

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

|                                                  |                                                                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 28 August 2025                                                                                                                    |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Finance and Performance Committee Terms of Reference                                                                              |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Huw Thomas, Executive Director of Finance                                                                                         |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Joanne Wilson, Director of Corporate Governance/Board Secretary<br>Charlotte Wilmshurst, Assistant Director of Assurance and Risk |

**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 paper is to ensure that the new Finance and Performance Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

**Cefndir / Background**

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

**Asesiad / Assessment**

The Committee last reviewed its terms of reference and operating arrangements in April 2025, and these were subsequently approved by the Board, on 31 July 2025. The Finance and Performance Committee Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 31 July 2025, and one minor change and amendment to terms has been made. This is clearly marked on Appendix 1 and relates to the following:

| Section | What has changed?                             | Why?                                                                                                                                          |
|---------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1.22  | Operational Responsibilities - Section added. | To align with standard wording used across all Committee Terms of Reference, ensuring consistency, as follows:<br>"Approve relevant corporate |

*policies and plans within the scope of the Committee”.*

### Argymhelliad / Recommendation

The Finance and Performance Committee are asked to **APPROVE** the Finance and Performance Committee's Terms of Reference (version 3) for onward ratification by the Board on 25 September 2025.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

|                                                                                                                                           |                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:                                                                          | 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the 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>                                | 1. Leadership                                                                                                                                      |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:                                                                                    | Not 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                                                                                                                                 |

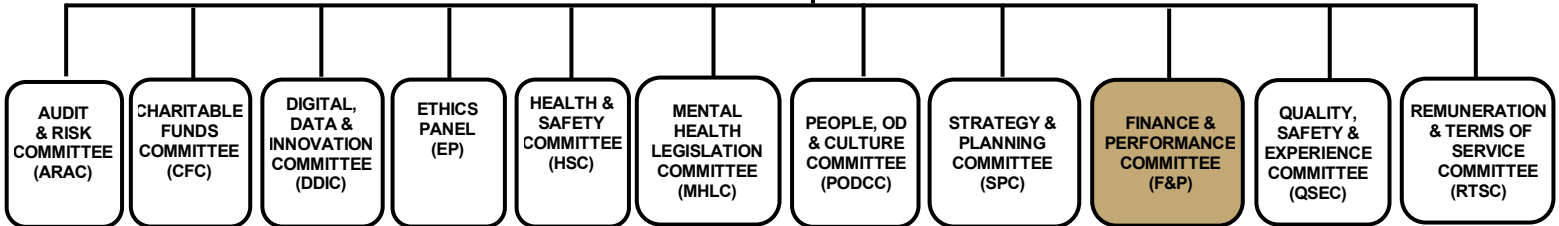
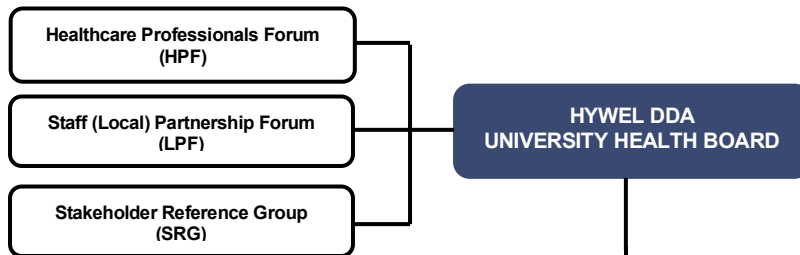
### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

|                                        |                                         |
|----------------------------------------|-----------------------------------------|
| Ar sail tystiolaeth:<br>Evidence Base: | Standing Orders                         |
| Rhestr Termâu:<br>Glossary of Terms:   | Contained within the body of the report |

|                                                                                                                                                               |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad<br>Parties / Committees consulted prior to Finance and Performance Committee: | Director of Corporate Governance/Board Secretary<br>Executive Director of Finance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |                   |
|-----------------------------------------------------------------------|-------------------|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | No direct impacts |
| <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>                                | Not Applicable    |
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>                               | Not Applicable    |
| <b>Cydraddoldeb:</b><br><b>Equality:</b>                              | Not Applicable    |



## TERMS OF REFERENCE

### FINANCE AND PERFORMANCE COMMITTEE

| Version | Issued to:                        | Date       | Comments     |
|---------|-----------------------------------|------------|--------------|
| V1      | Board                             | 30/01/2025 | Approved     |
| V2      | Finance and Performance Committee | 29/04/2025 | Approved     |
| V2      | Board                             | 31/07/2025 | Approved     |
| V3      | Finance and Performance Committee | 28/08/2025 | For approval |
|         |                                   |            |              |
|         |                                   |            |              |
|         |                                   |            |              |

## FINANCE AND PERFORMANCE COMMITTEE

### 1. Constitution

- 1.1 The Finance and Performance Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 1 April 2025.

### 2. Principal Duties

- 2.1 The purpose of the Finance and Performance Committee is to provide *advice* and *assurance* to the Board on the following:
- 2.1.1 The financial performance and delivery against Health Board financial plans and objectives and
- give early warning of potential performance issues,
  - make recommendations for action to continuously improve the financial position of the organisation,
  - 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.
- 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.

### 3. Operational Responsibilities

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:
- 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:
- 3.1.1.1 Workforce
  - 3.1.1.2 Non-pay and procurement
  - 3.1.1.3 Medicines value and sustainability
  - 3.1.1.4 Commissioned care
  - 3.1.1.5 Clinical variation and service configuration
- 3.1.2 Receive an understanding of the existing deficit and key drivers. This will be achieved through scrutiny of an annually refreshed report on the drivers of the deficit.



- 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.
- 3.1.4 Receive assurance on the development of a clear financial strategic plan. This will be achieved through scrutiny of a medium term financial recovery plan which demonstrates clear alignment into the in-year financial plan.
- 3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in:
  - 3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers;
  - 3.1.5.2 Performance against the savings requirement;
  - 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
- 3.1.6 Seek assurance that financial systems are robustly embedded.
- 3.1.7 Maintain oversight of, and obtain assurances on, key financial risks. This includes risks against the delivery of Health Board financial targets, the robustness of key income sources and contractual safeguards.
- 3.1.8 Receive assurance on the delivery against the areas of targeted intervention (Appendix 1), and the required elements for de-escalation, that are aligned to the Committee.
- 3.1.9 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue expenditure (all those over £1million requiring Board approval), business cases (except those that are capital and digital in nature), projects, and proposed investment decisions on behalf of the Board.
- 3.1.10 Scrutinise major procurements plans and tenders, and provide assurance to the Board as part of its approval process.
- 3.1.11 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
- 3.1.12 Seek assurance on the reporting and monitoring of contracts with providers such as Swansea Bay and Cardiff and Vale, focusing on financial performance, over and under performance, and providing regular financial updates.
- 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:
  - 3.1.13.1 Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
  - 3.1.13.2 Ensuring that robust processes are followed; and

- 3.1.13.3 Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.
- 3.1.14 Subject to the Board's direction and approval, develop and regularly review the performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 3.1.15 Seek assurance on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 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.
- 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.
- 3.1.18 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
- 3.1.19 Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.20 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.1.21 Review and approve financial procedures on behalf of the Health Board.
- 3.1.22 Approve relevant corporate policies and plans within the scope of the Committee.

3.1.23 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Finance and Performance Committee and oversee delivery.

#### 4. Membership

4.1 The membership of the Committee shall comprise:

| Member                          |
|---------------------------------|
| Independent Member (Chair)      |
| Independent Member (Vice-Chair) |
| 3 x Independent Members         |

4.2 The following should attend Committee meetings:

| In Attendance                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|
| Executive Director of Finance                                                                                                     |
| A Clinical Executive Director                                                                                                     |
| Chief Operating Officer                                                                                                           |
| Director of Primary Care, Community & Long Term Care                                                                              |
| Other Lead Executives to be invited to attend for relevant Planning Objectives aligned to the Committee or relevant agenda items. |

4.3 The membership of the Committee will be reviewed on an annual basis.

#### 5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member(s), together with the Director of Finance, or deputy, and a Clinical Executive Director and a Chief Operating Officer or deputy.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board – taking into account the balance of skills and expertise necessary to deliver the Committee’s remit and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills.

5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

- 5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Finance) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.
- 6.3 All papers must be approved by the relevant Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.



- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 Joint planning and co-ordination of Board and Committee business.
  - 10.1.2 Sharing of information
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.



- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

## 11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

## 12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

## Appendix 1: Targeted Intervention areas relating to financial intervention and focus

The **finance intervention and focus** whilst in targeted intervention covers the following five areas and the health board will be required to action and demonstrate areas as highlighted below:

### 1. Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and addresses key risks.
- Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
- Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.
- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Budget holders and managers are held to account for delivering their financial plans.
- That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

### 2. Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The drivers and investment decisions responsible for the growth in workforce are well understood; are reviewed for ongoing value; and are monitored through the Integrated Performance Report.
- The integrated performance reports clearly identify and monitor metrics against key activity cost drivers;
- That as a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

### 3. Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.

- Development of a comprehensive opportunities framework with a constant pipeline of opportunities, and establish clear roles and responsibilities for developing opportunities into saving schemes and subsequent delivery of these saving schemes.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

#### 4. Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

#### 5. Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total), including further progress around identification and delivery of recurring opportunities.

### **De-escalation criteria for finance**

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total. 60% performance maintained for 3 months against the SCP target.

The **performance and outcomes intervention and focus** whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

#### 1. Establish baseline and agree improvement plans

- Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh Government and the Board that progress is being made or where further interventions are required.



- Review, for assurance purposes, progress the health board has made against previous external and internal reviews and implementation plans with a performance lens.
- Consolidate previous performance reviews and improvement plans into one core document, reducing the risk of duplication, with the intention of adding value to a clear way forward.
- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.

## 2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Improve access to planned care with reduced waiting times in line with national requirements.
- Improve the timeliness of access to cancer services and demonstrate improved compliance with the suspected cancer pathway, prioritising improvement in the most at risk tumour sites.
- Ensure that cancer backlog reduces to agreed levels and site-specific plans are in place for tumour sites of concern.
- Implement an outpatient's transformation plan that supports a move towards the requirements of the planned care programme.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

## 3. Work with national programmes and respond to external reviews such as GIRFT

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care, Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the GIRFT opportunities as highlighted through the programme reviews.
- Develop and implement an integrated approach to theatre scheduling and management, working with the GIRFT programme to develop and embed the agreed theatre reporting metrics on a bi-weekly basis.
- Develop agreed plans in response to the GIRFT speciality reviews and recommendations.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

## 4. Communications and engagement

- Ensure there are plans in place for all long waiters with a clear communication strategy with appropriate support to keep them well.
- Implement the requirements of the three Ps policy.
- Ensure that patients are clear where they can and should access support, signposting away from emergency services.

- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

### **De-escalation criteria for performance and outcomes**

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. De-escalation will be to the next level of the escalation framework. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

#### Planned Care and Cancer

1. 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
2. 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
3. 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.
4. 15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)
5. 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.
6. 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
7. 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
8. 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
9. 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.

#### Urgent and Emergency Care

1. A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).
2. Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.

The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.

## Appendix 2: Finance and Performance Committee Planning Objectives 2025/26

| Planning Objective |                                        | Lead                          | Class                |
|--------------------|----------------------------------------|-------------------------------|----------------------|
| 2                  | Financial recovery and route map       | Executive Director of Finance | Statutory duty       |
| 3                  | Transforming urgent and emergency care | Chief Operating Officer       | Ministerial priority |
| 4                  | Planned care, diagnostics and cancer   | Chief Operating Officer       | Ministerial priority |
| 5                  | Mental health and CAHMS                | Chief Operating Officer       | Ministerial priority |