</p> <p>In Attendance:</p> <ul style="list-style-type: none"><li>• IPFR Coordinator</li><li>• Finance Advisor (if required)</li><li>• Senior Pharmacist (if required)</li></ul> |

#### PROCEDURAL ARRANGEMENTS

**Quorum:** Chair or Vice Chair plus 2 panel members with a clinical background.

**Meetings:** The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair



of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

**Recording:** The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

**Training:** All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

**Panel Interest:** At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

**Consensus:** IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

## TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (JCC)

### PURPOSE

The NHS Wales Joint Commissioning Committee's IPFR Panel is managed by NHS Wales Joint Commissioning Committee and holds delegated authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by JCC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

| SCHEME OF DELEGATION REPORTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MEMBERSHIP AND ATTENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the JCC for ratification.</p> <p>Financial authorisation is as follows:</p> <p>Individual Patient Packages</p> <p>The JCC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.</p> <p>Lifetime costs</p> <p>The JCC scheme of delegation states that financial approval is</p> | <ul style="list-style-type: none"> <li>• Independent Chair (from open recruitment)</li> <li>• 2 Lay representatives**</li> <li>• Health Board nominated clinician or clinician deputy.</li> <li>• 2 Vice Chairs (appointed from within the panel membership)</li> <li>• JCC Medical Director or nominated deputy.</li> <li>• JCC Director of Nursing or nominated deputy.</li> </ul> <p>A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the JCC Medical and/or Director of Nursing, for example a member of an ethics committee.</p> <p>In attendance from JCC</p> <ul style="list-style-type: none"> <li>• IPFR Coordinator</li> <li>• Finance Advisor (if required)</li> <li>• Governance Advisor (if required)</li> <li>• Other JCC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation</li> </ul> <p>For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.</p> |

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| <p>required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee.</p> <p>Any decisions resulting in a financial cost in excess of these limits must be reported to the Chief Commissioner for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a Chairs action was undertaken).</p> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

\*\* Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.

## PROCEDURAL ARRANGEMENTS

**Quorum:** The Panel will be quorate with 4 of the 7 Health Boards representatives, 1 JCC Clinical Director or deputy and the Chair or Vice Chair.

**Meetings:** The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Chief Commissioner with either the Medical Director or Director of Nursing and Quality and the Chair of the JCC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTC.

|                    |                                                                                                                                                                                                                                                                                               |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recording:         | The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.                                                                                                                                                                         |
| Training:          | <p>All Panel members will receive a local induction programme.</p> <p>Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.</p>                                |
| Members Interest:  | At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.                                                                                                                                                              |
| Consensus:         | IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.                                                                                                                             |
| Reporting:         | <p>The IPFR Chair shall:</p> <p>Report formally, regularly and on a timely basis to the Collaborative Commissioning Leadership Group (CCLG) on IPFR activities.</p> <p>Bring to the CCLG's attention any significant matters and ensure appropriate escalation arrangements are in place.</p> |
| Review of the TOR: | The Terms of Reference of the JCC Panel will be reviewed in line with the All-Wales IPFR Policy.                                                                                                                                                                                              |

## TERMS OF REFERENCE – REVIEW PANEL

## PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

| SCHEME OF DELEGATION REPORTING                                                                                                                                                                                                                                                                                                                                                   | MEMBERSHIP AND ATTENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p>The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above.</p> <p>In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board.</p> <p>The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).</p> | <ul style="list-style-type: none"> <li>Independent Board Member – Lay (Chair of the Review Panel)</li> <li>Independent Board Member (usually with a clinical background)</li> <li>Executive Director or deputy (with a clinical background)</li> <li>Representative from Llais</li> <li>Chairman, Local Medical Committee, or deputy</li> <li>JCC representative at Director level (as required)</li> </ul> <p>In Attendance:</p> <ul style="list-style-type: none"> <li>IPFR Senior Officer (governance advisor)</li> <li>JCC IPFR Senior Officer (as required)</li> </ul> |

## PROCEDURAL ARRANGEMENTS

**Quorum:** As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member, and one must be a Health Board Officer).

**Meetings:** As required.

**Urgent Cases:** It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review Panel. This ensures both proper accountability of decision making and clinical input.

**Recording:** The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how JCC will undertake a review.

### 1. Purpose of the Group

The purpose of the NHS Wales IPFR Policy Implementation Group (PIG) is to facilitate the commitment made by Health Boards and the Joint Commissioning Committee (JCC) to adhere to the NHS Wales IPFR Policy, providing and developing assurances systems and guidance to aid the decision making process. This includes areas relating to IPFR's, requests for routine treatment out of area, Interventions Not Normally Undertaken (INNU) and requests for treatment in other parts of the European Economic Area (EEA). The group will:

- Provide strategic leadership for the development and implementation of the IPFR policy and supporting documentation across all Health Boards and the JCC.
- Share good practice across all Health Board areas and promote continuous improvement.
- Review all policies that refer to IPFR to ensure that the policies are up to date, consistent and coherent.
- Provide a forum in which to share advice, support and assistance to ensure deliverance of a consistent process across Wales.
- Explore opportunities to ensure the IPFR process is widely understood by patients and clinicians, providing support on the process and application of IPFR's.
- Use best efforts to ensure the quality of data collection is in line with local and national reporting requirements.
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.
- Work with and support the All Wales Therapeutics and Toxicology Centre on the development of the annual report in relation to IPFR's.
- Utilise the IPFR process to help inform key issues relating to possible future regional and / or national commissioning opportunities.
- Ensure active participation of key stakeholders when and where appropriate.

### 2. Membership of the Group

The IPFR network group will comprise of;

- A senior IPFR co-ordinator or nominated deputy from each Health Board and JCC.
- A senior member or nominated deputy from the AWTC

Other members may be included in the group as and when required.

### 3. Chair

The group will be chaired by an appointed member of the group.

The Chair will provide direction on the implementation of all decisions made by the group in relation to the development of the All-Wales policy, related guidance and assurance mechanisms.

All activities carried out under the auspices of the IPFR Policy Implementation Group are to be undertaken with prior agreement from the group members.

#### 4. Frequency of Meetings

The group will meet bi-monthly. However, due to the nature of the work, the group may be required to meet more frequently on occasions, with additional work being done between meetings via email whenever possible.

The Terms of Reference will be reviewed periodically and amended accordingly.

#### 5. Quorum

The quorum will be made up of any 5 members of the IPFR Policy Implementation Group.



## NHS WALES PRIOR APPROVAL POLICY

|                  |                                                                                                                           |                |                 |
|------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|
| Reference Number | Policy Reference<br>(as per individual Health Board)                                                                      | Version Number | FINAL July 2025 |
| Linked Documents | Individual Patient Funding Request (IPFR) Policy<br>Health Board Policies on Interventions Not Normally Undertaken (INNU) |                |                 |

Classification of Document: Clinical Policy

Area for Circulation: Local Health Boards and Primary Care Providers across Wales  
NHS Wales Joint Commissioning Committee (NWJCC)  
Public domain via Internet sites

Development Group: All Wales IPFR Policy Implementation Group

Consultation: Commissioning / Planning Managers  
IPFR Panel Members  
NHS Wales Medical Directors

Date of Publication: July 2025

Lead Health Board Contact: Contact details as per individual Health Board

Review Date: July 2028

### 1.0 INTRODUCTION



## 1.1 Background

1.1.1 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the Individual Patient Funding Request (IPFR) process. The review panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

1.1.2 The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017 and made a number of recommendations to support the IPFR process. This includes the development of a clear and consistent national process for dealing with requests to access routine services outside of Local Health Board's existing arrangements (including those of the NHS Wales Joint Commissioning Committee)

## 1.2. Purpose of this policy

1.2.1 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.2 Health Board's in Wales have a statutory responsibility to provide healthcare that meets the needs of their local populations in accordance with the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and Cross Border Healthcare Services (April 2013). They achieve this by either directly providing healthcare or by commissioning healthcare from other service providers. In addition, the NHS Wales Joint Commissioning Committee (NWJCC), working on behalf of all Health Board's in Wales, commissions a number of more specialised services at a national level. The use of the term 'Health Board' throughout this policy includes NWJCC unless specified otherwise.

1.2.3 Consequently, patients should not be able to access healthcare services elsewhere unless all treatment options available within locally provided services or those commissioned by Health Boards have been exhausted and it is clinically appropriate to do so.

1.2.4 Each Health Board in Wales has a separate policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because: -

- There is insufficient evidence of clinical and/or cost effectiveness

- The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG)'
- The intervention is considered to be of relatively low priority for NHS resources

The relevant policy for the patients' Health Board titled 'Interventions Not Normally Undertaken' (INNU) should be read together with this policy.

1.2.5 For the purpose of this policy, a prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories: -

- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care (considered on a case-by-case basis)
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Students
- Veterans

Further detail is provided in Section 5.

Requests will not be considered for retrospective funding.

1.2.6 This policy sets out to deliver the national context and provide clarity for referring clinicians and patients. Additional policy processes outlining specific commissioning, contractual and additional prior approval requirements may be in place and will vary across each Health Board.

1.2.7 For instances where funding is required for NHS healthcare for individual patients who fall outside the range of services and treatment that a Health Board has arranged to routinely provide, the Individual Patient Funding Request (IPFR) policy should be followed. Such a request would normally fall within one of the following categories: -

- A patient requires a treatment which is new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatment,
- A patient requires a treatment which is outside of existing clinical policy criteria,
- A treatment is required for a patient with a rare or specialist condition and is not eligible for treatment in accordance with the clinical policy criteria.

## 2.0 AIMS AND PRINCIPLES

2.1 Health Board's in Wales have a responsibility to secure services for their patients. Patients registered with a GP in Wales who are resident in Wales do not have a statutory right to choose which hospital they are referred to. The Welsh Governments view is that in general, Health Boards can best organise services to meet the needs of their patients when such services are provided in Wales. This ensures equity in terms of access,

convenience, and affords each Health Board the opportunity to strengthen and improve the quality of their local services thus providing a net gain for the whole community.

2.2 However, patients who are registered with a Welsh GP but are resident in England, or patients who are resident in Wales but registered with an English GP (Cross Border Patients) may have a specific right to choose their secondary care provider. The cross-border arrangements are specific to those Health Boards that share a border with England i.e. Betsi Cadwaladr University Health Board, Powys Teaching Local Health Board and Aneurin Bevan University Health Board the detail of which can be found in the Responsible Body Guidance for the NHS in Wales.

2.3 Each Health Board aims to ensure the establishment of simple uniform arrangements based around high quality, sustainable local services for their patients. Where these cannot be provided by the Health Board's own services for reasons such as resource, expertise or capacity, the Health Board will look to plan and secure necessary services with other appropriate NHS providers through its agreed care pathways. Where the service cannot be provided by the Health Board or contracted provider, the Health Board will plan to secure services from other appropriate providers.

The principles underpinning this policy include: -

2.4 NHS Core Values – set out by the Welsh Government as;

- Putting quality and safety above all else; providing high value evidence-based care for our patients at all times.
- Integrating improvement into everyday working and eliminating harm, variation and waste.
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

2.5 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patient and professionals as equal partners through co-production.
- Care for those with the greatest needs first, making the most effective use of all skills and resources.
- Do only what is needed, no more, no less; and do no harm.
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

2.6 Cross Border Healthcare Arrangements

- Enable Cross Border patients to exercise their right of choice to a secondary care provider either in England or within the Health Board.

### 3.0 SCOPE OF THE PRIOR APPROVAL POLICY

#### 3.1 This policy applies to: -

- The registered population within the geographical catchment area of the Health Board to whom it has a statutory responsibility for arranging services as outlined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009. (*The Who Pays? Determining Responsibility for payments to providers in August 2013 states that although the Health Board has commissioning responsibility for English resident Welsh registered patients, they are the legal responsibility of the relevant CCG*)
- Secondary Care referrals only made by General Practitioners, Consultants and other clinically qualified health professionals with referral rights within the Health Board area.
- Tertiary referrals only made by consultants and clinical gatekeepers.

Please note - it is the clinician's responsibility to complete the application form. This ensures that adequate clinical information is provided to aid the decision-making process.

### 4.0 EXCLUSIONS

#### 4.1 This policy does not apply to the following services: -

- Emergency Treatment
- Urgent suspected cancer referrals. All referrals for urgent suspected cancer must be referred by e-referral into the appropriate Health Board's respective tumour sites which have been set up in accordance with NICE guidelines. If a Cross Border patient has requested to be referred to a local hospital in England, then the referral will be made.
- Community based services such as district nursing.
- Looked After Children
- Requests for treatment in countries of the European Economic Area.
- The specialised services pathways established as part of the arrangements under The National Health Service Joint Commissioning (Wales) Regulation 2024.
- Requests which are judged to fall under IPFR or INNU.
- Reimbursement for private treatment

#### 4.2 This policy does not apply to the following cohorts of patients: -

- Patients diagnosed with HIV/AIDS as outlined in the Welsh Governments HIV Actions Plan for Wales 2023-2026.

#### 4.3 This policy does not apply to the following factors: -

- Non-clinical factors (such as employment status) will not be considered when making decisions on prior approval requests.
- Waiting time factors will not be considered when considering prior approvals as this will theoretically prioritise some patients over others who are in the same clinical position.

- Patient choice. The NHS in Wales does not operate a system of patient choice. However, cross border patients may be able to choose their secondary care provider.

4.4 This policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the [Welsh Government's 'healthcare costs'](#) website.

4.5 Referrals related to participation (or potential participation) in a clinical trial

No Prior Approval, or Individual Patient Referral Funding (IPFR) application is required if the purpose of the referral is clinical trial related i.e. if a patient wishes to participate (or explore potential participation) in an 'interventional' research study outside of Wales i.e. studies where the research protocol includes a treatment or intervention not otherwise available to the patient outside of a trial. There should be no barrier to a patient being seen by the trial site for this purpose, and no funding needs to be exchanged or be provided for the site to accept the referral.

The [UK Policy](#) is that costs associated with the referral are a research cost and as such must be met by the trial site (via the study grant for non-commercial studies, or by the commercial Sponsor for industry funded studies). This includes visits to the trial site at pre-screening stages prior to commitment or recruitment to the trial being confirmed, including where referrals that are more speculative for a range of potential trials open at the provider site, and includes the consultation costs and associated travel costs. The referring clinician will need to be assured that the patient at least broadly meets (or has potential through further screening/assessment to meet) the eligibility criteria for one or more trials that are open to recruitment at the provider organisation before a referral is made.

Note: If any support is required to expedite the referral, or if provider site requires more information on the UK Policy position, please escalate to [Research-FundingSupport@wales.nhs.uk](mailto:Research-FundingSupport@wales.nhs.uk)

## 5.0 GUIDING PRINCIPLES AND CRITERIA

### 5.1 Second Opinion

If a second opinion is required for routine treatment out of area, the requesting clinician must demonstrate that the patient has exhausted all local options where possible. The patient should first receive a second opinion from a consultant colleague within the same Health Board and then from a Health Board or English NHS Trust with whom a contractual agreement is held.

Please note; if a second opinion is approved, this does not automatically mean that funding will be provided for additional appointments and/or treatment.

### 5.2 Lack of local service provision/expertise

The NHS secondary care consultant or other care provider, for example a GP or dentist, with the support of an NHS secondary care consultant where available, needs to demonstrate that all local and locally commissioned

service provision has been exhausted in order for an external referral to be considered for an 'expert' opinion. In addition, for reasons due to lack of local expertise, the clinician must demonstrate that the referral being made is to an 'expert' within that specific clinical speciality.

### 5.3 Clinical continuity of care

Whilst the Health Board understands the importance of continuity, we must endeavour to deliver the patient's care locally. Where comparable services are available locally, the patient will be referred to those services in the first instance. Clinical advice will be sought to ensure local services meet the needs of the patient's clinical condition.

Consideration for a patient to remain with an existing provider will only be given if their specific clinical condition warrants continuity of care and that there are circumstances, which if unaddressed, are likely to have a serious impact on the patient's continuing health and wellbeing.

Before funding on this basis can be considered, a comprehensive report/letter from the existing clinician highlighting the specific clinical reasons why the patient should remain under their care would be required.

If a patient moves into a Health Board's area, they will be expected to access local services. However, in some instances, patients may request to remain with an existing care provider based on 'continuity of care'. As outlined above, clinical information will be required to support the reasons for this.

### 5.4 Transfer back to the NHS following self-funding in the private sector

If a patient has self-funded their own referral/treatment in the private sector, the Health Board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined and the clinician advised to refer the patient to local or commissioned NHS services.

If, however, there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly.

### 5.5 Re-referral following a previous tertiary referral

If a service is not available locally or within existing commissioned services, the Consultant/Clinical Gatekeeper may wish to refer a patient to a specialist centre for clinical advice and/or potential treatment. Following the assessment/treatment, and when clinically appropriate, the patient should be discharged back to local services.

Patients frequently request to return to the same specialist centre for a 'new episode of care' based on 'clinical continuity'. When comparable services are available locally, patients will be expected to access the local services.

### 5.6 Students

Students who register with a GP in Wales where they are receiving further or higher education become the responsibility of the Local Health Board in that area and should be treated in accordance with the principles outlined with the [Responsible Body Guidance](#) for the NHS in Wales.

5.7 Veterans

The treatment of veterans should be undertaken in accordance with the principles outlined within [WHC \(2023\) 022 Armed Forces Covenant – Healthcare Priority for Veterans](#)

6.0 PROCESS UNDERTAKEN WHEN CONSIDERING A PRIOR APPROVAL REQUEST

6.1 Prior approval requests can be sent to [hdd.ipfr@wales.nhs.uk](mailto:hdd.ipfr@wales.nhs.uk)

6.2 All prior approval requests are considered on their own merits using the guiding principles and criteria outlined in this document. Decisions are based on the clinical circumstances of the individual patient. It is therefore important to ensure that adequate clinical information is provided to aid the decision-making process.

6.3 Where the patient does not meet the guiding principles outlined above, the prior approval request will be declined.

6.4 Should an application be received which has not been completed sufficiently enough to determine whether or not the request meets the guiding principles and criteria, or the incorrect form has been completed, the form will be returned to the requesting clinician within five working days of receipt.

6.5 Prior approval requests made directly by a patient, or a patient representative will not be accepted. If a direct request is received, the patient will be advised to contact their GP or Hospital Consultant. Requests for referrals will not be accepted to private providers. The NHS cannot pay for or subsidise private hospital treatment.

6.6 A formal process will be held on a regular basis to ensure that correctly submitted and completed applications are considered in a timely manner. The volume and urgency of applications may require a decision more frequently as and when required.

6.7 A standard decision letter notifying the requesting clinician of the decision will be sent.

7.0 HOW TO REQUEST A REVIEW OF THE PROCESS

If a prior approval request is declined, a patient and/or their NHS clinician have the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, they can ask for that decision to be reviewed.

## 8.0 WHAT IS THE SCOPE OF A REVIEW

There will be a period of 25 working days from the date of the decision letter during which a review may be requested.

The request for a review form should be completed clearly outlining the grounds for the review and sent to the Prior Approval team. The review panel will endeavour to meet within one month of the request being logged by the Health Board. Following the review, a decision letter will be issued to notify the patient and their clinician of the review panel's decision.

If new or additional information becomes available, the application will be reconsidered.

## 9.0 REVIEW PANEL MEMBERSHIP

The review panel should comprise: -

- Chair
- Senior Clinical Representative
- Senior Management Representative

## 10.0 CONFIDENTIALITY AND INFORMATION GOVERNANCE

In operating the prior approval policy, the Health Board will have due regard to the need to ensure that patient confidentiality is maintained at all times.

Each Health Board must comply with the requirements of the Data Protection Act and Caldicott Principles of Good Practice.

## 11.0 REVIEW OF THIS POLICY

This policy will be reviewed every 3 years or as required to reflect changes in legislation and guidance.

## 12.0 MAKING A COMPLAINT

Making a request for a prior approval does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website [www.ombudsman-wales](http://www.ombudsman-wales).



## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                 |                                                                    |
|---------------------------------|--------------------------------------------------------------------|
| <b>Director and Directorate</b> | Mr Mark Henwood, Executive Medical Director<br>Medical Directorate |
| <b>Service Area</b>             | Referral Management Centre / IPFR                                  |

|                                                                      |                                                                                                                    |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | Proposed changes to the NHS Wales Policy: .<br>“Making Decisions on Individual Patient<br>Funding Requests (IPFR)” |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened  
(including key aims and objectives)**

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Joint Commissioning Committee (JCC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment.

This policy has been in place since September 2011 and a number of reviews have taken place.

Following a Judicial Review in December 2021, the Welsh Government (WG) in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

On the 8 November 2022, the Joint Committee (JC) approved the methodology for engagement for JCC to embark on an engagement process and were assured that the process adhered to the specific request from WG for the engagement for the IPFR panel terms of reference (ToR) and the specific and limited review of the All Wales IPFR Policy.

A lengthy stakeholder engagement process took place in December 2022 with the consultation documentation being issued to a broad range of stakeholders including the JCC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group, Medical Directors and Board Secretaries of each of the HBs, WG and Velindre University NHS Trust (VUNT).

The output from this process were the revised ToRs for the Panel which was approved at the 14 March 2023 JC and a revised Policy which was due to be presented to the 18 July 2023 JC meeting of JCC for support prior to submission to the HBs for approval, however the report was deferred, the Policy was agreed at the November 2023 JC.

Since the Judicial Review representatives of NWJCC have attended meetings with All Wales Board Secretaries, All Wales Medical Directors and the All-Wales IPFR Policy Implementation Group, seeking support to make changes to the IPFR Policy and the ToR to the NWJCC IPFR Panel and in July 2025 the IPFR Policy was agreed.

A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Joint Commissioning Committee (JCC), working on behalf of all the Health Boards in

Wales, commissions a number of more specialist and highly specialist services at a national level.

IPFR's are defined as requests to the Health Board to fund NHS healthcare for individual patients who fall outside the range of services and treatment that the Health Board has arranged to routinely provide or commission, this can be a specific type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

However, each year, requests are received for healthcare that falls outside the agreed range of services, these requests are referred to as Individual Patient Funding Requests (IPFR).

The policy aims to ensure the Health Board and JCC have a clear and open mechanism for making decision that are fair, open and transparent. The Policy describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

An IPFR Quality Assurance Advisory Group was established in 2018 to monitor and support all IPFR Panels to promote quality in decision making and consistency across Wales.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

The Health Board has appointed an IPFR Panel which comprises of clinical members, who's role is consider and assess each anonymised IPFR request on its own merits, using the decision-making criteria set out in the IPFR Policy.

The principles underpinning the Policy and decision making of the Panel are:

- NHS Core Values
- Prudent Healthcare Principles
- Evidence-based Consideration
- Ethical Consideration
- Economic Consideration

The policy enables Panel members responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. The Policy also provides a clear process for challenge and appeal.

The IPFR Quality Assurance Advisory Group meets quarterly to assess anonymised random samples IPFR reports in relation to their completeness, timeliness and efficiency of communication in line within the NHS Wales IPFR policy process.

If an IPFR is declined by the Panel, the clinical has the right to request information on how the decision was reached and if the NHS clinician feels the process has not been followed in accordance with the IPFR Policy, a review hearing can be requested. The review will be undertaken by an independent panel who has had no involvement in the original submission and will act impartially and independently.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                                                                                                                                                                                                                                        |                                     |                 |                          |           |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------|--------------------------|-----------|-------------------------------------|
| <b>Age</b>                                                                                                                                                                                                                                                                                                                             |                                     |                 |                          |           |                                     |
| Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                                                                                                             |                                     |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on age. The nature of IPFR will affect different age groups depending on their condition and requirements for treatment.                                                                            |                                     |                 |                          |           |                                     |
| <b>Disability</b>                                                                                                                                                                                                                                                                                                                      |                                     |                 |                          |           |                                     |
| Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                                                                                                     |                                     |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact | <input type="checkbox"/>            |
| Justification of impact identified: The effective introduction and adherence of the IPFR policy will have a positive impact on those with disabilities, disabling conditions or chronic health conditions that are unusual. It will ensure effective governance around the IPFR process, based on evidence provided by clinical teams. |                                     |                 |                          |           |                                     |
| <b>Gender Reassignment</b>                                                                                                                                                                                                                                                                                                             |                                     |                 |                          |           |                                     |
| Is it likely to affect those who either:                                                                                                                                                                                                                                                                                               |                                     |                 |                          |           |                                     |
| <ul style="list-style-type: none"> <li>Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>                                                                             |                                     |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on gender                                                                                                                                                                                           |                                     |                 |                          |           |                                     |
| <b>Marriage / Civil Partnership</b>                                                                                                                                                                                                                                                                                                    |                                     |                 |                          |           |                                     |
| Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.                                                                                                                                                                                                          |                                     |                 |                          |           |                                     |
| Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.                                                                                                                                                                                           |                                     |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on marriage and / or civil partnerships                                                                                                                                                             |                                     |                 |                          |           |                                     |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                                                                                                                                                         |                                     |                 |                          |           |                                     |
| Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.                                                                                                                                                    |                                     |                 |                          |           |                                     |
| Positive Impact                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | Negative Impact | <input type="checkbox"/> | No Impact | <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on pregnancy & maternity                                                                                                                                                                            |                                     |                 |                          |           |                                     |
| <b>Race / Ethnicity</b>                                                                                                                                                                                                                                                                                                                |                                     |                 |                          |           |                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|
| Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  | x         |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on race and / or ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |
| <b>Religion or Belief</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |
| Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  | x         |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on religion and / or belief                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |
| <b>Sex</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  | x         |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on sex                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |
| <b>Sexual Orientation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |
| Whether a person's sexual attraction is towards their own sex, the opposite sex or either.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  | x         |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on sexual orientation                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                 |  |           |
| <b>Armed Forces Community</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |
| Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' |  |                 |  |           |
| For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  | x         |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on the armed forces community                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| <b>Socio Economic Duty</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |
| Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.                                                                                                                                                                                                                                                       |  |                 |  |           |
| For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                 |  |           |

|                                                                                                                                                                                                                                                                                          |  |                 |  |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|
| <a href="#">more-equal-wales-socio-economic-duty</a>                                                                                                                                                                                                                                     |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                          |  | Negative Impact |  | No Impact |
| x                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on socio economic day                                                                                                                                 |  |                 |  |           |
| <b>Welsh Language</b>                                                                                                                                                                                                                                                                    |  |                 |  |           |
| Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                                                                                                         |  |                 |  |           |
| Positive Impact                                                                                                                                                                                                                                                                          |  | Negative Impact |  | No Impact |
| x                                                                                                                                                                                                                                                                                        |  |                 |  |           |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on the Welsh language.<br>If required, we could provide a Welsh language version of the policy via the Health Board's approved translation department |  |                 |  |           |

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                            |
|------------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| Screening Completed by:                                                                              | Name            | Beverley Thorne            |
|                                                                                                      | Title           | RMC / IPFR Manager         |
|                                                                                                      | Contact details | 01437 834485               |
|                                                                                                      | Date            | 15/09/25                   |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Mr Mark Henwood            |
|                                                                                                      | Title           | Executive medical Director |
|                                                                                                      | Contact details | 01267 239670               |
|                                                                                                      | Date            | 02/10/25                   |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            |                            |
|                                                                                                      | Title           |                            |
|                                                                                                      | Contact details |                            |
|                                                                                                      | Date            |                            |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                            |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055



|                                 |                                                                    |
|---------------------------------|--------------------------------------------------------------------|
| <b>Director and Directorate</b> | Mr Mark Henwood, Executive Medical Director<br>Medical Directorate |
| <b>Service Area</b>             | Referral Management Centre / IPFR                                  |

|                                                                      |                                                                           |
|----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | Proposed changes to the NHS Wales Policy: "Prior Approval Requests (PAR)" |
|----------------------------------------------------------------------|---------------------------------------------------------------------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the Individual Patient Funding Request (IPFR) process. The review panel would be independent of the Welsh Government (WG) and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017 and made a number of recommendations to support the IPFR process. This includes the development of a clear and consistent national process for dealing with requests to access routine services outside of Local Health Board's existing arrangements (including those of the NHS Wales Joint Commissioning Committee - JCC)

Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments.

It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

Health Board's in Wales have a statutory responsibility to provide healthcare that meets the needs of their local populations in accordance with the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and Cross Border Healthcare Services (April 2013). They achieve this by either directly providing healthcare or by commissioning healthcare from other service providers. In addition, the NHS Wales Joint Commissioning Committee (NWJCC), working on behalf of all Health Board's in Wales, commissions a number of more specialised services at a national level.

The policy applies to:

- The registered population within the geographical catchment area of the Health Board to whom it has a statutory responsibility for arranging services as outlined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009. (*The Who Pays? Determining Responsibility for payments to providers in August 2013 states that although the Health Board has commissioning responsibility for English resident Welsh registered patients, they are the legal responsibility of the relevant CCG*)
- Secondary Care referrals only made by General Practitioners, Consultants and other clinically qualified health professionals with referral rights within the Health Board area.
- Tertiary referrals only made by consultants and clinical gatekeepers.



Consequently, patients should not be able to access healthcare services elsewhere unless all treatment options available within locally provided services or those commissioned by Health Boards have been exhausted and it is clinically appropriate to do so.

The Health Board in Wales has a separate policy 'Interventions Not Normally Undertaken (INNU)' which sets out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because: -

- There is insufficient evidence of clinical and/or cost effectiveness
- The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG)'
- The intervention is considered to be of relatively low priority for NHS resources

For the purpose of this policy, a prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories:

- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care (considered on a case-by-case basis)
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Students
- Veterans

This policy sets out to deliver the national context and provide clarity for referring clinicians and patients and the additional policy processes outlining specific commissioning, contractual and additional prior approval requirements.

### **Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

All prior approval requests are considered on their own merits using the guiding principles and criteria outlined in this document. Decisions are based on the clinical circumstances of the individual patient. It is therefore important to ensure that adequate clinical information is provided to aid the decision-making process.

The Health Board has appointed a Prior Approval Panel which comprises of clinical members, who's role is consider and assess each anonymised Prior Approval request on its own merits.

The principles underpinning the Policy and decision making of the Panel are:

- NHS Core Values
- Putting quality and safety above all else
- Providing high value evidence-based care for our patients at all times
- Focusing on prevention, health improvement and inequality
- Working in true partnership with partnership organisations

It is the clinician's responsibility to complete the Prior Approval Request Form; this ensures that adequate clinical information is provided to aid the decision-making process.

The policy enables Panel members responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions.

Where the patient does not meet the guiding principles outlined above, the prior approval request will be declined.

The Policy also provides a clear process for challenge and appeal.

If a Prior Approval Request (PAR) is declined by the Panel, the patient and/or their NHS clinician have the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, they can ask for that decision to be reviewed. The review will be undertaken by the review panel who has had no involvement in the original submission and will act impartially and independent.

Making a request for a prior approval does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website: [www.ombudsman-wales](http://www.ombudsman-wales)

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://Equality Impact Assessments (EqlAs) (sharepoint.com))

|                                                                                                                                                                                                                                                            |                          |                 |                          |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------|-----------------------------------------------|
| <b>Age</b>                                                                                                                                                                                                                                                 |                          |                 |                          |                                               |
| Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                                 |                          |                 |                          |                                               |
| Positive Impact                                                                                                                                                                                                                                            | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on age.                                                                                                                 |                          |                 |                          |                                               |
| <b>Disability</b>                                                                                                                                                                                                                                          |                          |                 |                          |                                               |
| Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                         |                          |                 |                          |                                               |
| Positive Impact                                                                                                                                                                                                                                            | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on disability.                                                                                                          |                          |                 |                          |                                               |
| <b>Gender Reassignment</b>                                                                                                                                                                                                                                 |                          |                 |                          |                                               |
| Is it likely to affect those who either:                                                                                                                                                                                                                   |                          |                 |                          |                                               |
| <ul style="list-style-type: none"> <li>Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul> |                          |                 |                          |                                               |
| Positive Impact                                                                                                                                                                                                                                            | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact <input checked="" type="checkbox"/> |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on gender                                                                                                               |                          |                 |                          |                                               |
| <b>Marriage / Civil Partnership</b>                                                                                                                                                                                                                        |                          |                 |                          |                                               |
| Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.                                                                                                                              |                          |                 |                          |                                               |
| Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.                                                                                                               |                          |                 |                          |                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                 |  |           |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|-----------|---|
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on marriage and / or civil partnerships                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on pregnancy & maternity                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                 |  |           |   |
| <b>Race / Ethnicity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                 |  |           |   |
| Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on race and / or ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |   |
| <b>Religion or Belief</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |   |
| Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on religion and / or belief                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                 |  |           |   |
| <b>Sex</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on sex                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |   |
| <b>Sexual Orientation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                 |  |           |   |
| Whether a person's sexual attraction is towards their own sex, the opposite sex or either.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on sexual orientation                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                 |  |           |   |
| <b>Armed Forces Community</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                 |  |           |   |
| Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' |  |                 |  |           |   |
| For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |           |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |                 |  |           |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------|--|-----------|---|
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X | Negative Impact |  | No Impact |   |
| Justification of impact identified: A prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements, such a request will normally fall within specific categories including Veterans.                                                                                                                                                                                                                                                              |   |                 |  |           |   |
| <b>Socio Economic Duty</b><br>Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.<br><br>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a> |   |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on socio economic day                                                                                                                                                                                                                                                                                                                                                                                          |   |                 |  |           |   |
| <b>Welsh Language</b><br>Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.                                                                                                                                                                                                                                                                                                                                                         |   |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | Negative Impact |  | No Impact | x |
| Justification of impact identified: This policy applies equally to individuals and does not result in differential treatment based on the Welsh language.<br>If required, we could provide a Welsh language version of the policy via the Health Board's approved translation department                                                                                                                                                                                                                                                          |   |                 |  |           |   |

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

|                                                                                                      |                 |                            |
|------------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| Screening Completed by:                                                                              | Name            | Beverley Thorne            |
|                                                                                                      | Title           | RMC / IPFR Manager         |
|                                                                                                      | Contact details | 01437 834485               |
|                                                                                                      | Date            | 15/09/25                   |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Mr Mark Henwood            |
|                                                                                                      | Title           | Executive Medical Director |
|                                                                                                      | Contact details | 01267 239670               |
|                                                                                                      | Date            | 02/10/25                   |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            |                            |
|                                                                                                      | Title           |                            |
|                                                                                                      | Contact details |                            |
|                                                                                                      | Date            |                            |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                            |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

7.3

1:20 PM, 5 Mins

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## 7.3 - PERFORMANCE POLICIES

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For approval

### Attachments

[Policy 534 Patient Access Elective Care Policy FPC 21 October 2025.pdf](#)

[Policy 534 Patient Access Policy.pdf](#)

[534 - EglA Screening.pdf](#)

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

|                                                        |                                                                                                                            |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                                                            |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | Policy 534: Patient Access – Elective Care Policy                                                                          |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Andrew Carruthers, Chief Operating Officer                                                                                 |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Paula Goode, Service Director, Planned and Specialist Care, Lisa Humphreys, General Manager, Women and Children's Services |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| <b>Pwrpas yr Adroddiad (dewiswch fel yn addas)</b><br><b>Purpose of the Report (select as appropriate)</b> |
| Ar Gyfer Penderfyniad/For Decision                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADRODDIAD SCAA</b><br><b>SBAR REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><u>Sefyllfa / Situation</u></p> <p>Welsh Government have updated the rules for Referral to Treatment (RTT) as of April 2025. These changes aim to improve patient care and recovery. Hywel Dda University Health Board (HDdUHB) representatives have participated in the development of these revised guidelines including providing feedback and attending relevant sub-groups.</p> <p>This update has been finalised by Welsh Government and communicated to all CEOs on the 17 April 2025 by Nick Wood (Deputy Chief Executive, NHS Wales). A framework for the development of a patients travel policy is also attached for information.</p> |
| <p><u>Cefndir / Background</u></p> <ul style="list-style-type: none"> <li>The new rules focus on working closely with patients, managing their expectations, and ensuring they are fit for treatment.</li> <li>Key principles include the 3Ps Policy (Patient, Pathway, Prioritisation) and the Waiting Well Patient-Reported Outcome Measures (PROM) and Patient-Reported Experience Measures (PREM) to support shared decision-making.</li> <li>The updates reflect changes in planned care, including regional care models and outpatient services.</li> </ul>                                                                                   |
| <p><u>Asesiad / Assessment</u></p> <ul style="list-style-type: none"> <li><b>New Rules:</b> Only patients who are fit for treatment should be listed. Better management of treatment offers and improved support for vulnerable groups.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                  |

- **Patient Information:** Resources to help patients understand their role and manage expectations, including leaflets and online resources.
- **Working with WPAS:** New methods for delivering services, managing patients on active monitoring, and better identification and support for vulnerable groups.

### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **APPROVE** the following updated policy:

- Policy 534: Patient Access – Elective Care Policy

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | 3.1.21 Review and approve financial procedures on behalf of the Health Board. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                                                | Not Applicable                                                                |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | Not Applicable                                                                |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | Not Applicable                                                                |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | All Strategic Objectives are applicable                                       |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | Not Applicable                                                                |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 10. Not Applicable                                                            |

**Gwybodaeth Ychwanegol:  
Further Information:**



|                                                                                                                                                               |                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                        | Previous procedures, internal audit report recommendations, standing financial instructions |
| Rhestr Termiau:<br>Glossary of Terms:                                                                                                                         | Contained within the body of the report.                                                    |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad<br>Parties / Committees consulted prior to Finance and Performance Committee: | None                                                                                        |

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |                                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | No financial impact.                                               |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | No adverse impact on quality or patient care.                      |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | No adverse impact on existing or future staffing.                  |
| <b>Risg:</b><br><b>Risk:</b>                                          | No risks identified.                                               |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | No likely legal impact or likelihood of legal challenge.           |
| <b>Enw Da:</b><br><b>Reputational:</b>                                | No potential for political or media interest or public opposition. |

|                                          |                                                                                                                                                                                       |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>  | No potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared. |
| <b>Cydraddoldeb:</b><br><b>Equality:</b> | Equality Impact Assessment attached.                                                                                                                                                  |

# Patient Access – Elective Care Policy (For Internal Management Use)

## Policy information

Policy number: 534

Classification: Corporate

Supersedes: N/A

Local Safety Standard for Invasive Policys (LOCSSIP) reference: NA

National Safety Standards for Invasive Policys (NatSSIPs) standards: NA

Version number: 5

Date of Equality Impact Assessment: 04.06.2024

## Approval information

Approved by: Finance and Performance Committee

Date of approval:

Date made active:

Review date:

Summary of document:

This policy is to ensure that the period patients wait for elective (planned) care are measured and reported in a consistent and fair manner.

Scope:

This policy applies to all patients who require to access elective care across Hywel Dda University Health Board and requires to be adhered to by all staff who are involved in the implementation of all aspects of this policy.

To be read in conjunction with:

National Rules published April 2025.

Patient information:

**Include links to** [Patient Information Library](#)

Owning group:

RTT Optimisation Group Chair: General Manager Scheduled Care

Executive Director job title:

Chief Operating Officer

Reviews and updates:

Version 1 – New Policy – 11.05.2017

Version 2 - Spelling and formatting issues were updated by Board – 08.12.2017

Version 3 - Removed - highlighted yellow sections down the left hand side of each page, previously called "Patient Perspective" Policy is essentially split into two parts; staff and patients;

- Glossary reference is made earlier in the document;
- Sections have moved around to mirror the patient flow through the pathway;
- Technical jargon has been reworded;
- Guidance on the local process pertaining to funding for treatment for patients who are not permanent residents;
- Updated Patient Perspective section;
- Updated on-line leaflet for patients;
- A flow diagram for use by patients devised – 26.6.2018

Version 4 - Full three yearly review – no changes. COVID-19 guidance included as appendices – 12.08.2021

Version 5 - In line with the new all Wales Access Guidelines – 08.05.2025

## IMPORTANT NOTE:

The National April 2025 Guidelines have been developed to consider the new and evolving planned care landscape. It is acknowledged that system improvements will need to continue to be undertaken to enable all health boards to fully implement these guidelines.

This will include:

- Identification of vulnerable individuals.
- Identification of patient communication preferences and needs, including sensory needs.
- Recording and reporting of regional and commissioned provision of services.
- Management of pre-optimisation periods within the patient pathway.

Further work is ongoing to develop data standards and supporting system processes to reflect:

- The new ways of delivering planned care in the future.

Embedding of patient reported outcome measures and assessments into the pathway to facilitate patient clinical stratification and clinical risk management.

## Keywords

## Glossary of terms

This glossary offers definitions of terms used within this document. Where possible, the NHS Wales Data Dictionary definition is used, and the latest version of the data dictionary should be consulted for up-to-date definitions when required. These explanatory definitions should be considered only in relevance to this document.

**26-week referral to treatment target** - The Welsh Government waiting times target established December 2009, that no patient should wait more than 26 weeks from referral to treatment.

**3Ps Policy** - Prepare, prevent, and prepare for planned care ensures that support and information is easily accessible to those who are waiting for their appointments and interventions in secondary care services and their carers. It reflects the clear drive to 'change the narrative to move away from the passive term 'waiting list' to move towards a proactive preparation list that will provide holistic support for people to help them manage their conditions and support people to prepare for surgery. This

includes improving communication with people before they access care and whilst they are waiting, and providing advice on actions they can take to keep them well and fit enough to benefit from their treatment. (See also 'Waiting Well'). A link to the 3Ps Policy is provided in *Appendix C*.

**Active monitoring** - A clinical intervention where the decision is made to monitor a patient's condition closely in secondary care, resulting in active steps being taken to ensure that the patient is regularly assessed and that any change in condition can be responded to.

**Adjustment** - A period of time for which the patient is either unavailable for clinical or social reasons, or where the patient is referred to a service that is outside the scope of RTT.

**Admission** - The act of admitting a patient for a day case or inpatient procedure.

**Advice and guidance** - Advice and Guidance (A&G) allows a clinician (often in primary care, but also secondary care) to seek advice from another (usually a specialist) enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision-making, and avoiding unnecessary outpatient activity and/or admission. This can be done digitally via the e-referral service, or through agreed IT platforms or email addresses (see 'asynchronous advice and guidance') or 'in real time' via a digital communication platform (see 'synchronous advice and guidance').

**AHP** - Allied Health Professional.

**Asynchronous advice and guidance** - When a clinician seeks advice from a specialist via the e-referral service, or through agreed IT platforms or email addresses.

**Asynchronous review** - An office-based review (sometimes called a desk-top review) which is conducted by the clinician alone or by a wider group of clinicians (e.g. MDT, Peer to Peer) which agrees an outcome/next stage of the patient's pathway but does not require dialogue with the patient at that time. This may also include clinical validation. Used as an alternative to a face-to-face patient review/appointment where clinically appropriate.

**Cancer target** - The Welsh Government waiting times target for cancer treatment: 62 days for an urgent suspected cancer (USC) and 31 days for a non-urgent suspected cancer (NUSC) referral.

**Cardiac RTT target** - The Welsh Government waiting times target for cardiac patients that no patient should wait more than 26 weeks from referral to treatment.

**Cardiologist** - A clinician who undertakes the majority of their clinical sessions in cardiology.

**Clinic outcome** - A record of the event of a clinical decision made by a clinician. This decision will not necessarily be made within a clinic environment.

**Clock continue** - Any events which occur along the patient pathway, but do not constitute a clock start or clock stop within the RTT rules.

**Clock reset** - An administrative process to change the start of the recorded RTT period to the date of the event causing the reset.

**Clock start** - An event which commences an RTT period within the RTT rules.

**Clock stop** - An event which ends an RTT period within the RTT rules.

**Community Health (Referral) Pathways** - A digital platform which provides primary care clinicians with access to information on local secondary care referral pathways and protocols at the point of care to ensure patients are seen by the right clinician, in the right place, at the right time.

**Consultant** - A person contracted by a Health Board who has been appointed by an Advisory Appointment Committee. He or she must be a member of a Royal College or faculty. This includes GPs in cases where a GP is responsible for patient care and has an arrangement with a Local Health Board. For diagnostic departments, this includes a non-medical scientist of equivalent standing to a consultant.

**Consultant to consultant referral** - Any patient referral made within a secondary/tertiary care environment from one consultant to another.

**Could not attend (CNA)** - Any patient who contacts the organisation to notify that they will be unable to attend a mutually agreed appointment is recorded as 'could not attend' (CNA).

**Decision to treat** - A record of the event that a clinical decision to admit a patient to a particular healthcare organisation has been made.

**Decision not to treat** - A clinical decision that, at the present time, no treatment is required for the condition for which the patient has been referred. This will normally result in the patient being discharged back to the referring doctor.

**DHCW (Digital Health and Care Wales)** - Delivers digital services which meet both the requirements of Welsh Government, NHS Health Boards and Trusts and the health and care needs of the people of Wales.

**Diagnostic wait** - The time waited from receipt of referral for a diagnostic investigation to the appointment for that investigation.

**Did not attend (DNA)** - Patients who have not kept an appointment at any stage along the pathway and have not notified the organisation in advance are identified as 'did not attend' (DNA).

**Direct access** - Patients who are referred directly rather than via a consultant-led clinic

**Direct booking methodology** - Booking methodology where an agreement of appointment is made through a direct communication between the organisation and patient.

**Direct referral** - A referral made by a clinician in primary care directly to a diagnostic or therapy service.

**E-referral system** - An electronic referral system that enables primary care clinicians to communicate with a triaging secondary care clinician. The outcome of this activity may be a referral being accepted for a first OP appointment, a diagnostic or where secondary care is not clinically indicated at that point in time, advice, and guidance. (See 'Advice and guidance', 'Request for advice', 'Request for investigation', 'Request for treatment and 'WPRS').

**Emergency admission** - Patients admitted to hospital when admission is unpredictable and at short notice because of clinical need.

**Expert patient** - Patients experiencing a long-term health condition who have been empowered to become 'experts' in self-managing their condition to improve their quality of life. (See 'Patient Initiated Follow Up').

**First definitive treatment** - Any initial treatment that treats the patient's cancer, stabilises their symptoms from cancer, or stabilises their health so cancer treatment can commence.

**Group clinic** - An alternative to one-to-one appointments where a group of patients with similar health needs/condition are reviewed by a clinician and the next stage of their pathway agreed. (See 'Video Group Clinic')

**Health Board (HB)** - The statutory NHS body.

**Hot clinic** - Where a patient's needs are rapidly assessed and addressed in a secondary care environment within a multidisciplinary structure.

**Incremental change in treatment** - A small change to a current treatment plan, e.g. adjustment of the dosage of a prescribed medication.

**Inpatient/day case wait** - The time waited from a decision to treat as an inpatient/day case to admission for the treatment.

**Intended treatment** - An intervention which, at that time, aims to manage the patient's condition.

**Interim treatment** - An intervention aiming to help the patient cope with their condition until the planned intended treatment can be delivered.

**LAC** - Looked after child. Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she:

gets accommodation from the local authority for a continuous period of more than 24 hours

is subject to a care order (to put the child into the care of the local authority)

is subject to a placement order (to put the child up for adoption).

**LD (Learning disability)** - A learning disability is defined by the Department of Health and Social Care (DHSC) (2001) as a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.

**Multi-disciplinary team (MDT)** - A group of health and care staff who are members of different professions (e.g. doctors, nurses, AHPs) that work together to deliver health services to individual patients.

**Mutually agreed** - Agreed by both the patient and the HB.

**Non-admission event** - Any event when the patient attends for an appointment but is not booked into a bed or trolley, e.g. an outpatient appointment.

**Non-USC referral (NUSC)** - Any patient diagnosed as having cancer that was not referred by their GP as a USC or upgraded by the specialist on analysis of the GP referral.

**Office-based decision** - Any decision which affects the clinical management of the patient and has been made when the patient is not present. This is categorised and recorded as virtual activity. It is also referred to as an asynchronous or desk-top review. (See 'asynchronous review').

**One-stop clinic** - A one-stop clinic aims to provide its patients with their initial consultation, a diagnosis and treatment plan, or commencement of treatment, within one visit to the clinic.

**Organisation** - The secondary care service, previously known as the Trust.

**Out of hours contact** - Between 6pm and 9pm on weekdays and between 9am and 9pm at weekends.

**Partial booking** - A system whereby appointments are agreed with the patient, following a written request from the LHB for the patient to telephone to make an appointment.

**Pathway start date (PSD)** - Used within the cardiac RTT target to denote the original clock start date caused by the receipt of a referral.

**Patient initiated follow-up (PIFU)** - A PIFU pathway should be used as an alternative to routine follow-up in cases where the next appointment does not need to be booked at that point in time as the condition is being managed well by the patient. Therefore, the patient and clinician agree that the Patient initiates the next Follow Up when required, based on their understanding of their condition and when support is needed to maintain their health and wellbeing. This approach is usually used with patients with long-term conditions.

(See also 'SOS' and 'Supported self-management')

**Patient pathway** - The process of a patient's care for a particular condition across the whole of the NHS, from primary care onwards.

**Planned care** - Elective admissions planned to occur in the future, where, for medical reasons, there must be delay before a particular intervention can be carried out.

**Pooled environment** - A service design where all parties have been informed, at the time of referral or first outpatient visit, that a group of clinicians are working together to provide the service, and where patients may be seen by any of the clinicians in the pool, at any given stage of treatment.

**POVA** - Protection of vulnerable adults

**Reasonable offer** - Any offer of an appointment mutually agreed between the patient and the HB.

**Receipt of referral by the HB** - The referral is deemed to be received when it first arrives within the secondary or tertiary care service, irrespective of the department or individual receiving it. This will include electronic and paper referrals.

**Referral guidelines** - Predetermined written criteria for referral that are formalised and agreed between the healthcare professionals making and receiving the referral. (See Community Health Pathways).

**Referral protocols** - Agreements reached and documented locally to identify accepted sources for referrals to specific services.

**Referral to treatment (RTT)** - The period between a referral being made for a particular condition and treatment being commenced for that condition.

**Remote monitoring** - A term used to identify patients who are managing their condition on a Self-Management pathway via a third-party medical system such Patient Knows Best, My Medical Record, etc, in collaboration with their clinical team. (See 'Self-management pathway').



**Request for investigation** - A request for investigation can be made by a primary care clinician/GP to secondary care via the WPRS. This occurs when the patient requires diagnostics to inform their treatment plan. (See 'WPRS'. See also 'Request for Advice' and 'Request for Treatment').

**Request for treatment** - A request for treatment can be made by a primary care clinician/GP to secondary care via the WPRS. (See 'WPRS'. See also 'Request for Advice' and 'Request for Investigation').

**RTT period** - The waiting time will be monitored using the concept of a clock, which will start and stop according to the events and transactions that occur along the course of the patient pathway. The measured period of time between a clock start and a clock stop, under RTT rules, which is reported as the RTT waiting time.

**Screening programme** - A recognised national programme of screening for particular conditions e.g. Breast Cancer Screening Programme.

**SDEC (Same Day Emergency Care)** - SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

**Secondary care** - NHS care delivered as a result of a referral from primary care.

**Self-management pathway** - A patient-centred alternative to routine follow-up where patients are empowered and supported to better self-manage their condition and seek advice/appointment from the service when they clinically need to do so. (See also PIFU, SOS, and Remote monitoring').

**Self-referral** - The process whereby a patient initiates an appointment with a secondary care service, without referral from either a primary or secondary care clinician.

**Short-term medical condition** - A medical condition precluding progression to the next stage of the pathway for less than 21 days.

**Single point of contact (SPOC)** - Single point of contact to support people preparing for treatment.

**SOS (See on symptom)** - An approach that is used as an alternative to routine follow-up which results in patients being discharged when clinically safe to do so, and then relies on the patient to self-refer if there are any issues with their condition within an agreed timeframe.

See on symptom pathways should be utilised for short-term conditions.

**Specialist Nurse** - A nurse who has specialised in a particular area of practice. Specialist Nurses can work independently as well as part of the clinical team.

**Stage of the pathway** - A section of the RTT period. There are four stages: referral to first outpatient appointment; waiting for a diagnostic test; waiting for a subsequent outpatient appointment; waiting from decision to treat to the start of treatment. Stages of the pathway are contiguous, do not have to occur in this order, and any individual stage may occur more than once in any given pathway.

**Step change in treatment** - A substantial change to a current treatment plan, e.g. a change from oral to subcutaneous delivery of medication.

**Straight to list** - When a patient has been diagnosed with a particular condition in primary care and is accepted by the triaging clinician to go to Stage 4 of the pathway (listed for treatment) without the need for OP appointments and further diagnostics which add little or no value to the patient pathway.

**Straight to test** - When a patient is referred for a diagnostic without the need for a first OP appointment which adds little or no value to the patient pathway.

**Suitably qualified healthcare clinician/practitioner** - A healthcare professional approved by the consultant as competent to make a decision about the medical fitness of a patient to proceed to the next stage of the pathway.

**Surveillance procedures** - Procedures that are repeated at agreed intervals in order to monitor the patient's condition.

**Suspension** - A period during which the cancer or cardiac clock is paused due to the patient being unavailable or medically unfit due to a co-morbidity to proceed to the next stage of the pathway.

**Synchronous advice and guidance** - When a clinician seeks advice and guidance from a specialist regarding the clinical management of a patient 'in real time' via a digital communication platform or telephone call (see 'Advice and guidance and 'Asynchronous advice and guidance').

**Synchronous virtual review/appointment** - A two-way conversation (in real time) between the service provider and the patient to agree the next step in the patient's pathway (e.g. telephone, VC, Skype). There is patient contact with the clinician in real time. Used as an alternative to face-to-face reviews/appointments. (See 'asynchronous review').

**Tertiary care** - Specialised NHS care in services designated to provide the service in a specialist centre and delivered as a result of a referral from within secondary care.

**Therapy services** - NHS services providing treatment by Health Professions Council registered professions i.e. arts, therapies, dietetics, occupational therapy, orthotics, orthotics and prosthetics, physiotherapy, podiatry, speech, and language therapy.

**Treat in turn** - Management of the waiting list to ensure that patients are seen and treated in appropriate order, based on their clinical need and length of wait. HBs need to be able to explain and evidence any variance to treat in turn rates through their local policies as long as they reflect other WG strategic goals.

**USC referral** - A referral where a suspicion of cancer is stated by the GP and confirmed by the specialist. This is not restricted to designated USC-only referral methods e.g. fax lines.

**Video group clinic** - An alternative to one-to-one appointments where a group of patients with similar health needs/condition are reviewed by a clinician via a virtual video platform and the next stage of their pathway agreed. (See 'Group clinic').

**Virtual activity** - Activity that takes place using digital platforms or office-based decisions. Appointments or reviews that take place without the need for direct face-to-face contact (in the same place). This may be 'in real time' via telephone or video (see 'synchronous reviews' and 'virtual appointments') or an office-based decision without direct contact with the patient (see 'asynchronous reviews' and 'office-based decisions').

**Virtual appointment** - When a patient is reviewed in real time by a clinician via a video or telephone consultation. (See also 'virtual activity').

**RTT Optimisation Group** - Weekly meeting of the Secondary Care Team who review/monitor target compliance and other Scheduled care business matters.

**Waiting Well** - A model that supports patients waiting for secondary care treatment to take pro-active action and make healthy decisions/choices to optimise their health and well-being to ensure they are as fit as they can be to receive treatment. (See also '3Ps Policy' and 'Promote, Prevent and Prepare for Planned Care' in *Appendix C*).

**Welsh regional centres (RC)** - A model where patients can be referred by their HB for treatment for a diagnosed condition. There are 3 regions in Wales: North, Southwest and Southeast.

**WPRS (Welsh Patient Referral Service)** - A system that enables electronic referrals to go directly from GPs to clinicians. The system is hosted and maintained by NHS Wales Informatics Service (NWIS). The WPRS is the primary method for managing electronic referrals from primary care to secondary care. Clinicians can carry out a number of electronic actions with each referral, including prioritising, returning to the GP (with an explanation and/or advice), and redirecting to other services or clinics.

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## Introduction

- This document provides a detailed reference source of the waiting times management rules relating to the 26-week referral to treatment (RTT) target and related direct access diagnostic and therapies targets. For RTT, it is noted that some complex cases may take longer than this and a maximum of 36 weeks has been set to reflect this.
- In December 2009, the national referral to treatment target in Wales became live stating that 95% of patient pathways would wait 26 weeks or less until commencement of treatment with 100% of people waiting 36 weeks or less.
- The guiding principles of the target were set in policy through a range of Welsh Health Circulars.
- The national targets were suspended during the covid pandemic in 2022 due to clinical need and infection control management and the impact this had on the capacity to deliver safe planned care.
- The planned care recovery plan “Our programme for transforming and modernising planned care in Wales and reducing the waiting lists” was published in April 2022.
- The document sets a number of key access milestones for the NHS in Wales to deliver as part of the national commitment to recover planned care services to pre-covid levels. The recovery milestones currently supersede the national RTT targets as the national performance measures, however the 26-week target remains the fundamental RTT policy direction for Wales.

## Policy Statement

- The achievement of RTT targets is the responsibility of health boards (HBs).
- The underlying principle of waiting list management and the targets is that patients should receive excellent care without delay.
- Clinical urgency, assessed by the receiving consultant, prioritises resources in line with assessed clinical need.
- Routine pathways are managed on a treat-in-turn basis where the longest waiters are seen first.
- Within the waiting-time period, both the patient and the NHS have their roles and responsibilities to achieve this target.

## Scope

This policy applies to all patients who require access to elective care across Hywel Dda University Health Board and should be adhered to by all staff who are involved in the implementation of all aspects of this policy.

## Aim

This policy is to ensure that the period patients wait for elective (planned) care are measured and reported in a consistent and fair manner and in line with national guidance.

## Objectives

The aim of the policy is achieved by:

- This document aims to set out clearly and succinctly the guidelines to ensure that each patient's RTT clock begins and ends fairly and consistently. It clearly highlights both the patient and NHS roles and responsibilities and the potential consequences if this mutual contract is not fully met

## Procedure

### a. Guiding Principles

The guiding principles of the referral to treatment target clearly reflect the principles of prudent healthcare, these being to:

- Minimise avoidable harm;
- Carry out the minimum appropriate intervention;
- Promote equity between the people who provide and use services.

There are several key principles which underpin the waiting times guidelines and apply to all targets. These principles apply to all interactions with patients and must be considered in the formation of all waiting times and access policies and procedures

### Do only what is needed and do no harm

- All patients should wait the shortest possible time for treatment.
- Patients should have an efficient RTT pathway, as clinically appropriate, by implementing the new ways of delivering services e.g. maximising the multi-disciplinary team's capacity including non-consultant-led clinics, 'one-stop' clinics, 'straight-to-test', 'straight-to-list', and Welsh regional centres.
- Where clinically appropriate to do so, patients should have the choice and convenience of face-to-face or virtual appointments. Synchronous virtual appointments via telephone or video should be maximised where clinically practicable. HBs may also undertake asynchronous reviews followed by written updates to the patient and referrer.
- Where clinically appropriate to do so, alternative prudent ways of delivering care should be implemented that contribute to efficiency and productivity by maximising clinical capacity within the multi-disciplinary team. This would include see-on-symptom (SOS), patient-initiated follow-up (PIFU) and group clinics (face-to-face and virtual).

### Care for those with the greatest health need first

- Targets should not distort clinical priorities. RTT targets are maximum acceptable waits, and urgent patients should be treated as their clinical need dictates. *(The covid risk stratification of waiting list is no longer appropriate and RTT pathways should be either urgent or routine).*

### Public and Professionals are equal partners through co-production

- The concept of the NHS/patient 'compactum' around the delivery of waiting times is implicit and reflected in the definitions below. Both parties have rights and responsibilities within the arrangement. HBs will be required to deliver high quality care within the target time, and to allow for patient choices within that time through shared decision-making and regular communication. Patients will be expected to pro-actively prepare and make themselves available for treatment within reasonable timescales and at sites and times where the service is delivered, sometimes outside of the HB area. Their inability to do so may result in a longer waiting time, not being listed for surgery or removal from the waiting list.
- It is important that the rights and responsibilities of the patient are explained to them at the time of referral, either directly, through written resources or being signposted to electronic resources (websites). This requires commitment from referrers and appropriate information resources for patients and healthcare staff. Patients have a duty to notify the NHS, hospital, and GP of any changes in circumstances while they are waiting to be seen at any stage. Additional resources to inform patient of their rights, role and responsibilities when accessing planned care will be found in the following documents that are required as part of the new April 2025 guidance:
  - *How your health board manages waiting lists: What this means for those waiting for hospital appointments and treatment*
  - *What being referred to a specialist means for me*

Patients should be encouraged to become involved in all decisions relating to their care. This should include potential treatment options and administrative arrangements. All appointments within an RTT period must be arranged under the rules relating to reasonable offer, and therefore be mutually agreed between the patient and the organisation. When a patient is removed from a pathway for reasons other than treatment, both the patient and referrer must be fully informed of the reasons behind this decision and any requirements for reinstatement.

### **Reduce inappropriate variation through evidenced-based approaches**

- The guidelines have been written to be robust and clear. HBs will be expected to maintain appropriate governance structures to ensure that where there is flexibility within the guidelines, the spirit of the targets is achieved. All patient management methodologies should be transparent and guided by the principle that patients should wait the shortest time possible for treatment. There is provision for local variations to these guidelines where these are directly in the patient's best interest. This national guidance needs to be supported by local access policies for each HB.
- This national guidance should be supported by new patient referral models including e-referral platforms and the national community pathways platform

### **Services delivered in a regional center/provision and external providers – National Guidance**

- Regional centers (including regional provision offers within a health board) focus on the delivery of high-volume low complexity (HVLC) procedures and play an important part of plans to modernise and transform planned care delivery, increase surgical capacity, and offer more patients quicker access to treatment.
- Regional centers/provision exclusively deliver planned procedures, and all resources and capacity are ring-fenced for this purpose. Health boards may also, on occasion, commission external providers to deliver services on their behalf. Evidence shows that the main barrier to accessing treatment out of the health board area is transport.
- Health boards are expected to have a current Patient Transport Policy supported by clear information communicated both digitally and non-digitally to enable patients to access care in line with their needs. Patients' need to travel may be minimised through the provision of initial, pre-assessment and follow-ups at the local hospital with patients only being required to travel for treatment.
- A clinician may refer a patient to a regional center/provision or external provider in line with the patient's assessed clinical needs. Patients with more complex needs may need to remain on the waiting list for treatment at their local health board. In both cases, the pathway clock will continue.
- When a clinician assesses that the regional center/provision or external provider can meet the clinical needs of the patient, this becomes a 'reasonable offer' for treatment. However, a patient with wider, more complex medical or social barriers such as mobility or sensory impairments which NEPT (non-emergency patient transport) are unable to meet (either due to availability or the patient's level of needs). A good example of a legitimate barrier are those patients that fall into the vulnerable groups categories. In such cases, the patient should continue to wait to be treated locally, and the pathway clock will continue.
- If a patient, who is deemed by the clinician as suitable for treatment at a regional center/provision or external provider, provides no evidence of any other clinical or legitimate reason, declines to be treated at the offered site, there should be an additional conversation with the patient. The aim of the additional conversation is to discuss the potential medical or social barriers to them not taking up this offer in this location. If the barrier is judged NOT to be a legitimate reason this is considered to be declining a reasonable offer. If the clinician feels the patient needs to remain on the waiting list, their clock will be reset and start again at the appropriate stage of their pathway, and they will remain waiting at their local site. If the clinician feels they do not need to remain on the pathway, the RTT clock is stopped, and they are discharged back to the care of the GP.
- If a patient has been referred to a regional center/provision or external provider and the receiving clinician assesses the patient as not being suitable for treatment at that location due to their level of clinical need, the patient will be transferred back to the local health board for treatment. The pathway clock will continue.
- It is expected that during the implementation of regional centers relevant to our health board, Hywel Dda will accord with the national guidance as detailed above.



### **b. Supporting patients to pro-actively prepare for treatment**

- All HBs should provide the appropriate support to all those waiting for treatment. In line with the 3Ps Policy: Promote, Prevent and Prepare for Planned Care published in August 2023 (see [Appendix A](#)) all HBs should have a single point of contact where all those on a secondary care pathway can access information and support including MECC conversations where tailored information and support can be identified to empower those waiting to better self-manage their health and pro-actively prepare for treatment. This includes the provision of, and signposting to, appropriate accessible Waiting Well information and services in line with their assessed health and wellbeing needs. All support provided should be underpinned by the principles defined in the 3Ps Waiting Well Patient's (or Person's) Charter.
- All patients should be offered Waiting Well support in line with their individual needs to facilitate shared decision-making and pro-actively prepare for treatment. For those waiting on identified pathways, this will be supported by the Waiting Well PROM. The Waiting Well PROM should be repeated at six-monthly intervals thereafter during the waiting/preparation for treatment period. Patients' inability to pro-actively optimise their health may result in a longer waiting time, not being listed for surgery or removal from the waiting list.
- If deterioration is identified on review of the EQ-5-DL and the "About You 2" assessment in line with the identified Waiting Well standard operating procedure, the clinician may reprioritise the patient.
- All patients requiring surgical treatment and added to a waiting list should complete the digital assessment tool, with support if required, in line with the Planned Care Anaesthetics Clinical Implementation Network protocol. If, on review of the assessment, the clinician feels that the patient is not fit to undergo surgical treatment at that time, the patient should not be listed for surgery.
- If the clinician feels the patient is not fit to be listed for surgery at that time, the patient should instead be offered support to optimise their health in preparation for treatment. The need for optimisation/pre-optimisation greater than 6 weeks (medical adjustment) will stop the clock, and the patient placed on active monitoring. The assessment of fitness for surgery needs to be sensitive to the potential additional issues related to "vulnerable groups".
- When the patient is considered 'fit for treatment' the clock should restart at the appropriate stage in the pathway, acknowledging the previous wait.
- If pre-optimisation is required to be fit-for-surgery and the patient refuses, the consequences of their decision should be explained, and an alternative treatment plan offered in line with the patient's clinical needs. If an alternative treatment plan is deemed appropriate by the clinician, the clock will stop when the alternative treatment commences, e.g., conservative treatment and/or condition management. If the clinician decides the patient should be discharged back to the care of the GP, the clock will stop.

### **c. Communication with patients**

NOTE: There is a requirement within the Accessible Communication and Information Standards to ensure that correspondence sent to patients and/or their carers/parents is accessible for those with additional communication and information needs.

- Information given to the public must provide up to date information on the expected timescales for their wait (based on local data), the anticipated process, and their responsibilities to assist the NHS to provide efficient and effective treatment of their condition. Patients will be empowered through this information to question and monitor their own progress against the target
- When confirming a referral with the patient, e.g. in the referral confirmation letter, the HB should inform patients how their appointments will be booked and to clearly define their role in agreeing and attending any booked appointments at locations appropriate for their clinical needs, including links to the HB website landing pages providing this information.
- HBs should ensure that they have clear and accessible information on their website explaining to patients the guidelines relating to attending booked appointments, how to cancel and rearrange appointments, and the impact it will have on their waiting time if they do not attend an agreed appointment. Non-digital resources should also be made available. (See How your health board manages waiting lists: What this means for those waiting for hospital appointments and treatment)
- HBs should ensure that they have meaningful communication with the patient on an RTT pathway a minimum of six-monthly if there has been no pathway activity/contact directly with the patient in line with the 3Ps Waiting Well Policy: Promote, Prevent, and prepare for Planned Care (see Supporting patients to pro-actively prepare for treatment and [Appendix A](#)).
- HBs should ensure that if deterioration in a patient's clinical condition is identified, a clinical review will be undertaken for the purpose of reprioritising the patient as clinically indicated in line with agreed clinical escalation protocols. Changes in the patient's condition may be identified reviewing the EQ-5-DL and the "About You 2" assessment (for an agreed set of clinical conditions) which will be undertaken every 6 months until treatment starts. Patients may also express concerns regarding their worsening condition to other HB staff who can refer them to the HB Waiting Well single point of contact for assessment and possible escalation as necessary in line with clinically agreed standard operation procedures (SOPs).
- All clinicians, in both primary and secondary care, should clearly communicate to patients their role and responsibilities in, and the benefits of, pro-actively preparing for their treatment/procedure to maximise their clinical outcomes. It should be made clear that preparing for treatment can reduce the risk of their procedure being postponed if they are unfit to undergo their treatment, not being listed for surgery or removal from the waiting list.
- Patients should be provided with clear, accurate and transparent communications at the beginning of, and as required throughout their care journey. Communications with patients should be in a format appropriate to their needs and preferences, e.g. large print, digital, non-digital or relevant translations. It is important that patients are asked to confirm their communication needs and preferences at the beginning of their care journey and their preferred format when receiving communication from the Health Board. Where practicable this should be captured and made available to all services to ensure patient preference/patient needs are met. Refer to All Wales Standards for Accessible Communication and Information for People with Sensory Loss (see [Appendix A](#))

#### **d. Managing patient expectation**

- HBs should inform patients on confirmation of their referral that they may be offered appointments outside the HB area and the reasons for doing this. This may include Welsh regional centers/provision or alternative providers where patients will receive specialist care sooner. HBs should inform patients who have barriers with travelling may be eligible for help and support to enable them to attend their appointments 'out-of-area'
- HBs should ensure that patients are aware that they may be offered a virtual appointment in accordance with their clinical need such as a telephone appointment or video appointment.
- HBs should ensure that activity and outcomes relating to Waiting Well support services should be recorded and reported in line with published Data Standards This may include, but is not limited to pre-optimisation or pre-habilitation, signposting to community resources, signposting to information

## **Scope of targets**

The scope of the RTT targets encompass elective treatment for all Welsh residents, whether treated in Wales or elsewhere. The target covers patients who are referred by a healthcare professional to a consultant in secondary or tertiary care.

The RTT targets do not replace the following waiting times targets:

- Cancer target (62 days) (see specific cancer document WHC 2021/001 (gov.wales) and Suspected cancer pathway: guidelines (WHC/2024/07) | GOV.WALES
- New data set for Audiology pathways being finalised for reporting from April 2025.
- Diagnostic tests (8-week waiting time operational target)
- Therapy services (14-week waiting time operational target)

Each of the above targets should be managed according to their own specific guidelines, where these exist. It is acknowledged that at the time of the publication of these guidelines, the planned care recovery targets are the delivery measures for performance monitoring. This national guidance is independent of all identified targets as its primary purpose is to ensure fair, equitable and transparent management of waiting times.

#### **The RTT clock starts:**

- on the receipt of a referral in secondary or tertiary care, or
- If a new treatment requirement is identified following a previously closed RTT pathway.

#### **The RTT clock ends when:**

- Events for closure without treatment are met (See below), or
- when definitive treatment commences.

Treatment will often continue beyond a first treatment and after a clock has stopped

A referral received from a screening service will begin a new RTT clock

A self-referral or patient-initiated follow-up will not begin an RTT clock unless it follows a period of unavailability, (see Section 10). If a new decision to treat or change of management plan is subsequently initiated, a new RTT clock will start.

Some patients may be on more than one RTT clock during the management of their condition in secondary or tertiary care. This will include patients who have a planned sequence treatment. (E.g. such as a need for a second hip or knee procedure after the original decision of bi-lateral replacement or cataract surgery). Good practice indicates that unless clinically agreed each procedure would be two separate reported pathways. The timeframe for the second procedure should be advised by the clinician on closure of the initial pathway. This advice will trigger a new RTT pathway. The new RTT clock should start on the date the advice was provided by the clinician that the patient is ready to start a new pathway.

**Events other than treatment which can stop an RTT clock may include:**

- A decision made that treatment is no longer clinically indicated for the patient.
- Commencement of active monitoring (including watch and wait and pre-optimisation)
- A consultant-to-consultant referral for a different condition within or outside the original health board (other than from cardiology to cardiac intervention/surgery). This does not include consultant-to-consultant referrals for the same condition, i.e. referral to a regional centre/provision or external provider commissioned to deliver services on behalf of the health board, or cardiology physician to cardiac surgeon internally.
- When a patient indicates that they no longer wish to receive treatment.

*(Further details of clock start and stop points are available later in this document)*

- All waits for required diagnostic and therapy services are included in the RTT reporting of an RTT pathway. This includes diagnostic and therapy procedures/services which are currently non-reportable and are not subject to the current 8 week and or 14 week reporting standards.
- Patients with a recurrence of cancer, which is not covered by the 62-day targets, will be covered by the RTT targets but their clinical priority should determine their appropriate clinical wait.
- For orthodontics, the first outpatient appointment will usually be considered the start of definitive treatment with the expectation that a treatment plan is agreed. Any subsequent treatment will be outside the RTT targets.
- The table below provides some specific patient groups which are included within the scope of the RTT targets.

| <b><u>Included service area/patient group</u></b> | <b><u>Notes</u></b>                                                                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients with recurrence of cancer                | Any recurrence not covered by the 62- day cancer target                                                                                        |
| Military Personnel                                | Included to the extent that HBs are responsible for their care. The target does not apply to MOD-commissioned care unless stated in agreements |

| <b><u>Included service area/patient group</u></b> | <b><u>Notes</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   | with HB. Waiting times for military personnel are subject to the provision in the letter from Director of Operations to Directors of Planning – July 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Prisoners                                         | Prisoners should be treated within the same waiting time target as all other NHS patients. It is accepted that in some cases there will be circumstances unique to this population which may make achieving the RTT targets particularly challenging. The detailed reasons why these patients exceeded the target time should be recorded in the breach analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Private patients                                  | <p>A patient cannot be both a private and an NHS patient for the treatment of one condition during a single visit to an NHS organisation.</p> <p>Any patient seen privately is entitled to subsequently change his or her status and seek treatment as an NHS patient.</p> <p>Any patient changing their status after having been provided with private services should not receive an unfair advantage over other patients (jump the queue).</p> <p>Patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same stage as if the prior consultation or treatment were an NHS pathway.</p> <p>Their priority on the waiting list should be determined by the same criteria applied to other referrals.</p> <p>The entry on to the appropriate stage commences a new RTT clock start.</p> |

- In the event of any questions regarding the application of RTT rules to individual services, conditions and/or patients, advice should be sought from the Scheduled Care RTT Optimisation group, which meet every Wednesday morning.

## Clinical Responsibilities

### The responsibilities of clinical staff in monitoring and managing waiting times:

- Waiting times for patients are one of the indicators of quality of service. Clinicians should make themselves aware of the current waiting times applying to their service, and work with HBs to instigate the appropriate actions when those waiting times are not meeting the expected level of quality of care.
- Clinical staff must be aware of national requirements and organisational policies in respect of waiting times. Local clinical practice should also reflect the national published guidance from the Planned Care Clinical Programme (Clinical Implementation Networks). As part of this

awareness, they should be actively aware of their own current waiting times and use this to discuss options and potential waits for their patients along their pathway.

- Clinicians should ensure that their actions promote the principle of patients waiting the shortest possible time for treatment. Where clinically appropriate, this may include alternative pathways that maximise the capacity within the MDT, regional centers/provision and new ways of delivering services such as 'straight to test', 'straight to list' and one-stop clinics.
- Clinicians should also ensure that patients are fit to proceed with the most appropriate treatment. If they are not fit this should be discussed with the patient to understand their options. Depending on their level of need, all patients should be supported to 'wait well' and prepare for treatment in line with the 3Ps Policy. This would include signposting to the HB Waiting Well SPOC, HB Waiting Well landing pages and/or referral to pre-optimisation and pre-habilitation services. This may further develop in line with the developments of pre-operative screening and assessment needs.
- Referrers must use prudent healthcare principles to ensure the most efficient and patient-centred approach to referral that reduces the steps needed to reach treatment as specified in the HB's Community Health Referral Pathways. Patient-centred referral is also supported on e-referral systems including 'request for treatment', 'request for investigation' or 'request for advice'. Additional information can also be accessed via synchronous and asynchronous advice and guidance.
- Clinicians should make decisions in a timely manner, and that any onward referrals are completed promptly, according to local/national guidelines, and include adequate information to allow the receiving clinician to initiate appropriate interventions with the minimum of delay. Additional information can also be accessed via synchronous and asynchronous advice and guidance. Referrers must ensure that the patient is aware of and agrees for a referral to be made.
- Clinicians must cooperate with agreed local systems to enable the recording of the clinical outcome of all interactions with patients in line with published data standards. This would include both face-to-face and virtual contact. Virtual contact may be synchronous (by telephone or video call) or asynchronous (by letter or by electronic means). Contact may be on a 1:1 basis or within a group (group clinic or virtual group clinic).
- Clinicians in secondary and tertiary care must ensure that all decisions relating to a patient's care or treatment are communicated to the patient and their primary care clinician in a timely manner, whether those decisions are made in the presence of the patient or not.
- Clinicians must ensure that the clinical intention of any intervention such as tests or treatment is clearly communicated to patients, and whether it is just a stage of the agreed pathway or considered the start of definitive treatment and, as such, stops the pathway clock.
- Clinicians should ensure that all necessary information is provided to patients to enable them to engage in meaningful shared decision-making and be empowered and pro-active partners in their own care.

- All decisions regarding whether patients who DNA/CNA or decline to be treated at a regional centre/provision or external provider remain on the waiting list will be made by the clinician in the originating health board.

## Referrals

The RTT clock will start when:

- A referral from a GP, GDP or any other healthcare professional where referral protocols exist is received by the secondary or tertiary hospital. This includes:
  - o a referral for 'straight-to-test'
  - o a referral for 'straight-to-treatment/list'
  - o a new treatment requirement is identified for the same condition following a previously closed RTT pathway
- The RTT clock starts at the time it has been received in the health board. This is to address any potential delays in the clinical triaging of received referrals so as not to disadvantage the patient. Acceptance of the referral into secondary care could trigger the EQ-5-DL and the "About You 2" assessment as part of preparation for treatment for identified specialties. Patients should be supported to understand their role in preparing for treatment to optimise their health and wellbeing and maximise the benefits from their treatment. Patient optimisation and pre-habilitation also reduces the risk of treatments being postponed as the patient is unfit for treatment.
- Referrers must use the most efficient and patient-centered approach to referral that reduces the steps needed to reach treatment, based on prudent healthcare principles, this includes the national referral guidance processes agreed and supported through the Planned Care Programme and other national clinical networks. As part of the referral information, referrers should include verified up to date patient contact details including mobile phone numbers and email addresses where available. Referrers should seek the consent of the patient to be contacted by the HB by such means as text, email or telephone and indicate if consent is given for this, and this should be included within the referral information. HBs must ensure that patients are seen by the most appropriate individual once the referral has been received and accepted.
- HBs should provide up-to-date information to referrers relating to the patient pathway that will be followed and the locations the service will be delivered from as indicated on the Community Health Pathways referral platform. This information should be communicated clearly to the patient. HBs should have systems and protocols in place to keep this information up-to-date and available to referrers.
- HBs should indicate to the patient the likely waiting time to be seen for that specialty.
- Discussion should be supported by written information for patients on confirmation of referral and/or during consultation. HBs should signpost patients to where they can get additional information and support to 'wait well' and prepare for treatment including the Waiting Well SPOC and HB Waiting Well landing pages. HBs should have systems and protocols in place to keep this information up-to-date and available to patients and referrers.



- If a referral is made for a procedure which is not offered by the HB, it should be returned to the referrer with a full explanation and no clock will be started. The referrer should be signposted to the local HB Community Health Pathways referral platform for further guidance.
- When a referral is made to a clinician or specialty which does not treat this condition but is treated by the HB, the HB has the responsibility to direct the referral to the correct clinician / clinical team and the clock does not stop. Good practice of pool referrals in line with Community Pathways should reduce this risk.
- When a referral is made to a clinician or specialty within the HB and the referral is forwarded to a Welsh Regional Centre/provision, the clock does not stop. It is the responsibility of the Regional Centre/provision accepting the referral to send confirmation to the patient and original referrer, e.g. the patient's GP.
- If the referral is forwarded by the HB to the Welsh Regional Centre/provision, and the reviewing clinician deems the patient clinically inappropriate for treatment at the Welsh Regional Centre/provision, the referral should be returned to the HB. The clock does not stop, and the patient should be seen within the same RTT clock period. It is the responsibility of the original health board to confirm with the patient that they will be treated at their local health board rather than the Regional Centre/provision.
- The benefits of being treated at the Regional Centre/provision should be clearly communicated to the patient as well as the disadvantages of being treated locally, i.e. the patient may have to wait longer for their treatment. If a patient declines the offer to be treated at a Regional Centre/provision and they have a legitimate reason for refusing this offer, they may be treated locally, and their clock will continue. If they decline the offer but have no legitimate reason for doing so, they may be treated locally but their clock will be reset. (See Additional resources to support implementation of the RTT Guidelines).
- When a referral does not comply with agreed referral guidelines as indicated within the Community Health Pathways the referral should not start until the referring clinician complies with the referral guidance. The HB should return the referral with advice on the next steps to take. HBs should work with primary care to turn such referrals around within 48hrs and 'return with advice' recorded within the e-referral platform.
- If the referral has insufficient information to enable a clinical decision to be made, it should be returned to the referrer for completion with guidance on what is required with a 48-hour turn-around target. It would be expected that the requested information is returned by the referring clinician within 48 hours. The RTT clock will continue whilst the information is obtained as the delay is not related to a patient's breach of the shared contract, but due to NHS process.
- HBs need to work with primary care to ensure good quality information flows between the two areas to support effective patient care. This communication interface is supported by implementation of the Community Health Pathways and access to synchronous and asynchronous remote advice and guidance.

## Booking appointments and reasonable offer

### Booking processes



- All patient appointments should be booked using a patient-focused booking approach. The local booking processes used by HBs need to be clearly communicated to patients at referral to ensure patients are clear on their role and responsibilities in the process. In line with shared decision-making principles, all appointments should be made with the involvement of the patient. Their role and responsibilities in how the appointment will be mutually agreed and how to make changes should be clarified. This must be adhered to, even when the organisation does not hold complete contact details for the patient.
- No organisation should be seeking periods of unavailability in order to meet targets. The focus of the booking interaction should be on achieving a mutually agreeable date, and not on simply offering just two appointments (see more detail on Reasonable offer on page 19)
- Where available, patients should be provided with an opportunity to re-book their appointment on the HB patient-facing platform by selecting an available appointment slot. If the patient confirms the appointment on the platform, this will be considered as accepting a reasonable offer. Confirmation of the booking should be sent to the patient with information on how to access information if they make any changes to their booking and the consequences of doing this.
- If the patient has indicated they do not wish to use a digital platform, the HB should ensure that they are provided with a non-digital alternative to prevent digital exclusion and inequity of access to care, e.g. letter inviting them to telephone the HB to book their appointment. The HB should ensure that information on digital and non-digital booking is provided on their website and included in the confirmation of referral letter. There is a requirement within the Accessible Communication and Information Standards to ensure that correspondence sent to patients and/or their carers/parents is accessible for those with additional communication and information needs.
- Where a fully automated model is utilised, and the HB sends the patient a letter/text/call/email to arrange a date, the HB should have a process in place to allow the patient to play an active role in changing the appointment if they cannot attend. Patients need to be clear about their role and responsibilities in agreeing dates in keeping with principles of co-production and shared decision-making. This process needs to be clearly explained to the patient when they are referred. Whenever possible, organisations should ensure that patients are treated in turn, allowing for considerations of clinical priority (see section on Direct and partial booking on pages 18-19)
- The Armed Forces Covenant - Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel (WHC (2023) 022) (See [Appendix A](#)) states: 'All Armed Forces veterans are entitled to receive priority access to NHS care and treatment for any conditions (mental and physical) which are considered to be related to, or resulting, from their military service.' Where consultants or allied health professionals agree that the veteran's condition is related to the patients' service, they are asked to prioritise veterans over other patients with the same level of clinical need. Veterans will not be given priority over other patients with more urgent clinical needs.

- If a patient is to be seen within six weeks, a direct booking system should be used. If the appointment is going to be more than six weeks in the future, confirmation of the acceptance of the referral is needed either by letter, text, or phone.
- Each attempt to contact the patient under the booking processes must be recorded and available for subsequent audit.

## Direct booking

### **Direct booking can take place in two ways:**

- i. An appointment can either be booked in a face-to-face or telephone interaction with the patient, or
  - ii. Through a direct dialogue with the patient via letter/email and or text. In this case, any correspondence should be sent at least 10 working days prior to the appointment date. 10 working days is recognised as a reasonable notice period.
- Under the direct booking process, if the appointment is being made by telephone the HB should make at least two attempts to contact the patient. These telephone calls must take place on different days, and at least one must be outside normal working hours (Monday to Friday 9am to 5pm). If contact with the patient has not been achieved, a letter must be sent to the patient, asking them to make an appointment or confirm attendance either by phone or on the patient-facing platform. If the patient has not responded to the reminder letter within two weeks from the date the letter was sent, and a minimum of four weeks after the first attempted contact, the patient should be removed from the waiting list and the patient and referrer notified.
  - Direct booking for clinics with less than 10 working days' notice should be done directly with the patient, either face-to-face or via telephone. If the patient does not accept the offer of a short notice appointment, this cannot be managed as a reasonable offer and the clock remains unaffected.
  - If a patient accepts a short-notice appointment this is then considered to be an agreed appointment, and the patient should be informed of the consequences if the appointment needs to be changed. If the patient does not attend the appointment, it should be managed as a CNA or DNA as appropriate.

## Partial booking: 2-stage process

- Under the partial booking process, an acknowledgement must be sent to the patient when the referral is received and accepted. This should explain the booking process that will be used for their appointment, including a choice of digital or non-digital methods. A letter should then be sent to the patient four weeks before it is anticipated they will be seen, asking them to phone and make an appointment, or book their appointment via the patient-facing platform within the next 10 days (phone letter).

- If the patient has not responded to the phone letter within two weeks, a reminder letter or alternative contact (email text etc.) should be sent requesting contact within a further two weeks and informing the patient failure to do so will result in them being removed from the waiting list.
- If the local booking process is to send a proposed appointment date in the second letter, (after the acknowledgement letter from referral), the patient should be clearly directed on their options and timeline (two weeks) to change this appointment. After this date, the appointment will be deemed as mutually agreed as long as the date was sent within three weeks of the date offered. An opportunity to actively confirm the date is required via, phone or text reminder process is seen as good practice.
- If the patient has not responded to the booking process within four weeks from the date of the first attempted contact, they should be removed from the waiting list and the patient and referrer notified

### Reasonable offer

- Organisations must ensure that all appointments are mutually agreeable, and that the patient has been offered a choice of dates within the agreed timeframes, if required to get an agreed date.
- Patients should be offered at least two possible dates and/or times, which must be more than two weeks in the future. In the case of offers of treatment at a regional provider/ outsourced contract the refusal to even be offered two appointments is considered refusing a reasonable offer if they cannot provide a legitimate reason (as previous described under regional provision).
- Patients should be offered appointments at any location providing the required service in line with patient's clinical needs. This includes a Welsh Regional Centre/provision or external provider. Travelling to locations other than the patient's local health board for treatment will be considered reasonable if this was explained to the patient when they were referred or in the receipt of referral acknowledgement.
- An adjustment can be applied where it has not been possible to agree a suitable date within the booking period originally planned. The adjustment will be for the period of difference from when it was planned to pool them to when the appointment is actually booked. (Adjustment can only be applied at the booking stage).
- HBs must consider postage times when sending letters offering a direct booking appointment to patients to avoid the patient receiving the letter on, or following, the day of the appointment. If a patient does not attend an appointment (and DNA recorded) and subsequently contacts the HB to state that they did not receive the appointment letter in time, the HB should amend the patient record, and the clock should continue with no adjustment. An alternative timely offer should be made to the patient at the earliest opportunity. To avoid this, HBs must ensure that letters offering a direct booking should be sent a minimum of 10 working days before the appointment date.

### Refusal of a reasonable offer

- A patient may be deemed to have refused a reasonable offer when a minimum of two appointments appropriately spaced apart and on alternative dates have been offered and it has not proved possible to agree an appointment. Two appointments may not be possible for some appointments such as agreeing treatment locations, diagnostic test dates for clinics that run only monthly. Local discretion on reasonable offer on these occasions is appropriate and should be explained to the patient and noted in their records. (Offering more than two at one time may also be beneficial where it is reasonable to do so).
- If the patient declares themselves as unavailable for the time period in which the offers are being made, the social unavailability guidelines will apply. (See Adjustments section). Additional consideration may be required for “Vulnerable groups” depending on their needs.
- If the patient is available during the offer period, but refuses a reasonable offer, the clock will be reset. It should be clearly explained to the patient that refusal of a reasonable offer to be treated at a regional/centre/provision may result in them waiting longer for their procedure. The new clock start will be the date that the patient refuses the offered appointment.
- If a patient is clinically appropriate for treatment at a regional centre/provision or external provider and they are unable to provide a legitimate reason for not accepting, this is deemed to be refusing a reasonable offer. They may be treated locally but their clock will be reset.

### Could not attend (CNA)

- A CNA occurs when the patient gives prior notice of their inability to attend a mutually agreed appointment. A patient may give notice up to and including the day but prior to the actual time of the appointment
- If a patient CNAs within any stage of the pathway, a new mutually agreed appointment must be made as soon as the patient is available, and their clock will be reset but they will remain on the pathway. This reset should be communicated to the patient when rebooking the appointment
- On the second CNA within the same pathway in the same HB, the patient should be treated as a DNA as they have broken the “compactum” to be reasonably available and as such they are at risk of being removed from the waiting list, and responsibility for ongoing care returns to the referrer
- If the consultant responsible for the patient considers that they should not, for clinical reasons, be removed from the pathway following a second CNA, they can remain on the pathway and their clock will be reset.
- When a patient as part of an already commenced pathway is referred for treatment at a Welsh Regional Centre/provision, for the purpose of practicality if the patients previous DNA/CNA episodes cannot be provided at the point of transfer, previous DNA/CNA episodes will not be considered when managing the patient pathway. However, any CNA/DNA incurred in the regional pathway will be managed under these guidelines.

### Did not attend (DNA)

- If the patient does not attend (DNA) an agreed appointment without giving notice, the patient should be removed from the waiting list and responsibility for ongoing care returns to the referrer. Appropriate notification of removal must be given to the patient and the referrer.
- If the patient is a minor or is deemed 'vulnerable' in line with the definition and table below, consideration should be given to the appropriate application of this RTT Guidance. This should be further explored in the development of local policies and procedures i.e. 'was not brought' guidelines. For vulnerable patients, the pathway should remain open until any assessments are completed and its outcome determined. Once the outcome has been determined, the clinician responsible for the patient will decide if the patient is to be removed from the pathway for clinical reasons, or they remain on the pathway with their clock reset.

## DEFINITION

In the context of the All-Wales Safeguarding Procedures, being 'vulnerable' is defined as in need of special care, support, or protection because of age, disability, risk of abuse or neglect. However, for the purpose of this RTT, vulnerability relates to an individual's likelihood of experiencing disadvantage as a result of circumstances beyond their control. All children under the age of 18 should be considered/classed as "vulnerable" to risks and poor outcomes as a result of action or inaction by other people such as their carers/parents.

- If a patient DNAs their appointment but later informs the hospital that their NHS transport did not arrive or was cancelled, this should be recorded as a hospital- initiated cancellation (HIC). As their nonattendance was due to reasons outside the patient's control, they should not be disadvantaged. It is the patient's responsibility to notify the hospital as soon as possible. A new appointment must be booked with no effect on the patient's RTT clock.
- If the consultant responsible for the patient considers that they should not, for clinical reasons, be removed from the pathway following a DNA, they remain on the pathway and their clock will be reset. To minimise the risk of clinical harm to the patient, they should be offered another appointment at the earliest opportunity, and a clock reset to their pathway made and explained.
- The DNA reset may be applied on a maximum of two occasions in any given RTT pathway. Confirmation of any reset must be communicated verbally and/or by letter to the patient and the referrer. If the patient DNAs for a third time or more, and the consultant responsible feels the patient should remain on the waiting list, the pathway should be stopped, and the clinician should write to the referrer and patient seeking clarification that they need to continue the pathway. Only if this is confirmed by the referrer and the patient will they be reinstated on the waiting list and the clock will be reset to the date of confirmation from the referrer and patient that they wish for the patient to remain on the pathway. They should restart at the most appropriate stage of the pathway based on their clinical need and their past pathway.

## Attendance outcomes

An outcome must be recorded within the information system for every patient interaction, whether the patient is present or not.

The outcome will fall into one of four categories:

- clock continue,
- clock adjustment,
- clock stop, or
- new clock start.

Health boards need to ensure 100% compliance with outcome coding after any patient interaction, either face-to-face or virtual, to reduce the need for validation of un-coded activity.

### ‘Clock continues’ outcomes

- A ‘clock continue’ outcome is used to define decision points along the pathway where the current clock status will continue. Within an RTT clock period, the clock continues to tick until a clinical decision to stop is reached or first definitive treatment commences regardless of whether the treatment is to be delivered by the treating speciality or via a therapy service.
- When there is no current RTT clock, the previous clock remains stopped. (A new clock may commence if the clinical need of a patient changes during any ongoing follow-up or trigger of the SOS, PIFU or supported self-management pathway).
- If an appointment is cancelled by the organisation (HIC), the clock will continue, and a new appointment must be booked with no effect on the patient’s RTT clock.
- All referrals within an RTT clock period to diagnostic services, therapy assessments or anaesthetic assessment, will continue the clock.
- When a patient is referred for treatment at a Welsh Regional Centre/provision for the same condition, the clock will continue.
- When a patient is referred from an NHS organisation to an independent sector organisation as part of their NHS pathway, the clock will continue. This includes transfer of care to a Welsh Regional Centre/provision.
- For those deemed as vulnerable under the definition (see definition under DNA section above) waiting times accrued at one health board should still be used and counted if their care transfers to another health board for the same condition. This is to ensure that those deemed as vulnerable are not disadvantaged and have their pathway reset. Referral protocols for vulnerable groups need to be developed by health boards to manage this along the lines of cardiac pathways.
- For other patients who move to reside in a different HB area mid-pathway, there is no formal requirement for the receiving health board to acknowledge the previous wait, however, it is good practice that the receiving HB should take into account the period the patient has already waited and offer an appointment at the earliest opportunity.
- For patients who move to reside in a different HB area mid-pathway and are considered as being ‘vulnerable’ under the definition in Paragraph 110, the receiving health board is required to acknowledge the previous wait so as not to disadvantage the patient.



## Clock Stop Outcomes

- A clock stop outcome is used to define decision points along the pathway where a current RTT clock will end.
- Clock stop outcomes are used for events which constitute a treatment, a decision that no treatment is required, when a patient commences a period of pre-optimisation, when the patient is unavailable for medical or social reasons longer than the agreed periods (see Adjustments section), when advice and guidance is returned to the referring clinician, or they are clinically removed for non-compliance with accepting or attending appointments.
- Treatment is defined as a clinical intervention intended at the time of the intervention to manage the patient's condition.
- When treatment is given in a non-admission setting (i.e. procedures undertaken in an outpatient clinic setting), the clock will stop on the date the treatment commences. This can include therapy services delivered as the definitive treatment.
- When treatment is to be delivered following an admission, the clock will stop on the date of admission. If the treatment is not carried out during the admission, the clock stop must be retracted, and the clock will continue.
- When a decision is made not to treat at the present time, the clock will stop. This may be either a clinical decision not to treat, including active monitoring, or a patient decision to refuse or defer treatment. The clock will stop on the date the decision is communicated to or by the patient.
- When a patient is transferred between consultants for reasons of clinical necessity that prevents the current pathway being completed, the clock will stop, e.g., prioritising a cardiac condition over an orthopaedic elective procedure. When this is simply a request for advice, this must be managed within the RTT clock period. The date on which it is explained to the patient that clinical responsibility for their care is being transferred to another consultant will be the clock stop date. The receipt of the referral by the second consultant will begin a new RTT clock (not for cardiac pathway), however the organisation should take into account the time already waited by the patient in deciding treatment priority/timescales.
- If a patient is enrolled on a clinical trial or added to a transplant list, the clock will stop on the date the decision is communicated to the patient.
- If a patient elects to have the next stage(s) of their pathway delivered privately outside the NHS, the clock will stop when this intention is communicated to the organisation. They are then discharged from the waiting list.
- When a diagnostic procedure converts to a therapeutic intervention which meets the treatment definition, the clock will stop. This may include a diagnostic endoscopy resulting in polypectomy which is considered the start of treatment. The clock stop date will be the date of the intervention. This may include activity undertaken in a 'one-stop-clinic.'
- If a patient is admitted as an emergency and receives an intervention for the condition for which they have an open RTT clock, and the intervention meets the treatment definition, the clock will stop. The clock stop date will be the date of the intervention.

- If a patient DNAs an appointment and is deemed clinically appropriate for removal, or has a second CNA during the pathway, or is unavailable for more than six weeks in one period, the clock will stop. The clock stop date will be the date the organisation is made aware of the event.
- If, in the opinion of a suitably qualified healthcare professional, a patient has a medical condition which will not be resolved within 6 weeks, the patient should be returned to the referring clinician, or to another clinician who will treat the condition, and the clock will stop. The clock stop date will be the date the patient is determined to be medically unavailable for this period.
- If a patient is removed from the waiting list for reasons other than treatment, the patient and their referrer must be informed of the removal and the reasons for it. The information given must include the full reasons for removal and guidelines specifying the requirements for a return to the pathway. A full audit trail of this communication must be maintained.
- If, following referral a patient is assessed by a healthcare professional as not being fit-for-treatment, the clock will stop to enable the patient to actively prepare for treatment e.g. pre-optimisation, pre-habilitation. This will be for a period as agreed with the patient. When the patient is deemed fit-for-treatment by a healthcare professional, the clock will restart at the appropriate stage of the pathway and continue until treatment is commenced.
- Once a treatment option is agreed for entry onto a Transplant list or clinical trial, the RTT clock will stop. The wait for these services is outside the RTT guidelines.

### New clock starts

- Following a clock stop, a patient should continue to be reviewed by the clinician only where this is clinically required. When a patient continues to be reviewed and a new decision to treat is made, a new RTT clock will start. The clock start date will be the date the new decision to treat is made. When there is a step change in an ongoing treatment and the new treatment cannot be started at the point when the change is discussed with the patient, a new RTT clock will begin: An example being when pain relief is no longer considered effective and an operation is now considered the best treatment, a new clock would be started when this decision is made and continue until the patient is admitted for the operation. A full audit trail of this should be maintained. The clock start date will be the date the decision to change the treatment is communicated to the patient. An incremental change to ongoing treatment will not begin a new RTT clock: an example being physiotherapy being offered to support ongoing pain relief.
- When during an emergency admission or attendance a patient is placed on the waiting list for an elective procedure scheduled to take place after discharge from the emergency services (A&E or/and emergency admission), a new RTT clock will begin. The clock start date will be the date of discharge from the emergency stay.
- For clinical reasons, some patients will require a treatment at a later point in time. A new RTT clock will begin for these planned treatments on the date that it becomes clinically appropriate to undertake the procedure.
- When a patient has been removed from the waiting list for reasons other than treatment, mainly non-availability while trying to book appointments, organisations should allow the patient to self-refer into the pathway rather than creating a new referral via the GP providing the patient now



commits to their availability. (Local discretion and communication with the patient are appropriate). The patient should return to the pathway at the clinically most appropriate place, and a new RTT clock will begin. The clock start date will be the date the referral is received by the HB. The maximum time allowed between the removal and a self-referral should be six months. After this time, a new referral should be created.

- There are specific services which start a new RTT clock as shown below.
- 

| Service                    | Clock Start                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------|
| Screening Services         | A decision to refer from a screening service would begin a new RTT Clock                       |
| Community Paediatrics      | A decision to refer from community Paediatrics would begin a new RTT clock                     |
| Routine Dialysis Treatment | A decision to refer following a dialysis session would begin a new RTT Clock                   |
| Obstetrics                 | A decision to refer from obstetrics for a non-obstetric condition would begin a new RTT clock. |

Further information on Treatment Function Title Codes can be found in [Appendix B](#)

## Managing patients on multiple pathways

- If a patient is already on a waiting list and the consultant feels it necessary for the patient to be added to a second waiting list, the procedure pathway with the least clinical priority should stop on active monitoring, e.g. if a patient is on an arthroplasty pathway but has cardiac needs that need to be addressed in order that the patient is fit for procedure, the cardiology pathway should be prioritised. The orthopaedics clock should stop. Clear communication should be sent to the patient and referrer informing them of this decision and what it means to them. When the clinical decision is made that the patient's orthopaedic pathway can resume, the clock will be restarted at the most appropriate stage of their pathway. (For further guidance please refer to Additional resources to support implementation of the RTT Guidelines document). The clinical needs of "vulnerable groups" who may be on more than one pathway may need additional review.

## Adjustments

### Patient unavailability

- When a patient is unavailable due to a short-term medical condition, such as a cold, tooth infection an adjustment to the RTT clock may be made. While this may be applied by receptionists, where required it should be supported by a suitably qualified healthcare professional, who agrees that a patient has a condition which will be resolved within 6 weeks.

The patient should remain on the active waiting list and an adjustment of up to 6 weeks may be applied. If it is felt by a qualified healthcare professional not to be a condition which should resolve in 6 weeks a clock stop should be applied.

- The adjustment should start from the date of the decision that the patient is medically unfit and continue to the date that the patient is declared fit for the procedure. This period must not exceed 6 weeks in each stage of the pathway. If a patient is reviewed after the expected recovery period and recovery has not been effective, or a further condition has developed, the patient should be returned to the referring clinician, or another clinician who will treat the condition, and the RTT clock will end. A second 6-week period cannot be applied within the same stage of the pathway.
- When a patient is unavailable due to social reasons, an adjustment to the RTT clock may be applied. (maximum 6 weeks).
- When the period of unavailability is less than two weeks, no adjustment may be made.
- When the period of unavailability is between two and six weeks, an adjustment may be made for the full period of time that the patient is unavailable.
- When the period of unavailability is more than six weeks the patient should be removed from the pathway and the patient and referrer notified. This includes periods of social and clinical availability (see below). The patient and/or referrer should notify the health board when the patient is available, and the clock restarted at the most appropriate stage of the pathway. If the period of unavailability (including for purposes of patient optimisation) exceeds 6 months, a new referral will be required.

**Social unavailability:** when the patient informs the health board that they are unavailable for more than 6 weeks due to patient choice, e.g., an extended holiday/period of travel.

**Clinical unavailability:** when the patient is unable to receive treatment due to a clinical reason/decision. This may include during a period of optimisation or treatment on another pathway which has been prioritised.

## Service Delivery

### Planned care

- Planned care relates to elective admissions and review activity, both face-to-face and virtual, undertaken with and without admission, in areas such as in outpatient environments, and hospital wards. This includes Welsh Regional Centers/provision. Care is planned to occur in the future.
- When a patient clinically requires bilateral or sequential procedures, the RTT clock for the first procedure will be managed routinely under the RTT guidelines. A new RTT clock will begin when the patient is deemed fit and ready for the second or subsequent procedure/s. This will be

clinically determined. The clock will start on the date of the decision to admit or carry out the procedure in an outpatient environment. The clock will stop on the date of admission or the date when the procedure is undertaken in an outpatient environment for the second or subsequent Procedure/s.

- When a required intervention must be delayed until a certain level of developmental maturity is reached, the patient will be actively monitored until ready to undergo the procedure. At the time of this decision the current RTT clock will end once active monitoring is decided. A new RTT clock will begin when the consultant decides that the patient is ready and fit for the procedure, and a decision to admit is made. The clock will start on the date of the decision is made that the patient is ready to receive the treatment and stop on the date of admission for the procedure.
- When a planned intervention is part of a surveillance Programme RTT will not apply. When the decision is taken to commence a surveillance Programme, the current RTT clock will end. This may be as a result of an initial intervention or diagnostic test leading to the surveillance Programme.

## Emergency care

- RTT guidelines apply to elective pathways only and therefore admissions arising directly from emergency attendances will not begin an RTT clock. However, a new elective or planned pathway initiated through an emergency event will begin a new RTT clock. This includes episodes of same-day emergency care (SDEC) or attendance at a 'hot clinic.
- If a patient is seen during an emergency attendance or admission by a consultant team and subsequent follow-up is arranged under their care or at a specific emergency clinic, this will not begin a new RTT clock. A later decision to treat would begin a new RTT clock. The clock would start on the date the decision is made.
- If a patient is seen during an emergency attendance or admission by a consultant team, and there is a decision to treat the patient on an elective or planned basis, a new RTT clock would begin. The clock would start on the date of discharge from the emergency stay/attendance.
- If a patient is referred during an emergency attendance or admission to another consultant to be seen outside of the emergency event, the referral will begin a new RTT clock. The clock would start on the date the referral is received by the second consultant.
- If a patient with a current RTT clock is admitted as an emergency and is treated for the same condition for which they were originally referred during their emergency stay, the RTT clock will stop. The clock will stop on the date the treatment is carried out.
- If a patient with a current RTT clock is admitted as an emergency but is not treated for the same condition for which they were originally referred during their emergency stay, the clock will continue. In the event that the patient is deemed medically unfit to undergo the treatment for which they are waiting, the guidelines for patient unavailability should be applied.

## Accountability

### Recording and reporting

## Reporting formats

- All targets must be reported according to the requirements of the NHS Wales Data Dictionary. Organisations must consult the data dictionary for details of required formats, fields, timescales, and routes of reporting.
- HBs must ensure that appropriate systems are in place to capture the information necessary to meet the requirements for reporting.

## Accountability for monitoring and managing open pathways

- The HB with current clinical responsibility for the patient is accountable for the monitoring of that patient's pathway (except cancer).
- When the patient's RTT pathway involves more than one organisation or information system, HBs must ensure that communication protocols are utilised so that appropriate information is shared and RTT clocks are measured accurately. (Particularly for cancer, cardiac pathways, and vulnerable persons (see definition P21) when the clock continues along the pathway from referral to intervention and/or surgery).
- When NHS activity is commissioned from an independent sector provider (non-NHS), the HB commissioning the pathway is accountable for the monitoring and reporting of that patient's pathway. HBs must ensure that communication protocols are utilised so that appropriate information is shared, and RTT clocks are measured accurately.
- When a HB refers a patient for treatment at a Welsh Regional Centre/provision, the current model is that the referring HB is accountable for the monitoring and reporting of that patient's pathway. In future, it is anticipated that Welsh regional centres/provision will become a stand-alone provider and be responsible for holding, managing, and reporting their waiting list. HBs must ensure that robust standard operating procedures are implemented to ensure effective communication and information-sharing between the HB and the Welsh Regional Centre/provision. The aim being to maintain patient safety and fairness in terms of waiting times, access to care and accurate RTT reporting. (For further guidance please refer to the Additional resources to support implementation of the RTT Guidelines document.
- When a referral is made to an English NHS provider as part of a managed long-term commissioning contract, the English NHS provider is accountable for the monitoring of that patient's pathway, but this should be monitored by NHS Wales health board as part of their commissioning arrangements. English NHS providers must ensure that communication protocols are utilised so that appropriate information is shared, and RTT clocks are measured accurately. The Welsh targets need to be communicated as part of any contracts with other NHS providers (England and Wales).

## Accountability for performance

- When the patient's RTT clock is managed entirely within a single HB, the accountability for performance against the targets lies with that HB.

- When the patient's RTT pathway involves more than one HB, the HB delivering the care is accountable for performance against the RTT targets.
- When NHS activity is commissioned from an independent sector provider, or NHS England as part of spot commissioning the accountability lies with the HB commissioning the activity. This also applies to those patients who are referred for treatment at a Welsh Regional Centre/provision until the Welsh regional centres/provision are established as stand-alone providers.
- Where the patient pathway is commissioned by NHS Wales Joint Commissioning Committee (WJCC) the accountability for performance against the targets lies with the provider health board. HBs and WJCC must jointly ensure that communication protocols are utilised so that appropriate information is shared, and RTT clocks are measured accurately.

### Accountability for reporting

- The HB with clinical responsibility for the patient at the reporting census date is responsible for reporting performance against the open pathway waiting time target.
- The HB with clinical responsibility for the patient at the time of treatment is responsible for reporting performance against the closed pathway waiting time target.
- When NHS activity is commissioned from an independent sector provider, (including a Welsh regional centre/provision), the HB commissioning the pathway is responsible for reporting performance against the target. HBs must ensure that communication and information-sharing protocols are utilised so that appropriate information is shared, and RTT clocks are reported accurately.
- When a referral is made to an English provider through a long-term contract, that provider is responsible for reporting performance against the target. HBs must ensure that requirements for reporting are contractually included in commissioning agreements. In the case of short-term "spot purchase" commissioning, the HB commissioning the activity is responsible for reporting wait.

## Responsibilities

### Chief Executive

The Chief Executive is overall responsible for ensuring the requirements within this policy are fulfilled.

### Director of Operations

The Director of Operations is responsible for ensuring the requirements within this policy are fulfilled and that all operational responsibilities are in place.

### Clinical Leads and Clinicians

Are responsible for ensuring that whilst considering patient care, all patients are managed in accordance with the agreed patient access policy and they are fully aware of the overarching principles.

### General Managers

Are responsible for ensuring the patient access policy is disseminated, fully implemented and adhered to by all staff within their designated areas of managerial responsibility across the Health Board.

**Service Delivery Managers (including support managers)**

Are responsible for ensuring the patient access policy is disseminated, fully implemented and adhered to by all staff within their designated areas of managerial responsibility across the Health Board. They must also ensure all waiting lists under their managerial control are managed in accordance with the rules and regulations.

**Administrative Support Services**

Administrative support services such as Waiting List, Health Records, Validation, must ensure that patients are effectively communicated with; all staff are fully aware of the agreed policy, that they comply with agreed guidance and the patient pathway is managed in accordance with the principles.

**RTT Optimisation Group**

The RTT Optimisation Group has the responsibility for reviewing this policy and ensuring there is effective implementation and distribution across the necessary staff groups within the Health Board. The RTT Optimisation Group is also responsible for monitoring and regularly reviewing compliance levels associated with the policy.

**PPPAC and Performance Review Committee**

Will be responsible for receiving and reviewing regular update reports in regards to compliance with the patient access policy and national guidance.

## Appendix A - Policy documents

A Guide to Good Practice: Elective Services (NLIAH, 2005)

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

Our programme for transforming and modernising planned care and reducing waiting lists in Wales  
(April 2022) Promote, prevent, and prepare for planned care (3Ps Policy) (August 2023)

The role of outpatients in transforming planned care in Wales 2023-26 (August 2023)

WHC (2005) 090 – Implementation of a Guide to Good Practice

WHC (2006) 081 – Delivering a 26 Week Patient Pathway - An Implementation Framework

WHC (2007) 014 – Access 2009 - Referral to Treatment Time Measurement

WHC (2007) 051 – 2009 Access - Delivering a 26 Week Patient Pathway- Integrated Delivery and Implementation Plan

WHC (2007) 075 – 2009 Access Project – Supplementary Guidance for Implementing 26-Week Patient Pathways

WHC (2023) 022: Armed Forces Covenant – Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel



## Appendix B - Treatment function codes. Surgical Specialties.

| CODE | TREATMENT FUNCTION TITLE                     | INCLUDED/EXCLUDED |
|------|----------------------------------------------|-------------------|
| 100  | General Surgery Service                      |                   |
| 101  | Urology Service                              |                   |
| 102  | Transplant Surgery Service                   |                   |
| 103  | Breast Surgery Service                       |                   |
| 104  | Colorectal Surgery Service                   |                   |
| 105  | Hepatobiliary and Pancreatic Surgery Service |                   |
| 106  | Upper Gastrointestinal Surgery Service       |                   |
| 107  | Vascular Surgery Service                     |                   |
| 108  | Spinal Surgery Service                       |                   |
| 109  | Bariatric Surgery Service                    |                   |
| 110  | Trauma and Orthopaedic Service               |                   |
| 111  | Orthopaedic Service                          |                   |
| 113  | Endocrine Surgery Service                    |                   |
| 115  | Trauma Surgery Service                       |                   |
| 120  | Ear Nose and Throat Service                  |                   |
| 130  | Ophthalmology Service                        |                   |
| 140  | Oral Surgery Service                         |                   |
| 141  | Restorative Dentistry Service                |                   |
| 143  | Orthodontic Service                          |                   |
| 144  | Maxillofacial Surgery Service                |                   |
| 145  | Oral and Maxillofacial Surgery Service       |                   |
| 150  | Neurosurgical Service                        |                   |
| 160  | Plastic Surgery Service                      |                   |
| 161  | Burns Care Service                           |                   |
| 170  | Cardiothoracic Surgery Service               |                   |
| 172  | Cardiac Surgery Service                      |                   |
| 173  | Thoracic Surgery Service                     |                   |
| 174  | Cardiothoracic Transplantation Service       |                   |

### Paediatric Specialties:

| CODE | TREATMENT FUNCTION TITLE                          | INCLUDED/EXCLUDED |
|------|---------------------------------------------------|-------------------|
| 142  | Paediatric Dentistry Service                      |                   |
| 171  | Paediatric Surgery Service                        |                   |
| 211  | Paediatric Urology Service                        |                   |
| 212  | Paediatric Transplantation Surgery Service        |                   |
| 213  | Paediatric Gastrointestinal Surgery Service       |                   |
| 214  | Paediatric Trauma and Orthopaedic Service         |                   |
| 215  | Paediatric Ear Nose and Throat Service            |                   |
| 216  | Paediatric Ophthalmology Service                  |                   |
| 217  | Paediatric Oral and Maxillofacial Surgery Service |                   |
| 218  | Paediatric Neurosurgery Service                   |                   |
| 219  | Paediatric Plastic Surgery Service                |                   |
| 220  | Paediatric Burns Care Service                     |                   |
| 221  | Paediatric Cardiac Surgery Service                |                   |



| CODE | TREATMENT FUNCTION TITLE                           | INCLUDED/EXCLUDED |
|------|----------------------------------------------------|-------------------|
| 222  | Paediatric Thoracic Surgery Service                |                   |
| 223  | Paediatric Epilepsy Service                        |                   |
| 230  | Paediatric Clinical Pharmacology Service           |                   |
| 240  | Paediatric Palliative Medicine Service             |                   |
| 241  | Paediatric Pain Management Service                 |                   |
| 242  | Paediatric Intensive Care Service                  |                   |
| 250  | Paediatric Hepatology Service                      |                   |
| 251  | Paediatric Gastroenterology Service                |                   |
| 252  | Paediatric Endocrinology Service                   |                   |
| 253  | Paediatric Clinical Haematology Service            |                   |
| 254  | Paediatric Audio Vestibular Medicine Service       |                   |
| 255  | Paediatric Clinical Immunology and Allergy Service |                   |
| 256  | Paediatric Infectious Diseases Service             |                   |
| 257  | Paediatric Dermatology Service                     |                   |
| 258  | Paediatric Respiratory Medicine Service            |                   |
| 259  | Paediatric Nephrology Service                      |                   |
| 260  | Paediatric Medical Oncology Service                |                   |
| 261  | Paediatric Inherited Metabolic Medicine Service    |                   |
| 262  | Paediatric Rheumatology Service                    |                   |
| 263  | Paediatric Diabetes Service                        |                   |
| 264  | Paediatric Cystic Fibrosis Service                 |                   |
| 270  | Paediatric Emergency Medicine Service              |                   |
| 280  | Paediatric Interventional Radiology Service        |                   |
| 290  | Community Paediatric Service                       |                   |
| 291  | Paediatric Neurodisability Service                 |                   |
| 321  | Paediatric Cardiology Service                      |                   |
| 421  | Paediatric Neurology Service                       |                   |

### Medical Specialties:

| CODE | TREATMENT FUNCTION TITLE                 | INCLUDED/EXCLUDED |
|------|------------------------------------------|-------------------|
| 180  | Emergency Medicine Service               |                   |
| 190  | Anaesthetic Service                      |                   |
| 191  | Pain Management Service                  |                   |
| 192  | Intensive Care Medicine Service          |                   |
| 200  | Aviation and Space Medicine Service      |                   |
| 300  | General Internal Medicine Service        |                   |
| 301  | Gastroenterology Service                 |                   |
| 302  | Endocrinology Service                    |                   |
| 303  | Clinical Haematology Service             |                   |
| 304  | Clinical Physiology Service              |                   |
| 305  | Clinical Pharmacology Service            |                   |
| 306  | Hepatology Service                       |                   |
| 307  | Diabetes Service                         |                   |
| 308  | Blood and Marrow Transplantation Service |                   |
| 309  | Haemophilia Service                      |                   |
| 310  | Audio Vestibular Medicine Service        |                   |
| 311  | Clinical Genetics Service                |                   |

| CODE | TREATMENT FUNCTION TITLE                | INCLUDED/EXCLUDED |
|------|-----------------------------------------|-------------------|
| 313  | Clinical Immunology and Allergy Service |                   |
| 314  | Rehabilitation Medicine Service         |                   |
| 315  | Palliative Medicine Service             |                   |
| 316  | Clinical Immunology Service             |                   |
| 317  | Allergy Service                         |                   |
| 318  | Intermediate Care Service               |                   |
| 319  | Respite Care Service                    |                   |
| 320  | Cardiology Service                      |                   |
| 322  | Clinical Microbiology Service           |                   |
| 323  | Spinal Injuries Service                 |                   |
| 324  | Anticoagulant Service                   |                   |
| 325  | Sport and Exercise Medicine Service     |                   |
| 326  | Acute Internal Medicine Service         |                   |
| 327  | Cardiac Rehabilitation Service          |                   |
| 328  | Stroke Medicine Service                 |                   |
| 329  | Transient Ischaemic Attack Service      |                   |
| 330  | Dermatology Service                     |                   |
| 331  | Congenital Heart Disease Service        |                   |
| 333  | Rare Disease Service                    |                   |
| 335  | Inherited Metabolic Medicine Service    |                   |
| 340  | Respiratory Medicine Service            |                   |
| 341  | Respiratory Physiology Service          |                   |
| 342  | Pulmonary Rehabilitation Service        |                   |
| 343  | Adult Cystic Fibrosis Service           |                   |
| 347  | Sleep Medicine Service                  |                   |
| 348  | Post-COVID-19 Syndrome Service          |                   |
| 350  | Infectious Diseases Service             |                   |
| 352  | Tropical Medicine Service               |                   |
| 360  | Genitourinary Medicine Service          |                   |
| 361  | Renal Medicine Service                  |                   |
| 370  | Medical Oncology Service                |                   |
| 371  | Nuclear Medicine Service                |                   |
| 400  | Neurology Service                       |                   |
| 401  | Clinical Neurophysiology Service        |                   |
| 410  | Rheumatology Service                    |                   |
| 420  | Paediatric Service                      |                   |
| 422  | Neonatal Critical Care Service          |                   |
| 424  | Well Baby Service                       |                   |
| 430  | Elderly Medicine Service                |                   |
| 431  | Orthogeriatric Medicine Service         |                   |
| 450  | Dental Medicine Service                 |                   |
| 451  | Special Care Dentistry Service          |                   |
| 460  | Medical Ophthalmology Service           |                   |
| 461  | Ophthalmic and Vision Science Service   |                   |
| 501  | Obstetrics Service                      |                   |



| CODE | TREATMENT FUNCTION TITLE                 | INCLUDED/EXCLUDED |
|------|------------------------------------------|-------------------|
| 502  | Gynaecology Service                      |                   |
| 503  | Gynaecological Oncology Service          |                   |
| 504  | Community Sexual and Reproductive Health |                   |
| 505  | Foetal Medicine Service                  |                   |
| 834  | Medical Virology Service                 |                   |

### Mental health services

| CODE | TREATMENT FUNCTION TITLE                          | INCLUDED/EXCLUDED |
|------|---------------------------------------------------|-------------------|
| 656  | Clinical Psychology Service                       |                   |
| 700  | Learning Disability Service                       |                   |
| 710  | Adult Mental Illness Service                      |                   |
| 711  | Child and Adolescent Psychiatry Service           |                   |
| 712  | Forensic Psychiatry Service                       |                   |
| 713  | Medical Psychotherapy Service                     |                   |
| 715  | Old Age Psychiatry Service                        |                   |
| 720  | Eating Disorders Service                          |                   |
| 721  | Addiction Service                                 |                   |
| 722  | Liaison Psychiatry Service                        |                   |
| 723  | Psychiatric Intensive Care Service                |                   |
| 724  | Perinatal Mental Health Service                   |                   |
| 725  | Mental Health Recovery and Rehabilitation Service |                   |
| 726  | Mental Health Dual Diagnosis Service              |                   |
| 727  | Dementia Assessment Service                       |                   |
| 730  | Neuropsychiatry Service                           |                   |

### Other services

| CODE | TREATMENT FUNCTION TITLE            | INCLUDED/EXCLUDED |
|------|-------------------------------------|-------------------|
| 560  | Midwifery Service                   |                   |
| 650  | Physiotherapy Service               |                   |
| 651  | Occupational Therapy Service        |                   |
| 652  | Speech and Language Therapy Service |                   |
| 653  | Podiatry Service                    |                   |
| 654  | Dietetics Service                   |                   |
| 655  | Orthoptics Service                  |                   |
| 657  | Prosthetics Service                 |                   |
| 658  | Orthotics Service                   |                   |
| 659  | Dramatherapy Service                |                   |
| 660  | Art Therapy Service                 |                   |
| 661  | Music Therapy Service               |                   |
| 662  | Optometry Service                   |                   |
| 663  | Podiatric Surgery Service           |                   |

| <b>CODE</b> | <b>TREATMENT FUNCTION TITLE</b>           | <b>INCLUDED/EXCLUDED</b> |
|-------------|-------------------------------------------|--------------------------|
| <b>670</b>  | Urological Physiology Service             |                          |
| <b>673</b>  | Vascular Physiology Service               |                          |
| <b>675</b>  | Cardiac Physiology Service                |                          |
| <b>677</b>  | Gastrointestinal Physiology Service       |                          |
| <b>800</b>  | Clinical Oncology Service                 |                          |
| <b>811</b>  | Interventional Radiology Service          |                          |
| <b>812</b>  | Diagnostic Imaging Service                |                          |
| <b>822</b>  | Chemical Pathology Service                |                          |
| <b>840</b>  | Audiology Service                         |                          |
| <b>920</b>  | Diabetic Education Service                |                          |
| <b>998</b>  | Diagnostic                                |                          |
| <b>999</b>  | Allied Health Professional (AHP) Services |                          |

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

|                                  |                |
|----------------------------------|----------------|
| <b>Director and DirectorateC</b> | Paula Goode    |
| <b>Service Area</b>              | Scheduled Care |

|                                                                      |               |
|----------------------------------------------------------------------|---------------|
| <b>Title of Procedure, Project, Proposal, Policy being screened:</b> | Access Policy |
|----------------------------------------------------------------------|---------------|

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

This policy is to ensure that the period patients wait for elective (planned) care are measured and reported in a consistent and fair manner.

- Setting out clearly and succinctly the rules to ensure that each patient's RTT period begins and ends fairly and consistently;
- Highlighting both the patient and NHS roles and responsibilities and the potential consequences if this mutual compact is not fully met.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

This policy applies to all patients who require to access elective care across Hywel Dda University Health Board and requires to be adhered to by all staff who are involved in the implementation of all aspects of this policy.

References that apply to the content of the policy which aligns with national rules, published as below.

Revised Guidance for Managing Referral to Treatment Waiting Times April 2025,  
Revised Rules for Managing Referral to Treatment Waiting Times for Phased Implementation April 2017: Welsh Government Cancer specific additional guidance - To support revised RTT Guidance, Issued April 2017, Welsh Government RTT - Patient perspective. What is it? What do I need to know? Issued April 2017, Welsh Government

- WHC (2004) 067 – Definitions to Support the Cancer Waiting Times SaFF Target.
- WHC (2005) 027 – Monthly data collection of cancer waiting times to start definitive treatment.
- WHC (2005) 090 – Implementation of a Guide to Good Practice.
- WHC (2006) 081 – Delivering a 26 Week Patient Pathway - An Implementation Framework. Database No: 534 Page 31 of 39 Version 4.0 Patient Access – Elective Care Policy Please check that this is the most up to date version
- WHC (2007) 014 – Access 2009 - Referral to Treatment Time Measurement.
- WHC (2007) 051 – 2009 Access - Delivering a 26 Week Patient Pathway- Integrated Delivery and Implementation Plan.

- WHC (2007) 075 – 2009 Access Project – Supplementary Guidance for Implementing 26-Week Patient Pathways.
- Cancer waiting targets: A guide (Version 4) (Department of Health, 2005).
- A Guide to Good Practice: Elective Services (NLIAH, 2005).
- Cancer Waiting Times: a Guide for Urologists (NHS National Cancer Action Team, 2006).
- Cancer Waiting Times SaFF 05/06 and 06/07 query log.
- Single Source Guidance on the SaFF 2006-07 Cancer Waiting Times Target (WAG letter to service, 2006).
- WHC (2018)018 Consolidated Rules for Managing Cardiac referral to Treatment Waiting Times.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                 |  |           |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------|--|-----------|---|
| <b>Age</b><br>Is it likely to affect older and younger people in different ways or affect one age group and not another?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ✓ | Negative Impact |  | No Impact |   |
| Consideration of vulnerable groups within access policy to ensure clarity on access principles. See section 10 of the policy under the DNA section..In the context of the All-Wales Safeguarding Procedures, being ‘vulnerable’ is defined as in need of special care, support, or protection because of age, disability, risk of abuse or neglect. However, for the purpose of this RTT, vulnerability relates to an individual’s likelihood of experiencing disadvantage as a result of circumstances beyond their control. All children under the age of 18 should be considered/classed as “vulnerable” to risks and poor outcomes as a result of action or inaction by other people such as their carers/parents. |   |                 |  |           |   |
| <b>Disability</b><br>Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ✓ | Negative Impact |  | No Impact |   |
| Consideration of vulnerable groups within access policy to ensure clarity on access principles. See above age category for detail.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                 |  |           |   |
| <b>Gender Reassignment</b><br>Is it likely to affect those who either:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                 |  |           |   |
| <ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                 |  |           |   |
| Positive Impact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | Negative Impact |  | No Impact | ✓ |



No difference in policy for this group. Everyone treated as equal.

### Marriage / Civil Partnership

Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.

Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

This group is in relation to workplace and employment and is therefore not relevant for this policy

### Pregnancy and Maternity

Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

This policy does not have a differential impact on this group compared to others

### Race / Ethnicity

Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

This policy does not have a differential impact on this group compared to others

### Religion or Belief

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

This policy does not have a differential impact on this group compared to others

### Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

Justification of impact identified:

This policy does not have a differential impact on this group compared to others

### Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|



Justification of impact identified:

This policy does not have a differential impact on this group compared to others

### Armed Forces Community

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

|                 |   |                 |  |           |  |
|-----------------|---|-----------------|--|-----------|--|
| Positive Impact | ✓ | Negative Impact |  | No Impact |  |
|-----------------|---|-----------------|--|-----------|--|

Consideration of vulnerable groups within access policy to ensure clarity on access principles. Positive for Armed forces community as required by law. See section 10 of the policy under booking process. 'All Armed Forces veterans are entitled to receive priority access to NHS care and treatment for any conditions (mental and physical) which are considered to be related to, or resulting, from their military service.'

### Socio Economic Duty

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

This policy does not have a differential impact on this group compared to others

### Welsh Language

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

|                 |  |                 |  |           |   |
|-----------------|--|-----------------|--|-----------|---|
| Positive Impact |  | Negative Impact |  | No Impact | ✓ |
|-----------------|--|-----------------|--|-----------|---|

The opportunity for a person to use their Welsh Language remains the same, all staff are aware of the translation services available.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

|  |      |              |
|--|------|--------------|
|  | Name | Jim Plunkett |
|--|------|--------------|

|                                                                                                      |                 |                                                                              |
|------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|
| Screening Completed by:                                                                              | Title           | Validation Manager                                                           |
|                                                                                                      | Contact details | Jim.plunkett3@wales.nhs.uk                                                   |
|                                                                                                      | Date            | 18/6/2025                                                                    |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Amorelle Jones                                                               |
|                                                                                                      | Title           | Service Delivery Manager                                                     |
|                                                                                                      | Contact details | <a href="mailto:Amorelle.jones@wales.nhs.uk">Amorelle.jones@wales.nhs.uk</a> |
|                                                                                                      | Date            | 18/6/2025                                                                    |
| Guidance has been provided by Diversity & Inclusion Team:                                            | Name            | Kylie Daniels                                                                |
|                                                                                                      | Title           | Senior Diversity and Inclusion Officer                                       |
|                                                                                                      | Contact details | <a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>   |
|                                                                                                      | Date            | 17/07/25                                                                     |
| Diversity and Inclusion Team additional Comments:                                                    |                 |                                                                              |

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

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## 8 - FOR INFORMATION

8.1

1:25 PM, 5 Mins

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8.1 - ALL-WALES CAPITAL PROGRAMME  
2025/26, CAPITAL RESOURCE LIMIT AND  
CAPITAL FINANCIAL MANAGEMENT  
UPDATE

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For information

**Attachments**

[Capital Update FPC 21 October 2025.pdf](#)



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

|                                                        |                                                                                              |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:</b><br><b>DATE OF MEETING:</b>  | 21 October 2025                                                                              |
| <b>TEITL YR ADRODDIAD:</b><br><b>TITLE OF REPORT:</b>  | All-Wales Capital Programme 2025/26, Capital Resource Limit and Capital Financial Management |
| <b>CYFARWYDDWR ARWEINIOL:</b><br><b>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance                                                    |
| <b>SWYDDOG ADRODD:</b><br><b>REPORTING OFFICER:</b>    | Sarah Welsby, Senior Finance Business Partner Planning and Major Projects                    |

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

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

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

This update report is presented to the Finance and Performance Committee to:

- Note the 2025/26 Capital Resource Limit (CRL)
- Note the current risk associated with delivery of 2025/26 CRL
- Note the project updates

**Cefndir / Background**

This report provides an update on the CRL for 2025/26.

Every year the CRL is fixed, towards the end of October, meaning that is the point at which the Health Board has to manage its spend within a set quantum for the remainder of the financial year.

There is currently a higher level of uncertainty than usual regarding the level of capital funding that will be received from Welsh Government before the CRL needs to be fixed on the 31 October 2025.

**Asesiad / Assessment**

**CAPITAL RESOURCE LIMIT 2025/26**

The CRL for 2025/26 has been issued with the following allocations:

| <b>Allocation</b>                  | <b>£'m</b>    |
|------------------------------------|---------------|
| All Wales Capital Programme (AWCP) | 27.950        |
| Discretionary Programme* (DCP)     | 6.850         |
| IFRS 16 Leases                     | 0.281         |
| <b>Total</b>                       | <b>35.081</b> |

\*The Health Board received DCP of £10m in 2025/26. A contribution of £2.205m has been made towards the Targeted Estates Fund schemes within AWCP. A further £0.945m has been paid back to the AWCP to account for capital scheme slippages in 2024/25.

Since the last report the following amendments have been made to the CRL:

| Scheme                                                 | £m           | Description                                                                           |
|--------------------------------------------------------|--------------|---------------------------------------------------------------------------------------|
| Backlog Maintenance - 2024-25                          | (0.144)      | Funding returned to WG due to underspend                                              |
| Aberystwyth Sexual Assault Referral Centre             | (0.300)      | Funding returned to WG due to underspend                                              |
| Aseptic Unit, Withybush Hospital                       | (1.800)      | Deferral of funding to align with current project expected timeline                   |
| Targeted Estates Fund (TEF)                            | 1.006        | Additional Targeted Estates Fund (TEF) funding                                        |
| Gamma Camera Upgrade, Withybush General Hospital (WGH) | 0.481        | Upgrade of Gamma Camera at WGH                                                        |
| Mental Health Quality and Safety Schemes               | 1.381        | New allocation for a number of schemes relating to improving mental health facilities |
| Fishguard Health and Wellbeing Centre                  | (1.500)      | Deferral of funding to align with current project expected timeline                   |
| MRI Upgrade, Glangwili General Hospital (GGH)          | 1.324        | Upgrade of MRI at GGH                                                                 |
| Radiology Ultrasound Replacement, PPH                  | 0.138        | New allocation                                                                        |
| Hospital Helicopter Landing Sites                      | 0.064        | Funding towards compliance works required at hospital helicopter landing sites        |
| <b>Total</b>                                           | <b>0.650</b> |                                                                                       |

## RISK ASSOCIATED WITH DELIVERY OF 2025/26 CAPITAL RESOURCE LIMIT

A corporate risk is currently being drafted for approval by The Executive Team highlighting the risk of not meeting the Capital Resource Limit.

There are a number of contributory factors towards the assessment of this risk:

- Uncertainty regarding funding allocations from Welsh Government (WG). The Discretionary Capital Programme has been over-committed in anticipation of a funding allocation of £0.845m towards the urgent remedial works required to the concrete cladding at Withybush Hospital. Correspondence received from WG state that we will not know the outcome of this funding request until at least November.
- Spend against the capital programme is currently at 15.6% of the allocated budget which is significantly lower than previous financial years.
- Furthermore, committed spend against the programme (via approved purchase orders) is at 31.3%.

Further detail explaining the reason for raising the risk is provided below.

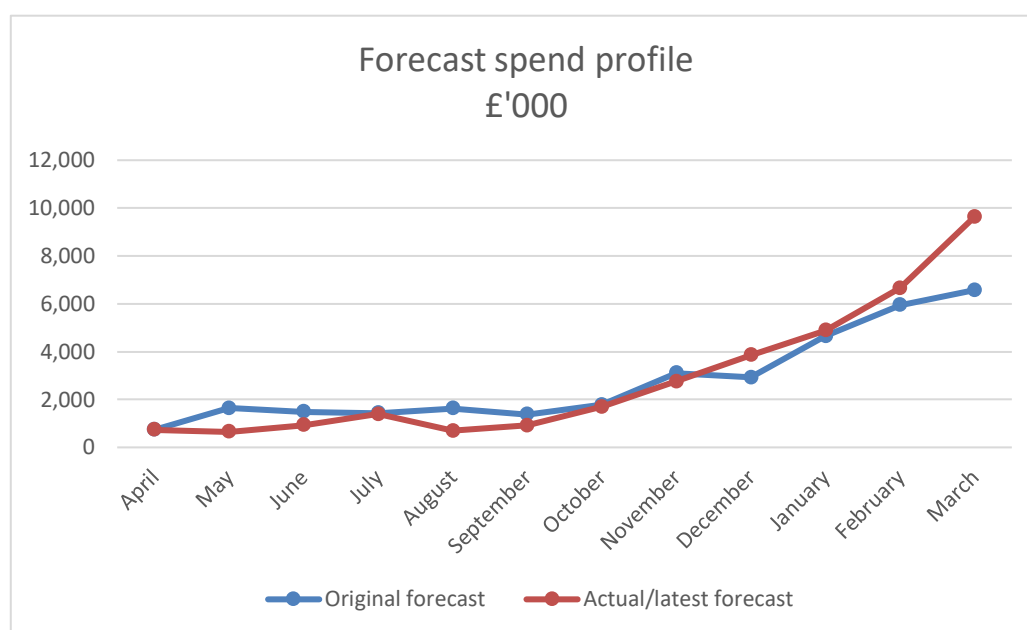
## EXPENDITURE PROFILE FORECAST

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for August was lower than forecast due to:

- Aberystwyth SARC (£0.16m) – forecast underspend against project declared and £0.3m funding now returned to WG
- Pentre Awel – (£0.12m) – no risks to delivery by year end flagged at this point
- Carmarthen Hwb – (£0.25m) - no risks to delivery by year end flagged at this point
- TEF schemes – (£0.2m) – risks to forecast TEF expenditure are expanded on later in this report

Expenditure for September was lower than forecast due to:

- Carmarthen Hwb – (£0.25m) - no risks to delivery by year end flagged at this point
- TEF schemes – (£0.14m)



## CAPITAL EXPENDITURE PLAN

The following table shows the capital expenditure plan for 2025/26 with expenditure incurred to date. Included against discretionary Estates Infrastructure is planned expenditure of £0.845m for the Withybush Hospital (WGH) Cladding scheme, for which funding has been requested from WG. If this is not received, then £0.845m of discretionary funded schemes will need to be deferred to next year or cancelled to avoid an overspend against the CRL.

Consequently the table below shows planned expenditure £0.845m greater than the current CRL:

| Scheme                                              | Planned Spend 2025/26 £m | Cumulative Spend Apr-Sept £m | Spend Sept £m | Remaining balance £m |
|-----------------------------------------------------|--------------------------|------------------------------|---------------|----------------------|
| <b>AWCP</b>                                         |                          |                              |               |                      |
| Glangwili - Fire Enforcement works - Phase 2 - Fees | 0.779                    | 0.520                        | 0.022         | 0.259                |

|                                                         |               |              |              |               |
|---------------------------------------------------------|---------------|--------------|--------------|---------------|
| Backlog Maintenance – (slippage from 2024-25)           | 1.324         | 0.367        | 0.024        | 0.957         |
| Aberystwyth Sexual Assault Referral Centre              | 2.067         | 1.596        | 0.151        | 0.471         |
| Block C, Picton Terrace, Carmarthenshire                | 2.488         | 0.656        | 0.141        | 1.832         |
| Diagnostic Equipment - WGH Fluro & Chilled Water Plant  | 2.570         | 0.026        | 0.004        | 2.544         |
| EFAB - Infrastructure                                   | 0.127         | 0.004        | 0.000        | 0.123         |
| EOY Funding 24/25 – (Pentre Awel)                       | 0.400         | 0.095        | 0.001        | 0.305         |
| Targeted Estates Fund (TEF) - Fire                      | 0.570         | 0.000        | 0.000        | 0.570         |
| TEF - Infrastructure                                    | 4.480         | 0.044        | 0.042        | 4.436         |
| TEF - Decarbonisation                                   | 0.300         | 0.000        | 0.000        | 0.300         |
| TEF - Mental Health                                     | 1.684         | 0.002        | 0.000        | 1.682         |
| TEF - Infection Prevention Control                      | 0.569         | 0.248        | 0.012        | 0.321         |
| TEF - Decontamination                                   | 0.576         | 0.000        | 0.000        | 0.576         |
| Carmarthen Hwb - Equipment and Fit-out costs            | 3.518         | 0.001        | 0.000        | 3.517         |
| Fishguard Health and Wellbeing Centre                   | 0.067         | 0.027        | 0.005        | 0.040         |
| DPIF - Digital Maternity Cymru System Programme 2025/26 | 0.100         | 0.000        | 0.000        | 0.100         |
| Non-Radiology Ultrasound Replacement                    | 0.761         | 0.000        | 0.000        | 0.761         |
| DPIF – (RISP)                                           | 0.429         | 0.000        | 0.000        | 0.429         |
| Aseptic Unit, Withybush Hospital                        | 1.753         | 0.009        | 0.004        | 1.744         |
| Gamma Camera Upgrade, WGH                               | 0.481         | 0.007        | 0.007        | 0.474         |
| Mental Health Quality and Safety Schemes                | 1.381         | 0.030        | 0.030        | 1.351         |
| MRI Upgrade, GGH                                        | 1.324         | 0.000        | 0.000        | 1.324         |
| Radiology Ultrasound Replacement, PPH                   | 0.138         | 0.000        | 0.000        | 0.138         |
| Hospital Helicopter Landing Sites                       | 0.064         | 0.000        | 0.000        | 0.064         |
| <b>Sub-total AWCP</b>                                   | <b>27.950</b> | <b>3.632</b> | <b>0.443</b> | <b>24.318</b> |
| <b>Discretionary</b>                                    |               |              |              |               |
| IT                                                      | 1.687         | 0.304        | 0.045        | 1.383         |
| Equipment                                               | 1.683         | 0.579        | 0.105        | 1.103         |
| Estates – Statutory                                     | 0.450         | 0.100        | 0.044        | 0.350         |
| Estates Infrastructure                                  | 3.052         | 0.290        | 0.233        | 2.762         |
| Mental Health                                           | 0.000         | 0.000        | 0.000        | 0.000         |
| Other                                                   | 0.823         | 0.407        | 0.045        | 0.416         |
| <b>Sub-total Discretionary</b>                          | <b>7.695</b>  | <b>1.680</b> | <b>0.472</b> | <b>6.015</b>  |
| <b>IFRS 16</b>                                          | <b>0.281</b>  | <b>0.281</b> | <b>0.000</b> | <b>0.281</b>  |
| <b>TOTAL expenditure</b>                                | <b>35.926</b> | <b>5.593</b> | <b>0.915</b> | <b>30.333</b> |
| <b>CRL</b>                                              | <b>35.081</b> |              |              |               |
| <b>Overspend</b>                                        | <b>0.845</b>  |              |              |               |



Further details on the revenue consequences of these schemes are noted in **Appendix 1**.

## CONFIRMATION OF CRL BY END OF OCTOBER

The Health Board is required to confirm end of year capital scheme forecasts by the end of October to Welsh Government (WG). The CRL is then fixed for the financial year. Any changes to the CRL following that would only occur due to new approved funding allocations. The risk of over / under spending against the CRL materialises at this point.

A number of risks to All Wales schemes fulfilling current funding levels have been identified which will need to be considered carefully when fixing the CRL:

| Capital Scheme                | Risk Description                                                                                                                                                                                                                                                                                                                         | £m          |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| TEF Infrastructure            | This scheme includes the purchase and installation of two generators where the current expected delivery date of the generators is the last week of March 2026. There is a risk that this expenditure will slip into 2026/27 if there is delay to the delivery of these generators.                                                      | 2.3         |
| TEF Decarbonisation           | £0.3m has been allocated in relation to the PPH Solar Farm project, with spend being deferred to 2026/27. The project team have identified alternative use of £0.275m which will require authorisation from WG, which has not yet been obtained. £0.025m can be reallocated without authorisation to a different decarbonisation scheme. | 0.3         |
| Year End Funding October 2024 | Allocation carries a £0.3m risk of slippage associated with the Pentre Awel project, a Carmarthenshire County Council led scheme. Commissioning for this is likely to take place in Quarter 1 of 26/27, we are awaiting formal confirmation from the Council.                                                                            | 0.3         |
| Aberystwyth SARC              | An underspend is expected against the Aberystwyth SARC scheme, likely in the region of £0.15m. This is over and above the funding already returned to WG. This will be confirmed in October 2025, as the project achieved completion in September 2025.                                                                                  | 0.15        |
| Backlog Maintenance           | Includes schemes where a potential underspend may materialise.                                                                                                                                                                                                                                                                           | 0.2         |
| Carmarthen Hwb                | This is a Carmarthenshire County Council led scheme and there is a risk that commissioning will take place in Quarter 1 of 26/27. Also, digital spend could be less than originally anticipated, we are awaiting confirmation of final tenders.                                                                                          | 0.75        |
| Aseptic                       | Scheme has been delayed due to re-design of demountable unit. The Health Board has declared £1.8m as slippage in September 2025. There is a risk that there will be further slippage as cost / programme has not yet been confirmed.                                                                                                     | 0.25        |
| <b>Total</b>                  |                                                                                                                                                                                                                                                                                                                                          | <b>4.25</b> |

## **CAPITAL SCHEME UPDATES (SCHEMES GREATER THAN £1M)**

### **Withybush Fluoroscopy and Chiller**

Works to replace the Fluoroscopy scanner and chilled water plant started in September 2025. No risks identified at this stage and is expected to complete by the end of the financial year.

### **Aberystwyth Sexual Assault Referral Centre (SARC)**

The project construction work completed in September 2025 with a delay to original programme of less than 2 weeks. The project was under budget and £0.3m was returned to WG in August 2025. Further small underspend is anticipated which will be confirmed as part of the October CRL fixing process.

### **Cross Hands Health and Wellbeing Centre**

Discussions are on-going with WG to review the scope of the project to ensure that it is deliverable within the budgetary envelope available.

### **Picton Terrace**

Funding has been provided by Welsh Government to develop Corporate Headquarters within Carmarthen which is expected to be in occupation by the end of the financial year. This will rationalise the Health Board estate by reducing a number of freehold and leasehold properties which are currently being occupied. Scheme is progressing well and is expected to be completed in December 2025.

### **Carmarthen Hwb**

This project is led by Carmarthenshire County Council, in partnership with the Health Board and University of Wales Trinity St David. A number of services will be co-located within the building which are currently being delivered across a number of different locations.

Funding has been provided to the Health Board for equipment and digital.

Work is progressing well and is expected to complete by the end of this financial year, however there is a risk that the Health Board commissioning period may move into Quarter 1 of 26/27.

### **Aseptic Unit Withybush Hosital**

A sustainable compliant Aseptic Unit will be built at Withybush Hospital in advance of the development of a South-West Regional Aseptic Unit. This will ensure that the facilities and delivery of aseptic services within Hywel Dda will meet the required regulatory standards.

Progress has been delayed due to a requirement to re-design the aseptic demountable unit to ensure compliance with relevant building standards.

## Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the 2025/26 Capital Resource Limit (CRL)
- **NOTE** the current risk associated with delivery of 2025/26 CRL
- **NOTE** the project updates

| Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)                                                                              |                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>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:<br><br>3.5.3 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:                                                | Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16                                               |
| 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:                                                                                    | 3. Striving to deliver and develop excellent services<br>6. Sustainable use of resources                                                                                                                                                                                                                          |
| Amcanion Cynllunio<br>Planning Objectives                                                                                                 | 7 Primary and community strategic plan<br>8 Estates plans<br>9 Digital plan                                                                                                                                                                                                                                       |
| 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                                                                                                                                                                                                                                                                         |

| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>                                                                                                        |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:                                                                                                                        | Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.                                                |
| Rhestr Termau:<br>Glossary of Terms:                                                                                                                          | Explanation of terms is included in the main body of the report.                                                                                                       |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau<br>Cynaliadwy:<br>Parties / Committees consulted prior to Sustainable Resources Committee: | Capital Monitoring Forum<br>Capital Planning Group<br>Individual Project Boards of Capital Schemes<br>Welsh Government Capital Review Meeting<br>Capital Sub-Committee |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                                                                                                                                |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | Capital values noted within the report. Included within individual business cases and Capital prioritisation process.          |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Included within individual business cases and Capital prioritisation process                                                   |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Included within individual business cases and Capital prioritisation process                                                   |
| <b>Risg:<br/>Risk:</b>                                          | Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | Included within individual business cases and Capital prioritisation process                                                   |
| <b>Enw Da:<br/>Reputational:</b>                                | Included within individual business cases and Capital prioritisation process                                                   |
| <b>Gyfrinachedd:<br/>Privacy:</b>                               | Included within individual business cases and Capital prioritisation process                                                   |

|                                    |                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------|
| <b>Cydraddoldeb:<br/>Equality:</b> | Included within individual business cases and Capital<br>prioritisation process |
|------------------------------------|---------------------------------------------------------------------------------|

## APPENDIX 1

### REVENUE CONSEQUENCES OF CAPITAL SCHEMES

The below table summarises the revenue consequences of capital schemes of which funding has been received in 2025/26:

| Scheme                                                 | Total £'m                                                                                                                           | Additional £'m | Costs included in current budgets (replacements) £'m |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------|
| <b>AWCP</b>                                            |                                                                                                                                     |                |                                                      |
| Glangwili - Fire Enforcement works - Phase 2 - Fees    | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Backlog Maintenance - 2024-25                          | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Diagnostic Equipment - WBH Fluro & Chilled Water Plant | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Aberystwyth Sexual Assault Referral Centre             | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Block C, Picton Terrace, Carmarthenshire               | Occupation expected to generate efficiencies of at least £100k through rationalisation of freehold and leasehold estate.            |                |                                                      |
| Efab - Infrastructure                                  | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| EOY Funding 24/25 - Pentre Awel                        | 0.48                                                                                                                                | 0.48           | 0.00                                                 |
| TEF - Fire                                             | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| TEF - Infrastructure                                   | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| TEF - Decarbonisation                                  | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| TEF - Mental Health                                    | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| TEF - Infection Prevention Control                     | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| TEF - Decontamination                                  | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| DPIF (Digital Priorities Investment Fund) - RISP       | Business Case approved by Board in 2023. Minimal additional revenue costs expected over the life of the contract.                   |                |                                                      |
| Digital Maternity Cymru System Programme 2025/26       | Business Case approved by March '2025 Board. Project expected to generate a net revenue saving through cost avoidance / efficiency. |                |                                                      |
| Non-Radiology Ultrasound Replacement                   | 0.08                                                                                                                                | 0.00           | 0.08                                                 |
| Aseptic Unit, Withybush Hospital                       | Efficiencies of at least £0.033m will be generated                                                                                  |                |                                                      |
| Carmarthen Hwb - Equipment and Fit-out costs           | 0.45                                                                                                                                | 0.45           | 0.00                                                 |
| Fishguard Health and Wellbeing Centre                  | Business case under development – revenue consequences of project not yet known                                                     |                |                                                      |
| Non-Radiology Ultrasound Replacement                   | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Gamma Camera Upgrade, WGH                              | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Mental Health Quality and Safety Schemes               | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| MRI Upgrade, GGH                                       | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Radiology Ultrasound Replacement, PPH                  | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| Hospital Helicopter Landing Sites                      | 0.00                                                                                                                                | 0.00           | 0.00                                                 |
| <b>Sub-total AWCP</b>                                  | <b>1.01</b>                                                                                                                         | <b>0.93</b>    | <b>0.08</b>                                          |
| <b>Discretionary</b>                                   |                                                                                                                                     |                |                                                      |

|                                |             |             |             |
|--------------------------------|-------------|-------------|-------------|
| IT                             | 0.00        | 0.00        | 0.00        |
| Equipment                      | 0.18        | 0.00        | 0.18        |
| Estates – Statutory            | 0.00        | 0.00        | 0.00        |
| Estates Infrastructure         | 0.00        | 0.00        | 0.00        |
| Other                          | 0.00        | 0.00        | 0.00        |
| <b>Sub-total Discretionary</b> | <b>0.18</b> | <b>0.00</b> | <b>0.18</b> |
| <b>TOTAL</b>                   | <b>1.19</b> | <b>0.93</b> | <b>0.26</b> |

The above table shows the total revenue costs as a consequence of capital expenditure in 2025-26 as £1.19m. Total additional costs are estimated at £0.93m and costs assumed to be included in current revenue budgets, as they are equipment replacements, totals £0.26m.

The following assumptions were made: -

- Medical Equipment replacement assumed at 10% of capital cost.
- Any Estates work to existing buildings are assumed to be revenue neutral unless the building footprint increases or changes significantly.
- Some capital investments will lead to longer term revenue savings (such as decarbonisation initiatives and digital investment); however, it has been assumed that these will be included as a part of directorate savings plans.

8.2

1:30 PM, 0 Mins

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## 8.2 - JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For information

### Attachments

[JCC Planning, Performance and Finance Sub-Committee 17 September 2025 Highlight Report.pdf](#)



## Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee meeting held on 17 September 2024

|                                                                     |                                             |
|---------------------------------------------------------------------|---------------------------------------------|
| Statws Cyhoeddi /<br>Publication Status                             | Open/ Public                                |
|                                                                     | Choose an item.                             |
| Awdur yr Adroddiad /<br>Report Author                               | Abi Harris - JCC Interim Chief Commissioner |
| Cyflwynydd yr<br>Adroddiad / Report<br>Presenter                    | Abi Harris - JCC Interim Chief Commissioner |
| Noddwr Gweithredol yr<br>Adroddiad /<br>Report Executive<br>Sponsor | Abigail Harris, Interim Chief Commissioner  |

|                                         |                               |
|-----------------------------------------|-------------------------------|
| Pwrpas yr Adroddiad /<br>Report Purpose | For Noting<br>Choose an item. |
|-----------------------------------------|-------------------------------|

| Engagement (internal/external) undertaken to date<br>(including receipt/consideration at Committee/Group) |              |         |
|-----------------------------------------------------------------------------------------------------------|--------------|---------|
| Committee / Group /<br>Individuals                                                                        | Date         | Outcome |
| Health Boards                                                                                             | October 2024 | Noted   |

### 1. SITUATION / BACKGROUND

This report had been prepared to provide Health Board Chief Executive Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 17 September 2024.

Key highlights from the meeting are reported in Section 3.

## 2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the [Standing Orders](#).

## 3. HIGHLIGHT REPORT

(Links to reports highlighted [September 2024 - NHS Wales Joint Commissioning Committee](#))

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alert / Escalate | <ul style="list-style-type: none"><li>• All Wales IPFR Panel quoracy:<br/>Concern was highlighted in relation to low attendance from HBs resulting in recent IPFR meetings not being quorate and subsequently cancelled – it was agreed that each HB would escalate this internally with Medical Directors to ensure attendance from each HB to avoid a further backlog of cases requiring consideration.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Advise           | <ul style="list-style-type: none"><li>• The Chair congratulated Abigail Harris, Interim Chief Commissioner, on her forthcoming appointment to the post of CEO at Swansea Bay UHB, and advised on the recruitment process for securing a substantive Chief Commissioner over the coming weeks.</li><li>• An update was received from the <a href="#">Interim Chief Commissioner</a> including details on:<ul style="list-style-type: none"><li>o Confirming the status of the JCC Integrated Medium-Term Plan 2024-27 which Welsh Government has deemed satisfactory, with accountability conditions confirmed in correspondence received;</li><li>o Appointment to the Director of Commissioning Ambulance/111 post and Director of Commissioning Specialised Services post;</li><li>o Deep Brain Stimulation Service Update;</li><li>o Single Commissioner for Mental Health;</li><li>o North Wales Mother and Baby Unit;</li><li>o Cardiac Review Phase 2.</li></ul></li><li>• Members agreed the JCC's new <a href="#">Vision, Mission, Values and Strategic Objectives</a> which had been developed with both the JCC team and Joint Committee members input.</li><li>• An update on the progress with <a href="#">developing the Integrated Medium Term Plan (IMTP) 2025/2028</a> was received.</li><li>• An <a href="#">Emergency Medical Retrieval and Transfer Service (EMRTS) Reviewing recommendation 4 update</a> was received and a 6 week engagement timescale was approved subject to a mid-point review on progress in</li></ul> |

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | liaison with Llais. The update included information on the Judicial Review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Assure | <ul style="list-style-type: none"> <li>Members endorsed the <a href="#">Joint Commissioning Committee Governance Framework</a> comprising; <ul style="list-style-type: none"> <li>o the Memorandum Agreement (MoA),</li> <li>o the Hosting Agreement (HA),</li> <li>o terms of reference for the Planning, Performance and Finance sub-committee,</li> <li>o terms of reference for the Quality, Safety and Outcomes sub-committee.</li> </ul> <p>The documents will now be presented to HB Board meetings for final approval in September noting membership of the sub-committees would be kept under review with a formal review to be conducted in April 2025 or before as required.</p> </li> <li>The transitional <a href="#">JCC risk register</a> was received noting the further work planned to fully develop the risk approach for the JCC and the JCC development session planned for the 15 October to consider risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a referral to the QPS Sub-Committee to undertake a deep dive at their next meeting to ensure all was being done by the JCC to support the mitigation of the risks.</li> <li>The Month 5 <a href="#">Financial Performance Report</a> and Financial Plan Update was received noting: <ul style="list-style-type: none"> <li>o Summary of the Approved Plans (for former WHSSC and EASC/NCCU) together with a Q1 context review.</li> <li>o Month 5 £3.746m overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £4.516</li> </ul> </li> <li>Members considered and discussed in detail the actions required in order to achieve a break-even position at year end. It was noted that a number of actions are already being progressed and further proposals for the JCC to consider will be explored at the next meeting.</li> <li>The <a href="#">JCC Performance Report</a> for June 2024 was received noting the development of an integrated performance report for the JCC to be supported by detail from each of the three portfolio areas of the Directors of Commissioning in the JCC. It was noted that a number of tertiary services are on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.</li> </ul> |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <ul style="list-style-type: none"> <li>The Committee received the <a href="#">Corporate Governance update</a> report which included matters considered in-committee at the July meeting.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Inform     | <ul style="list-style-type: none"> <li>The <a href="#">Chair's report</a> noted progress with the appointment process for the final two Joint Committee Independent Lay Members, with interviews having taken place and recommendations put forward to the Cabinet Secretary to consider.</li> <li>A powerful patient story was shared by a patient who has supported service improvement based on personal experience whilst an inpatient at the Tŷ Llidiard, CAMHS unit (Child and Adolescent Mental Health Services) at the Princess of Wales in Bridgend, which is one of only two highly specialist CAMHS units in Wales. <a href="#">Former mental health patient in Bridgend helps her old unit on its own path to recovery   ITV News Wales</a></li> <li>An update was received on specific areas related to the <a href="#">developments of the Welsh Ambulance Service University NHS Trust (WAST)</a> in relation to the delivery of Emergency Medical Services including the Evolution of the Clinical Response Model and the Emergency Medical Technician Job Profile.</li> <li>The Committee received assurance reports from the following: <ul style="list-style-type: none"> <li><a href="#">Audit and Risk Committee (ARC) Assurance Report</a></li> <li>Management Group Briefings for <a href="#">July 2024</a>, <a href="#">August 2024 Extraordinary Meeting</a> and <a href="#">August 2024</a></li> <li><a href="#">Individual Patient Funding Request (IPFR) Panel</a></li> <li><a href="#">Welsh Kidney Network (WKN)</a></li> <li><a href="#">Quality Patient Safety Committee (QPSC)</a></li> </ul> </li> <li>The Committee received a briefing on the <a href="#">Nursing and Midwifery Council Independent Culture Review</a>.</li> </ul> |
| Appendices | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

#### 4. ASSESSMENT

| Objectives / Strategy                                                      |                                        |
|----------------------------------------------------------------------------|----------------------------------------|
| Dolen i Amcan (au)<br>Strategol CBC<br>Link to JCC Strategic Objectives(s) | Maximise Value                         |
|                                                                            | Ensure Quality                         |
|                                                                            | Reduce Duplication                     |
|                                                                            | Improve Equality and Population Health |
|                                                                            | Facilitate Integration                 |

|                                                                                                                                                                                                                                                  |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                  |                                                                                                                              |
| Dolen i Ddeddf Llesiant<br>Cenedlaethau'r Dyfodol<br>– Nodau Llesiant /<br>Link to Wellbeing of<br>Future Generations Act<br>– Wellbeing Goals<br><a href="#">150623-guide-to-the-fg-act-en.pdf</a><br><a href="#">(futuregenerations.wales)</a> | A Healthier Wales                                                                                                            |
|                                                                                                                                                                                                                                                  | If more than one applies please list below:<br>A More Equal Wales                                                            |
| Dolen i Hwyluswyr<br>Ansawdd<br><i>(Canllawiau Statudol<br/> Dyletswydd Ansawdd<br/> (Ilyw.cymru))</i> /<br>Link to Enablers of<br>Quality<br><i>(Duty of Quality Statutory<br/> Guidance (gov.wales))</i>                                       | Data to Knowledge                                                                                                            |
|                                                                                                                                                                                                                                                  | If more than one applies please list below:<br>Learning, improvement and research<br>Whole systems perspective<br>Leadership |
| Dolen i Feysydd<br>Ansawdd<br><i>(Canllawiau Statudol<br/> Dyletswydd Ansawdd<br/> (Ilyw.cymru))</i> /<br>Link to Domains of<br>Quality<br><i>(Duty of Quality Statutory<br/> Guidance (gov.wales))</i>                                          | Efficient<br>All of the domains of quality apply                                                                             |
|                                                                                                                                                                                                                                                  | If more than one applies please list below:<br>Effective; equitable; person centred; timely<br>and safe                      |
| Effaith Amgylcheddol /<br>Cynaliadwyedd (5R) /<br>Environmental<br>/ Sustainability Impact<br>(5Rs)                                                                                                                                              | No - Not Applicable                                                                                                          |
|                                                                                                                                                                                                                                                  | If more than one applies please list below:                                                                                  |

| Impact Assessment                                                                                                                             |                               |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------|
| Ansawdd<br>Ydych chi wedi<br>ymgymryd â Sgrinio<br>Asesiad o'r Effaith ar<br>Ansawdd? /<br>Quality<br>Have you undertaken<br>a Quality Impact | Yes: <input type="checkbox"/> | No: <input type="checkbox"/>                 |
|                                                                                                                                               | Outcome:                      | If no, please<br>include rationale<br>below: |

|                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Assessment Screening?                                                                                                                                                           |                                                                                                                                                                                          |                                                                                              |
| Cydraddoldeb<br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i><br><i>Have you undertaken an Equality Impact Assessment Screening?</i> | Yes: <input checked="" type="checkbox"/>                                                                                                                                                 | No: <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                 | Outcome for Equality (delete as appropriate):<br><del>POSITIVE/NEUTRAL/NEGATIVE</del><br><br>Outcome for Welsh Language (delete as appropriate):<br><del>POSITIVE/NEUTRAL/NEGATIVE</del> | If no, please include rationale below:<br>This is a summary of the latest meeting of the JCC |
| Cyfreithiol / Legal                                                                                                                                                             | There are no specific legal implications related to the activity outlined in this report.                                                                                                |                                                                                              |
| Enw da / Reputational                                                                                                                                                           | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.                                                                  |                                                                                              |
| Effaith Adnoddau<br><i>(Pobl / Ariannol) / Resource Impact (People / Financial)</i>                                                                                             | Yes (Include further detail below)<br>The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.                           |                                                                                              |

## 5. RECOMMENDATIONS

Members are asked to:

- Note the highlights outlined in Section 3 of this report.

8.3

1:30 PM, 0 Mins

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8.3 - WELSH NHS CONFEDERATION  
RESPONSE TO THE FINANCE  
COMMITTEE'S SCRUTINY OF THE WELSH  
GOVERNMENT 2026-27 DRAFT BUDGET  
PROPOSALS

*Huw Thomas (Hywel  
Dda UHB - Director  
of Finance)*

| For information

**Attachments**

[WNHSC Response to WG Draft Budget 2026-27.pdf](#)

# Welsh NHS Confederation response to the Finance Committee's scrutiny of the Welsh Government's 2026-27 Draft Budget proposals

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Contact: Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation  
[Nesta.Lloyd-Jones@welshconfed.org](mailto:Nesta.Lloyd-Jones@welshconfed.org)

Date: 19 September

## Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Finance Committee's scrutiny of the Welsh Government's Draft Budget 2026-27 proposals.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We are part of the NHS Confederation and host NHS Wales Employers.
3. NHS leaders welcomed the increase to the health and social care budget at a time where public finances across the UK are extremely challenging. NHS leaders acknowledge the need to maximise available resources to focus on achieving the best outcomes for patients and the additional funding has supported the NHS to respond to increasing demand on services. However, the lack of long-term financial certainty continues to present challenges to effective planning and delivery of quality health and care services. The priority for NHS leaders, especially within local health boards, is to return to normal financial arrangements where they are operating within financial allocations, with approved Integrated Medium-Term Plans (IMTPs).
4. As highlighted in our recent [report](#) following a survey of NHS leaders, the Welsh NHS Confederation believe it is imperative there is a fundamental shift in the health and social care system over the next decade. At its heart, this is about moving from a reactive model (treating people when they are unwell) to a proactive one (focusing on prevention and early intervention). Creating a sustainable system requires a cross-sector effort to build healthier and more prosperous communities, reducing demand well into the future. To this end, services that support people's health and reduce inequalities should be considered across all government departments. It is vital the whole public service ensures that any policy implementation and spending decisions make the biggest impact on the lives of the communities they serve. Therefore, concerted and coordinated effort is needed to reduce the unfair health gap in Wales and create an economy and society



orientated toward health, wellbeing and equality, to put Wales on a stronger footing for the challenges that lie ahead.

5. The Budget also plays a pivotal role in advancing the goals of the Well-being of Future Generations (Wales) Act 2015, by directing resources towards initiatives that align with its seven well-being goals. A Budget focused on these goals fosters long-term sustainability while promoting health, equality and prosperity for future generations. The decisions made now by the Welsh Government and NHS leaders will have a long-term impact on the health and wellbeing of the population.

## Key priorities for NHS leaders

6. As the membership body representing NHS leaders in Wales, we ask that the Welsh Government Budget for 2026-27 supports the following areas:
  - **Investing in prevention:** Increased investment in prevention is vital to shift the focus from treating illness to promoting health, reducing inequalities, and addressing wider determinants of health for long-term wellbeing and economic growth. This is a whole-government issue, as the building blocks of health include housing, transport, energy, the arts and education among other sectors. For example, spending on key determinants of health such as fuel poverty, housing quality and public health programmes will reduce future healthcare costs by improving population health and reducing the burden of preventable disease.
  - **Longer-term funding cycles:** Both the UK and Welsh Governments must move from short-term to long-term budget setting to give sectors increased financial certainty. Across the UK, the NHS's ability to meet its long-term plans to transform services and prevent more illness is being hindered by short-term funding constraints and annual budgets.
  - **Capital:** The NHS requires a long-term capital strategy that invests in buildings, equipment, and digital systems, while also leveraging technological advancements to improve efficiency, patient outcomes, and staff environments. This includes examining how fiscal rules might be amended to allow for the recycling of capital. This would make NHS estates more sustainable, boost productivity and support the NHS to tackle the elective care backlog, reduce its environmental impact, maximise public assets, regenerate the local economy and ultimately improve patient outcomes.
  - **Workforce:** Support the development of an overarching long-term workforce plan and sustainably increase investment in the NHS workforce, so we continue to see an increase in the number of students and trainees across a range of professional groups. This includes investment in alternative training and education pathways, including apprenticeships and in education and training to upskill existing staff and enable the adoption of innovative ways of working.
  - **Social care:** Increase funding for local authorities to ensure the sustainability of the social care sector. Ring-fenced funding should have clearly defined outcomes to ensure spend drives the change needed.
  - **Digital investment:** Further investment in digital infrastructure to maximise the potential of digital innovations within the NHS, strengthening digital functionality across patient pathways for improved care delivery, data capture, and greater efficiency. Opportunities include enhanced self-care; connecting parts of our health, care and wider public services; enabling organisations to work in partnership to support the highest risk citizens first and deploying scarce staffing resources efficiently.
  - **NHS and the economy:** Recognise the NHS's role as a key driver of economic activity and employment when allocating budgets. As large employers, purchasers, and capital asset holders, NHS organisations are well positioned to use their spending power and resources to address the adverse social, economic, and environmental factors that widen inequalities and contribute to poor health outcomes. A well-resourced NHS is vital to the running of the economy, including supporting people to get work. [Research](#) by the

NHS Confederation demonstrates that for every £1 invested in the NHS, the economy gets £4 back in gross value added (GVA). Furthermore, for every £1 spent on [primary and community care](#), there could be increased economic output (GVA) by £14.

## Consultation questions

### 1. What, in your opinion, has been the impact of the Welsh Government's 2025-2026 Budget?

7. The significant increase in the 2025-26 Budget allocation to health services is appreciated and recognised. It provided additional financial support to NHS organisations, especially local health boards, to respond to health needs of their local populations as they continued to respond to increasing demand and system-wide challenges. While the additional funding was welcomed, NHS leaders acknowledge that this has caused pressures elsewhere for a number of Welsh Government departments and other sectors.
8. Like other public services across the UK, the NHS in Wales has been significantly impacted by a range of external drivers, leading to increased financial uncertainty and deficits. With a significant gap between the growth in healthcare demand and the inability to respond fully in the short to medium-term, within certain fiscal constraints, the financial health and sustainability of several organisations within the NHS in Wales is of concern. In 2025-26, four out of the seven health boards submitted deficit annual plans, which include a financial deficit amounting to £173m. This is a reduced number of organisations than in previous years. Furthermore month 4 of the NHS Wales finance report shows that the majority of health boards are struggling to achieve their financial plans for 2025-26, therefore managing expenditure within the resources available will continue to be challenging into 2026-27 and beyond.
9. Some positive developments following the increase in resources include:
  - Access times for treatment, longer than before the pandemic, continue to reduce.
  - Urgent care pathways in primary and secondary care for mental and physical illnesses have been redesigned.
  - New technologies and treatments continue to be introduced.
  - Funding the pay award for the workforce; invest in attracting and training future workforce and retaining the current workforce.
10. While there have been positive developments and additional funding welcomed, health organisations in Wales, like other parts of the UK have struggled to increase the proportion of funding being used for primary and community care in comparison to secondary care.
11. Factors contributing to the increased deficits over recent years include:
  - **Underlying deficits from 2024-25:** In 2024-25 all seven health boards failed to achieve financial balance and their deficits from 2024-25 were carried forward to 2025-26, acting as the starting point for 2025-26 budgets. The overall deficit for 2024-25 was £187m.
  - **Workforce:** A sustainable workforce is essential for a sustainable NHS. Workforce costs have increased in both the NHS and social care. Pay costs accounts for around 45 per cent of local health board revenue spend and are currently around £6.5bn with agency/locum spend of £125m. Workforce pay pressures are due, in part, to high levels of vacancies and sickness, which drive up the use of variable pay expenditure, such as agency costs. As highlighted by [Audit Wales](#), expenditure on agency staff

has grown steadily from 2019-20 to 2022-23 but did reduce by 19% in cash terms in 2023-24. Whilst the majority of this spend covers workforce vacancies, some also supports additional activity to help meet demand. Investment in education and training is key to supporting greater recruitment into NHS Wales, improving retention and developing new workforce roles to support service transformation.

- **Workforce planning:** The Welsh Government 2025-26 investment in education and training of the NHS workforce was maintained at the same level as the two previous financial years. Whilst this enabled the number of commissioned places to be maintained, this was significantly lower than the recommended levels in Health Education and Improvement Wales (HEIW) Education & Training Plan 2025-26 submitted to Welsh Government. Investment in education and training is key to supporting recruitment into NHS Wales, improving retention and developing new workforce roles to support service transformation.
- **Social care:** Social care services play a crucial role in care pathways by keeping people well at home, preventing hospital admissions, and enabling faster, safer discharges home. There continues to be a significant number of patients, on average [1,300](#), waiting to be discharged from hospital at any one time due to capacity challenges in the social care sector, costing the NHS hundreds of millions of pounds every year. The average rate of a hospital bed is £250 - £350 per night, meaning with 1,300 people medically fit for discharge, it costs an average of £325,000 – £455,000 per night to the NHS in Wales. This is a significant driver of financial pressure. The imperative to come together has never been greater, but there are organisational challenges to this. The care market is a particular challenge, with underinvestment in the number and quality of facilities in rural communities in particular.
- **New treatments and technology:** New treatments and technologies provide great opportunities, but the improvements we can make at high cost for small numbers of people needs to be weighed against the significant challenge for chronic conditions more broadly.
- **Maintenance of outdated estates and infrastructure:** The cost of running NHS estates and infrastructure continues to increase. The NHS is faced with an ageing estate, including digital infrastructure, which was not designed for current demands and therefore fails to meet modern standards. Many hospitals in Wales were built in the 1960s or earlier, with [11 per cent](#) of the estate built pre-1948 and only 6 per cent post-2015. For many NHS organisations, there are significant ongoing costs to repair estates and undertake essential maintenance. It is also key to invest in digital infrastructure, which is becoming increasingly important to mitigate cyber security risks and connect the health and care system.

12. While there have been higher deficits in recent years, NHS bodies are driving significant financial efficiencies in an attempt to contain costs.

## 2. How financially prepared is your organisation for the 2026-27 financial year, how confident are you that you can deliver planned objectives, and how robust is your ability to plan for future years?

13. The financial health and sustainability of several organisations within the NHS in Wales continues to be challenging. In 2025-26, four out of the seven local health boards' annual plans projected financial deficits, amounting to £173m (Cardiff and Vale University Health Board, Hywel Dda UHB, Swansea Bay UHB and Powys Teaching Health Board). This is a reduced number of organisations than in previous years, but managing expenditure within available resources will continue to be challenging into 2026-27 and beyond.

14. Inflationary pressures have had a significant impact in recent years. Whilst NHS Wales organisations have welcomed the additional funding from the Welsh Government, increasing costs as a result of inflation has had a significant impact on NHS delivery against government priorities. Historically, health services have required above inflation funding increases to meet growing demand and the needs and expectations of the public.
15. The significant risk and uncertainty of key funding streams makes financial planning increasingly difficult. For example, the current gap in funding digital programmes, with uncertainty surrounding the Digital Priorities Investment Fund, could disrupt progress on key digital programmes. Consequently, this presents a material risk specifically for Digital Health and Care Wales (DHCW). Digital maintenance contracts are a particular concern, especially given the reliance on contracts based in the US and the impact of inflationary pressures and exchange rates.
16. In relation to workforce, HEIW Education & Training Plan for 2026-27 has been submitted to Welsh Government. It recommends an increase in education and training based on policy and service priorities, workforce challenges raised by NHS Wales bodies, as well as workforce intelligence gained which recognises the changing nature of the future workforce. The NHS workforce needs to adapt and change over the next few years to recruit and retain its staff and effectively respond to the demand for healthcare in Wales. In addition, HEIW has developed a range of programmes and actions to improve recruitment / attraction into NHS Wales, improve retention of the existing NHS workforce and enable reform through workforce transformation, such as new workforce roles. This work recognises the importance of shaping the right culture in NHS organisations and developing leadership through organisations. Securing sustainable funding to deliver this work will enable a productive workforce to deliver the improved healthcare required.
17. The tight financial settlements over a period of years necessitates the ever-growing cost reduction programmes, which will require a fundamental rethink of the sustainability of some service areas in present service model configurations. NHS organisations are concerned that the focus on financial requirements could drive short-term decision making, shelving efficiency investment such as digital and service reconfiguration, and in some cases false economies. The severe constraints on capital will also hold up the delivery of cost-efficient service reconfigurations. The current state of many NHS facilities and the cost of the estate maintenance backlog also hampers the ability to meet decarbonisation and sustainability targets and capitalise on digital opportunities. Increased capital investments would be welcome and could be used to improve productivity and address the backlog of buildings maintenance and reduce environmental impact.
18. Finally, while it is well documented that the NHS accounts for around 50 per cent of the Welsh Government's budget, there must be recognition of the significant [contribution](#) the NHS makes to local and national economies, its influence on the health and wellbeing of local populations and its role in addressing regional inequalities. The NHS directly employs over [110,000](#) people across Wales to quality and stable jobs, is a purchaser of local goods and a commissioner of local services, which are used for social benefits, while its buildings and spaces support communities. Interventions designed to improve health, inclusive growth and wellbeing in Wales should be a shared priority in the interests of all local, regional and national partners, businesses and communities.

### **3. What action should the Welsh Government take to:**

- **help households cope with cost-of-living issues;**



19. Financial wellbeing is a building block of health and has a significant impact on the current and future demand on health services. The cost-of-living crisis is an ongoing public health issue that will have negative impacts on the health and wellbeing of the Welsh population both now and into the future. It is likely that those making the difficult decision to eat or heat their homes will require the support of the NHS, and so preventative action is required to alleviate any potential demand and to ensure inequalities are not exacerbated.
20. We must shift the focus from public health initiatives delivered through the NHS and local authorities to addressing factors that cause ill-health such as education, poor housing, transport and food quality. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance report, '[Mind the gap: what's stopping change?](#)', addressing the factors that cause ill-health in the first place should be a central focus for the Welsh Government, supported by a cross-government approach to inequalities.
21. Harnessing a renewed focus on health inequalities has the potential to reap vital benefits in the longer-term as well as in the current crisis. Making progress involves thinking and planning for the long-term and translating the evidence on tackling health inequalities into practice. It also involves rethinking the approach to decision-making in policy areas that shape the building blocks for a healthy life, such as employment, education, income, housing, environment and community factors.

### **Address the needs of people living in urban, post-industrial and rural communities, including building affordable housing and in supporting economies within those communities?**

22. Urban, post-industrial and rural communities are impacted by leaving the EU, the COVID-19 pandemic and climate change (the 'triple challenge'), as well as the cost-of-living crisis, in a myriad of interconnected and compounding ways that will affect the health and wellbeing of people living in those communities. The factors that lead to different impacts for different people need to be carefully considered if the Budget is to address the needs of all people living in Wales.

#### **Post-industrial communities**

23. Job loss and unemployment has particularly scarring effects on mental health and wellbeing, and [evidence](#) focusing on the 2008 recession highlighted financial and job insecurity and unemployment as major risk factors for mental illness, suicide, substance misuse and food insecurity. Job loss also has a negative effect on the physical health of individuals, including via increases in unhealthy behaviours such as smoking and excess drinking. This [results](#) in increased risk of death from suicide, alcohol-related diseases, heart attack and stroke.
24. Coastal and post-industrial towns were found to be most at risk and disproportionately affected by the COVID-19 pandemic in terms of employment. According to the Welsh Index of Multiple Deprivation (WIMD), the local authorities identified as having the most workers in at-risk industries are also home to some of the most deprived areas of Wales.

#### **Rural communities**

25. [Evidence](#) suggests that rural communities in Wales are being harder hit by the cost-of-living crisis due to higher energy, housing and transport costs compared to those living in towns and cities. As a result, they are more likely to experience poor health and wellbeing outcomes.
26. If the Budget seeks to tackle poverty and support all those in Wales experiencing it, it will need to take account of the frequently 'hidden' nature of rural poverty, which is not easily captured by geographically focused programmes where eligibility is defined by WIMD (in contrast with post-industrial areas). Currently, people living in rural areas receive less

funding despite increased needs. It is therefore important for Budget decisions to recognise the specific context of rural areas, whether that be investment aimed at supporting people in Wales through the cost-of-living crisis; increasing employment opportunities; supporting small businesses and the self-employed (including farmers); improving access to health and care services; or responding to climate change.

#### **4. Have Welsh Government business support policies been effective, given the economic outlook for 2026-27?**

27. While we don't have any specific comments about the effectiveness of Welsh Government business support policies, having a vibrant economy and workforce is key to the health and wellbeing of the nation. A physically, psychologically and socially healthy population results in a more economically active population.
28. Interventions designed to improve health, inclusive growth and wellbeing are in the interests of all local, regional and national partners, businesses and communities and act as a key driver for economic activity and employment. NHS organisations are well positioned to use their spending power and resources to address the adverse social, economic, and environmental factors that widen inequalities and contribute to poor health outcomes.
29. Poor health outcomes negatively impact the economy and reducing the number out of work due to health problems would benefit the economy and prosperity of Wales. The UK Government commit to support new ways of getting people back to work is positive. The NHS Confederation recent [report](#) showed since 2020 economic inactivity in the UK has risen by 900,000, with 85% of the increase those on long-term sick. The NHS Confederations analysis with Boston Consulting Group found reintegrating half to three-quarters of these people could deliver a £109-177 billion boost to the UK's GDP (2-3 per cent in 2029) and unlock £35-57 billion in fiscal revenue over the next five years.
30. Therefore, investing in the NHS enables economic growth by getting people back into work and reduces the gap in healthy life expectancy (HLE), which currently [stands](#) at 13.3 years for men and 16.9 years for women between the richest and poorest. Beyond decreasing NHS and social care costs, recent research shows a one-year increase in HLE in the UK's working population could generate an annual boost of £60 billion in aggregate lifetime earnings.

#### **5. Are Welsh Government plans to build a greener economy clear and sufficiently ambitious? Do you think there is enough investment being targeted at tackling the climate change and nature emergency? Are there any potential skill gaps that need to be addressed to achieve these plans?**

31. The green agenda is important both for the health of the population and for the organisations within NHS Wales. However, further investment, including capital funding, is required to support public bodies to reach the Net Zero target by 2050, set by the Welsh Government. The pressures on capital resource will make it challenging to transition to a more energy efficient estate within the given timeframes, however consideration should be given to the development of blended financial programme as suggested by the [Wales Net Zero 2035 report](#).
32. NHS organisations have a substantial impact on the environment, as delivering high-quality health and care places numerous demands on natural resources and the environment. This includes the use of energy, water and consumables, including single-

use plastics; waste production and waste management; and travel, which requires fossil fuels and contributes to air pollution.

33. In response, the Welsh Government is investing in digital technologies, which reduce travel, and into the estate and the NHS's fleet of vehicles to reduce energy usage. NHS Wales organisations are also looking at establishing local supply chains using their buying powers, to help shorten the supply chain and reduce emissions.
34. Bringing the workforce with us on the sustainability journey is key. Education and training the NHS workforce includes delivering sustainable healthcare within curricula, including recognising the impact that climate change has on the health of the population. HEIW leads on recruiting climate smart champions within the NHS and provides training resources to staff, such as the Climate Smart Community platform. In addition, Green Health Wales is an all-Wales network for professionals and organisations to make health and care services "climate smart" by spreading innovative sustainable practice across the NHS in Wales.

## **6. Is the Welsh Government using the financial mechanisms available to it around borrowing and taxation effectively?**

35. While we have no specific comments on financial mechanisms available to the Welsh Government, our members support increases to public health taxation. At a UK level, we support the increase in the soft drinks levy in line with inflation, the increases in tobacco duties as well as bringing in duties on vaping products given the potential health impacts of vaping. These measures will help tackle the key public health challenge of obesity, and other harms caused by high sugar intake, and support progress towards a smoke-free generation.

## **7. The Committee would like to focus on a number of other specific areas in the scrutiny of the Budget. Do you have any specific comments on any of the areas identified below?**

- Is enough being done to tackle the rising costs of living and support those people living in relative income poverty?**

36. While the rising cost-of-living has affected most households across Wales, it is disproportionately impacting and widening health inequalities for the most disadvantaged. Those already in relative income poverty in Wales have been hardest hit, with certain groups or households more likely to be in relative income poverty, including women.
37. The worsening scale and severity of poverty in Wales has been exacerbated by the cost-of-living crisis, which negatively impacts the scale and severity of poor health and wellbeing. The health needs of the most deprived groups are likely to increase further, while others are likely to find their worsening financial situation negatively impacting their health for the first time.
38. Addressing the wider determinants of health would help ease the impact of the cost-of-living crisis and relieve pressure on the NHS in the longer term. A key determinant is the quality of housing and the [impact of cold homes](#), especially on respiratory conditions and also enabling a food system that would provide affordable and accessible nutritious food for children.

- **How could the budget further address gender inequality in areas such as healthcare, skills and employment?**

39. Continued focus on delivering equitable health and public services would support reducing gender inequality. Women's health is one of the priority areas for the NHS, with the First Minister making women's health a priority which is being reflected in the focus on services to women with some targeted use of investment.
40. Women's health is influenced by more than access to healthcare. For the women of Wales to be healthy, we need the right building blocks of health and wellbeing in place. These include warm homes, good jobs, enough money to pay bills, safe childhoods and connections with people in our communities. In addition, a [large percentage](#) of unpaid carers are women, and having caring responsibilities can impact people's health and wellbeing. Therefore, whilst the Budget should focus on reducing inequalities and target support for those most in need, understanding people's multiple and overlapping disadvantages (and their underlying causes) will be crucial to reduce poverty and other forms of inequality in the long-term.
41. Currently the UK health and social care system, like across the globe, was designed around a white, cis-gender, heterosexual, male prototype. However, the UK stands out as the country with the [largest female health gap](#) in the G20 and the 12th largest globally, with women spending [three more years in ill health and disability](#) when compared to men. The 'male default' permeates research, clinical trials, education and training, as well as the design of policies and services.
42. Women make up a disproportionate percentage of those out of work and economically inactive due to long-term conditions, a trend that has been consistent since 2014. While sickness absence rates have been on the rise for both women and men since 2020, they are 1 percentage point higher in women than in men. The recent NHS Confederation report, [Women's health economics: investing in the 51 per cent](#) evidences that for every additional £1 of public investment in obstetrics and gynaecology services per woman in England, there is an estimated ROI of £11. If an additional £1 per woman in England were invested in these services, the economy could benefit from an additional £319 million in total gross value added (GVA). The report also considers the economic cost of absenteeism due to severe period pain and heavy periods alongside endometriosis, fibroids and ovarian cysts is estimated to be nearly £11 billion per annum and unemployment due to menopause symptoms has a direct economic impact of approximately £1.5 billion per annum with approximately 60,000 women in the UK not being in employment due to menopause symptoms.

- **Is the Welsh Government's approach to preventative spending represented in resource allocations (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early).**

43. Currently, the intense pressure on health and care services makes investing in preventative measures a significant challenge. Resources must be allocated to provide the best outcomes for the population, and it is important the Welsh Government mandate that a nominal proportion of health and social care funds should be spent on preventative and early intervention activities, with spending bodies are held to account for the use of these monies.
44. [Analysis](#) by the Future Generations Commissioner of the 2025-26 draft budget highlighted that about 15% of the budget is focused on actions with a preventative dimension, with less than 10% going towards actions that provide enough evidence to contribute to primary prevention, the highest level of prevention. This disparity between



overall preventative spending and spending on evidence-based primary prevention highlights a pressing need to improve resource allocation to maximise the long-term health and wellbeing of the population.

45. Affordability versus long term value and sustainability must be delivered in tandem. It is important to recognise that the NHS is already investing significantly in preventative services, including vaccinations, public health teams, community services to support people to manage their condition at home and primary care services, such as dentistry, GPs and pharmacies. In addition to specific preventative measures, there is a focus on early / differing interventions space, including in relation to pre hospital and emergency and urgent care, dealing with the increasing demand for this in a different way, investing upstream to allow for more patients to avoid ED, and be either managed successfully in the community or access directly the care pathways they need. Furthermore, one of the focuses in HEIW Education and Training Plan is investment in areas of the NHS workforce which support prevention. This includes investing in training and educating GPs and other primary care professionals, community nursing and public health professionals. When it comes to primary care, it is important that there is equality of funding across all parts of Wales. As highlighted in the [Cardiff University research](#) and by [Deep End Wales](#), general practices in Wales in more deprived areas receive discernibly less funding per patient than those in less deprived areas. Given that primary care can affect population health outcomes, this underinvestment may be contributing to existing health inequalities.
46. The whole public sector needs to be appropriately resourced to aid prevention, including social care, housing and education. There is considerable evidence that demonstrates preventing, rather than treating ill-health, is financially preferable. Within the health and care system, preventative actions should be taken at different levels (known as primary, secondary and tertiary prevention). There is strong [evidence](#) that secondary prevention can substantially reduce disease incidence and progression.
47. A Public Health Wales [report](#) on the return on investment of public health interventions demonstrated that, on average, for every £1 invested in public health, £14 is returned to health services or the wider system. Examples include spending on increasing cycling and walking in urban areas could save £0.9 billion for the NHS in Wales over 20 years and a return of £1.35 is possible for every £1 spent on targeted flu vaccination.
48. Investment can mitigate the negative impact that current challenges are having on health and wellbeing. For example, [research](#) shows that poor housing in Wales has an estimated cost to society of around £1 billion per annum, with a significant proportion of that cost being felt by the NHS through treatment for falls and respiratory illnesses. Public health interventions such as falls prevention and housing improvements, costing £584 million, offer positive returns over the short to medium term (1-6 years). If the most severe hazards were removed from housing in Wales, there would be an estimated £95m saved per year in treatment costs.
49. Investments can be made now to create a healthier, more equal society and increase resilience for future challenges. We know that those living in the most deprived areas use hospital services more than those in less deprived areas. [Public Health Wales](#) estimated that higher use of hospital services due to deprivation, or poverty-driven poor health, costs the NHS in Wales an extra £322 million per year, equivalent to around £1 in every £12 (8.7%) spent on Welsh hospitals.
50. Taken together, addressing immediate health concerns should be balanced with tackling the underlying structural causes of poor health and wellbeing to prevent avoidable ill-health and create a healthier and more equal society. PHW have developed the [Prevention-Based Health and Care \(PBHC\) Framework](#), which identifies fundamental

components needed to shift the health and care system towards a prevention-based approach.

51. Finally, NHS leaders recognise that services across the public sector, who play a key role in prevention and supporting the health and wellbeing of the population, are facing acute financial challenges. NHS leaders therefore support an approach to further protect funding for preventative measures, recognising the importance of improving population health outcomes and the sustainability of services in the longer term. However, funding allocated for preventative services, including for social care, needs to have clear levers imposed by the Welsh Government to ensure the desired outcomes are achieved.

- **How should the Welsh Government explain its funding decisions, including how its spending contributes to addressing policy issues?**

52. It is vital that the Welsh Government, and all politicians, explain the financial uncertainty and challenges faced and the impact this could have on NHS and wider public services.

53. As highlighted in our briefing, [The NHS at 75: How do we meet the needs of future generations?](#), the scale of the challenge must be communicated to the public and an honest conversation is needed about what the NHS can be expected to provide in the future. Without transparency from the government on how funding decisions are made, it is challenging for NHS and wider public sector leaders to explain to local populations the reasons behind difficult decisions around service change. We must better engage with the public on service change, as long-term service transformation will take time to implement, meaning short-term measures must be established to deliver higher priority services.

54. Individuals must feel personally invested in their wellbeing and our health and care service to help ensure its long-term sustainability, which will only be possible through public involvement and co-production of services. This will allow people to feel supported, empowered and informed to take more responsibility for their health and wellbeing, manage their conditions and use services responsibly. Now is the time to galvanise the Welsh public to engage in how the health and care system can innovate and transform to meet the needs of future generations, enabling patients to be navigators of their care.

- **How can the documentation provided by the Welsh Government alongside its Draft Budget be improved?**

55. Given the uncertainties of budgeting at a national level, it might be appropriate to scrutinise the application of Barnett consequentials received after the main annual budget motion has been completed.

56. There must be improved transparency around the level of funding held in reserve at the centre and for all-Wales projects. This will help paint a clear picture of what is required and the funding available to enable the NHS to plan for services, programmes and the workforce and skills required.

- **How should the Welsh Government prioritise its resources to tackle NHS waiting lists for planned and non-urgent NHS treatments. Do you think the Welsh Government has a robust plan to address this issue?**

57. NHS leaders welcomed the additional resources that Welsh Government made available in 2025-26 to tackle NHS waiting lists for planned and non-urgent NHS treatments.

However, it is important that such funding is recurrent as there is greater opportunity to deliver value by implementing recurrent solutions.

58. It is clear the effects of the pandemic continue to have a significant and lasting impact on healthcare systems. This includes the ability to achieve the level of activity needed to eradicate clinical treatment delays, with rising demand on services and more patients presenting with higher acuity, and the ability to recruit and retain the workforce needed across health and care services.
59. Reducing the elective backlog will take sustained investment over many years. While the provision of funding to address waiting list backlogs was welcomed, plans to reduce the elective backlog must consider all parts of the health and social care system, not just acute hospital settings. Mental health services, allied health professionals, primary and community care form an eco-system that helps patients wait well before elective treatment, sometimes resulting in the patient no longer needing the planned treatment. Ambulance services, for instance, play a critical role in supporting communities. They have a unique role in connecting with all parts of the NHS and other emergency services and can play a big role in supporting the pump priming of 'upstream/out of hospital' transformation and long-term service development. Social care has a big impact on NHS capacity by keeping people well at home and in their communities, as well as the ability to discharge medically fit patients from hospital, to free up beds to treat more patients. Unless the challenges of demand and capacity across the whole health and care system are addressed, specific, non-recurrent funding for schemes won't be enough to achieve a sustainable health and care system in the long term.
60. In the short-term, waiting lists present a clear starting point for identifying individuals and groups in need of care. By using the available data, we have the opportunity to prioritise and design tailored communications and service interventions such as waiting well and prehabilitation, to achieve optimum positive impact. However, consideration should be given to how Wales can take an equitable approach to address the challenges and impact of waiting times. Healthcare needs are not equal across the population, and in Wales the greatest burden of disease is closely linked to socio-economic disadvantage. We [know](#) that across the UK, those with socioeconomic disadvantages face longer waiting times.
61. In addition, we need to simultaneously seek ways to reduce future demand on health and care services through a variety of prevention approaches. This will help reduce new additions to waiting lists and have longer-term benefits on service resilience. Approaches include upscaling preventative interventions and providing extra support and capacity to social care and primary and community care services. Digitally enabled and behaviourally informed health improvement interventions (including services, support and communications) could be effectively used to connect people with services they want and need.
- **Is the Welsh Government providing adequate support to the public sector to enable it to be innovative and forward looking through things like workforce planning.**
62. A sustainable workforce is essential for a sustainable NHS. The introduction of Health Education and Improvement Wales and Digital Health and Care Wales have created capacity and an ability to focus on innovation and driving through improvements in these areas.
63. Investment in student education and staff training across a range of professional groups should continue to be a priority if the healthcare system is to respond to future demands and deliver improved outcomes for patients. In addition to traditional routes, investment

in alternative training and education pathways, including apprentices, is important. Investment in educating and training existing staff to acquire new skills and expertise is essential to support the NHS' drive to deliver new ways of working and adopt innovative technology and digital advancements.

64. Strategic workforce solutions should be developed to actively encourage recruitment from local communities, to study, train and work in the NHS across Wales, including increased promotion of [Train Work Live](#). This should include developing new roles and skills which align with the use of innovative technologies to provide greater resilience.
  65. Robust long-term workforce planning must be in place to maintain a sustainable workforce and enable the best use of resources. Given the lead times, this would need a 10–15-year approach to change the shape of care, the shape of work and the shape of education. This would provide the opportunity for a radical rethink of how we work.
  66. Further support is required to consider future opportunities such as in Artificial Intelligence and the emerging work of the AI Commission for Health and Social care. Digitisation is critical to improving productivity in the NHS, but there is a severe digital and data skills shortage in the workforce. This impacts the NHS's ability to fully develop, deliver, and scale the digital transformation required to realise real productivity gains.
- **Has there been adequate investment from the Welsh Government in basic public sector infrastructure.**
67. Capital resources have been constrained, which limits the ability to invest in infrastructure. In addition to the lack of capital investment, there is also constraint on revenue to be able to fund the revenue consequences of capital investment. Therefore, even if there was additional capital funding without associated increase in revenue funding full benefits may not be realised.
  68. The ongoing lack of capital funding and investment is a major barrier to service delivery now and in the future. At a [UK level](#), the health and social care capital budget will increase by 9.8 per cent and 12.1 per cent (or £3.1 billion overall) this year and next. However, this extra money cannot alone help fix the capital process and the overall system requires reform to make it easier to plan and execute capital projects. Also, additional capital funding without an associated increase in revenue funding means the full benefits of capital investment may not be realised.
  69. For more than a decade, the NHS across the UK has underinvested in capital compared to other OECD countries, resulting in an estate in desperate need of extensive repairs and long-term investment. [Low capital investment](#) stands as one of the leading barriers to treating patients efficiently and effectively and various independent think tanks identify poor capital investment as an impediment to further productivity growth. As highlighted by the [Health Foundation](#), the UK has a long history of underinvesting in health capital compared to its peer nations, spending approximately 55% less than the EU-14 and £33 billion less between 2010 and 2024 than comparable OECD countries. This chronic underinvestment has left the NHS with an ageing estate not designed to meet current demands.
  70. The NHS is faced with an ageing estate, including digital infrastructure, which was not designed with current demands and risks in mind. NHS leaders share the government's commitment to boost NHS productivity and are doing all they can to tackle the elective care backlog, however the lack of capital funding is a major barrier. We need a funding solution from the Welsh Government for major capital infrastructure work required to keep services running in their current configuration. We have called on the Welsh Government to develop a ten-year investment plan for service change to reshape NHS



estates and infrastructure, including digital infrastructure, making it more sustainable, reducing carbon emissions and maximising public assets.

71. Capital investment is key to continuing to deliver high-quality, safe healthcare, as well as reaching longer-term goals to decarbonise and integrate care. Having a multi-year capital funding settlement for the entire NHS would help reduce the backlog, ensure the safety of the NHS estate, improve patient outcomes and the working environment for NHS staff, and truly make inroads to reducing inequalities by transforming models of care and improving access to health and care services.
72. Many NHS organisations have significant estates maintenance backlogs, with high costs even just for essential maintenance. One health board has an estimated £150m of maintenance costs, with many organisations needing to replace expensive equipment well past its effective working life. This is expensive and prevents NHS organisations from using funds for new services and infrastructure.
73. Capital and associated revenue funding is needed to invest in digital infrastructure and capitalise on digital innovations, which are increasingly important to mitigate cyber security risks, improve productivity, enable enhanced self-care and connecting parts of health, care and the wider public sector to enable people to keep safe and healthy at home for longer. COVID-19 highlighted the opportunities afforded by digital technology across the health and care system. Its availability, dependency, access, resilience and security are now essential to ensure the continuity of services and NHS organisations are committed to building on the progress made. The Track Trace Protect system demonstrated the art of delivering a product on a national scale safely, quickly and efficiently. There are future opportunities to accelerate the shift to data driven, value-based and locally delivered models of care.
74. The NHS Confederation estimates that in England the [NHS needs an additional £6.4 billion per year in capital](#), while investment has been made by the UK Government the NHS Confederation estimate a £3.3bn capital funding gap for the next two years. This is why they recently published a [paper](#) investigating different models to fund local health leaders' capital needs. It suggests that the UK Government, and devolved Governments, should learn from international and domestic models to consider innovative approaches to use private capital to invest in NHS estate, including:
  - Government borrowing (including Treasury borrowing and the Public Works Loan Board)
  - Leveraging existing assets (including cash reserves and existing estate)
  - Private investment (including private finance initiatives/PFI, third-party development and buy-back, mutual investment models, infrastructure and investment partnerships and others that learn from previous experience)
  - Third-party ownership (classic third-party development, shared ownership and pay per use).

- **How should the Budget support young people?**

75. Young people are the future of Wales. Investment in supporting early years development can help to [break cycles of poverty](#) and the return on investment could see reduced pressure on NHS resources in the long term. Giving every child the best start in life is fundamental for achieving a healthier and more equal society, recognising that disadvantage can start before birth and accumulate over the life-course. Consequently, the building blocks that shape the mental and physical health of children and young people, including education, their living environments and social relationships, should be prioritised for investment. Investment in early years development can help to break cycles of poverty and the return on investment could see reduced pressure on NHS resources in the long term.

- **How is evidence and data driving Welsh Government priority-setting and budget allocations, and is this approach clear?**

76. There is an opportunity to further improving evidence-based decision making by continuing to invest in key digital and data infrastructure, such as the National Data Resource, to provide a source of insight for priorities and budget allocations.

- **Is the support provided by the Welsh Government for third sector organisations, which face increased demand for services as a consequence of the cost-of-living crisis and the pandemic, sufficient?**

77. NHS leaders recognise the significant financial challenges many third sector organisations in Wales currently face, at a time of increased demand on their services. NHS leaders have always valued the significant contribution the third sector makes to supporting the health and wellbeing of the population. They recognise that third sector organisations are mutual partners who have the skills and expertise to improve patient and service user experience and outcomes. All NHS organisations in Wales work in partnership with the third sector by commissioning organisations to deliver services, in effect bolstering capacity and reducing demand on the NHS.

78. The influence and reach of third sector organisations are not limited to supporting the delivery of health and care services. The sector also plays a vital role in the prevention and wellbeing agenda by providing health and care information; patient and service user advocacy; enabling people to maintain their independence, health and wellbeing in their own home and in their community outside of NHS settings; and improving quality of life and community cohesion by supporting volunteers and volunteering opportunities.

79. Harnessing the upsurge in community-led action during the pandemic response is key to building more resilient communities throughout Wales, who are better able to respond to the ongoing impacts and to adapt to future crises (be that infectious disease, climate change, or economic challenges). However, communities need resource to continue to deliver these kinds of services.

80. Connecting citizens to community support, often provided by the third sector, can enable people to better manage their health and wellbeing. Social prescribing is holistic approach to connecting people to non-medical services and community resources, such as mental health support, physical activities, and social groups, to help improve their health and wellbeing. The all-Wales social prescribing framework provides a standardised approach, ensuring that people across Wales have equitable access to quality social prescribing services, regardless of where they live. Its implementation is key to consistency in social prescribing.

- **What are the key opportunities for the Welsh Government to invest in supporting an economy and public services that better deliver against the well-being goals in the Well-being of Future Generations (Wales) Act 2015?**

81. NHS organisations are committed to delivering on the vision set out in the Well-being of Future Generations (Wales) Act 2015. This supports new ways of working across the health and social care system and acts as a framework for considering how the decisions made in the here and now could impact the health and wellbeing of future generations.

82. While health boards make small financial contributions to Public Service Boards (PSBs) from their own budgets, health boards do not receive financial support or resources from the Welsh Government to support the implementation of the Act. Therefore, earmarked Welsh Government funding would support public bodies to make further progress. The expectation is that implementing the Act falls within an NHS organisation's core business responsibilities, so it is currently absorbed by the budgets of those who lead on the Act within each organisation. In recent years, many of these roles have had to be broadened to encompass significant reporting responsibilities to comply with the Act.
83. NHS leaders recognise that implementing the Act should be a key part of core business, both at an organisational and departmental level. However, developing the level of knowledge and robust partnerships needed to implement the Act takes time and workforce capacity, despite no allocated financial resource. In addition, some health boards are members of multiple PSBs that sit within their health board footprint. The strategic priorities of each PSB vary, which can lead to competing priorities for the health board. While RPBs align with health board footprints, PSBs align with local authority footprints, causing challenges with the governance arrangements for RPBs and PSBs. Further clarity is required on the relationship between RPBs and PSBs so they can work in a complementary way.
84. The Well-being of Future Generations Act does provide a clear mechanism for improving the building blocks for a healthy life that underpin health inequalities. Looking to the future, we know that unless action is taken now, there will be more challenges that have the potential to exacerbate existing inequalities. For example, research co-produced by Public Health Wales, the Future Generations Commissioner for Wales and Cardiff University examining the potential impacts of the ageing population, the changing nature of work with increased automation, and climate change, found that existing inequalities in Wales risk being carried into the future unless they are specifically addressed. This includes actively promoting health and equity across all areas of policy development.
85. Finally, investment in improving the food system with an ambition to enable all people to access affordable, healthy food in Wales could support the Act's objectives, environmental, decarbonisation and Foundational Economy policy. Support to public sector bodies to source food from Welsh, environmentally and globally responsible providers would enable alignment with the ambitions of [Cymru Can](#) focus area on food.

## Other comments

### Introduce longer-term funding cycles

86. Demand for healthcare has grown significantly across the UK and is projected to accelerate along with the ageing population, with more people living with multiple complex health conditions. Therefore, Welsh and UK Governments must move away from short-term thinking when setting budgets.
87. As highlighted in the '[NHS in 10+ years](#)' report, the proportion of those of state pension age in Wales is projected to increase faster than those of working age over the next ten years. Diagnoses of several long-term conditions, including dementia and some cancers, is also projected to increase. Therefore, we must consider longer-term funding cycles to allow health and care leaders to plan for, and invest in, projected long-term demand and service improvement.

### Social care

88. Whilst there may be some improvements in social care services that can happen to unlock pathway of care delays ultimately there needs to be significant additional

investment in social care to ensure the capacity and right type of social care is available to reduce delays. To enable the transformation of the social care sector, further investment is needed and an independent rapid review is required to develop a long-term agreement on the sustainability of the social care system. Within this, workforce pay and conditions, access to publicly funded care and transparency and consistency around the collection and reporting of social care data must be considered.

89. Health leaders have warned that the lack of funding for social care is one of the biggest risks to the future sustainability of the health and care system. Social care services play a crucial role in care pathways by keeping people well at home, preventing hospital admissions, and enabling faster, safer discharges home. However, the last few years have exposed deep cracks in the social care system and have exacerbated structural vulnerabilities, with devastating consequences for social care residents and their families. We need a stable provider market and a sustainable workforce that is properly valued, paid and respected for their important work.
90. As [highlighted](#) by the Welsh Local Government Association last year, councils are calling for urgent investment in social care to help meet huge funding pressures facing the sector. A WLGA survey of council budgets in 2024 identified £106m of in-year pressures in social services (2024-25) and additional £223m pressure was anticipated this year (2025-26), representing 40% of the overall pressure for local government (£559m) just to stand still. The WLGA warned that without further help, meeting care and support needs will become increasingly difficult, further impacting healthcare service delivery with residents waiting longer for care in the community. Councils are having to focus more on social care spend, leaving fewer and fewer resources available for preventative support to help people maintain independence and healthy lives and preventing individuals and their families from reaching crisis point.
91. We need to provide local authorities with ring-fenced allocations for social care to meet the needs of their population and to support system-wide sustainability. The variation in investment in social care across Wales needs to be addressed through a renewed collaboration between the Welsh Government and local government, with an independent assessment on local authorities' social care spending. The funding allocated to social care needs to have clearly defined target outcomes imposed by Welsh Government to ensure spending drives the change we need to see.

## Conclusion

92. NHS leaders understand the current budget limitations on the Welsh Government and believe we need to work together with the government, all political parties and public sector leaders to create innovative solutions across a streamlined set of priorities, which effectively balance short-term need with long-term vision. However, the scale of the challenge must be clearly communicated to the public.
93. NHS organisations across Wales are committed to doing the very best they can to deliver high-quality, timely and safe care to the people of Wales. Our members recognise the importance of improving population health and wellbeing by creating an environment that enables people to maintain good physical and mental health for as long as possible.
94. Building a sustainable system requires a cross-sector approach to creating healthier and more prosperous communities, ultimately reducing future demand. Therefore, population health must be a central consideration in all government department budgets. We cannot lose sight of the fact that this is not just about budgets, targets and deficits – it is about people's lives. They will bear the brunt of the impact, as will the staff who do their very best to care for them every day.



8.4

1:30 PM, 0 Mins

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## 8.4 - FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

*Michael Imperato  
(Hywel Dda UHB -  
Independent Board  
Member)*

| For information

### **Attachments**

FPC Work Programme 2025-26 Draft.doc.pdf

## FINANCE AND PERFORMANCE COMMITTEE WORK PLAN APRIL 2025 – MARCH 2026

Currently, Finance and Performance Committee (FPC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2025 – March 2026.

| AGENDA ITEM/ ISSUE                                                               | LEAD  | Responsible Officer | 29 Apr 2025 | 26 Jun 2025 | 26 Aug 2025 | 21 Oct 2025 | 16 Dec 2025 | 24 Feb 2026 | 30 Apr 2026 |
|----------------------------------------------------------------------------------|-------|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>GOVERNANCE</b>                                                                |       |                     |             |             |             |             |             |             |             |
| Welcome and Apologies                                                            | Chair | All                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Declarations of Interests                                                        | Chair | CSO                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Minutes from previous meeting                                                    | Chair | CSO                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Matters Arising (not on agenda)                                                  | Chair | All                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Table of Actions (ToAs)                                                          | Chair | CSO                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| FPC Terms of Reference (TORs) Review (12.1)                                      | Chair | JW                  | ✓           |             |             |             |             |             | ✓           |
| SRC Annual Report 2024/25 (10.4.1)                                               | Chair | HT                  | ✓           |             |             |             |             |             |             |
| FPC Annual Report 2025/26 (10.4.1)                                               | Chair | HT                  | ✓           |             |             |             |             |             | ✓           |
| Self-Assessment of Committee Effectiveness: Outcome Report (10.5)                | Chair | JW                  |             |             |             |             |             | ✓           |             |
| Self-Assessment of Committee Effectiveness: Six-Month Review (10.5)              | Chair | JW                  |             |             | ✓           |             |             |             |             |
| Corporate Risks Assigned to FPC (3.1.19)                                         | HT    | RW                  |             | ✓           |             |             |             |             |             |
| Operational Risks Assigned to FPC (3.1.19)                                       | HT    | RW                  |             | ✓           |             |             |             |             |             |
| Assurance and Risk Report                                                        | CW    | RW                  |             |             | ✓           | ✓           | ✓           | ✓           | ✓           |
| <b>ESCALATION OVERVIEW</b>                                                       |       |                     |             |             |             |             |             |             |             |
| Escalation Oversight and Highlight Report                                        | SA    | SA                  |             |             | ✓           | ✓           | ✓           | ✓           | ✓           |
| <b>ESCALATION RESPONSE – RECOVERY ACTIONS PLANS AND IMPROVEMENT TRAJECTORIES</b> |       |                     |             |             |             |             |             |             |             |
| Clinical Care Group Financial Savings                                            | AC    |                     |             |             | ✓           | ✓           |             |             |             |
| Community and Integrated Medicine Performance and Productivity                   | AC    |                     |             |             | ✓           |             |             |             |             |
| Planned Care and Cancer Performance and Productivity                             | AC    |                     |             |             | ✓           |             |             |             |             |
| Radiology Update                                                                 | AC    |                     |             |             | ✓           |             |             |             |             |
| Ambulance Handover Performance Update                                            | AC    |                     |             |             |             | ✓           |             |             |             |

| AGENDA ITEM/ ISSUE                                                                                                                                                                                                                                                                                                                                                                         | LEAD         | Responsible Officer | 29 Apr 2025     | 26 Jun 2025 | 26 Aug 2025                                   | 21 Oct 2025 | 16 Dec 2025 | 24 Feb 2026 | 30 Apr 2026 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------------|-------------|-----------------------------------------------|-------------|-------------|-------------|-------------|
| Elective Referral to Treatment and Cancer Pathway                                                                                                                                                                                                                                                                                                                                          | AC           |                     |                 |             |                                               | ✓           |             |             |             |
| Neurodivergent and Psychological Therapies Pathway                                                                                                                                                                                                                                                                                                                                         | AC           |                     |                 |             |                                               | ✓           |             |             |             |
| Radiology and Therapies Demand and Capacity                                                                                                                                                                                                                                                                                                                                                | AC           |                     |                 |             |                                               | ✓           |             |             |             |
| <b>FINANCE</b>                                                                                                                                                                                                                                                                                                                                                                             |              |                     |                 |             |                                               |             |             |             |             |
| Finance Report (3.1.5) to include: <ul style="list-style-type: none"> <li>Deficit Drivers Annual Refresh (3.1.2)</li> <li>Financial Outlook 2025/26</li> <li>Financial Recovery/In-Year Savings Programme</li> <li>Risks on delivery of key financial targets key income sources &amp; contractual safeguards (3.1.7)</li> </ul> [From 26/08/2025: Financial Performance Assurance Report] | HT           | AS                  | ✓               | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Financial Plan and Strategy (3.1.4)                                                                                                                                                                                                                                                                                                                                                        | HT           | AS                  | ✓               | ✓           |                                               |             |             |             |             |
| (Investments and) Benefits Realisation Report                                                                                                                                                                                                                                                                                                                                              | HT           | SJ                  |                 |             | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Financial Systems Assurance Report (3.1.6)                                                                                                                                                                                                                                                                                                                                                 | HT           | AS                  |                 |             |                                               |             |             |             |             |
| Finance Targeted Intervention Actions (3.1.8)                                                                                                                                                                                                                                                                                                                                              | HT           | SA                  | ✓               | ✓           |                                               |             |             |             |             |
| Procurement Plan (3.1.10)                                                                                                                                                                                                                                                                                                                                                                  | HT           | GD                  |                 | 👉           | ✓                                             |             |             |             |             |
| Procurement Update (3.1.10 & 3.1.13) <ul style="list-style-type: none"> <li>Review any investment/disinvestment</li> </ul>                                                                                                                                                                                                                                                                 | HT           | GD                  | ✓               | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Planning Objective Update Report (3.1.17)                                                                                                                                                                                                                                                                                                                                                  | HT           | ALP                 | ✓<br>Q4/Closure | ✓<br>Q1     | ✓                                             | ✓<br>Q2     |             | ✓<br>Q3     |             |
| <ul style="list-style-type: none"> <li>PO2 Financial Recovery and Road Map</li> <li>PO3 Urgent and Emergency Care</li> <li>PO4 Planned Care (inc. Cancer and Diagnostics)</li> <li>PO5 Mental Health and Learning Disabilities</li> </ul>                                                                                                                                                  |              |                     |                 |             |                                               | ✓           |             |             |             |
| Contracts Assurance Report (3.1.11 & 12)                                                                                                                                                                                                                                                                                                                                                   | HT           |                     |                 |             |                                               |             |             |             |             |
| Balance Sheet Report                                                                                                                                                                                                                                                                                                                                                                       | HT           | AS                  |                 | ✓           |                                               | ✓           |             | ✓           |             |
| Monitoring Welsh Health Circulars (under the remit of FPC)                                                                                                                                                                                                                                                                                                                                 | Relevant EDs | RW                  |                 | ✓           | Incorporated within Assurance and Risk Report |             |             |             |             |

| AGENDA ITEM/ ISSUE                                                                                                                                           | LEAD         | Responsible Officer | 29 Apr 2025 | 26 Jun 2025 | 26 Aug 2025                                   | 21 Oct 2025 | 16 Dec 2025 | 24 Feb 2026 | 30 Apr 2026 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-------------|-------------|-----------------------------------------------|-------------|-------------|-------------|-------------|
| Ministerial Directions (as and when required)                                                                                                                | Relevant EDs | RW                  | ✓           | ✓           | Incorporated within Assurance and Risk Report |             |             |             |             |
| FINANCE AND PERFORMANCE DEEP DIVES                                                                                                                           |              |                     |             |             |                                               |             |             |             |             |
| Thematic Reviews of Finance and Performance <ul style="list-style-type: none"><li>• UEC</li><li>• Planned Care</li><li>• Therapies</li><li>• MHL D</li></ul> | AC           | AC                  |             | ✓           |                                               |             |             |             |             |
| Commissioned Care                                                                                                                                            | JP           | JP                  | ✓           |             |                                               |             |             |             |             |
| Discharge to Assess                                                                                                                                          | JP           | JP                  |             | ✓           |                                               |             |             |             |             |
| Ophthalmology performance: Getting It Right First Time (update on progress to address outstanding recommendations)                                           | AC           | SHi/VC              |             | ✓           |                                               |             |             |             |             |
| PERFORMANCE                                                                                                                                                  |              |                     |             |             |                                               |             |             |             |             |
| Integrated Performance Assurance Report (IPAR) (3.1.14)                                                                                                      | HT           | SH                  | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Performance Management Framework (3.1.14)                                                                                                                    | HT           | HT                  |             |             |                                               |             |             |             |             |
| NHS Wales Shared Services Partnership (NWSSP) Performance Report Quarter 2 2024/25 (quarterly) (3.1.16)                                                      | HT           | RD                  |             | ✓ (Q4)      | ✓ (Q1)                                        |             | ✓ (Q2)      |             |             |
| Public Sector Emissions Reporting                                                                                                                            | HT           | DW                  |             |             |                                               | ✓           |             |             |             |
| FOR APPROVAL                                                                                                                                                 |              |                     |             |             |                                               |             |             |             |             |
| Financial Procedures (3.1.21)                                                                                                                                | HT           | TJ                  | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Policies (as required) (3.1.22)                                                                                                                              | All          | All                 | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.9)                                                               | HT           | HT                  | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| FOR INFORMATION                                                                                                                                              |              |                     |             |             |                                               |             |             |             |             |
| Capital Financial Management Update (3.5.3)                                                                                                                  | HT           | RD                  | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| JCC Planning, Performance and Finance Sub-Committee Reports                                                                                                  | HTy          | JM                  | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |
| ADMINISTRATION                                                                                                                                               |              |                     |             |             |                                               |             |             |             |             |
| Agenda setting meeting with Chair & Exec                                                                                                                     | CSO          | N/A                 | ✓           | ✓           | ✓                                             | ✓           | ✓           | ✓           | ✓           |

| AGENDA ITEM/ ISSUE                                                                                          | LEAD | Responsible Officer | 29 Apr 2025 | 26 Jun 2025 | 26 Aug 2025 | 21 Oct 2025 | 16 Dec 2025 | 24 Feb 2026 | 30 Apr 2026 |
|-------------------------------------------------------------------------------------------------------------|------|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Lead (at least 6 weeks before the meeting)                                                                  |      |                     |             |             |             |             |             |             |             |
| Draft agenda to go to Executive Team                                                                        | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting) | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Disseminate agenda/papers 7 days prior to meeting                                                           | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Issue a draft TOA within two days of the meeting                                                            | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Circulate minutes and TOA to the Lead Director within 7 days of meeting                                     | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |
| Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review             | CSO  | N/A                 | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           | ✓           |

**Chair:** Michael Imperato **Vice Chair:** Anna Lewis **Lead Executive:** Huw Thomas

|                          |                                    |                           |                                       |
|--------------------------|------------------------------------|---------------------------|---------------------------------------|
| <b>HT</b> Huw Thomas     | <b>MH</b> Mark Henwood             | <b>LD</b> Lee Davies      | <b>JP</b> Jill Paterson               |
| <b>JW</b> Joanne Wilson  | <b>LG</b> Lisa Gostling            | <b>SA</b> Shaun Ayres     | <b>RD</b> Rhian Davies                |
| <b>DW</b> Daniel Warm    | <b>AS</b> Andrew Spratt            | <b>GD</b> Gemma Deverill  | <b>KJ</b> Keith Jones                 |
| <b>AJ</b> Amorelle Jones | <b>SHi</b> Steph Hire              | <b>DB</b> Debra Bennett   | <b>LC</b> Liz Carroll                 |
| <b>AL</b> Angela Lodwick | <b>HTy</b> Helen Tyler (JCC)       | <b>SH</b> Sally Havard    | <b>VC</b> Vicky Coppack               |
| <b>TJ</b> Timothy John   | <b>JM</b> Jacqueline Maunder (JCC) | <b>RW</b> Rachel Williams | <b>CSO</b> Committee Services Officer |
| <b>D</b> Deferred        | <b>SJ</b> Sian Jenkins             |                           |                                       |

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## 9 - ANY OTHER BUSINESS

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## 10 - DATE OF NEXT MEETING

- Tuesday 16 December 2025; 09:30 - 13:00