

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 June 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Thematic Reviews of Clinical Care Group Performance and Financial Progress
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: 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

This paper, and the supporting thematic slides attached, provides an overview of performance and financial progress achieved by those Clinical Care Groups highlighted within the April 2025 Integrated Performance Assurance Report (IPAR) performance report.

The Committee is requested to consider progress achieved to date, the key issues highlighted, and the actions referenced in the attached thematic slides.

Cefndir / Background

At its meeting in April 2025, the Finance and Performance Committee (FPC) requested thematic summary reports of the progress and actions being prioritised by specific Clinical Care Groups (CCGs) in response to key areas of performance and financial escalation highlighted in the April 2025 IPAR performance report.

The four CCGs highlighted are listed below:

- Community and Integrated Medicine (with a specific focus on Urgent and Emergency Care (UEC) performance)
- Planned and Specialist Care
- Operational Allied Health and Health Sciences (with a specific focus on Therapy waiting times)
- Mental Health and Learning Disabilities

Asesiad / Assessment

The attached thematic summary slides provide an overview of progress achieved by each CCG in respect of the following areas of escalated concern highlighted in the April 2025 IPAR report:

- Performance – progress in respect of key ministerial priorities and our Targeted Intervention (TI) de-escalation goals, highlighting the risks and challenges which currently impact delivery and an overview of the key actions being pursued to enable recovery.
- Finance – progress to Month 2 2025/26 in respect of budget performance and savings plan identification and delivery, along with further progress achieved in identification of additional actions to mitigate the gap between current plans and the target level of savings required to enable the Health Board to meet its financial recovery objectives for 2025/26.

Given the complex and detailed nature of the recovery plans already in place, and those additional actions being pursued to support further recovery, in respect of both operational and financial performance, the attached thematic slides can only attempt to provide a high-level overview of the plans and initiatives being pursued by each CCG. More specific detail of the actions and plans in place in each CCG are referenced in the detailed IPAR report and individual CCG information packs presented and considered at Executive Improving Together and Escalation reviews.

CCG progress in respect of both performance and financial recovery is overseen by the Executive chaired Integrated Quality, Finance and Performance Delivery (IQFPD) Group. To further assure progress in the development of robust CCG financial savings plans, the Chief Operating Officer has appointed the Deputy Director of Operations to independently review CCG plans and identify key actions for further development. Whilst it is evident that progress in further identifying financial savings opportunities is being achieved by each CCG, it is also evident that further progress is required to reduce reliance on non-recurrent solutions in favour of more sustainable longer-term plans.

All CCGs have reviewed and taken action to strengthen approval hierarchies for pay and non-pay expenditure.

By way of summary, the Committee is requested to note the following overview in respect of each CCG:

## **COMMUNITY AND INTEGRATED MEDICINE CCG**

**Performance** – in response to the key UEC performance challenges in respect of ED waits and ambulance handover delays, the Community and Integrated Medicine CCG is actively engaged in and supporting an accelerated UEC Transformation Programme, commissioned by the Executive Team, with the objective of securing key improvements in respect of the following priorities during Quarters 2 and 3 2025/26:

- Health Board-wide 24/7 contact first model
- 7/7 streaming hub
- Full integrated community rapid response service
- 7/7 Operational Delivery Unit to manage system wide flow and demand
- Enhanced focus on patient experience and environmental quality

This work is also being supported by the national UEC Six Goals Team.

It is anticipated that successful progress in delivering the above priorities, alongside existing work programmes to progress effective delivery of optimal hospital flow and related recommendations from the recent Ministerial Advisory Group (MAG) and Getting it Right First

Time (GIRFT) reports will enable sustained improvement in respect of the key UEC delivery priorities highlighted in the IPAR report.

Whilst positive progress has been achieved in the establishment and mobilisation of the respective workstreams within this accelerated programme, the next priority step will be support from the Health Board's Data Science team to accurately model the anticipated impact of the improvement actions being pursued to help improve forecast performance improvement through 2025/26.

**Finance** – it is noteworthy that the CCG has achieved an in-month cumulative breakeven position against its allocated operating budget which contrasts with historical trends in budget performance for the constituent elements of the CCG structure.

Whilst the CCG has delivered its planned savings, this represents 50% of the target savings levels required as at Month 2 2025/26.

As result of further work being progressed by the CCG, in year savings proposals have increased by a further £748k (12%) with financial year-end (FYE) savings proposals increasing by £2.03m (25%) Against a full year savings target of £10.4m, the CCG has identified proposals for £4.5m of Green/Amber rated savings plans for the remainder of the year whilst the full year effect of all savings proposals (including those rated Blue) totals £9.9m. These proposals are scheduled to be discussed at the Executive Improving Together review session on 17 June 2025.

## **PLANNED AND SPECIALIST CARE CCG**

**Performance** – whilst there are emergent delivery challenges in respect of headline Referral to Treatment (RTT) ministerial priorities, recovery actions are being progressed with recovery to target level expected by the end of Q2 2025/26. The attached thematic overview slides in **Appendix 1** references the specific delivery challenges being addressed. It should be noted however that significant risks to theatre staffing availability at Glangwili Hospital (GGH) have increased during Q1 2025/26 as consequence of increased sickness absence related to the workload burden of supporting high levels of emergency surgical demand alongside planned elective surgery. These increased pressures have increased the rate of cancellation of ENT and Ophthalmology operating lists due to the requirement to prioritise staffing availability for urgent and emergency operating sessions. The CCG is progressing urgent discussions with the Executive Team regarding short- and longer-term solutions to mitigate the increased risks.

Recent improvements in Single Cancer Pathway (SCP) performance from Q4 2024/25 as a consequence of the focus on improving capacity within diagnostic pathways, have continued through Q1. Performance is currently being sustained above 60%.

**Finance** –the CCG has continued to sustain an underlying underspend pressure on its overall operational budget with an underlying cumulative underspend position against its allocated operating budget of £1.4m.

Whilst the CCG has delivered its planned savings, this represents 50% of the target savings levels required as at Month 2 2025/26.

As result of further work being progressed by the CCG, in year savings proposals have increased by a further £4.5m (78%) with FYE savings proposals increasing by £4.3m (76%) Against a full year savings target of £13.8m, the CCG has identified proposals for £5.2m of

Green/Amber rated savings plans for the remainder of the year whilst the In Year effect of all savings proposals (including those rated Blue) totals £10.3m. These proposals are subject to further discussion with the Executive Team.

## **OPERATIONAL ALLIED HEALTH AND HEALTH SCIENCES CCG**

**Performance** – whilst Radiology Direct Access Diagnostic waiting times performance has improved by approximately 40% since January 2025, breach volumes remain significantly high and are not expected to recover to target levels without significant levels of additional recovery support. The delivery gap reflects the historic imbalance between demand and capacity in the service. It is noteworthy however that actions to improve Radiology capacity for urgent SCP patient pathways are being sustained and backlog demand for CT scans and reports has significantly improved through Q1.

Direct Access Therapy waiting times breaches continue to increase due to significant workforce related demand and capacity gaps within key pathways, most notably Physiotherapy, Podiatry and Occupational Therapy (OT). These challenges are exacerbated by significant demands for therapy input from other inpatient and emergency / UEC pathways as highlighted by a series of patient safety walkabouts, alongside the demands of the stroke pathways in each county on supporting therapy capacity.

Notwithstanding current actions to improve demand management and expand roles of support staff to increase capacity, direct access breach performance is expected to further deteriorate without significant levels of recovery support. Current controls on variable and temporary workforce have resulted in a net loss of capacity during Q1 2025/26. These workforce capacity risks are likely to further increase in the medium/longer term as a consequence of the anticipated cessation of non-recurrent funding support including cluster funding and Regional Integrated Funding (RIF) funding in the longer term.

To help inform an accurate assessment of system wide demands on therapy capacity, a further priority deep dive demand and capacity review is underway across each of therapy pathways.

**Finance** –the combined impact of a £0.1m cumulative overspend position against its allocated operating budget and partial delivery of planned savings placed the CCG at £0.6m above its target financial position as at Month 2 2025/26.

Against a full year savings target of £3.78m, the CCG has made further progress in the identification of In-Year and FYE savings proposals totalling £760k, of which £459k is Green/Amber rated. Given the operational & performance demands highlighted above, progress and associated operational risks in further developing savings plan proposals for the remainder of the year are scheduled to be discussed at the Executive Improving Together review session on 19 June 2025.

## **MENTAL HEALTH AND LEARNING DISABILITIES CCG**

**Performance** – the key performance challenges relate to waits for Psychological Therapy and Neurodevelopmental assessments. Actions to reverse the recent deterioration in waits for Psychological Therapies are focused on encouraging patients to access remote and group therapy sessions alongside clinical validation of patients to ensure direction of patients to the most appropriate support for their specific needs.

Recent experience with the Autistic Spectrum Disorder (ASD) pilot assessment model has highlighted that sustainable solutions to the significant demand and capacity imbalance within the Neurodevelopmental service will require a wholesale review and revision of the assessment pathway. An Executive Team-commissioned Task and Finish Group has been established to urgently progress this work with progress reports due to be considered via the IQFPD in early July.

**Finance** –the combined impact of a £0.3m cumulative overspend position against its allocated operating budget and partial delivery of planned savings placed the CCG at £0.7m above its target financial position as at Month 2 2024/25.

However, against a full year savings target of £5.8m, the CCG has made further positive progress in the identification of additional In Year savings proposals totalling £4m, of which £2.1m are rated Green/Amber. As these are heavily dependent upon non-recurrent actions during 2025/26, progress achieved to date, associated operational risks in relation to the CCG continuing healthcare (CHC) budget, and opportunities for more sustainable solutions are scheduled to be discussed at the Executive Improving Together review session on 30 June 2025.

### Argymhelliad / Recommendation

The Finance and Performance Committee is requested to **CONSIDER** and **NOTE** the performance and financial progress achieved to date by the four CCGs referenced in this report, the key issues and risks highlighted along with the actions referenced in the attached thematic slides.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	2 Financial recovery and route map 3 Transforming Urgent and Emergency Care programme 4 Planned care, diagnostics and cancer Recovery 5 Mental health and CAHMS
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Outlined within the body of the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Outlined within the body of the report.
<b>Gweithlu: Workforce:</b>	Outlined within the body of the report.

<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Outlined within the body of the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



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# Finance and Performance Committee Thematic CCG Performance and Financial Progress Summary Slides

26 June 2025



# Community and Integrated Medicine CCG Performance



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Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
ED waits > 12 hrs	0	7%	1,255 (8%)	Alert	ED long waiting times and ambulance handover delays are symptomatic of fundamental wider system patient flow challenges impacting hospital, community and social care pathways.	To help expedite UEC work programmes already in place to progress effective delivery of the optimal hospital flow framework and related recommendations from site specific GIRFT and MAG reports, an accelerated UEC Transformation Programme has been commissioned by the Executive Team with the specific aim for delivering the following objectives during Qs 2&3:
Ambulance Handover > 1 hr	0	605	1,059 (51%)	Alert		
Ambulance Handover > 4hrs	0	n/a	325 (16%)	Alert	<p>These reflect deficits in community capacity response, over-direction of patients to EDs for 1<sup>st</sup> contact care and inconsistency of service provision across the 7-day period. At a site-specific level, performance can also be compromised by variations in staffing availability, particularly during periods of peak demand.</p> <p>Whilst a targeted focus at site specific level has enabled a steady overall improvement in long ED waits since December 2024, sustained improvements in ambulance handover performance have not been achieved.</p>	<ul style="list-style-type: none"> <li>• HB wide 24/7 contact first model</li> <li>• 7/7 streaming hub</li> <li>• Full integrated community rapid response service</li> <li>• 7/7 Operational Delivery Unit to manage system wide flow and demand</li> <li>• Enhanced focus on patient experience and environmental quality</li> </ul>
Pathway of Care Delays	n/a	174	234	Alert	<p>Ongoing health related assessment challenges relating to nursing, continuing health care and mental capacity assessments.</p> <p>Challenges in reablement capacity and provision of new community care packages, family/patient's decisions regarding care and nursing and residential home availability.</p>	In addition to regular deep dive reviews of long stay patients and a continuing focus on D2RA audits and support for staff, the CCG is progressing the priority expansion of Trusted Assessor capacity to improve assessment delays.

# Community and Integrated Medicine CCG

## Finance - YTD Performance and Additional Savings Proposals



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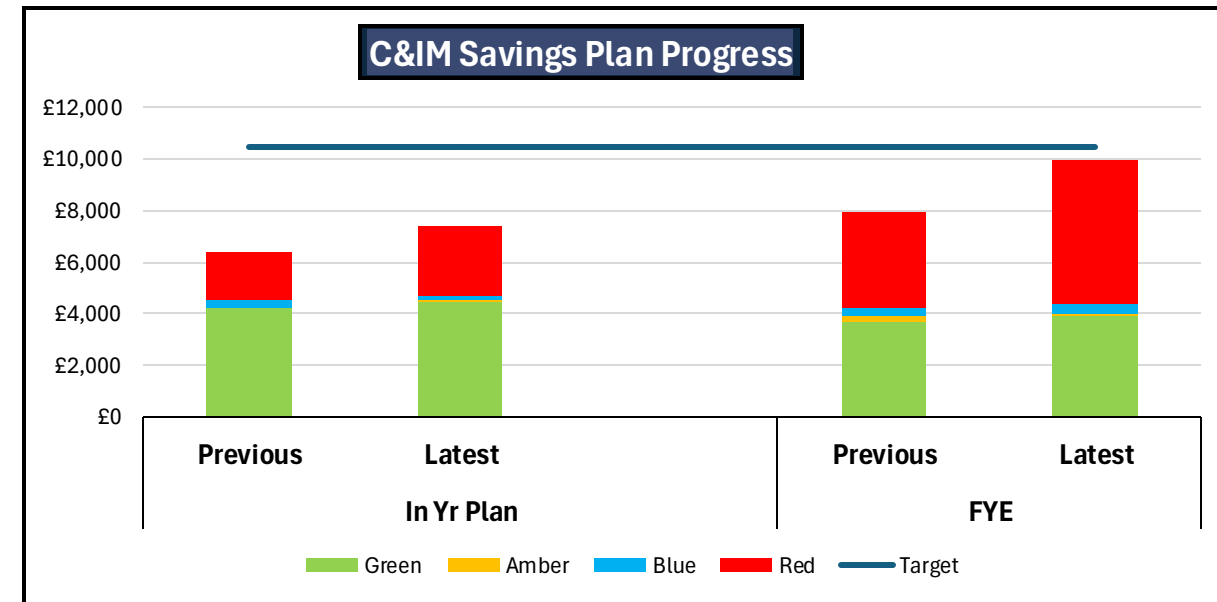
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Community & Integrated Medicine	0.9	0.0	0.0	0.9

Mth 2 Savings Performance Breakdown (£'m)				
Clinical Care Group	Target	Plan	Delivery	Gap
Community & Integrated Medicine	1.7	0.8	0.8	0.9

- Breakeven budget performance as at Month 2
- Mth 2 on track with planned savings delivery but pro-rata savings gap of £0.9m vs Mth 2 target level
- Previous In Year Green/Amber savings £4.1m

- Latest In year savings proposals increased by £784k (12%)
- Latest FYE savings proposals increased by £2.03m (25%)
- Latest In Year Green/Amber savings increased to £4.5m

C&IM Savings Plan Progress				
	In Yr Plan (£k)		FYE (£k)	
	Previous	Latest	Previous	Latest
Target	£10,482	£10,482	£10,482	£10,482
Green	£4,177	£4,457	£3,691	£3,909
Amber	£0	£89	£204	£48
Blue	£330	£150	£330	£400
Red	£1,908	£2,668	£3,697	£5,595
<b>Total</b>	<b>£6,580</b>	<b>£7,364</b>	<b>£7,922</b>	<b>£9,952</b>



# Planned and Specialist Care CCG Performance



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Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues/Overview	Key Actions
Stage 1 Max 52 week Wait	0	0	84	Advise	<p>Short-term risks mainly related to General Medicine / Geriatric Medicine due to osteoporosis capacity pressures.</p> <p>No significant delivery concerns anticipated (99.8% patients &lt; 52 weeks)</p>	<p>Deep-dive review of osteoporosis pathway across HB to match demand and capacity.</p> <p>NB National insourcing of 200k additional OPAs (13k for HDUHB) from July 2025 is expected to reduce maximum waiting times below 26 weeks by March 2026</p>
Total Pathway (Max 104 week wait)	0	0	319	Advise	<p>Emergency delivery challenges in:</p> <ul style="list-style-type: none"> <li>Orthopaedics – due to combined impact of deferred 2024/25 patient demand, lower ROTT volumes during Q1 and impact of A/L carry over from Q4)</li> <li>Ophthalmology – due to reduced outsource volumes during April</li> <li>ENT – due to theatre staffing related cancellations during Q1 at GGH</li> </ul> <p>Q1 breaches expected to recover by end Q2.</p>	<p>Plans in progress re:</p> <ul style="list-style-type: none"> <li>Increasing orthopaedic activity levels through Q2 to recover Q1 backlog via increased access to regional capacity at NPT and/or temporary insourcing of capacity at PPH</li> <li>Ophthalmology outsource contract now operating at full capacity</li> <li>Operational plans being advanced within CCG to secure consistency of ENT lists through Q2 and temporary insourcing of theatre staffing to support additional tonsillectomy lists to recover Q1 backlog</li> </ul>
% R1 Eye Care appts attended / pts waiting within target or + 25%	95% 96%	60% 65%	60.3% 34%	Alert	<p>Steady trend in improvement in appointments attended within target or + 25% in recent months from low of 51.89% in January 2025. However, performance in respect of patients waiting within target or + 25% remains static.</p> <p>Target not met since pre-pandemic due to historical workforce capacity gap (medical and non-medical). Performance in respect of both metrics expected to improve during 2025/26 with patients waiting within target or+ 25% expected to improve above 60% by Match 2026.</p>	<p>Performance improvement expected during 2025/26 as a consequence of:</p> <ul style="list-style-type: none"> <li>Step investment in IVT pathway capacity (as reflected in Annual Plan)</li> <li>Planned recruitment into 2 x regional consultant posts by Autumn 2025 and current onboarding of middle grade staff</li> <li>Expansion of glaucoma pathway including re-direction of patients via community optometrists as part of national WGOS initiative (in place).</li> </ul>
Single Cancer Pathway (% treated within 62 days)	80%	80%	62.4%	Assure	<p>Historical diagnostic pathway challenges (with particular emphasis on radiology capacity) has compromised HB performance.</p> <p>Continued improvements from Q4 have improved performance above 60% for 3 consecutive months.</p>	<p>Sustained trend in performance improvement expected during 2025/26 due to combined impact of:</p> <ul style="list-style-type: none"> <li>Investments in Radiology capacity</li> <li>Increased Urology capacity for flexible cystoscopies &amp; LATP biopsies</li> <li>Skin minor ops capacity expansion</li> <li>Gynaecology one-stop PMB/hysterectomy pathway improvements</li> </ul>

# Planned and Specialist Care CCG

## Finance - YTD Performance & Additional Savings Proposals



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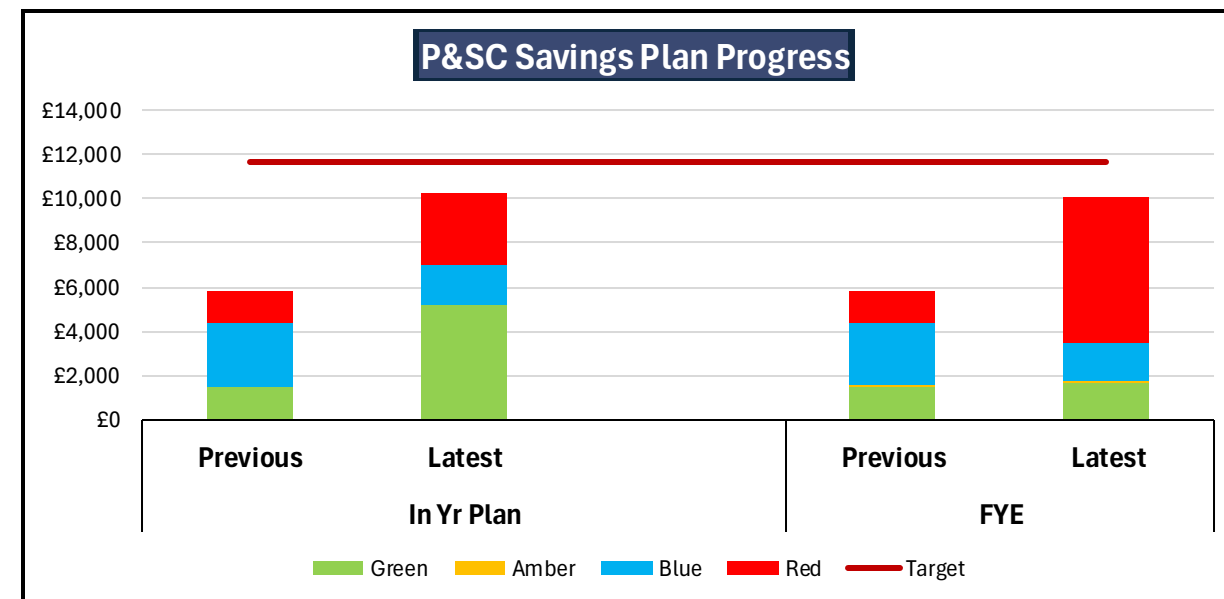
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Planned and Specialist Care	1.0	0.0	(1.4)	(0.4)

Mth 2 Savings Performance Breakdown (£'m)				
Clinical Care Group	Target	Plan	Delivery	Gap
Planned and Specialist Care	1.9	0.9	0.9	1.0

- £1.4m underlying budget underspend as at Month 2
- Mth 2 on track with planned savings delivery via N/R benefit but pro-rata savings gap of £1.0m vs Mth 2 target level
- Previous In Year Green/Amber savings £1.5m

- Latest In year savings proposals increased by £4.5m (78%)
- Latest FYE savings proposals increased by £4.3m (76%)
- Latest In Year Green/Amber savings increased to £5.2m

P&SC Savings Plan Progress				
	In Yr Plan (£k)		FYE (£k)	
	Previous	Latest	Previous	Latest
Target	£11,639	£11,639	£11,639	£11,639
Green	£1,500	£5,181	£1,472	£1,653
Amber	£0	£21	£113	£57
Blue	£2,886	£1,770	£2,816	£1,770
Red	£1,405	£3,279	£1,405	£6,594
<b>Total</b>	<b>£5,801</b>	<b>£10,344</b>	<b>£5,714</b>	<b>£10,075</b>



# Allied Health and Health Sciences CCG

## Performance



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Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
<b>Diagnostic (Max 8 week wait) - Radiology</b>	0	85%	4,237	<b>Alert</b>	<p>Fundamental historical demand / capacity imbalance within the service. Although additional investment has been enabled a significant reduction in breach volumes from a peak of over 7,000 in January 2025, capacity is being prioritised for cancer and urgent patient reporting. Whilst further improvements in diagnostic waits are anticipated, this trend in improvement will not be sustained without support for additional capacity solutions.</p> <p>The majority of breaches related to the MRI and NOUS pathways.</p>	<ul style="list-style-type: none"> <li>➤ NOUS: insourcing commenced in February and is continuing until 30/11/25 (end of contract).</li> <li>➤ CT: CT locum Radiographers started in GGH and WGH in March and will continue until substantive appointments are made</li> <li>➤ MRI: staffed MRI mobile solution commenced 09/01/25 and is continuing until 31/3/26</li> </ul> <p>NB Planning discussions are being progressed with WG re the potential for national recovery support for additional actions to support clearance of 8 week breach backlogs. This remains subject to confirmation.</p>
<b>Therapies (Max 14 week wait)</b>	0	90% < 14 wks	2,384 (77.4%)	<b>Alert</b>	<p>After a slight improvement during Q3 2024/25, Therapy waiting times of steadily deteriorated to a peak of 2,384 breaches, the highest volume since August 2024.</p> <p>48% of therapy 8 week breaches relates to Physiotherapy, of which 90% relate to the MSK pathway.</p> <p>Whilst some recruitment success has been achieved at junior level, limited financial resources to support continued recruitment of temporary staff has resulted in a net loss of capacity with a high risk that breach performance is likely to further deteriorate without additional recovery support.</p> <p>Significant breach volumes are also noted in Podiatry and OT pathways.</p>	<p>To part mitigate the continuing workforce challenge, the following priority actions are in progress:</p> <ul style="list-style-type: none"> <li>• Pilot telephone triage project to reduce demand and signpost patients to alternative, more appropriate pathways</li> <li>• Continued recruitment of junior (Band 5 posts)</li> <li>• Expansion of Podiatry Assistant roles to supplement clinically trained staff</li> <li>• Expansion of group therapy sessions to increase capacity.</li> </ul> <p>In recognition of significant demand pressures for therapy capacity across UEC, inpatient and direct access pathways, a further deep dive demand and capacity review is underway to inform recovery requirements and</p>

# Allied Health and Health Sciences CCG

## Finance - YTD Performance & Additional Savings Proposals



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### Mth 2 Financial Performance Against Budget (£'m)

Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Allied Health & Health Sciences	0.5	0.0	0.1	0.6

- £0.1m budget overspend as at Month 2
- Mth 2 on track with planned savings delivery via N/R benefit but pro-rata savings gap of £0.5m vs Mth 2 target level
- Previous In Year Green/Amber savings £nil

### Mth 2 Savings Performance Breakdown (£'m)

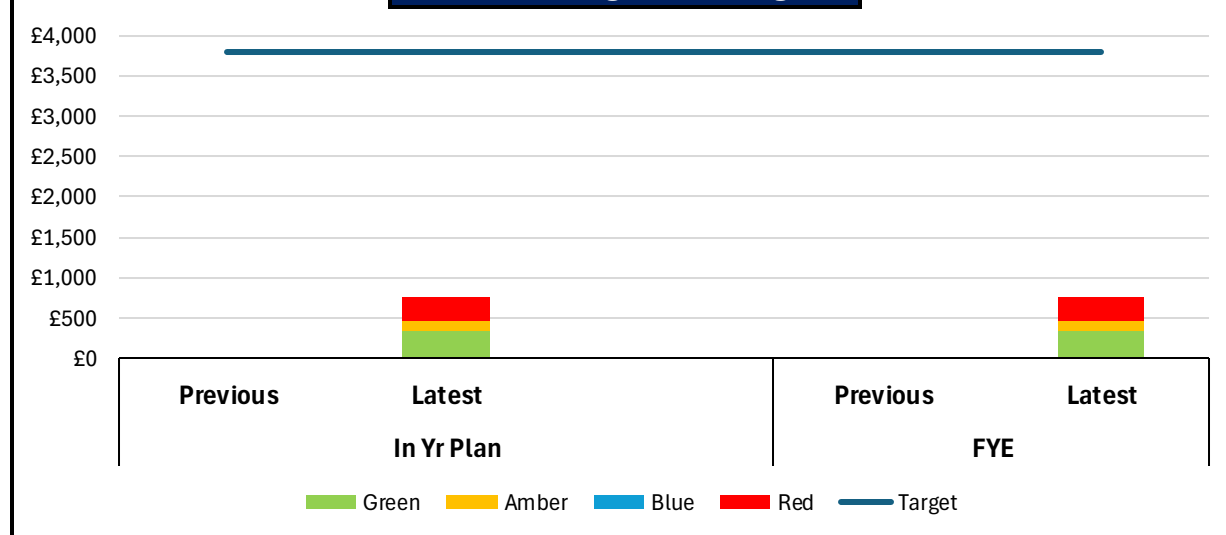
Clinical Care Group	Target	Plan	Delivery	Gap
Allied Health & Health Sciences	0.6	0.1	0.1	0.5

- Latest In year savings proposals increased by £760k (100%)
- Latest FYE savings proposals increased by £760k (100%)
- Latest In Year Green/Amber savings increased to £459k

### AH&SC Savings Plan Progress

	In Yr Plan		FYE	
	Previous	Latest	Previous	Latest
Target	£3,785	£3,785	£3,785	£3,785
Green	£0	£351	£0	£351
Amber	£0	£108	£0	£108
Blue	£0	£0	£0	£0
Red	£0	£301	£0	£301
<b>Total</b>	<b>£0</b>	<b>£760</b>	<b>£0</b>	<b>£760</b>

### AH&HS Savings Plan Progress



# Mental Health and Learning Disabilities CCG

## Performance (Slide 1 of 2)



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Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
MH Assessments < 28 days (0-17yrs)	80%	80%	98.1%	Assure	Positive performance progress sustained despite workforce challenges	n/a
MH Assessments < 28 days (18yrs+)	80%	80%	95.4%	Assure	Positive performance progress sustained despite workforce challenges	n/a
Therapeutic Interventions < 28 days (0-17yrs)	80%	80%	92%	Assure	Positive performance progress sustained despite workforce challenges	n/a
Therapeutic Interventions < 28 days (18yrs+)	80%	80%	95.2%	Assure	Positive performance progress sustained despite increasing demand	<ul style="list-style-type: none"> <li>Introduction of group therapy sessions</li> <li>Primary Care Liaison service established to support management of demand.</li> </ul>
Psychological Therapies < 26 weeks	80%	n/a	55.7%	Alert	<p>Continued deterioration in recent monthly performance to 55.7% in April 2025.</p> <p>Performance deterioration reflects reduced patient take up of group therapy sessions</p> <p>Increases in referral demand for learning disabilities psychological support continue to impact overall performance.</p>	<ul style="list-style-type: none"> <li>Refresh of communication and support to encourage improved patient acceptance of remote and group therapy sessions.</li> <li>Clinical validation of referrals to identify most appropriate therapeutic response (1:1 vs group vs alternative approaches) and support overall management of demand.</li> <li>Recruitment to Adult Psychology and Learning Disabilities teams in progress.</li> </ul>

# Mental Health and Learning Disabilities CCG

## Performance (Slide 2 of 2)



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Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
<b>Neurodevelopmental Assessments &lt; 26 weeks (ASD)</b>	80%	n/a	15.2%	<b>Alert</b>	<p>Historical performance challenges date to pre-pandemic period but exacerbated by:</p> <ul style="list-style-type: none"> <li>• 5 fold increase in demand since 2016</li> <li>• Pilot assessment model has not delivered scale of results anticipated.</li> <li>• Compliance with national and legislative requirements has diverted capacity away from assessments in favour of pre &amp; post diagnostic support</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing review of pathway to improve efficiency and reduce time to assessment.</li> <li>• Extensive data validation of existing waiting list.</li> <li>• Active exploration of digital platforms to reduce need for travel and face-to-face appointments where possible in place (but unlikely to deliver immediate/short term improvement)</li> <li>• Peer evaluation of alternative model at Aneurin Bevan UHB which has delivered performance improvements.</li> <li>• Extension of outsource contract from 2025 to continue until mid-summer.</li> <li>• Executive sponsored ND T&amp;F Group established to undertake wholesale review of ND pathway and alternative assessment models.</li> </ul>
<b>Neurodevelopmental Assessments &lt; 26 weeks (ADHD)</b>	80%	n/a	56.9%	<b>Alert</b>	<p>Positive &amp; steady trend in improvement over past 2 years despite:</p> <ul style="list-style-type: none"> <li>• 100% increase in demand over same period.</li> <li>• Limited clinic room capacity to expand service</li> </ul>	<ul style="list-style-type: none"> <li>• Active exploration of alternative assessment model to improve demand management and efficiency of pathway</li> <li>• Longer term plans to increase clinic capacity with 3<sup>rd</sup> sector financial support</li> </ul>



# Mental Health and Learning Disabilities CCG

## Finance - YTD Performance & Additional Savings Proposals



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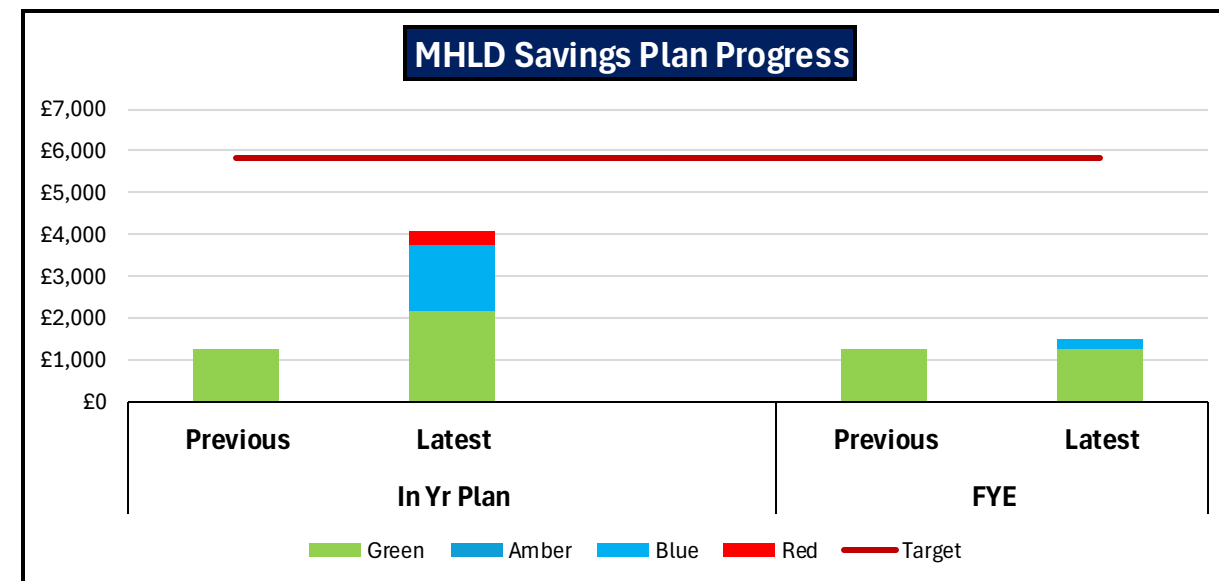
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Mental Health & Learning Dis.	0.4	0.0	0.3	0.7

- £0.3m budget overspend as at Month 2
- Mth 2 on track with planned savings delivery via N/R benefit but pro-rata savings gap of £0.4m vs Mth 2 target level
- Previous In Year Green/Amber savings £1.2m

Mth 2 Savings Performance Breakdown (£'m)				
Clinical Care Group	Target	Plan	Delivery	Gap
Mental Health & Learning Dis.	1.0	0.6	0.6	0.4

- Latest In year savings proposals increased by £2.8m (223%) to £4m
- Latest FYE savings proposals increased by 250k (20%) to £1.5m
- Latest In Year Green/Amber savings increased to £2.1m

MH&LD Savings Plan Progress				
	In Yr Plan		FYE	
	Previous	Latest	Previous	Latest
Target	£5,851	£5,851	£5,851	£5,851
Green	£1,257	£2,153	£1,257	£1,257
Amber	£0	£0	£0	£0
Blue	£0	£1,599	£0	£250
Red	£0	£319	£0	£0
<b>Total</b>	<b>£1,257</b>	<b>£4,071</b>	<b>£1,257</b>	<b>£1,507</b>





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



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CYMRU  
**NHS**  
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