Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**26 June 2025**
Time	**9:30 AM - 1:00 PM**
Location	**Virtual via Microsoft Teams**

Finance and Performance Committee Meeting

26 June 2025

Agenda - 26 June 2025

1 GOVERNANCE

9:30 AM, 0 min

1.1 WELCOME AND APOLOGIES

9:30 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.2 DECLARATION OF INTERESTS

9:30 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.3 MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 29 APRIL 2025

9:30 AM, 5 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.4 TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 29 APRIL 2025

9:35 AM, 5 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.5 CORPORATE RISKS

9:40 AM, 10 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance)

1.6 OPERATIONAL RISKS

9:50 AM, 10 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance), James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

2 TARGETED INTERVENTION

10:00 AM, 0 min

2.1 EXTERNAL ESCALATION

10:00 AM, 15 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

2.2 INTERNAL ESCALATION

10:15 AM, 15 min
Tracy Price (Hywel Dda UHB - Head of Performance)

3 FINANCE

10:30 AM, 0 min

3.1 MONTH 2 2025/26 FINANCE REPORT

10:30 AM, 30 min
Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)

3.2 SAVINGS AND INVESTMENT REPORT

11:00 AM, 20 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.3 PLANNING OBJECTIVES UPDATE REPORT Q1 2025/26

11:20 AM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.4 PROCUREMENT SCRUTINY

11:25 AM, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.5 WELSH HEALTH CIRCULARS

11:35 AM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.6 MINISTERIAL DIRECTIONS

11:35 AM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

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

11:35 AM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

4 PERFORMANCE

11:35 AM, 0 min

4.1 INTEGRATED PERFORMANCE ASSURANCE REPORT

11:35 AM, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

4.2 NWSSP PERFORMANCE REPORT QUARTER 4 2024/25

11:45 AM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

5 FINANCE AND PERFORMANCE DEEP DIVES

11:50 AM, 0 min

5.1 THEMATIC REVIEWS OF FINANCE AND PERFORMANCE

11:50 AM, 20 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

5.2 DISCHARGE TO ASSESS

12:10 PM, 20 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

5.3 OPHTHALMOLOGY PERFORMANCE: GETTING IT RIGHT FIRST TIME UPDATE

12:30 PM, 20 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

6 FOR APPROVAL

12:50 PM, 0 min

6.1 POLICY AND PROCEDURES

12:50 PM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

7 FOR INFORMATION

12:55 PM, 0 min

7.1 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

12:55 PM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

7.2 AUDIT WALES COST SAVINGS ARRANGEMENTS

1:00 PM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

7.3 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

1:00 PM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

8 ANY OTHER BUSINESS

1:00 PM, 0 min

9 DATE OF NEXT MEETING

1:00 PM, 0 min

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2025-06-26 9:30 AM - 1:00 PM

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9:30 AM, 0 Mins

1 - GOVERNANCE

1.1 **9:30 AM, 0 Mins**

1.1 - WELCOME AND APOLOGIES

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.2 **9:30 AM, 0 Mins**

1.2 - DECLARATION OF INTERESTS

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.3 **9:30 AM, 5 Mins**

1.3 - MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 29 APRIL 2025

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

Unapproved Minutes Finance and Performance Committee 29 April 2025

Unapproved Minutes In-Committee Finance and Performance Committee 29 April 2025

UNAPPROVED MINUTES OF THE FINANCE AND PERFORMANCE MEETING

DATE OF MEETING: **9:30 AM, Tuesday 29 April 2025**
VENUE: **Ystwyth Boardroom/Microsoft Teams Meeting**

PRESENT:
Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)
Maynard Davies (Hywel Dda UHB - Independent Member)
Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair) (VC)
Winston Weir (Hywel Dda UHB - Independent Board Member) (VC)

IN ATTENDANCE:
Shaun Ayres (Hywel Dda UHB - Director of Delivery) (VC) (part)
Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)
Julia McCarthy (Hywel Dda UHB - Head of Long Term Care) (VC) (part)
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care) (VC)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science) (VC)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
Chris Williams (Hywel Dda UHB - Senior Value Business Partner) (VC) (part)
Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION

FPC(25)1 **WELCOME AND APOLOGIES**

Mr Michael Imperato welcomed all to the first Finance and Performance Committee (FPC) meeting. Apologies had been received from:

- Mrs Anna Lewis, Independent Member
- Mr Andrew Carruthers, Chief Operating Officer (with Mr Keith Jones deputising)
- Mr Mark Henwood, Interim Medical Director
- Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (with Ms Charlotte Wilmshurst deputising)

FPC(25)2 DECLARATION OF INTERESTS

There were no declarations of interest.

FPC(25)3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025

The minutes of the Sustainable Resources Committee (SRC) meeting held on 25 February 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Sustainable Resources Committee meeting held on the 25 February 2025 were **APPROVED** as a correct record of proceedings.

FPC(25)4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025

The Table of Actions from the SRC meeting held on 25 February 2025 was reviewed and noted that all actions were complete.

Decision: The Finance and Performance Committee **REVIEWED** and **NOTED** the Table of Actions from the Sustainable Resources Committee meeting held on 25 February 2025.

FPC(25)5 FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

Ms Charlotte Wilmshurst presented the FPC Terms of Reference and advised that there had been one amendment since the initial FPC Terms of Reference were approved by Board on 30 January 2025 to amend the operational responsibilities to align oversight of data issues be transferred to the Digital, Data and Innovation (DDI) Committee.

Ms Wilmshurst advised that the refreshed Targeted Intervention (TI) areas relating to finance, performance and outcomes would be added to the Terms of Reference once they have been finalised by Welsh Government (WG).

Decision: The Finance and Performance Committee **APPROVED** the Finance and Performance Committee's Terms of Reference for onward ratification by the Board on 29 May 2025.

FPC(25)6 SUSTAINABLE RESOURCES COMMITTEE ANNUAL REPORT 2024/25

The SRC Annual Report for 2024/25 was presented to FPC for approval ahead of submission to Board on 29 May 2025.

Mr Winston Weir as Chair of SRC commended the report for FPC approval and thanked all those that contributed to the work of the SRC during his tenure as Chair of SRC and thanked the Independent Members for their input into the work of the Committee and felt that the year had been a positive year for the finances of the Health Board and had concluded on a positive note and had exceeded WG expectations. Mr Imperato thanked Mr Weir for his service as Chair of SRC.

Mr Imperato highlighted one typographical error on the draft SRC Annual Report, noting that '2025/26' had been used to refer to the previous year of 2024/25. Ms Wilmshurst advised that this would be corrected ahead of submission to Board. **CSO**

Decision: The Finance and Performance Committee **NOTED** the Sustainable Resources Committee Annual Report 2024/25.

FPC(25)7 **FINANCE TARGETED INTERVENTION ACTIONS**

Mr Shaun Ayres presented the Finance TI Actions report to the Committee on the escalation elements relating to finance and performance within the FPC's remit.

Mr Ayres wished to recognise the progress that had been made in 2024/25 by delivering a forecasted deficit of £24.1m in excess of the revised target control total (TCT) of £31.5m however the challenge was heightened in 2025/26 with a need to make £19m of recurrent savings with WG feedback highlighting the need for an improved trajectory to demonstrate a pathway to financial balance by 2027/28.

Mr Ayres advised that the Health Board needed to respond to WG by 2 May 2025 with a revised escalation framework with more challenging targets set to reflect the improved status of areas of the Health Board from Level 4 'Targeted Intervention' status to Level 3 'Enhanced Monitoring' status such as the target for 8-week compliance within radiology rising from the current 80% target to 85% and R1 ophthalmology compliance rising from 65% to 68%.

Mr Ayres believed it was important to consider the balance between performance, finance and quality and advised that within the Annual Plan there was a stated need to undertake targeted investment in specific areas such as the £3.4m investment in radiology to ensure that the Health Board provides a service that meets the demands of its population and advised that the investment in radiology was not just to ensure that it met its 8-week diagnostic target, that it also the impact on cancer

performance given radiology's importance within the single cancer pathway. Mr Ayres advised that a similar investment decision was made within ophthalmology, specifically relating to intravitreal therapy (IVT), R1 patients and glaucoma to ensure that the appropriate balance is struck between finance and performance and quality.

In relation to finance, Mr Ayres advised that the Health Board was short of its £19m savings target and believed that a significant opportunity lay within medical stabalisation, especially for non-NHS locums and ensuring that ongoing controls were in place such as the Financial Control Group (FCG) had a tight control over expenditure wherever possible. Mr Ayres believed that the aim of the new Clinical Care Group (CCG) structure provided robust governance and ensured accountability and monitoring was undertaken.

In response to a question from Mrs Eleanor Marks on how progress on meeting the savings targets contained within the de-escalation criteria would be monitored, Mr Thomas advised that a stand-alone 'saving report' would be presented to future meetings of FPC to enable a tracking mechanism for members of the Committee. **HT**

In response to a question from Cllr Rhodri Evans on how progress would be monitored and reported within the key performance areas and at what pace would improvements be made following any investment being made, Mr Keith Jones believed that any proposed investment was subject to significant scrutiny to describe the phasing of the investment and describing the anticipated timeline that the expected improvements to performance associated with the investment would have.

[Mr Shaun Ayres left the meeting]

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Finance Targeted Intervention Actions report.

FPC(25)8 MONTH 12 2024/25 FINANCE REPORT

Mr Thomas presented the Month 12 2024/25 Finance Report and advised that the report also served as the unaudited year-end financial position. Mr Thomas advised that the year-end financial position was a £24.1m deficit against a revised target control total (TCT) of £31.5m. Mr Thomas advised that the Health Board maintained an over-reliance on non-recurrent saving measures with the scrutiny on expenditure providing mostly non-recurrent benefits leaving a challenge in Q1 2025/26 to translate as much of the non-recurrent benefits into recurrent gains to reduce budgets on a recurrent basis.

Mr Andrew Spratt advised that the Health Board's run-rate had improved significantly during 2024/25 in-year. Mr Spratt believed that the significant challenge in 2025/26 was to convert the reduced cost base of the organisation into a sustainable run-rate through recurrent savings by banking the non-recurrent savings on a recurrent basis. Mr Spratt advised that a recurrent savings delivery of £19m was required and believed that a risk on the savings conversion factor was likely with further action required to convert the savings ideas of £12.0m of the £19.0m into robust plans alongside additional assessments of underspending services for conversion into recurrent savings, as well as further action to improve upon the TCT.

Mr Spratt highlighted the directorates that had been at Level 3 escalation ('no assurance') for five consecutive months or more for the domain of Finance, Strategy and Planning and believed that the work undertaken by the Assurance and Risk Team to refresh the approach for a more targeted oversight in the new financial year through the revised Clinical Care Group (CCG) and executive function structure to enable the actions contained in each escalated directorate's urgent recovery plan to be addressed in a more timely manner to enable their de-escalation.

Mr Spratt advised that managing medical rotas, the use of agency and variable pay was a focus for the Health Board with WG and the Cabinet Secretary having been clear with the Health Board on the expectation for further agency reduction and an improvement in variable pay. Mr Spratt believed that there had been significant progress made in 2024/25 in the reduction in nursing agency usage with the focus on 2025/26 being on a reduction in medical agency usage in addition to further reductions in nursing agency usage through improvements to job planning and the application of a consistent rate card across the organisation.

Mr Spratt highlighted that the Finance Report wished to advise FPC of the budget delegation accountability letters that Following the approval gained at the SRC meeting on 25 February 2025, budget delegation accountability letters for the 2025/26 financial plan have been issued from the Chief Executive as the Accountable Officer for the Health Board to Executive Directors and Clinical Care Group or Executive Function Leads, with a deadline for return of 31 March 2025. Mr Spratt advised that of the 30 letters issued, half had been signed and returned with meetings arranged between outstanding directorates and the Director of Finance to resolve any outstanding issued or queries with directorates yet to sign their budget delegation accountability letters with escalation to the Chief Executive being the last resort for any outstanding directorates with a final update to be presented to the Board meeting on 29 May 2025.

In response to a question from Cllr Evans on whether any risks to performance, quality or safety were considered within the budget delegation accountability letters, Mr Thomas advised that within

the accountability letters there was a section that highlighted the risks to the different functions and reported through each individual accountability letters.

In response to a question from Mrs Marks on what timescale for improvements from escalated directorates could be expected following the revised CCG and operation governance structure, Mr Thomas advised that escalation meetings in M1 of 2025/26 would be based around the new governance structure and anticipated greater grip and control would be achieved with the new structure. Mr Jones believed that the initial reflection of the new structure was that it delivered greater focus and accountability. In response to a question from Mr Imperato on how progress would be articulated and reported at the FPC meeting on 24 June 2025, Mr Jones advised that he would undertake to develop how the reporting on the progress of investment in key areas could be articulated at the next FPC meeting. **KJ**

In response to a question from Mr Weir on whether the budget delegation accountability letters considered more than finance and examined the impact on performance, Mr Thomas believed that the link between finance and performance was a strong element of the accountability letters and advised that the budget delegation accountability letters update would be re-circulated to members of the Committee for information. **HT**

In response to a question from Mr Imperato that the savings requirement to meet the £31.5m TCT needed to be more prominent in reporting, Mr Thomas advised that a focus on the progress of the attainment of recurrent savings would be added to the M1 2025/26 reporting to the Board and within M2 2025/26 reporting to FPC. **HT**

Decision: The Finance and Performance Committee:

- **NOTED** that, following Welsh Government funding received, the Health Board's unaudited year-end financial position is £24.1m, improving on the Target Control Total set by Welsh Government of £31.55m.
- **SCRUTINISED** the Executive Delegated Officer portfolios which have overspent against their delegated budgets.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and the brought forward deficit into the 2025/26 financial year is £51.1m, significantly higher than the 2024/25 forecast outturn, due to the reliance in-year on non-recurrent actions and the lack of progress made in converting to recurrent improvements.
- **RECEIVED ASSURANCE** from those directorates with a Level 3 escalation for Finance, Strategy and Planning, that they have sufficient actions and milestones in place to de-escalate (full details provided within the IPAR report as well as directorates listed under the alert section for the finance domain).

- **RECEIVED ASSURANCE** that accountability letters for the delegation of budgets for the 2025/26 financial year will be signed by those areas that have not yet done so.

FPC(25)9 PLANNING OBJECTIVES UPDATE REPORT

Mr Thomas presented the Planning Objectives (POs) Update Report for POs aligned to SRC and advised that the update served as a closure report for 2024/25. Ms Wilmshurst advised that the POs had been realigned for the revised Board Committee governance structure with 6 POs aligned to FPC for 2025/26.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED ASSURANCE** on the current position in regard to the progress of the Planning Objectives aligned to the Finance and Performance Committee, 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.

FPC(25)10 PROCUREMENT SCRUTINY

Mr Thomas presented the Procurement Report to the Committee and advised that there was one procurement exercise to be reported to FPC for the outsourcing of ophthalmology services with an annual value of £3m and a total value of £6m which would require onward submission to the Board and WG for approval.

Mr Jones advised that NHS Wales were planning to commission ophthalmology capacity from the independent sector in the forthcoming year on behalf of a number of Health Boards in Wales however had confidence in two Health Boards to grant them dispensation to progress the commissioning of ophthalmology services for themselves, of which Hywel Dda University Health Board (HDdUHB) were one and believed that this reflected confidence WG had in the Health Board.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **SCRUTINISED** and **RECOMMENDED** for Board to:

- **APPROVE** the award of Outsourcing of Ophthalmology Services (Stage 4 - Cataracts) to the provider to be confirmed prior to the Board meeting on 29 May 2025 for the period 1 July 2025 to 31 March 2026, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).

FPC(25)11 **ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

Mr Thomas presented the Capital Report to the Committee and advised that the 2024/25 end-of-year position was a relatively small under-spend of £85k, subject to audit. Mr Thomas advised that for 2024/25 the late allocation of funding resulted in the Health Board having more capital vested in the possession of manufacturers and distributors with a significant level of capital vested in warehouses in both the United Kingdom and oversees.

Mr Thomas advised that the definition of vestment was where the asset was not in the possession of the Health Board however the risk and reward associated with that asset lay with the Health Board even though the asset was not currently on a Health Board site and often not even in the country however it was the only means by which the Health Board could feasibly achieve its capital resource limit for 2024/25 despite the increase in risk.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- NOTED the draft year end outturn against the Capital Resource Limit for 2024/25, subject to audit.
- NOTED the project updates.

FPC(25)12 **INTEGRATED PERFORMANCE ASSURANCE REPORT**

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) to the Committee. Mr Thomas advised that the report contained a number of staff-related measures that would be reported to the People, Organisational Development and Culture Committee (PODCC) in future.

Mr Thomas highlighted the alerts to the Committee within diagnostic waits of 8 weeks and over remaining high despite a 19% reduction in breaches in March 2025, therapies waits of 14 weeks and over showing concerning variation, audiology adult hearing aid waits of 14 weeks or over with a large backlog attributed to workforce deficits, child neurodevelopmental waits increase due to a significant increase in referrals and a fourth consecutive decline in performance of psychological therapy.

Mr Thomas advised that future reporting of escalation could consolidate the escalation summary to bring together the finance and performance escalation into one summary to enable more effective scrutiny of the actions taken by the CCGs.

Ms Julia McCarthy and Mr Chris Williams joined the meeting

In response to a question from Mr Imperato on whether the Committee should focus its attention on a few areas to gain an insight into performance of the Health Board or have a wider remit, Mr Thomas suggested a focus on the three broad themes of therapies, mental health and learning disability and urgent and emergency care (UEC).

In response to a question from Mr Weir on what support was being given to escalated directorates, Mr Thomas advised that while the new CCG structures was growing in maturity they would still receive support from defined leads from corporate teams to support the new structures with every directorate receiving two 'Improving Together' meetings every year to ensure good interaction between the Executive and the function with escalation meetings at Level 3 being between the function and the Executive with any areas escalated to Level 4 receiving the involvement of the Chief Executive. Mr James Severs believed that recent escalation discussions at the Integrated Quality, Finance and Performance Delivery (IQFPD) Group were increasingly data-driven with CCG Leads being able to scrutinise their own data before it is scrutinised at Executive level.

In response to a question from Mr Weir on whether the Therapies 14 weeks and over wait breeches was anticipated to show and improved trajectory within 2025/26, Mr Jones advised that while the performance was forecasted to improve it was not anticipated that the zero target would be attained by the end of March 2026 and believed that the positive trajectory could be evidenced with data that would be used to support any application of recovery monies from WG to achieve the zero 14 weeks and over wait target.

In response to a question from Cllr Evans on the Accident and Emergency (A&E) and Minor Injuries Unit (MIU) delays and whether actions to mitigate performance issues were working, Mr Jones advised that performance was variable and not deteriorating within a critical area. Mr Jones advised that while there were long-term ambitions for UEC, in the more immediate term the Executive Team have requested a more tactical response to UEC improvement actions with a tactical oversight group led by the Deputy Chief Operating Officer and supported by the relevant CCGs to encourage and ensure measurable improvements within UEC to the length of time that patients wait within Emergency Departments (EDs), key ambulance handover metrics with a focus on patient access and flow

Decision: The Finance and Performance Committee **DISCUSSED** the Month 12 2024/2025 Integrated Finance and Performance 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)13 **DEEP DIVE: COMMISSIONED CARE**

Miss Jill Paterson presented the Deep Dive into Commissioned Care focusing on continuing healthcare (CHC) and complex care CHC to enable the Committee to understand the challenges in the sector that drive the costs that the Health Board need to respond to and to explore the trends in growth and changes in the population demographic given the aging population that the Health Board serves requiring increasing levels of need and a reduced number of individuals within the working age population able to provide that care.

Ms Julia McCarthy advised that the report related to long term commissioned care with mental health and learning disabilities CHC having been subject to a previous deep dive by SRC. Ms McCarthy advised that CHC was defined as a package of care that was fully funded by the Health Board within a range of settings such as a nursing home or within the community supported by domiciliary care support with individuals in receipt of CHC assessed by a multi-agency team comprising of the Health Board and the relevant Local Authority and was demand-led and not means tested. Ms McCarthy advised that the Health Board also commissioned Funded Nursing Care (FNC) whereby the Health Board commissioned an element of an individual's care that covered the the registered nursing care element within a nursing home at an all-Wales agreed rate that was uplifted annually.

Ms McCarthy advised that the sustainability of the care sector was challenged due to an aging population resulting in an increase in demand for care and support with the added challenge of the recruitment and retention of staff and the closure of three care home closures within the HDdUHB area since 2022 with the loss of 147 nursing and residential beds resulting in the Health Borad and Local Authority exploring alternative opportunities for nursing care such as the development of a 60-bed public sector nursing home in Carmarthenshire and an 82-bed care home with 16 'step-up, step down' beds in Cardigan.

Ms McCarthy informed of the re-registration of a nursing home that had previously de-registered with the current nursing home capacity within the HDdUHB being 1,137 beds in 22 nursing homes with 977 individuals currently having care commissioned by the Health Board.

Ms McCarthy presented an overview of the assessment and governance process undertaken to assess, commission, review and monitor and advised that the Health Board undertake more frequent reviews on high-cost placements than mandated by the national framework and undertook additional monitoring of the

care environment in addition to the quarterly monitoring visits of individuals in receipt of Health Board-commissioned care.

Mr Chris Williams advised that the NHS Wales Executive had undertaken two all-Wales benchmarking exercises in 2019/20 and 2020/21 to compare the cost and volume of packages across the 7 that indicated that HDdUHB was in the top quartile for cost an activity performance with a low average of cost per package of care, a low cost per head of the population and a relatively low average number of patients however advised that the data was now over four years old and was pre-COVID pandemic and expressed concerns over some aspects of the data and calculations such as the benchmarking making no allowance for the relative demography of each Health Board.

Mr Williams advised that HDdUHB had undertaken investigations with Swansea Bay University Health Board (SBUHB) and Powys Teaching Health Board (PTHB) and one of the Health Board's providers who worked with 6 of the 7 Health Boards in Wales with feedback received that HDdUHB remains one of the lowest cost per care package commissioners in Wales.

Mr Williams believed that the impact of the changing demographics had resulted in an increased number of individuals over the age of 65 and 85 receiving care and the increase in the complexity of those individuals as the incidence of conditions such as dementia raising the average cost of individual care packages coupled with Real Living Wage (RLW) requirements incurring a significant increase in costs to commissions, both the Health Board and Local Authorities.

Mr Williams believed that the funding received by the Health Board was not keeping pace with the increased costs with the average increase of the cost of care packages in the past three years being 5.5% to 6.0% with 2025/26 increase anticipated to be between 6.5% and 7.5% due to the impact of the increase in the employer National Insurance costs whereas the Health Board received an increase of 1.77% in increased funding adding to the challenge to maintain financial stability.

Mr Williams believed that the medium to long-term outlook was to work with Local Authority partners to increase the provision of the sector and to recognise the potential of CHC to enable a reduction in the number of individuals being inappropriately kept in acute and community hospital beds and advised that the average package of care was £1,300 a week compared to £4,900 a week to retain a patient in an acute bed and that in addition to a cost saving, CHC also enabled a positive impact on the patient flow through hospital.

In response to a question from Mrs Marks on the link between the demographic changes experienced within HDdUHB and the average cost of packages given that HDdUHB were one of the

lowest spending Health Boards in Wales, Mr Williams believed that there was not a linear link between the demographic change and costs due to the propensity of older people to retain independence into an older age than previous. Miss Paterson believed that age alone was not a determining factor for the demand for CHC with heightened intensity, complexity and unpredictability observed through the multi-disciplinary team assessment.

Miss Paterson believed that there was a need to undertake a peer review to ascertain that the Health Board has the correct threshold between NHS funded care and Local Authority funded care and believed that in addition to the management of commissioning with Local Authorities increasingly being concerned that some individuals are being cared for by the Local Authority as opposed to the NHS, the Health Board were also seeking to expand its own in-house care provision by expanding teams supported by District Nurses (DNs) rather than commissioning external care.

Miss Paterson believed that the data did indicate an increase in the volume and cost of individuals receiving care with an increase in the demand for care home placements with individuals entering care homes at a later age and previous and with greater acuity and assured the Committee that where individuals were identified with a high-cost need that that was following the correct assessment process. Mr Williams advised that no individual in denied CHC on cost grounds and that CHC assessments were undertaken through a highly regulated framework with anybody who believes that they have been inappropriately denied funded care able to challenge that decision with court action.

In response to a question from Mrs Marks on future demographic changes and costs, Mr Williams advised that current population growth showed regional disparities such as Cardiff and Vale University Health Board (CVUHB) predicted to see a 25% population growth mostly driven by individuals of a working age whereas HDdUHB was forecast to see a 5% population growth driven by individuals within the older age groups.

In response to a question from Mr Weir on the forecasted expenditure on CHC, Mr Williams advised that in action to cost, the notion of value also had to be considered and believed that not only was the delivery of care in a community setting lower than in an acute hospital setting, the benefits derived by the individuals and their families was also much greater and reiterated Miss Paterson's observation of the propensity of individuals receiving NHS-funded care to see an improvement in their health needs to the extent that they no longer needed NHS care and would provide their own care or through the Local Authority and that the challenge was to balance the increased investment in CHC with the process of decommissioning hospital-based care to provide the resources to enable the transfer of investment in community-based care from hospital-based.

In response to a question from Mr Weir on anticipated demand for nursing home beds and how the market provision could be influenced, Ms McCarthy believed that the demand for nursing home beds was projected to increase in the short-term with the major challenge for providers being recruitment and retention. Ms McCarthy believed that the NHS was seen as a more attractive employer than the independent and third sectors and advised that the NHS was experiencing its own challenges with recruitment that implied that the other sectors were experiencing even greater challenges with oversees recruitment seen as an opportunity for recruitment into the sector. Ms McCarthy believed that the recent new-build nursing home developments were a positive indicator and remarked that a number of the existing care homes were within older buildings with the development of new-build Local Authority sites a positive development for the sector within HDdUHB.

In response to an question from Mr Imperato that given it was less expensive to provide CHC within a care home setting as opposed to an acute or community hospital setting whether an internal market solution could be created whereby it would be more cost-effective to provide CHC in a Health Board-owned care facility as opposed to a hospital setting that would also improve patient flow within acute and community sites, Miss Paterson advised that discussions had been undertaken with operational colleagues to ascertain what options were available for care facilities to be used as 'step-up and step-down' provision however alternative funding streams would need to be explored to progress an internal market solution. Mr Imperato believed that such a solution would have a positive impact on patient flow in addition to the financial considerations.

In response to a question from Cllr Evans on Health Board and Local Authority co-working, Miss Paterson advised that the Health Board had a positive working relationship with all three of its constituent Local Authorities with regard to fee-setting despite all four bodies having to be increasingly mindful of their own costs and believed that the honest and transparent assessment process promoted a good working relationship. Mr Williams advised of the regional fee-setting group comprised of the three Local Authorities and the Health Board that recognised the differing cost pressures for each of the three Local Authorities. Ms McCarthy advised that WG have commissioned a feasibility study regarding a national fee methodology that could change the CHC fee-setting process within Wales in the medium term.

Ms Julia McCarthy and Mr Chris Williams left the meeting

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Deep Dive into Commissioned Care.

FPC(25)14 POLICY AND PROCEDURES

There were no financial policies or procedures for approval.

FPC(25)15 BUSINESS CASES

There were no business cases for approval.

FPC(25)16 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

The Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub-Committee highlight report from 18 March 2025 was presented to the meeting.

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 18 March 2025.

FPC(25)17 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

The FPC Work Plan for 2025/26 was presented to the Committee. Mr Thomas advised that the programme of deep dives for the Committee was currently under review and would be considered at the Committee's agenda-setting meeting on 15 May 2025.

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)18 ANY OTHER BUSINESS

There was no other business transacted at the meeting

FPC(25)19 DATE OF NEXT MEETING

The next meeting of FPC will be held on Thursday 26 June 2025.

UNAPPROVED MINUTES OF THE IN-COMMITTEE FINANCE AND PERFORMANCE MEETING

DATE OF MEETING: **12:30 PM, Tuesday 29 April 2025**
VENUE: **Ystwyth Boardroom/Microsoft Teams Meeting**

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

IN ATTENDANCE:
Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care) (VC)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science) (VC)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION

ICFPC(25)1 **WELCOME AND APOLOGIES**

Mr Michael Imperato welcomed all to the In-Committee Finance and Performance Committee (FPC) meeting. Apologies had been received from:

- Mrs Anna Lewis, Independent Member
- Mr Andrew Carruthers, Chief Operating Officer (with Mr Keith Jones deputising)
- Mr Mark Henwood, Interim Medical Director
- Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (with Ms Charlotte Wilmshurst deputising)

ICFPC(25)2 **DECLARATION OF INTERESTS**

There were no declarations of interest.

ICFPC(25)3 **MINUTES OF IN-COMMITTEE SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025**

The minutes of the In-Committee Sustainable Resources Committee (SRC) meeting held on 25 February 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the In-Committee Sustainable Resources Committee meeting held on the 25 February 2025 were **APPROVED** as a correct record of proceedings.

ICFPC(25)4 **TABLE OF ACTIONS FROM IN-COMMITTEE SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025**

The Table of Actions from the In-Committee SRC meeting held on 25 February 2025 was reviewed and noted that all actions were complete.

Decision: The In-Committee Sustainable Resources Committee **REVIEWED** and **NOTED** the Table of Actions from the meeting held on 25 February 2025.

ICFPC(25)5 **DATE OF NEXT MEETING**

It was advised that there would be no scheduled In-Committee meeting of FPC with In-Committee sessions being arranged on an ad-hoc basis should the need for an in-committee session arise.

1.4

9:35 AM, 5 Mins

1.4 - TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 29 APRIL 2025

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

FPC Table of Actions 29 April 2025.pdf

FINANCE AND PERFORMANCE COMMITTEE / PWYLLGOR CYLLID A PHERFFORMIAD
29 APRIL 2025
TABLE OF ACTIONS / TABL GWEITHREDOEDD

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
FPC(25)6	**29 April 2025**	**Sustainable Resources Committee Annual Report 2024/25**	To correct typographical error referring to 2024/25 year as 2025/26 ahead of submission of Annual Report to Board.	**CSO**	**30 April 2025**	Action Complete. Amendment made and report forwarded to Board CSO.
FPC(25)7	**29 April 2025**	**Finance Targeted Intervention Actions**	To present a dedicated Savings Report to the next Finance and Performance Committee meeting.	**HT**	**26 June 2025**	Action Complete. Savings Report added as a stand-alone item to the Finance and Performance Committee meeting on 26 June 2025.
FPC(25)8	**29 April 2025**	**Month 12 2024/25 Finance Report**	To consider how to articulate and how progress in key areas to investment be measured.	**KJ**	**26 June 2025**	Action Complete. Progress and measurement of investment in key areas to be reported within individual deep dives.
FPC(25)8	**29 April 2025**	**Month 12 2024/25 Finance Report**	To re-circulate progress of directorates' escalation status.	**HT**	**26 June 2025**	Action Complete. Finance Report from Board Papers from March 2025 and May 2025 recirculated.
FPC(25)8	**29 April 2025**	**Month 12 2024/25 Finance Report**	To add focus on progress of recurrent savings to M1 Finance Report to Board and M2 Finance Update to Finance and Performance Committee.	**HT**	**29 May 2025**	Action Complete.

1.5

9:40 AM, 10 Mins

1.5 - CORPORATE RISKS

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Corporate Risk Register FCP 26 June 2025.pdf

Appendix 2 FPC Corporate Risk Register Summary June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risks Assigned to Finance and Performance Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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 Committee is asked to request assurance from the Lead Executive Director for the Finance and Performance Committee (FPC) that the corporate risks in the attached report are being managed effectively.

Cefndir / Background

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.

(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action.

- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identity through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, in order to achieve its objectives. This supersedes the previous approach agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks in order to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated or accepted unless further actions are identified or made possible (for example, additional resources).

If achieving the TRS is deemed unacceptable (for example, the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for corporate risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

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

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised, and an assessment made as to the level of assurance it provides, taking into account the validity and reliability, for example, source, timeliness, methodology behind its generation and its compatibility with other assurances.

This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in

respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within the Health Board is outlined at **Appendix 1**.

Asesiad / Assessment

The FPC Terms of Reference state that:

3.1.20 Seek assurance that the management of risks within the 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.

3.1.21 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)

Following the implementation of new Board Committee structure on 1 April 2025, corporate risks have been re-aligned appropriately to these Committees, with this paper being the first report of corporatel risks assigned to FPC.

There are 2 risks currently aligned to FPC (out of the 20 that are currently on the CRR) as the potential impacts of the risks relate to the workforce. This can be found at **Appendix 2**.

Changes Since Risks last reportable to Board level Committee

Total Number of Open Risks	2	
New Risks since last reportable to Board level Committee (including risks previously assigned to other committee)	2	*See note 1*
De-escalated/Closed Risks since last reportable to Board level Committee	1	*See note 2*
Increase in Risk Score since last reportable to Board level Committee ↑	0	
Decrease in Risk Score since last reportable to Board level Committee ↓	0	
No Change in Risk Score since last reportable to Board level Committee →	0	
EXTREME (RED) Risks (based on 'Current Risk Score')	2	
HIGH (AMBER) Risks (based on 'Current Risk Score')	0	

Note 1 – New Risks added since last reportable to Board level Committee (including risks previously at service level)

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total *(Finance) NEW RISK*	01/04/25	Director of Finance	**4x5=20** (Reviewed 04/06/25)	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 break-even. It recognises that the forecast financial outturn remains in-line with the target control total (TCT) set by WG of £31.5m, but is a worsening position compared to the 2024/25 financial outturn. This followed a period of scrutiny through the Sustainable Resources Committee, Board Seminar and Public Board meetings. Correspondence received on 11 April 2025 suggests that our plan is not supportable by Welsh Government. The focus for the coming year will be to: 1. Q1: de-risk the in-year financial plan with robust delivery plans confirmed for the full savings target of £44.4m. 2. Q2: consider further options to improve the financial forecast beyond the financial plan of £31.5m. 3. By September 2025, develop options to deliver medium term improvement as part of a strategic sustainability plan.	**3x4=12**
1350 - Risk of not meeting the 80% SCP waiting times target for March 2026	04/02/22	Chief Operating Officer	**4x4=16** (Reviewed 21/05/25)	The latest performance data as of March 2025 65.4%, an improvement from February 25 is 63.5%. The requirement is to achieve 60% for 3	**2x4=8**

due to diagnostics capacity and delays at tertiary centre (*Cancer & Scheduled Care*) *Realigned from Strategy and Planning Committee*				consecutive months to be de-escalated from Targeted Intervention status. The target of 60% has been achieved consecutively in March and April 2025. There is a risk that due to recovery actions within radiology and urology we may see variation in performance during Q1/Q2 as we recover and treat those patients over 62 days the risk remains that cancer performance will not achieve 80% compliance by March 2026.	

Note 2- Closed Risks since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Rationale
1843 - Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position (*Finance*).	01/04/24	Director of Finance	The latest assessment of the financial deficit is that the Health Board has a trajectory to achieve its re-stated annual plan deficit of £31.5m

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **SEEK ASSURANCE** that all identified controls are in place and working effectively;
- **SEEK ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises; and
- **CHALLENGE** where assurances are inadequate

This will enable FPC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.19 Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted

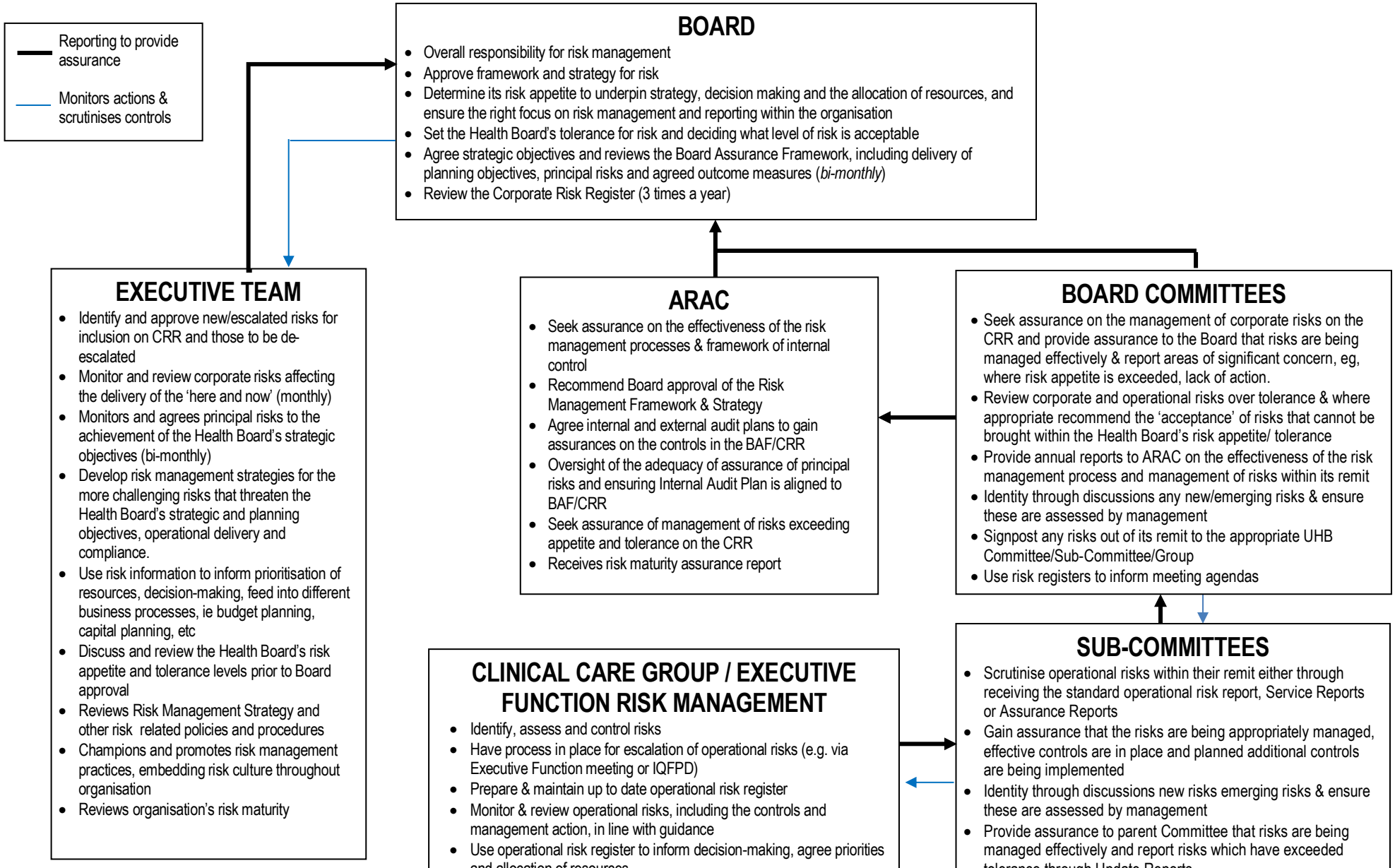
	services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	Relevant Executive Directors.

Parties / Committees consulted prior to Sustainable Resources Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report however impacts of each risk are outlined in risk description.
Cyfreithiol: Legal:	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Clinical Care Group/Executive Function	Domain	Previous Risk Score	Risk Score May-25	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2086	Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total	Thomas, Huw	Director of Finance	Finance inc. claims	NA	4×5=20	New risk	3×4=12	31/10/2025	6
1350	Risk of not meeting the 80% SCP waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre	Carruthers, Andrew	Planned & Specialist Care	Quality/Complaints/Audit	4×4=16	4×4=16	→	2×4=8	31/03/2026	9

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	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

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

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	This will probably never happen/recur (except in very exceptional circumstances).	Do not expect it to happen/recur but it is possible that it may do so.	It might happen or recur occasionally.	It might happen or recur occasionally.	It will undoubtedly happen/recur, possibly frequently.
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for >3 days	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
		Increase in length of hospital stay by 1-3 days.	Increase in length of hospital stay by 4-15 days.	Increase in length of hospital stay by >15 days.	An event which impacts on a large number of patients.
			Agency reportable incident.	Mismanagement of patient care with long-term effects.	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	Peripheral element of treatment or service suboptimal.	Overall treatment or service suboptimal.	Treatment or service has significantly reduced effectiveness.	Non-compliance with national standards with significant risk to patients if unresolved.	Totally unacceptable level or quality of treatment/service.
	Informal complaint/inquiry.	Formal complaint.	Formal complaint -	Multiple complaints/ independent review.	Gross failure of patient safety if findings not acted on.
		Local resolution.	Escalation.	Low achievement of performance/delivery requirements.	Inquest/ombudsman inquiry.
		Single failure to meet internal standards.	Repeated failure to meet internal standards.	Critical report.	Gross failure to meet national standards/performance requirements.
		Minor implications for patient safety if unresolved.	Major patient safety implications if findings are not acted on.		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Date Risk Identified:	Apr-25	**Executive Director Owner:**	Thomas, Huw -	**Date of Review:**	Jun-25
Strategic Objective:	6. Sustainable use of resources	**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Jul-25

Risk ID:	**2086**	**Corporate Risk Description:**	There is a risk that Welsh Government are unable to fund the cash consequences of our deficit should it exceed our Target Control Total (TCT) of £31.5m. This is the level for which Welsh Government have indicated that they have cash coverage. This is caused by 1.Insufficient conversion of the £19.0m of operationally-determined savings plans into deliverable actions. 2.Insufficient conversion of the required £25.4m of non-recurrent savings (which is 75% of the level delivered in 2024/25) into budgets in the year. 3.Cost control issues arising during the year. While macroeconomic pressures have subsided, there are potential issues arising from: a. The impact of National Insurance on our suppliers, including primary care practitioners; b. The impact of global tariff shocks impacting on global supply chains, particularly on drugs; c. While nursing agency has reduced significantly, there is a continued use of high cost staffing solutions, in particular medical and Allied Health Professionals agency and overtime. This could lead to an impact/affect on our ability to meet our statutory targets, but exceeding the TCT would also mean that: 1.We will have insufficient cash available to make payments to suppliers in March 2026; 2.We will have to take actions which may have a detrimental impact on our performance measures, and may mean patients having to wait longer for care; 3.Our reputation with Welsh Government and other stakeholders is adversely affected; 4.Further escalation for finance from Targeted Intervention to Special Measures; 5.Our conditionally-recurrent funding of £26.0m being withdrawn by Welsh Government, impacting our ability to reach a sustainable medium term financial position.

Does this risk link to any Directorate (operational) risks?	1719, 1906, 1892, 1854, 1631, 1544, 1530, 975, 2002, 1793, 971, 1876, 1646

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	31/10/2025
Trend:	*New risk*

No trend information available

Rationale for CURRENT Risk Score:
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 break-even. It recognises that the forecast financial outturn remains in-line with the target control total (TCT) set by WG of £31.5m, but is a worsening position compared to the 2024/25 financial outturn. This followed a period of scrutiny through the Sustainable Resources Committee, Board Seminar and Public Board meetings. Correspondence received on 11 April 2025 suggests that our plan is not supportable by Welsh Government. The focus for the coming year will be to: 1. Q1: de-risk the in-year financial plan with robust delivery plans confirmed for the full savings target of £44.4m. 2. Q2: consider further options to improve the financial forecast beyond the financial plan of £31.5m. 3. By September 2025, develop options to deliver medium term improvement as part of a strategic sustainability plan.

Rationale for TARGET Risk Score:
The Health Board had a historic challenge of controlling its cost base and delivering change. While significant improvements have been made to our control environment, significant challenges remain in our change management capabilities. These need to be addressed to achieve the target risk score. By 11 July 2025, the Executive Team are seeking to fully de-risk the financial plan to ensure its successful delivery. It is at this date we would envisage the current risk score being reduced to 16. By 13 October 2025, the Executive Team are seeking to have fully de-risked the financial plan to ensure its successful delivery, and to have identified improvements beyond the financial plan. It is at this date we would envisage the target risk score of 12 being achieved, with sufficient actions in place to have closed the majority of gaps and to have demonstrated actual delivery with a three month evidence of actual results.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)
1.Working Day 1 principles adopted within the finance function to ensure timely 'Flash reports' provided to the Executive Team. 2.Timely, relevant and understandable reporting provided to budget managers, Executives, Committees, Board and Welsh Government. This will be available live for self-service budget holders via QlikSense and monthly for management information packs. 3.Oversight arrangements in place through Integrated Quality, Financial Performance and Delivery Group, Value and Sustainability Group and the Healthier Mid and West Wales Group. 4.Executive Improving Together meetings and the Escalation Framework embedded across the organisation, which focuses on seven key domains, including Finance as one. 5.Financial Control Sub Group weekly scrutiny of agency medical, agency AHP, Admin and Clerical recruitment and procurement. 6.Opportunities framework in place to identify areas of improvement potential across the Health Board, updated and shared monthly. 7.New operational structures in place since April 2025, providing managerial clarity and consistency that was not in place in historically. 8.Aligned finance support via the Business Controlling team to support, scrutinise and advise CCG/CSG and Executive Function management structures. 9.Accountability agreements issued in March 2025.

Gaps in CONTROLS				
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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
There remain areas where there are gaps in controls. These are: 1. The effective management of rostering; 2. The effective management of beds; 3. Effective contract management arrangements; 4. Oversight arrangements over commissioned services. There is also a significant gap in the organisation's ability to deliver change.	The implementation of a rostering system across medical staff, and the extension of rostering to other staff groups.	Hill, Carly	31/07/2025	Progress update to be provided at next risk review
	Operational adoption of the new patient flow system across the Health Board.	Tracey, Anthony	31/01/2026	Progress update to be provided at next risk review
	Agreement and universal implementation of one consistent medical rate card spanning all locations and all services to align the rates of pay paid to staff irrelevant of specific circumstances.	Henwood, Mr Mark	31/01/2026	Progress update to be provided at next risk review
	Agreement and universal implementation of one consistent AHP rate card spanning all locations and all services to align the rates of pay paid to staff irrelevant of specific circumstances.	Severs, James	30/09/2025	Progress update to be provided at next risk review
	Finalise the implementation of the substantive operational management structure via the ongoing COO OCP, ensuring all audit recommendations are completed and accountability structures are consistently deployed.	Carruthers, Andrew	30/06/2025	Progress update to be provided at next risk review

Consideration of the organisation's change management capacity and alignment of change and transformation management resources.	Gostling, Lisa	31/08/2025	Progress update to be provided at next risk review
Embed a monthly routine within the Clinical Care Group and Executive Functions business meetings for the Compendium of Variation, creating a summary report for inclusion within the Financial Performance Report for Executive Team, Financial and Performance Committee and Board.	Spratt, Andrew	30/09/2025	Progress update to be provided at next risk review

ASSURANCE MAP

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level	Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance against operational plans and targets through Performance KPIs In-month financial monitoring	Performance against plan monitored through Executive Improving Together Meetings.	1st			
	Finance and Performance Committee oversight of current performance	2nd			
	Transformation & Financial Report to Board & Finance and Performance Committee	2nd			
	WG scrutiny through revised Monthly Monitoring Returns (specific supplementary templates) and through NHS Exec Financial Planning and Delivery team	3rd			
	Audit Wales Structured Assessment process	3rd			

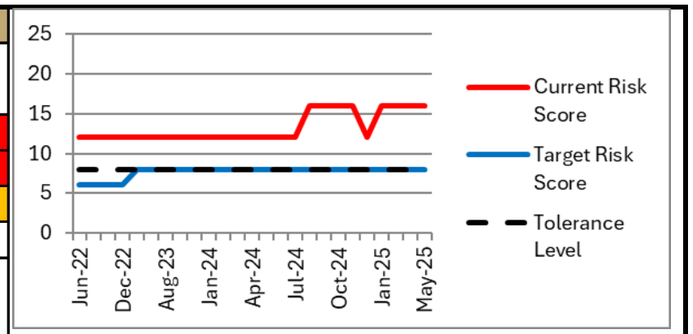
Gaps in ASSURANCES

Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Delivery of limited assurance audit reports. Particularly, in areas which have a financial impact: 1. Discharge management; 2. Bed management; 3. Nursing roster management. Delivery of change is a longstanding issue for the Health Board.	Closure of audit recommendations arising from Discharge Management and Management of Bed Capacity internal audits	Carruthers, Andrew	31/07/2025	New action
	Closure of audit recommendations arising from Nursing roster management audit	Daniel, Sharon	30/05/2025	New action
	Determination of change management capacity through alignment of resources across corporate functions.	Gostling, Lisa	31/08/2025	New action

Date Risk Identified:	Feb-22	**Executive Director Owner:**	Carruthers, Andrew	**Date of Review:**	May-25
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Jun-25

Risk ID:	**1350**	**Corporate Risk Description:**	There is a risk of the Health Board not being able to meet the 80% target by March 2026 for waiting times in the ministerial measures for the Single Cancer Pathway (SCP). This is caused by by reduced capacity to meet the expected demand for diagnostics and treatment delays at our tertiary centre, and the fragility within key tumour sites. This could lead to an impact/affect on on increased number of patients waiting in excess of 62 days and meeting patient expectations in regard to timely access for appropriate treatment which could potentially lead to poorer outcomes and patient experience, adverse publicity/reduction in stakeholder confidence, and increased scrutiny/escalation from Welsh Government. This could lead to adverse reputational damage as a result of inconsistent performance delivery over time.
Does this risk link to any Directorate (operational) risks?		1223, 114, 111, 1537, 1699, 1722, 1723, 797	

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	31/03/2026
Trend:	⟷



Rationale for CURRENT Risk Score:	**Rationale for TARGET Risk Score:**
The latest performance data as of March 2025 65.4%, an improvement from February 25 is 63.5%. The requirement is to achieve 60% for 3 consecutive months to be de-escalated from Targeted Intervention status. The target of 60% has been achieved consecutively in March and April 2025. There is a risk that due to recovery actions within radiology and urology we may see variation in performance during Q1/Q2 as we recover and treat those patients over 62 days the risk remains that cancer performance will not achieve 80% compliance by March 2026.	The aim is to treat patients within target waiting times, which has now been confirmed as 80% non-adjusted March 2026. The tolerance level will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. When the target of 60% for 3 consecutive months is achieved the risk score can be reduced to a 12. The risk score can be further reduced to a 8 once the target of 80% is achieved. There are underpinning trajectories in place which are monitored on a monthly basis and adherence to those will influence the ability to achieve the target risk score.

Key CONTROLS Currently in Place:
(The existing controls and processes in place to manage the risk)

Gaps in CONTROLS				
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** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**

# Accelerated imaging from Endoscopy to CT within the GI pathway now in place across all sites, reduction time on patient pathway by 23 days # Fully established cancer tracking team in place to allow patients to be proactively tracked through their pathways. # A new cancer dashboard developed by Informatics with the support of Business Intelligence (BI) SCP funding from the Wales Cancer Network. This is now live with access for Cancer Services staff and Service Managers, allowing MDTs to actively monitor tumour site specific patients on a SCP. # The health board are using of Quarterly Planning and Monitoring reports developed by the NHS Executive since July 23. This has facilitates the development of targeted improvement plans per tumour site and subsequent weekly monitoring thus providing assurance of the robustness of plans. # Virtual appointments are being undertaken via digital solutions e.g. Attend Anywhere. # Weekly Cancer Operational Delivery Group (ODG) meetings where services managers are in attendance. The function of this group is to monitor and address service demand, capacity and risk issues. # Monthly performance meetings with Welsh Government. # Trajectory performance plans have been developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. # Robust Urology diagnostic recovery plan to eliminate patients waiting more than 28 days in place, with committed resource allocation from recovery money. Monitoring of Urology diagnostic improvement trajectory via Cancer Operational Delivery Group. # Cancer Pathway Review to be discussed at the MDT Business meetings and plans put in place to address and improve any bottlenecks or issues. Pathway reviews will also be a standing agenda item on the Planned Care and Cancer Services QSH meeting to ensure governance in line with the new operational structures implemented in April 2025. # Process in place to improve component wait times and reduce patients waiting more than 14 day for first Outpatient Appointments (OPA) and 28 days for Diagnostics. # One to one escalation meetings held with Cancer ODG leads and Tumour Site Service Managers for tumour sites that require intervention. # New Endoscopy booking process which tracks all patients referred for an endoscopy on a USC priority. If capacity is identified as a trending breach reason, the Service Management team supports targeted intervention to address these concerns in order to reduce time on patient pathways. # One Stop Hysteroscopy within Gynaecology implemented in May 2024 at Bronglais General Hospital, with plan to implement across all sites during Q1 of 2025/26. # Pathway changes in Head and Neck to include Laryngeal Biopsy at first OPA, reducing reliance on pan-endoscopy # Health Board wide internal escalation framework now in place to support the monitoring of performance targets, with a TI de-escalation target of 60% for three months. *Additional radiology reporting sessions in place agreed for 2025/26	Anticipated significant gaps/service fragility within key diagnostic services to address required levels of activity to support SCP. Need for the implementation of new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	Work with multidisciplinary team to reallocate FIT pathway to primary care in line with NOP and rest of Wales	Humphrey, Lisa	30/06/2025	Planning in progress
		Establish accelerated Neck lump pathway to reduce diagnostic pathway	Lewis, Caroline	~~31/12/2024~~ 30/06/2025	To be implemented as part of the agreed Radiology investment 25/26
		Work with NHSE to review referral rates and patterns within primary care to reduce and refine demand to secondary care	Humphrey, Lisa	30/06/2025	Mapping in progress
		Due to increased demand for dermatology treatments the service need to aquire 2 additional MOP Treatment areas	Wisdom, Ceri	30/06/2025	SBAR being presented to the Care Group Board meeting in June.

Additional radiology reporting sessions in place agreed for 2025/26. *Skin treatment recovery plan in place to end June 25 to reduce overall treatment volumes. To be reviewed quarterly.		Highest volume of patients awaiting Urology diagnostic procedures. Urgent action required to reduce overall volumes and volumes waiting over 28 days.	Griffiths, Neil	30/05/2025	Detailed demand capacity planning to include the RTT component to identify the actual demand capacity gap to inform the options for solution

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 (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Internal targets - Looking at the performance per tumour site individually that have the biggest impact on overall performance Skin Urology LGI Gynaecology Breast Reducing component waits Patient waiting more than 14 days for first OPA Patients waiting a diagnostic procedure and report more than 28 days Patients with a confirmed diagnosis of cancer waiting more than 62 days	Daily/weekly/monthly/ monitoring arrangements by management	1st			* Implementation of Single Cancer Pathway Report - BPPAC - Feb20 * COVID-19 Impact on Cancer Services - Board - May20 * Cancer Updated to QSEAC Jun20 & OpQSESC Jul20 * Risk 633 QSEAC - Feb21 & Aug21 * IPAR Report - Board - Nov22	None identified.	Establish Operational improvement group to track improvement projects in line with NOP and Annual Plans	Goode, Paula	~~30/04/2025~~ 30/06/2025	Plans to establish a Cancer Transformation Task and Finish group which reports into the CCG transformation hub. On hold due to formation of Care Group structure
	IPAR Performance Report to S&PC & Board	2nd								
	Monthly oversight by NHS Executive/WG	3rd								
	Revised Governance arrangements in place since April 2025 with matters escalated when required via the new management structures.									

1.6

9:50 AM, 10 Mins

1.6 - OPERATIONAL RISKS

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance), James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science), Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

For assurance

Attachments

Operational Risk Register FPC 26 June 2025.pdf

Appendix 2 FPC Operational Risk Register Summary June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Risks Assigned to Finance and Performance Committee
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer Ardiana Gjini, Executive Director of Public Health James Severs, Director of Allied Health Professionals and Health Sciences Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Williams, Head of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

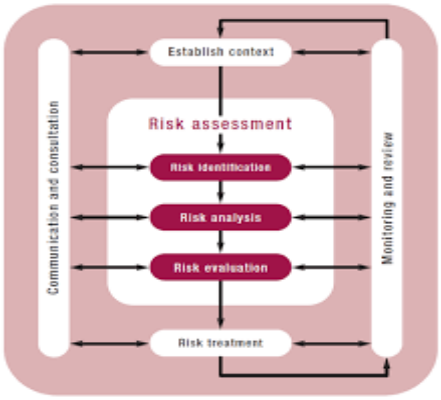
ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Committee is asked to request assurance from the risk owners that the operational risks in the attached report are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups (CCGs) and Executive Functions (collectively referred to as 'Functions') under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements,

formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	**High**	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the risk registers or through service reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

Relevant discussion should be reflected in the Strategy and Planning Committee (SPC) Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource.

Once the TRS is achieved, if the risk continues to exist, it should then be tolerated or accepted unless further actions are identified or made possible (for example, additional resources). If achieving the TRS is deemed unacceptable (for example if the TRS is too high), further

discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the current risk score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at **Appendix 1.**

Asesiad / Assessment

The FPC Terms of Reference state that:

3.1.20 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.

3.1.21 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)

Following the implementation of new Board Committee structure on 1 April 2025, operational risks have been re-aligned appropriately to these Committees, with this paper being the first report of operational risks assigned to FPC.

Following the Committee restructure from 1 April 2025, 15 risks have been aligned 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.

*From April 2025 service level risks (previously unreported) and directorate level risks have been amalgamated and are now referred to as operational level risks, as agreed at Board in March 2025. This has resulted in previously unreported risks now meeting the criteria for reporting.

Changes Since Risks last reportable to Board level Committee

Total Number of Open Risks	15	
New Risks since last reportable to Board level Committee (including risks previously at service level)	6	*See note 1*

De-escalated/Closed Risks since last reportable to Board level Committee	1	*See note 2*
Increase in Risk Score since last reportable to Board level Committee ↑	2	*See note 3*
Decrease in Risk Score since last reportable to Board level Committee ↓	0	
No Change in Risk Score since last reportable to Board level Committee →	7	*See note 4*
EXTREME (RED) Risks (based on 'Current Risk Score')	7	
HIGH (AMBER) Risks (based on 'Current Risk Score')	8	

Note 1 – New Risks added since last reportable to Board level Committee (including risks previously at service level)

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1488 - Risk of major service disruption if decontamin-ation equipment fails at BGH due to age *(Cancer & Scheduled Care) Previously service level risk*	26/09/22	Chief Operating Officer	**4x4=16** (Reviewed 14/05/25)	Impact on service remains high risk as interruption in provision impacts on Urgent Suspected Cancer Pathway and emergency patients. Likelihood is often impacting for a 24-hour period but potentially could result in loss of service for a longer period if engineers are unable to attend or unable to source parts for repair in short timescale.	**2x4=8**
1084 - Risk of unsustainable surgical rota in PPH due to reliance on locum doctors (*Cancer & Scheduled Care*) *Previously service level risk*	13/07/20	Chief Operating Officer	**4x3=12** (Reviewed 10/06/25)	The risk score has increased to reflect the pressure being felt by the Glangwili Hospital (GGH) Specialty and Associate Specialist (SAS) level doctors and the difficulty in sustaining the GGH and Prince Philip Hospital (PPH) rotas by the service team and locum consultant. If cover is not sourced, there is a risk to surgery being cancelled for Unscheduled Care (USC) patients. The risk rating reflects the financial implications surrounding recruiting into these posts as they are not	**1x3=3**

				within the service budget. It also reflects the need to sustain this service at PPH. This service is mainly used to treat patients on the cancer pathway. Moving the service back to GGH will put patients at significant risk of cancellation due to unscheduled care pressures. The service is currently assessing its options regarding the impact and resourcing challenges identified as part of their delivery of this year's plan.	
1951 - Risk of overspend against Specialist Palliative Care budget due to potential withdrawal of funding for permanent posts (*Carmarthen-shire Integrated System) Previously service level risk*	31/03/24	Chief Operating Officer	**3x4=12** (Reviewed 28/05/25)	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.	**1x4=4**
2080 - There is a risk of Stroke ESD reduction due to loss of funded capacity Carms Community *(Allied Health Professions and Health Sciences) New risk*	23/05/25	Chief Operating Officer	**4x3=12** (Reviewed 23/05/25)	Physiotherapy assessment will be provided at the earliest opportunity, and interdisciplinary working will ensure the patients will receive a basic intervention in the absence of a physiotherapist in the community. Whilst clinical risks are mitigated the Health Board clinical services plan heavily relies on the community workforce to support flow across the stroke pathway.	**2x3=6**

2065 - Risk of not achieving the Welsh Government (WG) performance measure for Carbon Monoxide (CO) validated quit attempts due to capacity and accessibility challenges *(Public Health)* *New risk*	15/01/25	Executive Director of Public Health	**3x4=12** (Reviewed 09/05/25)	There is still a possible likelihood of not achieving targets. Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%.	**2x4=8**
2002 - Risk of overspend against allocated funding for Oncology Drugs *(Cancer & Scheduled Care)* *New risk*	25/11/24	Chief Operating Officer	**3x3=9** (Reviewed 30/05/25)	Activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60-day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund. The impact of this financial risk is the inability to meet savings targets, the likelihood of which is currently very high. As of May 2025, the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently is not as significant as initially predicted, unless there is a large change in costs and volumes. The average growth in costs is 10%.	**3x3=9**

Note 2- Closed Risks since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Rationale
1528 - Risk of overspend against site budget due to increasing operational pressures and costs (*Carmarthenshire Integrated System)*).	01/08/22	Chief Operating Officer	Risk relates to financial year 2024/2025. New risk to be added to the register for 2025/2026 as risk remains for savings target.

Note 3 - Increase in Risk Score since last reportable to Board level Committee

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Update	Target Risk Score
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints (*MH&LD*).	01/05/20	Chief Operating Officer	**3x4=12**	**4x4=16** (Reviewed 04/06/25)	As at June 2025, the Clinical Care Group are only able to provide a work in progress figure for the end of year forecast as Finance Colleagues are in the process of finalising this by 5th June 2025. Presently, this is estimated to be a £487,000 overspend. The Clinical Care Group will endeavour to work towards a break-even position whilst also looking at further non recurrent/ recurrent saving opportunities.	**1x4=4**
1876 - Risk of being unable to identify recurrent savings required due	01/04/24	Chief Operating Officer	**3x3=9**	**4x3=12** (Reviewed 18/02/25)	Improved financial forecast in Month 6 - 111k under end of year (EOY)	**2x2=4**

to spend on ad-hoc variable pay and need for wider HB engagement (*Children, Women & Family Health)*					agreement that 5% savings is highly unachievable in the absence of significant service change. Continue to explore opportunities Focus on wider service change for 2025/26	

Note 4 - No Change in Risk Score since last reportable to Board level Committee

Risk Reference & Title	**Date risk identified**	**Lead Director**	**Current risk score**	**Update**	**Target Risk Score**
1854 - Risk to the ability to meet financial saving targets due to operational challenges *(Cancer & Scheduled Care)*	04/06/24	Chief Operating Officer	**4x5=20** (Reviewed 14/02/25)	The financial position indicates that the directorate is not on target to meet the required saving. The saving target is £6.2 million. The Directorate has achieved in part the savings required for this financial year (c£2m), however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.	**3x5=15**
975 - Risk of failure to remain within allocated budget due to financial constraints *(Estates & Facilities).*	01/05/20	Director of Allied Health Professionals and Health Sciences	**4x5=20** (Reviewed 04/06/25)	Key drivers include Reinforced Autoclaved Aerated Concrete (RAAC), maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the Monthly establishments reviews going forward. The Clinical Service Group, Finance Business Partners and other supporting functions will enhance cost analysis cost review process and put controls into place to better	**1x5=5**

				understand and manage costs on an ongoing basis. Nature of aging estate means that dynamic failures are happening on a week-by-week basis therefore increasing non pay unforeseen overspend. Increase in statutory obligations faced by the Department.	
1906 - Risk of not achieving savings targets within our annual plan due to ongoing service demand *(Pembrokeshire Integrated System)*	16/08/25	Chief Operating Officer	**4x4=16** (Reviewed 07/05/25)	Risk has been reduced slightly due to holding own currently. Medical recruitment continues to be challenging as there is a need to reduce reliance on locums. Also, usage of high-cost biologic drugs and blood products continues to increase month on month. While the controls noted above are in place, due to current demands on the site their effectiveness is limited. Service pressures particularly at A&E is driving nursing agency overspend. Locums are still being used to fill medical gaps particularly consultant roles. Drug expenditure continues be overspending against budget due to high cost biologic spend for gastro related conditions. As of May 2025, awaiting financial update due to new CCG structure.	**3x4=12**
1892 - Risk of not achieving savings targets due to continued expenditure without mitigating	26/07/24	Chief Operating Officer	**4x4=16** (Reviewed 10/04/25)	Recurrent and non-recurrent savings were identified; however these did not achieve the 5% expected. The budget position at month 12 2024-25 for Radiology was £92k underspent (provisional figure) with savings of £669k achieved.	**4x3=12**

savings plans *(AHP&HS: Radiology)*				As of 09/04/2025 Radiology investment in workforce has been agreed and is currently subject to case scrutiny by the Executive Team. The Allied Health Professions and Health Sciences CCG has an opening savings position of £3.744m to be achieved in 2025-26, of this £873k is the opening savings target for Radiology.	
1631 - Risk of failure to achieve financial management objectives due to staff shortages and fragility of agency provision *(Allied Health Professions and Health Sciences)*	28/03/23	Chief Operating Officer	**4x3=12** (Reviewed 13/05/25)	While the controls are in place, due to current and additional demands upon therapy services and supporting patient flow, exacerbated by workforce absence, vacancies and expiry of fixed term funding, their effectiveness is limited.	**3x2=6**
1793- Risk of Finance team resources reaching critical levels due to staff turnover, high levels of sickness and pause in recruitment *(Finance)*	01/12/23	Director of Finance	**2x4=8** (Reviewed 20/05/25)	The Finance function has a budgeted staffing level of 95.6WTE within the core finance team. Vacancies, long term sickness and maternity absences amount to 11WTE (November 2024), which equates to a 12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created. The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority	**1x4=4**

				of cover across directorate level budget holders. The risk has been minimised with the successful recruitment to core accounting and reporting roles. The remaining vacancies are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.	
1646 - Risk of overspending against funding allocated for external test service level agreements (SLAs) due to increased workload/ costs *(AHP&HS: Pathology)*	24/01/23	Chief Operating Officer	**4x2=8** (Reviewed 23/05/25)	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 identified as opportunities to either reduce unwarranted testing or may have benefits to other areas. The service is also working closely with Swansea Bay University Health Board	**4x2=8**

				(SBUHB) as part of the Regional Pathology Programme at opportunities to repatriate tests to the region so they can be performed at reduced cost.	

The Risk Register, attached as **Appendix 2**, details the responses to each risk, for example, the Risk Action Plan.

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5				1854 (➔) 975 (➔)	
MAJOR 4		1793 (➔)	1951 (NEW) 2065 (NEW)	1488 (NEW), 1084 (NEW) 1906 (➔) 1892 (➔), 971 (🡅)	
MODERATE 3			2002 (NEW)	2080 (NEW), 1876 (🡅) 1631 (➔)	
MINOR 2				1646 (➔)	
NEGLIGIBLE 1					

The table below details when the Operational level risks assigned to the FPC (16 in total, including those below the threshold for reporting to committee) were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

Risk numbers presented in red text denote those where a review of the risk is overdue, based on the data as of 2 June 2025.

	Risks updated in last month	**Risks updated within last 1-2 months**	**Risks updated within last 2-6 months**	**Risks updated within last 6-12 months**

Extreme	1084 1906 1488 971	**1892**	**1854 975**	
High	2080 2065 1951 1631 2002 1793	1646	**1876**	
Moderate		1530		

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The Finance risk theme is currently aligned to FPC. Finance themed risks are shared with senior finance team members on a quarterly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risks, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **SEEK ASSURANCE** that all identified controls are in place and working effectively;
- **SEEK ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises;
- **CHALLENGE** where assurances are inadequate

This will enable FPC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that the Health Board is managing these risks effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the body of the report.
Parthau Ansawdd:	7. All apply

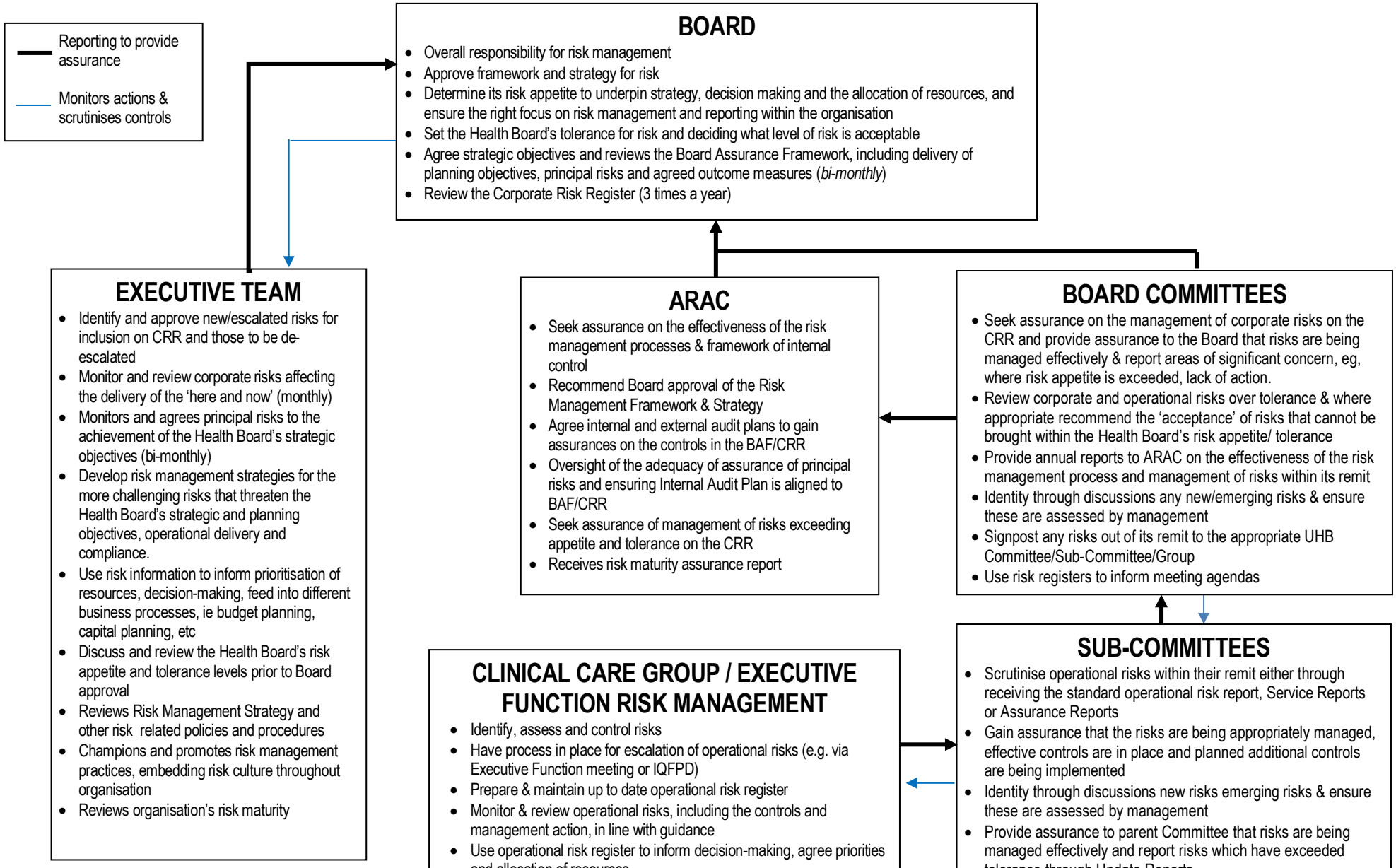
Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report however impacts of each risk are outlined in risk description.

Risg: **Risk:**	No direct impacts from report however impacts of each risk are outlined in risk description.
Cyfreithiol: **Legal:**	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: **Reputational:**	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: **Privacy:**	No direct impacts from report.
Cydraddoldeb: **Equality:**	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



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	Detailed Risk Decision	Review date
1854	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Humphrey, Lisa	04-Jun-24	There is a risk of that the scheduled care directorate will be unable to achieve the financial target saving of £6,168,788. This is caused by increasing demand for scheduled care services; WG targets relating to RTT; operational challenges to running services from multiple sites; aging equipment and resources; recruitment challenges into required highly skilled posts. This will lead to an impact/affect on service delivery, RTT compliance and patient experience. Risk location, Health Board wide.	Health Board's Internal Escalation Framework, scrutinised on a monthly basis Prioritisation of roles that go to FCSG 100 day cycle critical care Directorate weekly financial control meetings Daily scrutiny meetings attended by Head of Nursing, with focus on variable pay Weekly administrative variable pay review meeting, chaired by General Manager and attended by the FBP and team	Finance inc. claims	4	5	20	The financial position indicates that the directorate is not on target to meet the required saving. The saving target is Â£6.2 million. The Directorate has achieved in part the savings required for this financial year (cÂ£2m), however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.	The directorate hold weekly finicane meetings with the SDMs, SNMs and FBPs.	Hire, Stephanie	Completed	Meetings arranged weekly	Finance and Performance Committee	3	5	15			14-Feb-25
																The directorate engage in monthly escalation meeting as part of targeted intervention. The financial position and improvement target are closely monitored via this platform	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process, therefore added to control measures of the risk.							
																Vacant posts are all submitted to and discussed via FCG as part of the financial monitoring and improvement target.	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process and therefore added to control measures of the risk.							

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	Detailed Risk Decision	Review date
975	Director of Allied Health Professions & Health Sciences	Estates & Facilities	E&F: Directorate Team	Severs, James	Chiffi, Simon	Chiffi, Simon	Chiffi, Simon	01-May-20	There is a risk of that the Estates & Facilities Clinical Care Group will be unable to achieve the required financial target savings in year. This is caused by 1. Inability to identify and deliver robust and realistic recurrent savings plans. 2. Inability to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement. 3. Inability to identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. 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. 5. From other related inflationary factors affecting budgets (external costs). 6. Ongoing resource pressures in Facilities. 7. Wider HB financial pressures and greater scrutiny of spend. This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability and service deliverability. Risk location, Health Board wide.	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. 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. Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate. Care Group meetings now established where all service leads attend to ensure more scrutiny on financial positions and discuss potential savings strategies.	Finance inc. claims	4	5	20	Key drivers include RAAC, maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the Monthly establishments reviews going forward. 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. Nature of aging estate means that dynamic failures are happening on a week by week basis therefore increasing non pay unforeseen overspend. Increase in statutory obligations faced by the Department.	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	~~31/08/2024~~ ~~30/11/2024~~ ~~31/03/2025~~ 30/09/2025	This is a key focus as part of new care group establishments.	Finance and Performance Committee	1	5	5		Treat	04-Jun-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	Detailed Risk Decision	Review date
1892	Operational Allied Health Professions & Health Sciences	AHP&HS: Radiology	AHP&HS: Radiology	Carruthers, Andrew	Quarrie, Sara	Roberts-Davies, Gail	Roberts-Davies, Gail	26-Jul-24	There is a risk of that Radiology will not achieve projected savings targets. This is caused by unidentified savings plans to reduce expenditure in the directorate. This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan. Risk location, Health Board wide.	1. Monthly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams 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. 3. Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend 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. 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.	Finance inc. claims	4	4	16	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 Â£92k underspent (provisional figure)with savings of Â£669k achieved. As of 09/04/2025 Radiology investment in workforce has been agreed and is currently subject to case scrutiny by the Executive Team. The Allied Health Professions and Health Sciences CCG has an opening savings position of Â£3.744m to be achieved in 25-26, of this Â£873k is the opening savings target for Radiology.	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~~ 31/03/2026	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. Update from VBHC team as of 11/02/2025: 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. 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.	Finance and Performance Committee	4	3	12		Treat	10-Apr-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	Detailed Risk Decision	Review date
																To scope the feasibility of and any potential savings from changing the current on-call arrangements for Radiographers to a shift system across the four main sites.	Roberts-Davies, Gail	Completed	This is progressing but is very complex so will take longer to deliver. In line with the annual plan, the first step will be to increase the numbers of MRI and CT Radiographers and reporting Radiologists via investment to extend the working day and week to increase capacity and reduce variable pay and improve VFM. Shift systems in these areas is not possible at this time due to the low numbers of existing staff. This action is to be closed as the workforce investment opportunity work supersedes this action which was not able to be progressed due to low staffing numbers. Shift system feasibility is described as part of the 2024/25 annual plan which has been set over a 3 year context							
																Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing	Roberts-Davies, Gail	Completed	Action complete							

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																Explore opportunities for income from dental practices referring for OPT examinations	Roberts-Davies, Gail	~~01/01/2025~~ ~~31/03/2025~~ 31/03/2026	Discussed at TI meeting August 2024 and responded to the collective submission for permission from WG on 21/1/2024. Awaiting feedback following this. Feb 2025 update- GRD has received queries from SN- due to discuss on 26/02/2025. This will be taken forward to the 25/26 financial year and progressed via the new CCG structure.							
																Review charges which constitute the historic SLA with SBUHB for Medical Physics Services to ascertain potential opportunities.	Roberts-Davies, Gail	**Completed**	The review ascertained that historically Radiology have been charged for Medical Physics Support to Theatre and Community Dental Services. This has been since separated out and costs past on to the respective services.							
																To review cardiac catheter consumables and ascertain if less expensive alternatives can be purchased.	Roberts-Davies, Gail	**Completed**	Action complete							
																Provide mitigating actions for the projected EOY overspend at Month 3 of £39.5K	Roberts-Davies, Gail	**Completed**	Mitigating Action was provided to the Monthly Radiology Escalation Meeting							
																To formulate savings scheme plans for the 25/26 financial year	Roberts-Davies, Gail	30/05/2025	New action							

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1906	Community & Integrated Medicine	Pembrokeshire Integrated System	Withybush General Hospital: WGH	Carruthers, Andrew	Skitt, Peter	Andrews, Bethan	Johns, Helen	16-Aug-24	There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans. This is caused by Multiple factors including: - Demand exceeding capacity on site, resulting in reliance on nursing agency to staff surge beds - Inability to decrease the numbers in Emergency Department leading to increased Registered Nursing roster filled by agency shifts - High cost Locum cover filling vacant Medical roles - Rising drugs costs, particularly biologics usage. 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. Risk location, Withybush General Hospital.	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. 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. Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified. Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay. 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.	Finance inc. claims	4	4	16	Risk has been reduced slightly due to holding own currently. Medical recruitment continues to be challenging as there is a need to reduce reliance on locums. Also usage of high cost biologic drugs and blood products continues to increase month on month. While the controls noted above are in place, due to current demands on the site their effectiveness is limited. Current risk rating is extreme due to forecast for Month 4 is Â£1m deficit. Oct: Forecast is now Â£800K We have achieved our 5% reduction end of year. There has been some issues in nursing recruitment which has put a pause on trajectory meaning risk can not be reduced currently. Ambulance handover delays has improved, but more work required for 4 and 12hr performance. Nov: Month 7 Forecast is now Â£816K, main driver of overspend is Drug spend, Â£501K Works ongoing with Meds management on bio similar switches. Pressures within ED requiring additional agency nursing. Dec: Winter pressures are still driving the requirement of additional staffing. Jan: No changes to add. Feb: Winter pressures are still driving the	5% reduction in costs of revenue within annual plan.	Andrews, Bethan	~~30/09/2024~~ ~~31/10/24~~ ~~11/11/24~~ ~~19/12/24~~ 31/01/25 ~~31/03/25~~ ~~30/04/25~~ 30/06/25	ongoing, on plan for the savings.	Finance and Performance Committee	3	4	12			07-May-24
																reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed	Andrews, Bethan	**Completed**	completed							
																Recruitment of newly qualified nurses and international nurses.	Thomas, Carol	**Completed**	ongoing Recruitment continues were required.							

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															requirement of additional staffing in A7E and high use of locums and agency. Drug spend is gradually increasing. Service pressures particularly at A&E is driving nursing agency overspend.Â Locums are still being used to fill medical gaps particularly consultant roles.Â Drug expenditure continues be overspending against budget due to high cost biologic spend for gastro related conditions. May: waiting on update due to new structure.	Recruitment of medical staffing to reduce reliance on locums.	Andrews, Bethan	~~30/09/2024~~ ~~31/10/24~~ ~~11/11/24~~ ~~19/12/24~~ ~~31/01/25~~ ~~31/03/25~~ ~~30/04/25~~ 30/06/25	recruitment continues as required to reduce reliance. Recruitment continues							

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1488	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: Endoscopy	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Edwards, Sara	26-Sep-22	There is a risk of of frequent decontamination equipment failure within the endoscopy unit, causing delays in the return of decontaminated endoscopes to front facing patients services requiring the use of flexible endos This is caused by One endoscope washer disinfector and drying cabinet were originally installed and commissioned in 2009, and are now 13 years in service and therefore 4 years beyond the recommended life cycle of 8 years. A second endoscope washer disinfector was added to augment capacity issues at Bronglais Hospital in 2014 and is nearing its 8 year recommended life cycle. This will lead to an impact/affect on The majority of endoscope decontamination equipment at Bronglais Hospital is now 4 years beyond its recommended life cycle of 8 years and fail on a not infrequent basis, causing delays in the return of decontaminated endoscopes to front facing patient services requiring the use of flexible endoscopes. As the equipment becomes older, it will become more problematic, and will inevitably present more significant impacts, which will have an effect on Referral to Treatment Time Performance. These equipment failures causes avoidable delays in the supply of decontaminated flexible endoscopes to	1. Regular servicing of current decontamination equipment. 2. Decontamination trained estate staff supporting daily with breakdowns and maintenance of decontamination equipment 3. Contract in place for current decontamination equipment inclusive of breakdown cover and engineer can attend hours within 48 hours	Service/Business interruption/disruption	4	4	16	Impact on service remains high risk as interruption in provision impacts on Urgent Suspected Cancer Pathway and emergency patients. Likelihood is often impacting for a 24-hour period but potentially could result in loss of service for a longer period if engineers are unable to attend or unable to source parts for repair in short timescale. Reviewed and risk updated.	Develop feasibility case for transfer of decontamination facility from the endoscopy unit to central HSDU within Bronglais. The proposed centralisation project will ensure the replacement of aging decontamination equipment to provide a more efficient turnaround of endoscopes, improving the provision of this service to endoscopy. This will ensure lists are running efficiently and ensure the patient pathway is improved. One endoscope washer disinfector and drying cabinet were originally installed and commissioned in 2009, and are now 13 years in service and therefore 4 years beyond the recommended life cycle of 8 years. A second endoscope washer disinfector was added to augment capacity issues at Bronglais Hospital in 2014 and is nearing its 8 year recommended life cycle.	Edwards, Sara	Completed	Feasibility case has been developed and presented to Gareth Rees and Keith Jones. Further actions to be progressed - including development of a PID document to be sent to the Board.	Finance and Performance Committee	2	4	8		Treat	14-May-25
																Monthly meetings with BGH HSDU to support current arrangements whilst feasibility case is being developed.	Edwards, Sara	Completed	Monthly meetings in place.							
																SDM to get an update from HSDU service re. the outcome of the feasibility case.	Edwards, Sara	Completed	Capital bid submitted to National Decontamination Group							

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									endoscopy, theatres, outpatient departments, cardiology and intensive care units, and therefore create operational difficulties for patient endoscope procedures Due to the use of Peracetic Acid within the decontamination process, there is often a strong smell of peracetic acid within the current endoscopy unit, which on occasions can be intrusive. The current air handling unit is insufficient in removing this odour. JAG accreditation was originally deferred due to this concern until actions were put in place to eliminate this smell. Should the endoscope decontamination equipment remain within the endoscopy department there is a possibility that JAG accreditation could be withdrawn. This would have an impact on junior doctors training as all endoscopy units must be JAG accredited for training. Furthermore compliance with Welsh Government recommendations would also be of concern as it is now recommended that endoscope decontamination units are centralised into HSDU departments and managed by decontamination staff. Risk location, Bronglais General Hospital.						Endoscopy subject to CSP programme. Await options developments and decisions re. endoscopy pathway.	Edwards, Sara	31/07/2026	CSP programme							
																Await decision from National Decontamination Group re: funding to transfer decontamination from the endoscopy unit to HSDU	Flear, Philip	30/03/2027	Funding approved via National Decontamination Team - Awaiting next steps from John Prendergast							

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971	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	There is a risk of the MH&LD Directorate failing to remain within their allocated budget over the medium term. This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans. Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement. Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved. This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability. Risk location, Health Board wide.	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. 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. Risk Register is a standing agenda item at BP&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. Mechanism in place to draw down funding to service cost codes inline with original bids. Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner. MHLD is in Escalation for Finance due to the lack of a 6.5% recurrent savings plan. Directorate are attending weekly/monthly meeting to progress plans (MHLD Integrated Quality Financial Performance Delivery Sub Group). Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).	Finance inc. claims	4	4	16	As at June 2025, the Clinical Care Group are only able to provide a work in progress figure for the end of year forecast as Finance Colleagues are in the process of finalising this by 5th June 2025. Presently, this is estimated to be a Â£487,000 overspend. The Clinical Care Group will endeavour to work towards a break even position whilst also looking at further non recurrent/recurrent saving opportunities.	Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.	Popham, Leon	**Completed**	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.	Finance and Performance Committee	1	4	4		Treat	04-Jun-25
															To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.	Carroll, Mrs Liz	**Completed**	CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure. 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.							

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																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.	Carroll, Mrs Liz	~~29/03/2024~~ ~~30/06/2024~~ ~~30/09/2024~~ ~~31/12/2024~~ ~~31/03/2025~~ 31/07/2025	The Directorate are continuing to work with Corporate services to strengthen the Nurse Bank capacity and eliminate spend. Further options being explored through international recruitment, for Medical staff. Directorate recently joined across Wales trip to India interviews will now take place, dates to be confirmed. 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. Active Agency reduction plan in place which incorporates review of inpatient establishments. Working weekly/monthly with our Finance colleagues with monitoring Agency spend, in month 7 a decrease of £85K of Bank and Agency for both nurses and HCSW. MHLD are in escalation process, last meeting took place on 31st October.							
																Work to identify recurrent savings for 25-26 underway. First phase to be transacted by end of February 2025.	Carroll, Mrs Liz	**Completed**	Completed							

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2065	Director of Public Health	Public Health -	Public Health: Health Improvement & Wellbeing	Gjini, Ardiana	Dainton, Joanna	Hughes, Lisa -	Hughes, Lisa -	15-Jan-25	There is a risk of Hywel Dda University Health Board will not achieve the NHS Wales performance measure of 40% of adult smokers who make a quit attempt being CO validated This is caused by •Service delivery model changes following Covid which resulted in a move to telephone support •Loss of dedicated rooms and venues for locality teams on the hospital sites •A need to train new staff commencing work after the service delivery model changes •Delay in purchase and distribution of monitors and consumables •Issues with on site storage of monitors and consumables •Increase in patients choosing telephone support over face to face meetings •Rurality issues including venue provision for low numbers and travel costs This will lead to an impact/affect on •Reduced Productivity: Increasing face-to-face support	- Secured an increase in venues across the 3 counties - CO monitors supply to other HB professionals with access to vulnerable clients eg. Oxygen assessment nurses, mental health professionals, maternity and respiratory nurses - input into a national pharmacy service level agreement to enable local pharmacies to co validate with patients. All local pharmacists have been provided with CO monitors and have a dedicated practitioner to support and train as appropriate - Trained admin to encourage assessments to be booked into face to face venues rather than telephone support. Hybrid model of working	Quality/Complaints/Audit	3	4	12	There is still a possible likelihood of not achieving targets.	Scoping further community and outpatient clinics to maximise CO validating sessions	Hughes, Lisa -	17/07/2025	New action	Finance and Performance Committee	2	4	8	Target risk score of 8 due to likelihood score of 2 (unlikely) due to the uptake national target being 40%	Treat	09-May-25

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									will reduce practitioner productivity, leading to longer waiting times for appointments. •Decreased Treated Smoker Numbers: Shifting staff capacity to face-to-face CO validation and travel will reduce the number of treated smokers. •Higher Costs and Admin Time: Ensuring accessible venues across a large geographical area will increase costs and require significant administrative time for sourcing, booking, organizing payment, and covering staff sickness. •Lower Productivity at Venues: Staff at venues are less productive, and appointments are more prone to no-shows and cancellations. Weekly sessions need to be booked, leading to higher dropout rates compared to telephone support. •Additional Costs: There will be increased costs associated with room hire, travel, consumables, and additional CO monitors for staff. •Patient Choice: Vulnerable patients or those with caring responsibilities or chronic diseases may face challenges if telephone support is reduced. Risk location, Health Board wide.																	

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2080	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	AHP&HS: Physiotherapy	Carruthers, Andrew	Quarrie, Sara	Davies, John	Davies, John	23-May-25	There is a risk of Increased length of stay and delayed community physiotherapy assessment and follow up rehabilitation for stroke patients being discharged from PPH and GGH This is caused by The reduction in registrant capacity by 50% (band 7 x 1wte, band 5 x1wte) for stroke ESD as a direct result of permanent loss of RIF funding from 25-26 This will lead to an impact/affect on Reduction in hospital flow Delay in Patients receiving a full physiotherapy assessment. rehabilitation and detailed care planning in community Potential increase in length of stay deterioration in SSNAP targets Risk location, Carmarthenshire.	The remaining physiotherapy team members will provide a restricted service based on the capacity of 2 registrants and 5 HCSW staff. Ward based staff will provide clinical and therapeutic advice to patients on discharge to bridge the gap between discharge and first physiotherapy community visit. Other MDT members (Occupational therapy and dietetics) can be the first point of community contact whilst patients are waiting for physiotherapy	Safety - Patient, Staff or Public	4	3	12	Physiotherapy assessment will be provided at the earliest opportunity, and interdisciplinary working will ensure the patients will receive a basic intervention in the absence of a physiotherapist in the community. Whilst clinical risks are mitigated the Health Board clinical services plan heavily relies on the community workforce to support flow across the stroke pathway.	SBAR to be submitted to the CCG and the SDM for Stroke:	Griffith, Susan	**Completed**	John Davies to present SBAR in the next PPP care group meeting	Finance and Performance Committee	2	3	6	The current team even when fully staffed falls short of the national staffing levels for stroke.	Treat	23-May-25
																CSP physiotherapy workforce requirements to be submitted	Griffith, Susan	**Completed**	information submitted							

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1631	Operational Allied Health Professions & Health Sciences	Allied Health Professions and Health Sciences	Allied Health Professions and Health Sciences	Carruthers, Andrew	Quarrie, Sara	Quarrie, Sara	Quarrie, Sara	28-Mar-23	There is a risk of of overspend within the Therapy Directorate current year budget and / or failure to achieve expenditure control target This is caused by -shortage of registered and unregistered staff against funded establishment and quality standard workforce levels - reduction in availability of workforce to take up fixed term and additional hours resulting in increased use of agency - fragility of agency provision and increased locum cost cover versus established staffing -rising costs relating to non pay costs - failure to identify recurring cost efficiencies This will lead to an impact/affect on the quality of the service provided to service users, the required level of service provision and the inability to balance the reduction in overspend/savings in order to provide safe and effective therapy provision, increasing the likelihood of unmet needs, poor outcomes and unmet service user experience standards Risk location, Health Board wide.	minimum of monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior managers, operational teams, heads of service and clinical director monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior clinicians / heads of service sessional escalation and targeted intervention meetings with executive colleagues to scrutinise current and future needs vacancy, agency and additional hours approval process involving HOS, FBP and Clinical Director and Financial Control Group Use of Agency and vacancy approval process only approved at CD level prior to FCG submission	Finance inc. claims	4	3	12	While the controls noted above are in place, due to current and additional demands upon therapy services and supporting patient flow, exacerbated by workforce absence , vacancies and expiry of fixed term funding, their effectiveness is limited.	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	Reed, Lance	Completed	Process established at Therapy Operational Group 18.04.23. Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO	Finance and Performance Committee	3	2	6		Treat	13-May-25
																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	Reed, Lance	Completed	All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated							
																Risk of delivering our financial control total and required savings plans	Bradburn, Jo	Completed	Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign							
																Risk to be redrafted with guidance from FBP to align with new CCG structure.	Quarrie, Sara	13/07/2025	Meeting to be scheduled to redraft new risk.							

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1876	Planned & Specialist Care	Children, Women & Family Health	Children, Women and Family Health	Carruthers, Andrew	Goode, Paula	Goode, Paula	Goode, Paula	01-Apr-24	There is a risk of that 1. the Women & Childrens Directorate will be unable to identify the level of recurrent savings in-year required (£2.8m i.e. 5% of budget). 2. further risk of Directorate being overspent as due to ad-hoc variable pay. This is caused by 1. fragile services requiring service planning and wider Health Board engagement to enact service change within the financial year. 2. fragile services and workforce pressures driving spend on ad-hoc variable pay. This will lead to an impact/affect on the overall financial position of the Health Board. Risk location, Health Board wide.	Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required 2. Weekly review of nursing and medical staff rotas 3. Regular job planning reviews 4. Weekly Operational team meetings 5. Monthly Directorate Business meetings 6. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend 6. We are reducing the O&G spend and working with Medical Sustainability project 7. Scrutiny of budget/Savings schemes via TI escalation meetings	Finance inc. claims	4	3	12	Improved financial forecast in Month 6 - 111k under EOY Agreement that 5% saving in highly unachievable in the absence of significant service change. Continue to explore opportunities Focus on wider service change for 25/26	Full directorate review of drug spend in collaboration with medicines management to identify opportunities for more cost effective alternatives	Humphrey, Lisa	Completed	80K saving identified	Finance and Performance Committee	2	2	4		Treat	18-Feb-25
																Melatonin highest cost drug for directorate £237,000 pa, explore ceasing repeat prescriptions and its associated saving and impact	humble, Tracey	Completed	Initial assessment saving 60K however further work required re repeat prescriptions							
																Explore impact of ceasing HCSW bank on maternity in terms of saving and impact	Llewellyn, Cerian	Completed	staffing model changed to mitigate against spend to start with immediate effect							
																changing BGH acute IP model to a 24/7 hr PACU	Davies, Nick	Completed	Board approved pacu plus 24/7 model							
																Develop options for wider service model change at BGH Obs, Gynaecology and Peads	Humphrey, Lisa	12/02/2024	Options in development supported by VBHC team - QIA being developed							
																Explore cost / benefit/ action of reducing beds from 24 - 20 on Cilgerran Ward and increasing PACU capacity by 4 to support wider system	Davies, Nick	Completed	Costs/benefits explored not achievable and no identified savings benefit							
																Explore cost saving/ benefit and impact of reducing IP beds on Picton Ward from 10 to 6 - and creating a 4 bedded 12 hr 5 day a week ambulatory area	Freeman, Lyndon	30/09/2025 31/12/2024	Further work required linked into 100 day cycle Carmarthenshire system							

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																Explore cost saving/benefit/impact of removing Picton ward as a gynaecology ward and providing the elective work in a general surgical area - and providing a 4 bedded ambulatory 12 hr 5 day a week model	Freeman, Lyndon	**Completed**	Unachievable this financial year							
																Explore priding EPAU on one site only - 7 day a week model and close EPAU at WGH and BGH	Freeman, Lyndon	**Completed**	unachievable							
																Full directorate review on consumable in collaboration with procurement to identify opportunities for savings	Humphrey, Lisa	**Completed**	Complete							
																Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay	Davies, Nick	31/03/2025	Work in progress, required in readiness for allocate medical rostering							
																Serve notice on antenatal SLA with SBUHB	Llewellyn, Ceriann	**Completed**	SBAR being reviewed Cost of LTA opportunities being calculated Engagement with SBUHB on going Notice being served end of september							

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1951	Community & Integrated Medicine	Carmarthenshire Integrated System	Carmarthenshire County	Carruthers, Andrew	Skitt, Peter	Perry, Sarah	Jenkins, Angharad	31-Mar-24	There is a risk of overspend against the Specialist Palliative Care budget. 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. 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. Risk location, Carmarthenshire.	Regular meetings are held with the Trustees to discuss what their priorities are and to inform them of the Health Board's position. Recent recruitment has converted permanent posts into fixed term in order to minimise the impact on the budget.	Finance inc. claims	3	4	12	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.	To submit the business case and an SBAR outlining our work with the Trustees for Executive Team approval.	Jenkins, Angharad	~~31/12/2024~~ 05/08/2025	We meeting with the trustees on 9th June to have a full review and agree next steps.	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.	Treat	28-May-25

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1084	Planned & Specialist Care	Cancer & Scheduled Care	Scheduled Care: General Surgery	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Lewis, Caroline	13-Jul-20	There is a risk of to the sustainability of the surgical out of hours rota in PPH. This is caused by The elective service for USC pathway patients being moved to PPH during covid. There was no additional funding provided to support an additional on-call resident doctor and SAS Level rota at PPH. This is a cost pressure on the General Surgery cost code 0009 budget. This will lead to an impact/affect on the protected delivery of the quality elective service provided at PPH for breast, colorectal and urology patients. with a post-operative facility of an Enhanced Care Unit (ECU). This service needs to remain at PPH, due unscheduled care and theatre staffing pressures at GGH. Risk location, Prince Philip Hospital.	The service manager along with support from a locum consultant manages the rota to ensure that there is sufficient cover. The rota cover at PPH entails the below: F1 resident doctors, 8am-4pm Monday to Friday - Covered as part of the GGH F1 rota, this costs the service travelling, taxi and accommodation at PPH. Locum cover is also sourced during sickness and annual leave as is required for daily ward cover. F2/CT resident doctors, 8am-4pm Saturday, Sunday and bank holidays - Covered entirely by medical bank locums at the standard bank rate. SAS Level 8am-5pm Monday to Friday, for ward rounds and assist in theatres. This allocated as part of the GGH SAS rota this costs the service travelling, taxi and accommodation at PPH. Locum cover is also sourced during sickness and annual leave as is required for daily ward cover. SAS Level out of hours cover 5pm - 8am, Monday to Friday and 24 hrs cover at weekends and bank holidays. Covered entirely by medical bank locums at the standard bank rate. Consultant cover is provided by the GGH Surgical consultant on call.	Workforce/OD	4	3	12	The risk score has increased to reflect the pressure being felt by the GGH SAS level doctors and the difficulty in sustaining the GGH and PPH rotas by the service team and locum consultant. If cover is not sourced, there is a risk to surgery being cancelled for USC patients. The risk rating reflects the financial implications to recruiting to these posts as they are not in the service budget. It also reflects the need to sustain this service at PPH. This service is mainly used to treat patients on the cancer pathway. Moving the service back to GGH will put patients at significant risk of cancellation due to unscheduled care pressures. The service are assessing options on the impact and resourcing challenge identified as part of their delivery of this years plan.	Request agreement for 3 RMO posts to be advertised for PPH. Seek funding to make the posts permanent to ensure a sustainable elective pathway at PPH.	Lewis, Caroline	Completed	There is currently one clinical fellow in post, on a 12 month fixed term contract. This is a cost pressure on the service. This is because there is no longer a Covid cost code. The rest of the cover is provided by medical bank doctors at the locum rate as per rate card. The whole rota is a cost pressure on the service. Action completed as no escalated to exec and no funding to recruit.	Finance and Performance Committee	1	3	3	The target risk score will be achieved when the workforce has been sufficiently increased and funded, to provide a safe and sustainable SAS Level cover for both PPH and GGH. The alternative is to return the service as it stands in PPH, to GGH. The target risk score would only be achieved with sufficient theatre capacity and protected elective beds at GGH.	Treat	10-Jun-25
																Service under CSP programme for long term service provision. Await outcome of CSP programme.	Lewis, Caroline	31/07/2026	Await CSP developments							
																Service team and finance business partner to establish the current locum cost to consider conversion into posts. Small task and finish group to be set up to meet and discuss what a new rota to cover both sites would look like.	Lewis, Caroline	31/07/2025	Meeting to be arranged before the end of June.							

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2002	Planned & Specialist Care	Cancer & Scheduled Care	Oncology	Carruthers, Andrew	Goode, Paula	Humphrey, Lisa	Wisdom, Ceri	25-Nov-24	There is a risk of of overspending against funding allocated for Oncology drugs. This is caused by activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund. This will lead to an impact/affect on an impact/effect on Financial forecasting estimates an overspend for Oncology for the year 24/25 of £0.7m, based on SACT activity in year growth of 5% and cost 17% due to price increases. Risk location, Health Board wide.	Designated business partner and monthly financial forecast are monitored Activity and spend monitored monthly. Homecare options are monitored regularly. Drug regimes are scrutinised to ensure value for money is obtained and optimal use of resource. Horizon scanning for alternative drug options.	Finance inc. claims	3	3	9	Activity growth which has been noted nationally, and resulting excess drug costs against allocated budget, additionally new drugs approved by NICE have a 60 day implementation directive from Welsh Government in order to secure access to the High Cost Drug Fund. The impact of this financial risk is the inability to meet savings targets, the likelihood of which is currently very high. May 25 - the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently isn't as big as initially predicted unless there us a large swing in costs and volumes. The average growth in costs is 10%.	Establish a process for approving newly approved NICE drugs following FAD with support from Medicines Management.	Humphrey, Lisa	31/07/2025	Meeting with new Meds Management service lead to be scheduled	Finance and Performance Committee	3	3	9	May 25 - the risk rating has been reduced because additional budget has been provided to cover the growth in costs this year and the growth currently isn't as big as initially predicted unless there us a large swing in costs and volumes. The average growth in costs is 10%		30-May-25

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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. This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs. This will lead to an impact/affect on financial overspend. Risk location, Health Board wide.	1. Regular SLA meetings to review spend 2. Reviewed external testing sites 3. Clinical Scientist test vetting 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 identified as opportunities to either reduce unwarranted testing or may have benefits to other areas. 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.	Regional collaboration providing opportunities to repatriate tests.	Peters, Lee	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. It has been proposed that this risk remains open, but with a tolerated score of 8.	Treat	23-Apr-25
																Review main SLAs to look at repatriating service	Peters, Lee	Completed	FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution 31/1/25 - these tests are now being discussed in CIG meetings by HD and SBU representatives.								
																Standardising clinical haematology processes, reducing send away tests	Peters, Lee	Completed	Continually reviewing opportunities to standardise processes. Looking at subspecialising the service in the future. 30/1/24 - reviewed send away tests. haemoglobinopathy being reviewed to bring house 5.4.24 - new managed service now in place								

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																Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.	Jones*, Dylan	Completed	Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.							
																Review Public Health Wales SLA CMR data. To look at test costs and volumes.	Williams, Mike	Completed	SLAs being scrutinised to check they deliver value for HB etc. Several tests have been challenged.							
1793	Director of Finance	Finance -	Finance	Thomas, Huw -	Spratt, Andrew	Spratt, Andrew	Spratt, Andrew	01-Dec-23	There is a risk of that staffing issues constrain the provision of internal operational financial activities, at a time when the organisation has a corporate finance risk with the highest risk rating. This is caused by a combination of staff turnover, long-term sickness and supporting an organisational pause on recruitment. During this period of constraint, even when special case recruitment has been sought and approved, when then following the Health Boards recruitment processes, results overall have remained poor, in both number and standard of applicants. This will lead to an impact/affect on reduced capacity for value-add professional support to internal stakeholders that offers insightful input and influence as we respond to growing challenges where financial savings and cost containment are required. In addition, there is an impact on staff morale within the Finance directorate due to	Twice monthly vacancy review and updates from management team, with resource re-directed where required Active recruitment into critical roles being undertaken Long term sickness review meetings Business continuity plans in place to ensure continuation of external obligations, financial payment runs and statutory financial accounting activities. Review undertaken to identify improvements in structures and roles to enhance a career development pathway through multiple teams within the function. Overarching management and resource prioritisation through existing management team structures.	Workforce/OD	2	4	8	The Finance function has a budgeted staffing level of 95.6WTE within the core finance team. Vacancies, long term sickness and maternity absences amount to 11WTE (November 2024), which equates to a 12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created. The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority of cover across directorate level budget holders. The risk has been minimised with the	Launch for consultation, and implement where appropriate, the recommendations built on following the Arcus review, allowing for vacant roles to be launched for recruitment.	Jenkins, Sian	~~04/03/2024~~ 30/06/2025	June 2024 - consultation has concluded, with a three phase plan communicated for implementation. Phase 1, movement of the management accounting team under the business partnering team - completed in May 2024. Phase 2, movement of the Contracting and Commissioning team to Core Processing Team, planned for September implementation. Phase 3, demarcation lines to be implemented for business controlling and business partnering, planned for Q3/4 FY2025. July 2024 - Project group have developed a plan for implementing the next phase (Contracting and Commissioning team) on track, by September 2024. Engagement continues with the team members impacted, and task lists are being worked through to gain full detail. January 2025 - slotting of	Finance and Performance Committee	1	4	4		Treat	20-May-25

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									the current resourcing pressures being experienced and the changes the team are being asked to accommodate. Risk location, Health Board wide.						successful recruitment to core accounting and reporting roles. The remaining vacancy's are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.				individuals continue through the OCP process, with confirmation of role changes to be completed by March 2025. Likely further implications to be managed around specific resource gaps within the new model, and a link similar portfolio challenges experienced through the Operational OCP changes that this model will mirror and support. February 2025 - Allocation of portfolios has commenced, Head of Business Control and Business Partner roles now confirmed. Enabled by vacancies, the structure has also shifted to include the new 8B Business Control roles, both appointed to. Aligned to the configuration of the new Operational Management structure, the allocation of portfolios for the Business Control team (8A/ 7/ 5) commenced 17/02/25, dependent on Expression of Interest outcomes.							

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																			aiming to complete by w/c March 17th. Detail of handover arrangements, division of Business Partner and Business Control being worked through. Challenge will be ensuring delivery of M12 and M01, closing the position for 24/25 and opening the new year, which are inevitably demanding times whilst maintaining a level of business continuity. Aim is to switch portfolios as soon as practical, within Q1 25/26. The handover period will span beyond the specific 'go live' date as colleagues support on another in getting up to speed on new areas, working with new service teams etc. Plus we foresee further change in operational roles linked to ongoing OCP. In respect of vacancies, Assistant Finance Director interviews February 18th & 19th, 8A and band 7 Business Control							

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																			vacancies will be advertised once the associated portfolios are known - aiming for adverts by the end of March. May 2025 - full implementation complete, with all roles confirmed and successfully undertaken the Month 1 reporting cycle. Alignment communicated to the budget holder OCP changes also.							

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																Targeted recruitment campaign for finance professional roles identified through the Arcus organisational change process and the re-designed career pathway.	Owen, Sally	Completed	June 2024 - finance recruitment and information event is planned for 10th July, targeted at Band 4-5 levels. Ongoing 'head hunter' approach being supported for hard to fill senior role, with a advert closing date for 30th June 2024. Current number of registered attendees of the event are showing positive signs being c.15, with a social media advertising campaign. July 2024 - recruitment campaign was run on 10th July 2024. 87 attendees registered interest, with 43 physically attending the event. It was a success as it identified a cohort of applicants that have not been seen in previous Trac adverts. Interviews are concluding on 25th July 2024, and the impact will then be known for how successful appointments have been, and the impact on the overall risk. Jan 2025 - recruitment support continued through ADOF campaign. Complete action, with other recruitment to continue as part of BAU.						

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																Develop and finalise a functional development plan to proactively build on an engaging, equitable and dynamic working environment.	Owen, Sally	**Completed**	Jun 2024 - Organisation Development team have facilitated a team wide finance workshop to generate a co-created development plan, which is looking to be summarised and launch in a further team session in August 2024. Jul 2024 - Full team face to face session help with OD team facilitating a self identification plan on 17th June 2024. Sep 2024 - The OD team are continuing to review the findings and presented to the DMT in September 2024, in readiness for the full team roll out on 21st October 2024. Nov 24 - team brief completed on 21st Oct, with a People and Well-Being Group being formed to take forward the agreed plan and embed within the environment.							

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																Implement a Finance apprenticeship 'grow your own' pipeline by targeting local colleagues for A-Level leavers.	John, Timothy	**Completed**	June 2024 - apprenticeship campaign has been developed fully, with a view of recruiting candidates for the September in take. The plan is still aligned to launch and run by the end of July 2024. July 2024 - engagement and planning complete with HR team. Adverts to be launched having gained FCSG approval in July 2024. Interview process and appointments to be made in August 2024 for a September 2024 start. 24/08/2024 - Completed. Successfully create, run and recruited into two finance apprenticeships both enrolled with College Sir Gar for AAT and start dates of September confirmed. 25.09.24 - confirm that the 2 apprentices started in post and commenced their AAT studies at the beginning of the month						

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																Move to modern, high performing property assets that allow for collaboration and team-working, and act as an attractive workplace whilst supporting agile working. Rationalise estate and dispose of low-performing, high cost accommodations.	Hughes, Sharon	~~31/07/2024~~ ~~31/01/2025~~ 30/06/2026	May 2024 - Phase 1 - Corporate Hwb, Picton Tce - Business case submitted to WGov January 2024. Jun 2024 - discussions are now progressing with two plans - the original plan to move to Picton Terrace is dependant on further discussions with WG. And extending the current building. Jul 2024 - WG discussions are continuing, with no agreement yet reached on Picton Terrace. Sep 2024 - Picton terrace in principle agreement with WG for moving in spring/summer 2026. Ty Gorwel extension confirmed and work is ongoing with a steering group to implement the health boards agile hot desk environment and integrate other corporate functions. Feb 2025 - Picton Tce detailed designs complete, tender specification for refurb underway to be completed by 3/3/25.							

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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. This is caused by Multiple factors including: - Demand exceeding capacity on site, resulting in reliance on agency to staff surge beds - Inability to discharge patients to the community leading to a greater number of patients who are medically fit deemed ready to leave. - High cost locum cover - Rising drugs costs - Requirement to comply with NICE guidance. Agency Staffing for MIU when medical patients overnight. This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status. Risk location, Prince Philip Hospital.	Monthly Financial Dashboard for Directorate and overall Health Board financial position 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. Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified. 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 Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks Due to health board financial position and escalation into targeted interventions currently developing the annual plan for 5% reduction in costs in revenue.	Finance inc. claims	3	2	6	While the controls noted above are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. At Month 7 overspent by Â£0.3m. Actively implementing savings plans. Savings plans for 2025/6 continuously being worked on including compendium of variation opportunities Confirmation of Budget for insulin pumps 2024/25 funding matched for 2025/26 plus additional budget allocated for predicted increase in demand. Also additional staffing budget allocated for psychology, nursing and dietician for the service. Homecare drugs review of best value for money from the service.	Workforce review for MIU completed recruiting to band 4 roles. TUEC workstreams to avoid admissions and reduce LOS for frailty patients. Development of the annual plan, for 2024/2025 and impact analysis across multiple Directorates. Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.	Morgan, Olwen Perry, Sarah Perry, Sarah Bancroft, Stuart	Completed Completed Completed Completed	action closed The workstream is still ongoing. No longer happening. Completed. Three SBARs now written and actions being undertaken.	Finance and Performance Committee	3	5	15		Treat	16-Apr-25

2

10:00 AM, 0 Mins

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2 - TARGETED INTERVENTION

2.1

10:00 AM, 15 Mins

2.1 - EXTERNAL ESCALATION

Shaun Ayres (Hywel Dda UHB - Director of Delivery)

For assurance

Attachments

Escalation Report FPC 26 June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Finance and Performance Committee – 25 June 2025

Escalation Status Progress Report

Introduction

This paper presents the formal assessment of Hywel Dda University Health Board's (HDdUHB) position against Welsh Government's (WG) Escalation Framework and the de-escalation criteria, based on comprehensive evaluation of the Month 2 Financial Performance Report and supporting operational data. The assessment covers 17 specific criteria across financial governance, savings delivery, urgent care performance, planned care recovery, and mental health services.

The assessment methodology applied by the Health Board rates each criterion as ASSURE, ADVISE or ALERT. This formal evaluation process provides the evidence base for WG's consideration of de-escalation status and informs internal priority setting for executive intervention.

The assessment reveals five criteria requiring ALERT classification: financial savings delivery and annual planning (Criteria 2-3), ambulance handovers exceeding one hour (Criterion 15), median time to clinical assessment (Criterion 17), delayed packages of care (Criterion 18), and Ophthalmology R1 performance (Criterion 14). These represent areas where current performance demonstrates no or limited credible trajectory toward compliance without fundamental change.

Conversely, the assessment confirms ASSURE status for financial governance (Criterion 1), Single Cancer Pathway performance (Criterion 17), 52-week outpatient elimination (Criterion 26), and all mental health criteria (36-38), demonstrating organisational capability for sustained improvement when changes are properly implemented.

The 104-week Referral to Treatment (RTT) position, whilst achieving elimination in March 25, representing a 97% reduction from baseline, has been reassessed as ADVISE following detailed operational analysis revealing underlying sustainability challenges. Theatre capacity analysis demonstrates cyclical performance patterns driven by fundamental operational constraints, including over 350 hours of lost theatre capacity monthly and staffing deficits of 50.68 whole time equivalent posts across theatre departments.

This assessment follows WG's letter of 6 June 2025 rejecting the approved annual plan and requiring achievement of the 2024/25 outturn position as minimum performance, fundamentally altering the financial context within which all other performance must be sustained.

Financial Recovery - Critical Challenge (Criteria 2-3) - ALERT

The Health Board's assessment confirms substantial progress in developing sophisticated understanding of the deficit and strengthening governance over savings delivery. However, until most of the required savings are both identified and recurrently delivered, and reliance on non-recurrent measures is materially reduced, these criteria must remain ALERT.

The total savings requirement for 2025/26 stands at £44.4m, of which £14.8m (33%) is currently identified and being delivered in full, whilst £29.6m (67%) remains unidentified. The current approach includes use of non-recurrent mitigations such as holding run-rate positions and capitalising on in-year underspends to maintain delivery of the control total.

Welsh Government's letter of 6 June 2025 states the plan is "unsupportable and unacceptable" with the principal concern being the in-year deficit position of £31.5m, which is £7.5m higher than the 2024/25 outturn of £24m. WG expects all health boards in deficit to achieve, as a minimum, their 2024/25 outturn position.

Actions as specified in the assessment:

- Further review and challenge of all discretionary and non-statutory investments, with intention to defer or cease any that do not meet strict statutory or urgent quality and safety thresholds
- Identification of additional savings and mitigation opportunities, building on current plans and maximising both recurrent and non-recurrent options
- Wider engagement at all organisational levels to scrutinise opportunities, including targeted workshops and enhanced scrutiny through Value and Sustainability Group
- Integration into Executive residential away day in July 2025 to agree credible, board-approved route to in-year improvement and sustainable three-year trajectory

Ambulance Handovers -1 > (Criterion 15)

Performance against this de-escalation criterion remains significantly off-trajectory. The baseline for ambulance handovers exceeding one hour (Q3 2023/24) is 964 per month. As at May 2025, performance stood at 1,059 handovers, representing a 10% increase above baseline and a 56% variance from the targeted intervention threshold of 680.

In the 27-month period reviewed, the Health Board has never achieved the required level in any single month. The best performance recorded was 721 handovers, still 41 above target. The probability of achieving the threshold under current system conditions is estimated at less than 5%. The recent six-month average (996) is higher than the preceding period (907), indicating further deterioration rather than improvement.

WG's expectation for zero handovers within 45 minutes by the second half of the year represents an exponential step change beyond current capability, requiring fundamental system transformation rather than incremental improvement.

Time to Clinical Assessment (Criterion 17)

Performance against this standard remains consistently off-target. The Health Board median time from arrival at the Emergency Department (ED) to assessment by a clinical decision maker was 70 minutes in May 2025, with all reported months in the analysis period exceeding the ≤60-minute threshold. The minimum achieved was 65 minutes; most data points are closer to or above 70 minutes.

Despite targeted interventions including senior triage and streaming models piloted at Prince Philip Hospital (PPH) and extended to other sites, and the Streaming Hub initiative designed to divert 20% of low-acuity patients by October 2025, the median time to assessment has remained stubbornly above target with no breakthrough improvement.

Delayed Packages of Care (Criterion 18)

Delayed packages of care remain a persistent and material constraint on system flow, patient experience, and the Health Board's ability to deliver on key Targeted Intervention (TI) objectives. The most recent data show 234 delayed packages of care against a target of 174, resulting in a 34% performance gap and 60 additional patients delayed each month.

There have been zero months at target across the last 27 months, with only a 3% statistical probability of success under current system conditions. Despite a modest trend of improvement (an average 1.7 fewer delays per month over 27 months), this would require approximately 35 months to achieve the target. However, if recent performance continues, which shows a 4.4% deterioration over the past six months, then the Health Board is unlikely to achieve the target.

These delays create cascading pressures across the whole system. Patients occupying acute beds for extended periods reduce capacity for new admissions, which in turn affects emergency department flow and exacerbates ambulance handover delays. Some causes and solutions extend beyond direct Health Board control, requiring effective partnership working with local authorities, social care, and independent providers.

Required System Change Analysis

Given the scale of transformation required to achieve both the 680 - handover target and WG's expectation of zero handovers within 45 minutes, dedicated analytical support is required to model the level of system change necessary. This analysis must quantify the capacity expansion, demand reduction, and operational redesign required to deliver exponential improvement beyond current capability.

Actions for consideration:

- Focus strategic attention on unlocking new/alternative capacity through physical expansion, commissioning of additional beds, or accelerating demand management schemes
- Formal review of impact of all current actions, discontinuing any that are not delivering material change
- Further escalation in intervention intensity with focus on rapid implementation of streaming and targeted triage resource investment
- System-level barrier escalation to regional and national forums to secure additional support for delayed packages of care
- Dedicated analytical modelling to quantify system change requirements for exponential performance improvement

Single Cancer Pathway (Criterion 17) - ASSURE

The Health Board has achieved and sustained three consecutive months of performance above the targeted intervention de-escalation threshold of 60% for the Single Cancer Pathway. April 2025 performance was recorded at 62.4%, and May 2025 is on track to exceed 65% against a planned trajectory of 65%.

Underlying pathway indicators reinforce this positive trajectory: reduction in overall outpatient volume and patients waiting over 14 days, diagnostic waiting list volumes reduced by a net reduction of 167, and treatment volumes increasing particularly in Urology due to successful reductions in diagnostic delays.

Comprehensive improvement actions have been delivered across key tumour sites. Urology achieved major expansion of diagnostic capacity including LATP biopsy (+260/year), MRI (+336/year), flexi cystoscopy (+898/year), and nurse-delivered LATP (+210/year), with workforce innovation shifting PSA follow-up to digital/letter-based clinics. Gynaecology implemented full “one stop” PMB Hysteroscopy model from June 2025.

Actions as specified in the assessment:

- Maintain monthly progress monitoring for all high-risk tumour sites
- Prioritise workforce resilience actions in Radiology, Urology, and Dermatology
- Ensure planned investments are delivered and realigned as necessary to protect compliance across annual cycle

Ophthalmology R1 Performance (Criterion 14) - ALERT

Current performance is 34% (April 2025) against a 65% target. Over 26 months, there have been zero months at target and the trend is deteriorating by 0.75 percentage points monthly. In the past six months, there has been a 6.2% further deterioration. High variability (14.5% CV) exacerbates unpredictability.

The clinical significance is critical: patients risk irreversible sight loss due to these delays. The pattern signals fundamental system constraint where R1 pathway capacity, clinical prioritisation, and downstream process design are not sufficient to deliver the required outcome.

Despite enhanced triage, validation, and prioritisation in ophthalmology pathways, independent sector and insourcing activity to reduce backlog, and development of a digital eye care platform, the trend remains negative, and backlog is growing.

Actions as specified in the assessment:

- Enhanced triage, validation, and prioritisation in ophthalmology pathways
- Independent sector and insourcing activity to reduce backlog
- Development of digital eye care platform for improved pathway tracking
- Review of resource allocation to target high-risk groups
- Service in enhanced monitoring with escalation and additional transformation support required

104-Week RTT Breaches (Criterion 28) - ADVISE

Zero 104-week RTT breaches maintained for three consecutive months, supported by independent sector solutions and close tracking. However, comprehensive analysis reveals sustainability concerns which moves this criterion from an ASSURE to ADVISE classification.

The analysis demonstrates a 97% reduction from July 2024 to 438 patients (June 2025). There was a further material reduction in late March 2025, when the cohort reduced from 499 to 0 . However, subsequent rebuilding through April and May to 560 patients before reducing again illustrates fundamental sustainability challenges.

Theatre capacity analysis reveals significant operational constraints. Theatre utilisation averaged 79.45% in May 2025, but 54% of theatre sessions experienced late starts (200 sessions out of 368), resulting in circa 136.07 hours lost. Early finishes occurred in 57% of sessions, resulting in 241.18 hours lost. Combined inefficiencies represent 377.25 hours of lost capacity monthly, equivalent to approximately 82 full theatre sessions.

The underlying staffing establishment shows a shortfall of 50.68 whole time equivalent staff across theatre departments, creating a 36% staffing deficit compared to assessed clinical requirements, directly manifesting in operational inefficiencies.

Actions based on operational analysis:

- Daily and weekly Situation Report (SITREP) monitoring with robust validation and dynamic deployment of recovery resource
- Use of recovery monies for pressure specialties with ongoing risk management for resource disruption
- Theatre utilisation monitoring to address late starts and early finishes
- Business case development for theatre staffing establishment addressing identified WTE deficit

Summary

The paper reveals a fundamental tension that requires explicit acknowledgement by the Committee. Whilst the Health Board has demonstrated meaningful improvements in several areas, including cancer care and sustained mental health performance, WG's requirement for an additional £7.5m savings beyond the approved annual plan creates competing imperatives that are not mutually inclusive.

The original 2025/26 Annual Plan was predicated on a carefully calibrated balance of resources across multiple domains: finance, workforce, performance, quality, and safety. This balance was achieved through multiple triangulation exercises and extensive stakeholder engagement, ensuring that statutory requirements, quality imperatives, and performance targets could be delivered within the approved £31.5m control total.

The fundamental challenge is that the actions required to achieve the revised financial expectations may inevitably create tensions with other strategic objectives. Areas such as urgent care require wholesale systematic system change, whilst the scale of additional savings required suggests that difficult choices regarding resource allocation may be unavoidable.

While the organisation will apply comprehensive Quality Impact Assessments and Equality Impact Assessments for all proposed changes, the Committee should be aware that some decisions taken to meet the financial trajectory may have consequences for performance in other areas. At this stage, it would be premature to specify which services or performance areas might be affected and the Health Board remains committed to protecting patient safety and statutory compliance as non-negotiable priorities.

The improvements achieved provide confidence that focused intervention can deliver results, but the systemic challenges identified require solutions that must be balanced against the financial expectations. This will require sustained executive leadership, difficult decision-making and continued Committee oversight to ensure that any necessary trade-offs are made transparently, with full consideration of their broader implications.

The next 30 days will be critical in determining how these competing imperatives can be reconciled, and the Committee's continued scrutiny will be essential in ensuring that patient safety and quality remain at the centre of all decisions taken in response to the financial challenge now before us.

2.2

10:15 AM, 15 Mins

2.2 - INTERNAL ESCALATION

Tracy Price (Hywel Dda UHB - Head of Performance)

For assurance

Attachments

Internal Escalation Summary FPC 26 June 2025.pdf

Escalation Update
June 2025

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Contents

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Note

- A summary of the criteria used to assess escalation levels is included on page 14

Introduction and Summary

Introduction

The Our Improving Together Framework was approved by Board in March 2025. It sets out our approach to embedding performance improvement through our organisation. The framework's ultimate aim is to improve outcomes for our patients, staff and population.

Improvements are focused around seven key domains: (1) Quality and Safety, (2) Governance, (3) Workforce, (4) Finance, (5) Strategy, Planning and Fragile Services, (6) Population Health (will be introduced September 2025) and (7) Performance.

This paper tracks how each of the Health Board's Clinical Care Groups and Executive Directorates (functions) are performing in each of the improvement domains.

Summary

As of 31 May 2025, the functions with the most concerning levels are:

Function	Domains with level 3 escalation
Community and Integrated Medicine	Quality and Safety, Finance, Strategic Planning and Fragile Services and Performance
Estates and Facilites	Governance, Workforce, Finance and Performance
Mental Health & Learning Disabilities	Quality and Safety, Governance, Finance and Performance
Operational Allied Health & Health Sciences	Finance, Strategic Planning and Fragile Services and Performance
Planned & Specialist Care	Governance, Finance, Strategic Planning and Fragile Services and Performance

No improvements have been made in escalation levels for the above five functions during May 2025.

Details of the actions resulting from the latest Executive Recovery Meetings can be found in the appendix.

Escalation Status Overview

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Escalation status levels overview as of 31 May 2025

1	Reasonable assurance
2	Limited assurance
3	No assurance
4	No assurance and insufficient actions/engagement

	Directorate	Quality	Governance	Workforce	Finance	Planning and Fragile Services	Population Health	Performance
Clinical Care Groups	Community and Integrated Medicine	3	2	2	3	3	n/a	3
	Chief Operating Officer Management	1	2	2	2	1	n/a	n/a
	Mental Health and Learning Disabilities	3	3	2	3	2	n/a	3
	Planned and Specialist Care	2	3	2	3	3	n/a	3
	Primary Care, Community Strategy and Long Term Care	2	2	2	2	2	n/a	3
	Operational Allied Health and Health Sciences	2	2	2	3	3	n/a	3
Executive Functions	Executive Director of Allied Health Professions and Health Sciences	1	2	n/a	1	1	n/a	n/a
	Estates and Facilities	2	3	3	3	1	n/a	3
	Executive Director of Finance	1	2	1	1	1	n/a	n/a
	Executive Medical Director	1	2	2	1	1	n/a	n/a
	Executive Director of Nursing, Quality and Patient Experience	1	2	2	1	1	n/a	3
	Executive Director of Public Health	1	1	2	1	1	n/a	2
	Executive Director of Strategy and Planning	n/a	2	1	1	1	n/a	n/a
	Long Term Agreements (LTAs)	n/a	n/a	n/a	1	n/a	n/a	n/a
	Executive Director of Workforce and Organisational Development	1	1	1	1	1	n/a	n/a
	Governance and Communication	1	1	2	1	1	n/a	n/a

Functions with the highest levels of escalation are Community and Integrated Medicine, Estates and Facilities, Mental Health and Learning Disabilities, Operational Allied Health and Health Services and Planned and Specialist Care. The escalation levels and key points to note for each of these functions are summarised in the sections below.

Functions with concerning levels of escalation (Level 3s) are having monthly contacts with Executive Directors for any areasassessed as ‘alert’ to discuss actions being taken to address the escalation issues. Any functions not making sufficient progress or engaging in the improvement process will be escalated to Level 4, resulting in a meeting with the Chief Executive Officer. Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Escalation Changes

Changes in escalation levels from 30 April 2025 to 31 May 2025:

Domain	Escalated up ↑	Escalated down ↓
Quality & safety	-	-
Governance	Executive Director Allied Health Professions and Health Sciences (now L2)	Executive Director Public Health (now L1)
Workforce	Executive Medical Director (now L2)	-
Finance	-	Executive Director Nursing, Quality and Patient Experience (now L1) Executive Director Public Health (now L1)
Strategy, planning and fragile services	-	-
Performance	-	-

There were no changes in escalation levels for any of the Clinical Care Groups between 30 April 2025 and 31 May 2025.

The Executive Director of Allied Health Professions and Health Sciences function was escalated to Level 2 for Governance due overdue risks and risk actions.

The Executive Medical Director function was escalated to Level 2 for Workforce due to an overdue pay progression. High turnover was also noted.

The Executive Director of Public Health function was de-escalated to Level 1 for both Governance and Finance.

The Executive Director of Nursing, Quality and Patient Experience function was also de-escalated to Level 1 for Finance.

Domain Overview: Finance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Finance Escalation Levels by Function and Month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community and Integrated Medicine	3	3										
Chief Operating Officer Management	2	2										
Mental Health and Learning Disabilities	3	3										
Planned and Specialist Care	3	3										
Primary Care, Community Strategy and Long Term Care	2	2										
Operational Allied Health and Health Sciences	3	3										
Executive Director of Allied Health Professions and Health Sciences	1	1										
Estates and Facilities	3	3										
Executive Director of Finance	1	1										
Executive Medical Director	1	1										
Executive Director of Nursing, Quality and Patient Experience	2	1										
Executive Director of Public Health	2	1										
Executive Director of Strategy and Planning	1	1										
Long Term Agreements (LTAs)	n/a	1										
Executive Director of Workforce and Organisational Development	1	1										
Governance and Communication	1	1										

The finance review has blended progress made towards the in-year delivery of savings targets with the ongoing management of core budget performance. As the year continues, the focus on in-year savings delivery will change to a recurrent full year effect, to make strides towards reducing the underlying deficit, which is the ultimate criteria that has been set for the escalation domain of finance.

There have been no upward escalations in May, with some de-escalations where savings plans have now achieved the required target. Given the scale of savings gaps within a number of the Clinical Care Groups, particular attention on progression will be observed by the June reporting cycle. The focus of the organisation is to fully de-risk the financial plan delivery by the end of Quarter 1 2025/26 and go beyond the target control tota[illegible]pectations of Welsh Government.

Domain Overview: Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Performance Escalation Levels by Function and Month

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Community and Integrated Medicine	3	3										
Chief Operating Officer Management	n/a	n/a										
Mental Health and Learning Disabilities	3	3										
Planned and Specialist Care	3	3										
Primary Care, Community Strategy and Long Term Care	3	3										
Operational Allied Health and Health Sciences	3	3										
Executive Director of Allied Health Professions and Health Sciences	n/a	n/a										
Estates and Facilities	3	3										
Executive Director of Finance	n/a	n/a										
Executive Medical Director	n/a	n/a										
Executive Director of Nursing, Quality and Patient Experience	3	3										
Executive Director of Public Health	2	2										
Executive Director of Strategy and Planning	n/a	n/a										
Long Term Agreements (LTAs)	n/a	n/a										
Executive Director of Workforce & OD	n/a	n/a										
Governance and Communication	n/a	n/a										

There have been no changes in escalation levels for the Performance domain from the previous month (April to May). Executive Improving Together Sessions are being held for all functions during June. Areas of greatest concern for this domain are outlined on the next page. Executive Recovery Meetings have been arranged with the relevant functions for July and August 2025 to discuss what support is needed from Executive Team members to help functions address the issues and improve performance.

- Ambulance handover delays, long waits in Accident and Emergency, pathway of care delays
- Cleaning standards
- Neurodevelopmental assessment and psychological therapy waits
- High-risk eye care waits, cancer waiting times and delayed follow-up outpatient appointments
- Diagnostic and therapy waits

Domain Overview: Performance (continued)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Areas of Greatest Concern

Community and Integrated Medicine

- Ambulance handover delays: May 2025 performance shows 1,059 monthly handover delays over one hour against the trajectory of 832.
- Long waits in A&E: a total of 1,255 patients waited over 12 hours in our A&E Departments in May 2025.
- Pathway of care delays: performance for May 2025 shows an increase in delays for the fourth consecutive month to 234. These delays create negative cascade effects across the system reducing availability of beds for those of greatest need.

Planned Care

- High-risk eye care waits: latest data for April 2025 shows only 1,140 out of 1,890 (60.3%) high-risk (R1) patients attending appointments within a 25% delay to their clinically-assigned target date (target = 95%). The clinical significance cannot be understated as these pathways represent patients with the most urgent vision-related conditions where delays can result in irreversible sight loss.
- Delayed follow-up outpatient appointments: 17,167 patients experiencing delays over 100% against a target of 11,368.

Operational Allied Health Professionals

- Diagnostic waits: as of 31 May 2025, there were 4,617 patients waiting over 8 weeks for a diagnostic. Over 90% of these breaches are in radiology.
- Therapy waits: there were 2,384 patients waiting over 14 weeks for a therapy as of 31 May 2025. Almost 50% of the breaches were in physiotherapy.

Mental Health

- Neurodevelopmental assessment waits: performance for Autistic Spectrum Disorder (ASD) waits has been below 20% for over 2 years due to a large increase in demand which is outstripping our capacity to see patients.
- Psychological therapy waits: performance has declined for the sixth consecutive month to 55.7% in April 2025.

Facilities

- Cleaning standards: High-risk and very high-risk cleaning audits show inconsistent levels of compliance between months and across sites. Glangwili Hospital (GGH) is the most challenged site with the state of repair throughout estates having a significant impact. Collaborative working with the Nursing Team is hoped to improve performance.

Community and Integrated Medicine

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community and Integrated Medicine: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality and Safety	3	3										
Governance	2	2										
Workforce	2	2										
Finance	3	3										
Strategic Planning and Fragile Services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	3	Escalation assurance: 38% (last month 47%) For details, please see the Our Safety dashboard	Incidents and complaints management Timely investigation and improvements for healthcare acquired infection, pressure damage, medication errors & unplanned admissions from wards to ITU
Governance	2	Audits and Inspections: 10 (11%) recommendations overdue WHCs: 1 out 2 overdue (50%)	Audit/inspection recs implemented and WHCs within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	Sickness: 7.2%; Turnover: 6.9%; Job Planning: 82% Outstanding Pay Progression: 25 (9 over by 3 months)	Overdue Pay Progression: No more than 3 overdue by no more than 1 month; Job Planning >90%
Finance	3	Underspent but significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Strategy and Planning: Level 3: Carmarthenshire System plan Fragile services: - Over-reliance on agency nurses and medical locums (BGH) - A&E staffing (GGH): Clinical staffing concerns, vacancies (management support very sparse) - Respiratory service (WGH)	Strategy & Planning: Agreed plan in place for Carmarthenshire system and evidence of delivery Fragile Services: - Plans required to address over-reliance on agency nurses and medical locums - ED staffing: Plan required for more resilient medical staffing - Respiratory service: Implement effective mitigations
Performance	3	Ambulance handovers: 1hr (May 25 = 1,059) and 4hrs (May 25 = 325) A&E waits: 12 hours (May 25 = 1,255) Pathway of care delays (POCD) - TI baseline = May 25 = 234)	Level 2: Improvement trajectories met for 3 consecutive months

Estates and Facilities

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Facilities and Estates: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2										
Governance	3	3										
Workforce	3	3										
Finance	3	3										
Strategic planning & fragile services	1	1										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	2	Escalation assurance: 97% Concerns regarding cleaning standards which is impacting on patient safety and patient experience	Reduction in concerns relating to cleanliness. Assurance reporting on matters impacting on quality of care e.g. written reports to IPSSG
Governance	3	Audits and inspections: Overdue recommendations: May25: 158 (20%) / Apr 25: 163 (21%). 125 recs (15%) recs with no revised dates	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	3	PADR: 71.4%; Sickness: 10.7%; Turnover: 11.6% Outstanding Pay Progression: 4 (3 over by 3 mths) Concern around the number of ER cases	Level 2: PADR >75% Outstanding Pay Progression: No more than 3 overdue by no longer than 2 months
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	1		
Performance	3	Inconsistent cleaning audits across sites (includes acute and community) and risk categories. Very high risk (100%) and high risk (90%) targets are not being met.	Level 2: Consistent cleaning audits across sites and risk categories with at least amber achieved for all audits, sustained for 3 months. Level 1: Green achieved for all audits, sustained for 3 months.

Mental Health and Learning Disabilities

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Mental Health and Learning Disabilities: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	3	3										
Governance	3	3										
Workforce	2	2										
Finance	3	3										
Strategic planning & fragile services	2	2										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	3	Escalation assurance: 67% (last month 67%) The assurance score shows the CCG are moving towards level 2 For details please see the Our Safety dashboard	Peer review: closure of overdue actions Incidents: Reduction in number open (little movement since March 2025) NRIs: closure within agreed timescales (causing concern with NHS Executive) Complaints: need to see improvement in complaints management
Governance	3	Audits and inspections: Overdue recommendations: May25: 41 (26%) / Apr 25: 43 (27%). 22% overdue by more than 6 months	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	Sickness: 6.6%; Turnover: 6.6%; Job Planning: 82% Outstanding Pay Progression: 4 (2 over by 2 mths)	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	2	Fragile Services: - Neurodevelopment services. Demand significantly outweighs capacity. - Inpatient services. Heavily reliant on variable pay and goodwill of consultants.	Fragile Services: - Neuro services: Robust plan to bring capacity and demand into. - IP services: Plan to reliably deliver service without reliance on variable pay.
Performance	3	Neurodevelopmental ASD performance (Apr 25 = 15.2%) Psychological Therapies performance (Apr 25 = 55.7%)	Level 2: ASD - achieve 40% for 3 consecutive months, Psychological Therapies - Improvement trajectories met for 3 consecutive months Level 1: Psychological Therapies and ASD - achieve 80% targets and sustain for 3 months

Operational Allied Health and Health Services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Operational Allied Health and Health Services: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality & safety	2	2										
Governance	2	2										
Workforce	2	2										
Finance	3	3										
Strategic planning & fragile services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for escalation	De-escalation criteria
Quality and Safety	2	Escalation assurance: 72% (last month 70%) For details please see the Our Safety dashboard	Improved management of incidents and complaints Note - control group in place for a significant incident investigation
Governance	2	Audits and inspections: overdue recommendations May25: 9 (14%) (Radiology: 3 recs, Pathology: 6 recs/ Apr25 20% (Radiology: 3 recs, Pathology: 8 recs)	Audit/inspection recs implemented within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 78%; Overdue Pay Progression: 15 overdue (10 by 3 months or more)	Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month
Finance	3	Overspent and significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Fragile Services: Level 3: Radiology demand is in excess of capacity, predominantly due to staffing and vacancies. Level 2: - Cellular Pathology - Clinical Haematology	Fragile Services: Level 2: Radiology - Approval of improvement plan Level 1: Pathology - Agreed plan for new Cell Path facility and Implementation of ODN.
Performance	3	Therapies RTT 14 weeks (May 25 = 2,278) Radiology 8 weeks (May 25 = 4,237)	Level 2: delivery plan and trajectories in place with clear milestones that have been delivered for 3 consecutive months

Planned and Specialist Care

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planned and Specialist Care: Escalation Levels by Month and Domain

Function	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Quality and Safety	2	2										
Governance	3	3										
Workforce	2	2										
Finance	3	3										
Strategic Planning and Fragile Services	3	3										
Performance	3	3										

Latest Escalation Reasons and De-escalation Criteria for this Function

Function	May 25	Reason(s) for Escalation	De-escalation Criteria
Quality and Safety	2	Escalation assurance: 69% (last month 63%) For details please see the Our Safety dashboard	Improved management of incidents and complaints
Governance	3	Risks: 30 (26%) risks overdue. 81 (45%) risk actions overdue. Audits and inspections: overdue recommendations: May25: 63 (23%) WHCs: 57% of WHC's are overdue for review	Risks, Audit/inspection recs implemented and WHCs within timescales: Level 2: >80%, Level 1: >90%
Workforce	2	PADR: 77.5%; Mandatory Training: 84.8%; Sickness: 6%; Turnover: 7% Outstanding Pay Progression: 22 (15 over by 3 mths); Job Planning: 84%	PADR >85%; Mandatory Training >85%; Outstanding Pay Progression: No more than 3 overdue by no longer than 1 month; Job Planning >90%
Finance	3	Underspent but significant gap on savings delivery	Delivery of savings target and a balanced position in year
Strategic Planning and Fragile Services	3	Fragile services: Theatres - staffing capacity (GGH), Critical care (PPH), Emergency general surgery (WGH & GGH), Ophthalmology consultant on-call rota, Anaesthetics, medical workforce, concerns about sustainability and quality of care for Trauma services	Fragile Services: More sustainable plans required
Performance	3	Level 3: R1 Ophthalmology (Apr 25 = 60.32%), Delayed outpatient follow ups (May 25 = 17,167), ADHD (Apr 25 = 56.9%), HPV vaccine by age 15 (Dec 24 = 73.5%), Level 2: Single cancer pathway (Apr 25 = 62.4%) RTT waits over 104 weeks (May 25 = 319) and new outpatient waits [illegible] ay 25 = 84)	Level 2: R1, Follow-ups & Ophthalmology - respective targets and milestones being met for 3 consecutive months. ADHD - 70% performance for 3 consecutive months; HPV vaccine - above 85% for 3 consecutive periods Level 1: national targets met and held for 3 consecutive months

Escalation Criteria

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Quality and Safety	Governance	Workforce	Finance	Strategy, Planning and Fragile Services	Population Health	Performance and Outcomes
Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Incidents 2. Complaints 3. Duty of Candour 4. HIW/CIW 5. Deteriorating patients 6. Patient experience	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Risks 2. Audits/ inspections 3. WHCs/ Ministerial Directions 4. Governance arrangements 5. Policies 6. Freedom of information	Assurance the directorate is managing the following appropriately, in terms of the scale, significance, timeliness and quality of response: 1. Employee relations cases 2. Sickness 3. PADRs 4. Turnover 5. Mandatory training 6. Overdue pay progressions 7. Rosters & job plans (includes agency use)	Assurance the directorate will: 1. Operate within budget or deliver a recovery plan which will return to budget in year. 2. Identify and delivery recurrent savings to the level required.	Assurance the directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans. Has a triangulated plan to operate services effectively for the year.	Determines if opportunities are being taken to encourage patients to embrace healthier lifestyles or to ensure that our population is resilient to future challenges.	Assurance the directorate will meet improvement trajectories to achieve target performance.

APPENDIX

Resulting actions from Executive Recovery Meetings

Actions from the Function's last Executive Recovery Meeting held on 6 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Review red and blue savings at system level, for further green and amber opportunities. Investigate other areas where savings could be made. Ensure savings tracker is fully updated prior to meeting on 23 May 2025.	Prior to 23/05/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Ensure finance slides of pack have clear granularity. What are the actions, timeline and impact? Needs to be in the pack rather than verbal update.	For next Executive Recovery Meeting	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Re-circulate updated finance position papers.	Latest by Friday 9th May	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Articulate to Director of Finance what data support is needed and to Chief Operating Officer and Executive Director of Strategy and Planning what project management resources are required for Pembrokeshire.	Latest by Friday 9th May	Open
Finance	Work needed to better understand patient pathways, which should result in an admission, and which could be treated/managed elsewhere.	Set up urgent meeting to discuss urgent bed modelling for Carmarthenshire. Articulate what data and project management resources are required.	Prior to 22/05/2025	Open

Date of Next Executive Recovery Meeting: 19 August 2025

Actions from the Function's last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Workforce	Discussed Leadership structure issues contributing to lack of progress. Executives agreed that there needs to be a strategic response however the CCG must endeavour to make improvements.	Implement a SMART action plan to meet all de-escalation criteria across escalated domains as a focus point for monthly internal meetings.	23/05/2025	Open
Finance	Lack of clarity on overspend, query on backloading invoices and mis-representation on savings for cook freeze, symbiotix & consumables.	The CCG cannot have an overspend this year. Strengthen governance arrangements for finance management.	Urgent	Open
Finance	Lack of clarity on overspend, query on backloading invoices and mis-representation on savings for cook freeze, symbiotix & consumables.	Head of Operations to feedback to Heads of Service that budgets must be clarified and tighter governance controls are in place for 2025/2026 financial management. The CCG cannot have an overspend this year.	Urgent	Open
Finance	Lack of clarity on overspend, query on backloading invoices and mis-representation on savings for cook freeze, symbiotix & consumables.	Savings Tracker to be fully current by 23/05/25	Urgent	Open
Finance	Annual Retail Price Index (RPI) increase to be reflected in canteen prices for external customers.	RPI deadline is tomorrow, send an updated version of last year's submission letter to Staff Partnership Forum today for inclusion in the May meeting agenda.	Urgent	Open
Other item discussed	Transformational Plans - Corporate Landlord: Rather than rent space in the organisation to national/international chains it is preferable to seek independent/local retailers to provide amenities on our sites.	Consider a localised response to the corporate landlord approach.		Open
Performance	Inconsistent cleaning audits across sites: A pilot in PPH with 1 person dedicated to cleaning audits has seen a significant improvement with targets maintained. GGH is the most challenged site with estates state of repair greatly hindering. The Nursing Team should conduct audits in collaboration with Facilities.	Assistant Director of Nursing and Quality Improvement to feedback collaborative working expectations for cleaning audits.	23/05/2025	Open

Mental Health and Learning Disabilities

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Actions from the Function's last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Finance	ASD funding to improve performance	Confirm how many patients referred in March were seen in April. Send details to Director of Finance.	23/05/2025	Open
Finance	In-Patient restructure paper: Need to submit to Executive Team Meeting without delay	Contact Committee Services Officer to ensure the MH inpatient restructure paper is added to the May Formal Executive Team Meeting Agenda for May.	Urgent	Open
Finance	In-Patient restructure paper: Need to submit to Executive Team Meeting without delay	Review language contained to clearly distinguish between cost avoidance and savings before the paper is submitted.	Urgent	Open
Finance	The Clinical Care Group still have more than a £4m gap in identified savings	Provide Director of Finance with actions needed to quantify savings opportunities with a RAG assessment in readiness for Board in May.	23/05/2025	Open
Finance	In-Patient restructure paper approval and Future opportunities	Pending approval, change the M1-3 and M4 - 12 savings that are currently RAG rated as amber from June to May.		Open
Finance	A space in PPH allocated to MHLD is currently being used as a discharge lounge.	Deputy Chief Operating Officer to liaise with all Clinical Care Groups with a potential interest in the current discharge lounge space in PPH and feedback findings to Executive Team.		Open
Quality	MHLD does not have a Head of Nursing	Produce a SMART action plan with trajectories to achieve de-escalation criteria for the Quality domain.	23/05/2025	Open
Governance	Audit and Inspections: 42 recommendations (27%) remain overdue, 35 (22%) by 6 months or more.	Produce a SMART action plan with trajectories to achieve de-escalation criteria for the Governance domain.	23/05/2025	Open
Performance	ASD performance	Produce a SMART action plan with trajectories to achieve de-escalation criteria for ASD performance, including any limiting factors.	23/05/2025	Open
Other item discussed	De-escalation	Clinical Care Group to push to reach de-escalation criteria by the end of Q1 25/26 in as many of the level 3 domains as possible.	30/06/2025	Open

Date of Next Executive Recovery Meeting: 24 July 2025

Operational Allied Health and Health Services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Actions from the Function's Last Executive Recovery Meeting held on 1 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Governance	Audits and Inspections L2: Increase to 80% WHCs L2: Implement WHCs within agreed timescales/Agreed funded plan to deliver/acceptance by Health Board not to implement >80%	Provide an update on what is overdue and when de-escalation criteria will be achieved.	23/05/2025	Open
Finance	Budget and Savings: Overspend forecast, with insufficient recurrent savings forecast. Clear plans are needed to deliver the savings requirement for this year and next.	Determine strategic savings options as a new CCG and update savings tracker.	23/05/2025	Open
Finance	Red saving - Pathology: OOH reconfiguration SBAR to go to Partnership Forum in May.	Clarify with Pathology Head of Service any workforce implications on the reconfiguration of OOH Pathology service and discuss with Assistant Director People Management.		Open
Other item discussed	Discussed the assessment of services which are considered fragile e.g. Paediatric dietetics is in crisis. Exeutive Director of Nursing advised she has a tool to make these assessments.	Take forward conversation regarding service fragility assessments. Include key Executive Team members, Deputy Director of Health Sciences and Deputy Director of Allied Health Professionals.	23/05/2025	Open
Other item discussed	International Recruitment	Respond to email regarding internation recruitment (Radiology & Pathology)	Urgent	Open
Other item discussed	Business Case for Digital Radiology - potential use of artificial intelligence (AI) Support requested for clarity on question 5.	Director of Finance to work with Digital & Medical to firm up requirements for AI Digital Radiology in order for the business case to proceed.		Open

Date of Cext Executive Recovery Meeting: 24 July 2025

Planned and Specialist Care

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Actions from the Function's Last Executive Recovery Meeting held on 13 May 2025

Domain	De-escalation Criteria/Discussion Context	Action	Due Date	Status
Governance	Attain 80% compliance of audits and inspections.	Overdue - audits/inspections: Review outstanding Ophthalmology audits/inspections to achieve de-escalation target.	30/09/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Variable pay: Review variable pay within the Clinical Care Group to identify greatest areas of spending and potential savings opportunities.	23/05/2025	Open
Finance	Delivery of 5% recurrent savings and a balanced position in year.	Savings - BRAG summary: Review savings schemes to pin down timelines and delivery dates.	23/05/2025	Open
Planning and Fragile Services	More sustainable plans required for: critical care (PPH)	Critical care (PPH): Meeting to discuss Critical care (PPH) plans and potential change to Enhanced care model.	30/06/2025	Open
Planning and Fragile Services	More sustainable plans required for: emergency general surgery (GGH)	Theatres (GGH): Meeting to discuss the delivery risks/activity levels, in theatres due to the staffing challenges and recruitment.	26/05/2025	Open
Planning and Fragile Services	More sustainable plans required for: emergency general surgery (GGH)	Theatres (GGH): Develop a strategy to retain newly recruited personnel addressing the cultural issues highlighted.	26/05/2025	Open

Date of Next Executive Recovery Meeting: 24 July 2025

3

10:30 AM, 0 Mins

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3 - FINANCE

3.1

10:30 AM, 30 Mins

3.1 - MONTH 2 2025/26 FINANCE REPORT

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

For assurance

Attachments

Month 2 2025-26 Finance Report FPC 26 June 2025.pdf

Appendix 1 Month 2 2025-26 Financial Performance Report.pdf

Appendix 2 2025-26 Annual Plan and Financial Position Next Steps.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report – Month 2 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance 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.

Following the approval gained at the Sustainable Resources Committee (SRC) on 25 February 2025, the delegation of budgets was made to Executive Directors and Clinical Care Group (CCG) / Executive Function leads, in March 2025.

The Board, at its meeting on the 27 March 2025, endorsed and approved the submission of the annual plan to WG, noting that the financial plan does not deliver against our statutory requirement to break-even and recognising the planned financial outturn remains in-line with the target control total (TCT) set by WG with a deficit of £31.5m, but is a worsening position compared to the 2024/25 financial outturn of £24.1m. 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.

Current feedback from WG is that the plan is unsupportable and unacceptable, and ongoing dialogue continues with an expectation that the Health Board improves beyond its current planned deficit.

Asesiad / Assessment

Financial Position

- The Health Board is reporting an in-month financial position in Month 2 of an overspend of £2.7m, against the planned deficit of £2.6m; an adverse deviation of £0.1m.The core operational variance to plan is £(0.2)m with the in-month savings target of £3.7m being under-identified by £0.3m, and all savings schemes identified of £3.4m being fully delivered.
- The forecasted year-end financial position is a £31.5m deficit, in-line with the annual plan and target control total expectation, which includes future mitigating actions of £26.1m.
- The following table summarises the key drivers, with full analysis included within the Financial Performance Report in **Appendix 1**.

Key Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned Deficit	**2.6**	**5.2**	**31.5**
Unidentified / (Identified) savings gap / (improvement)	0.3	2.3	29.6
Under / (Over) Delivery of Savings Schemes	0.0	0.0	0.0
Core Operational Variation	(0.2)	(0.9)	(3.5)
Gross Forecast	**2.7**	**6.6**	**57.6**
Further mitigating actions required	0.0	0.0	(26.1)
Reported Position	**2.7**	**6.6**	**31.5**

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.

Savings Delivery

- Whilst the core operational variation is showing as an underspend on a year to date and full year forecast position, the main driver of the gross forecast is the unidentified savings gap of £29.6m.
- Of the annual savings target of £44.4m, £14.8m has been identified on an in-year basis, with all projected to fully deliver. Recurrent schemes identified total £8.8m against a plan of £19.0m, with the balance of £6.0m being non-recurrent against a plan of £25.4m.
- 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 portfolios, but most notably Planned and Specialist Care £9.4m, Community and Integrated Medicine £7.2m and Primary Care and Community Strategy £5.0m, all within the Chief Operating Officer executive portfolio.
- Given the significant identification gap for robust deliverable savings schemes across these portfolios, further escalation for the Finance domain is likely due to the risk associated with delivering the Annual Plan equitably across services.

Impact of Savings Delivery on the Underlying Deficit

- The underlying deficit as part of the financial planning cycle is an opening balance of £58.5m, which assumes £19.0m of recurrent savings delivery. As of Month 2, only £8.9m of recurrent full year effect schemes are forecast to deliver leaving an underlying deficit balance of £68.6m with a full year recurrent savings identification gap of £10.1m.
- This does not support the organisations required trajectory to achieve financial breakeven as part of the conditional recurrent funding criteria by 2027/28.

Annual Plan Welsh Government Feedback

From initial feedback received from the Director General Health, Social Care and Early Years Group, the annual plan for 2025/26 is not supportable by WG. Whilst it is a clear baseline position to deliver the TCT, the expectation set by the Cabinet Secretary and a condition of the additional funding received was a plan that delivers an improvement trajectory towards in-year financial balance within three years.

It was reflected that whilst significant progress has been made, with delivery beyond the TCT set in 2024/25, the Health Board is currently planning on deteriorating in 2025/26 from its outturn position in 2024/25.

Following the Health Board's response letter of 30 April 2025 detailing the planned recovery actions, a letter has been received from the Director General Health, Social Care and Early Years Group on 6 June 2025 highlighting that the plan remains unsupportable and unacceptable, and due to the failure to deliver a material improvement to the plan, further actions are essential to deliver the level of improvement that is expected and sets out the following next steps. A copy of this letter in included as **Appendix 2**.

In summary, the Health Board is required to:

- Set out by 30 June 2025 the detailed actions that will be required to reduce the current financial forecast from £31.5m to an improved position.
- To submit detailed actions to deliver a forecast position that maintains the outturn position of 2024/25 which is a deficit of £24.1m, as a minimum as a stepping stone to that expected improvement trajectory set out. The current plan of £31.5m does not meet the required improvement trajectory.
- As part of the recovery plan, take actions to significantly reduce the planned investments set out for 2025/26 of £11.7m.
- Provide assurance that the actions are in place to deliver the existing planned savings assumptions in full.

The Executive Team have agreed on the following key milestones:

- By the end of quarter 1: de-risk the in-year financial plan with robust delivery plans confirmed for the full savings target of £44.4m and signal an improved deficit forecast.
- During quarter 2: consider further options to improve the financial forecast to the 2024/25 outturn.
- By December 2025, develop options to deliver medium term improvement as part of a strategic sustainability plan., through the 2026/28 planning cycle process.

Planned and Unplanned Local Investments

- With WG feedback of the Annual Plan being unsupportable and unacceptable, investment decisions should only be approved where demonstrable benefits are clearly deliverable, with a short lead time to realisation, linked to patient outcomes, activity improvements or statutory obligations.
- The Savings and Investment report included within the agenda provides an update on progress, with the majority of investments being pursued for implementation, inclusive of additional schemes not originally contained in the annual plan also being put forward.

Medical Stabilisation programme

- Managing medical rotas and variable pay has been a critical focus for the Health Board, with continued use of significant premium locums in Bronglais Hospital (BGH), Withybush Hospital (WGH) and Planned Care as well as off-contract agency in Mental Health and Learning Disabilities (MHLD), using agency to cover sickness, annual leave rota planning, and gaps within rosters.
- Medical and Allied Health Professions and Health Sciences rate card proposals are continuing to be discussed with the Local Medical Committees (LMC) and a transitional strategy for each dependant service is required to move to a sustainable resourcing structure without the reliance for premium agency cover.
- A key enabling component of the plan is the Allocate adoption across patient facing medical staff. Whilst plans are progressing around variable pay, substantive e-rostering is pending the Allocate implementation and business process adoptions to ensure sustainable staffing levels are achieved without the reliance on premium agency.

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 planned deficit is £31.5m, 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.

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, but off-contract use continues within Mental Health and Learning Disabilities. Community and Integrated Medicine and Mental Health and Learning Disabilities are reliant on agency use of Healthcare Support Workers, with plans to eliminate by September 2025 in progress.

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

Capital

There is currently a no risk foreseen of underspending of the Capital Resource Limit (CRL) at this stage of the financial year. Capital plans will be reviewed in continuously and updates provided appropriately.

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.
- The Executive Team have mandated the conversion of vacancy holds to non-recurrent savings in the month they fall, enabling a consistent approach to be taken across all portfolios, to improve savings delivery, and to ensure that any overspends are clearly identified and therefore managed, without netting off with benefits instigated by the FCSG and leadership priorities.

2025/26 Budget Delegation Accountability Letters

All budget accountability letters have now been signed and returned.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **NOTE** that the Health Board's Deficit plan is £31.5m, with a savings target of £44.4m, and the aspiration is to improve beyond this in the coming months, in-line with WG expectations.
- **SCRUTINISE** 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.
- **SEEK ASSURANCE** there are sufficiently robust plans in place to eliminate the use of all off-contract agency immediately, and reliance on Healthcare Support Worker on-contract agency by the deadlines set in the Ministerial Priorities.
- **DISCUSS** the 6 June 2025 feedback received from Welsh Government, stating the Health Boards Annual Plan is unsupportable and unacceptable, and by 30 June 2025 to submit detailed actions to deliver a forecast position in 2025/26 that maintains the outturn position of 2024/25 which is a deficit of £24.1m.
- **SCRUTINISE** the benefits being proposed or delivered by the planned and unplanned investments.
- **TAKE ASSURANCE** that the net core budget performance remains in-line with the annual plan, except for Medical and Dental pay expenditure which is highlighted as an Alert.
- **ACKNOWLEDGE** the risk of conditionally recurrent funding being withdrawn linked to Welsh Governments feedback on the Annual Plan.
- **ACKNOWLEDGE** that an underlying deficit assessment has been undertaken and that will only be reduced by robust recurrent savings delivery improvements.
- **ACKNOWLEDGE** that all Budget Delegation Accountable Officer letters have now been signed.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in: 3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers; 3.1.5.2 Performance against the savings requirement; 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: 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: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HSCEY – Health, Social Care and Early Years MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	Finance Team Management Team Executive Team

Parties / Committees consulted prior to Sustainable Resources Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	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.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

2025/26 Financial Performance Report
Finance and Performance Committee

Month 2 May 2025/26

Executive Summary

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Health Board's Annual Planned Deficit is £31.5m with a Savings Target of £44.4m. Month 2 reports an end of year forecast of £31.5m in line with the Annual Planned Deficit and Target Control Total. Total Savings Identified to date are £14.8m, leaving a gap of £29.6m against the Annual Savings Target of £44.4m.

Financial Management

The Month 2 financial position is a deficit of £2.7m, which is a worsening against the in-month deficit plan of £2.6m. The core operational variance to plan is £(0.2)m with the in-month savings target of £3.7m being under-identified by £0.3m, and all savings schemes identified of £3.4m being fully delivered. Further mitigating actions of £26.1m are required to deliver the deficit plan of £31.5m, with the Health Board aspiring to de-risk this by the end of quarter 1, and to further improve beyond the Target Control Total in-line with government expectations.

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	**2.6**	**2.6**	**5.2**	**31.5**	**31.5**
Unidentified / (Identified) savings gap / (improvement)	2.0	0.3	2.3	34.3	29.6
Under / (Over) Delivery of Savings Schemes	0.0	0.0	0.0	0.0	0.0
Core Operational Variation	(0.7)	(0.2)	(0.9)	0.0	(3.5)
Gross Forecast	**3.9**	**2.7**	**6.6**	**65.8**	**57.6**
Further mitigating actions required	0.0	0.0	0.0	(34.3)	(26.1)
Reported Position	**3.9**	**2.7**	**6.6**	**31.5**	**31.5**

Key Measures

(Risk rating = Impact x Likelihood)

Core Budget Position	**Risk #2086** 5 x 4 = 20	Following the latest review of the Health Board's end of year financial forecast position, the annual reported deficit forecast remains at £31.5m which is in line with the annual planned deficit. The organisations aspiration is to improve beyond this in the coming months, aligned to the quarterly focus of de-risking the deficit further.
Cash		Given the Health Board's planned deficit is £31.5m, there will be a strategic cash requirement in line with our forecast deficit and working capital balances.
Savings		Of the annual savings target of £44.4m, £14.8m has been identified on an in-year basis resulting in an under identification of £29.6m, with all projected to fully deliver. Recurrent schemes identified total £8.8m against plan of £19.0m, with the balance of £6.0m being non-recurrent against the plan of £25.4m. An extrapolation of non-recurrent savings identified within the first two months of the year would achieve the non-recurrent savings target, indicating further improvements are achievable.
Capital		The risk of underspending against the capital resource limit is low at this stage of the financial year.
Underlying Deficit	**Risk #1199** 5 x 5 = 25	The underlying deficit calculated as part of the planning cycle is £58.5m which assumes £19.0m of recurrent savings delivery. As at Month 2 £8.9m of recurrent full year effect schemes have delivered, resulting in an underlying deficit of £68.6m with a full year recurrent savings identification gap of £10.1m. This does not support the organisations required trajectory to achieve financial breakeven as part of the conditional recurrent funding criteria by 2027/28.

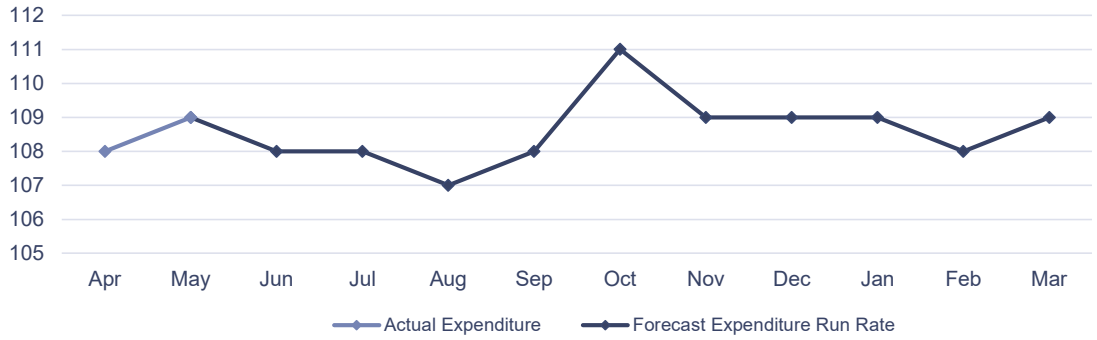
Movements from Prior Reported Position

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement in Forecast
Planned Deficit	**31.5**	**31.5**	**0.0**
Unidentified Savings Gap	34.3	29.6	(4.7)
Under / (Over) Delivery of Savings Schemes	0.0	0.0	0.0
Core Operational Variation	0.0	(3.5)	(3.5)
Gross Forecast	**65.8**	**57.6**	**(8.2)**
Further mitigating actions required	(34.3)	(26.1)	8.2
Reported Net Position	**31.5**	**31.5**	**0.0**

Monthly Actual and Forecasted Expenditure Run-Rate £'m

The forecast revenue run-rate trajectory reflects the planned deficit position of £31.5m



Unidentified Savings Gap (£'m)	Change
In-month underspend savings conversion	(1.7)
Newly identified schemes	(2.9)
Blue/Red converted to Amber/Green savings schemes	(0.1)
Movement in Unidentified Savings Gap	**(4.7)**

Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

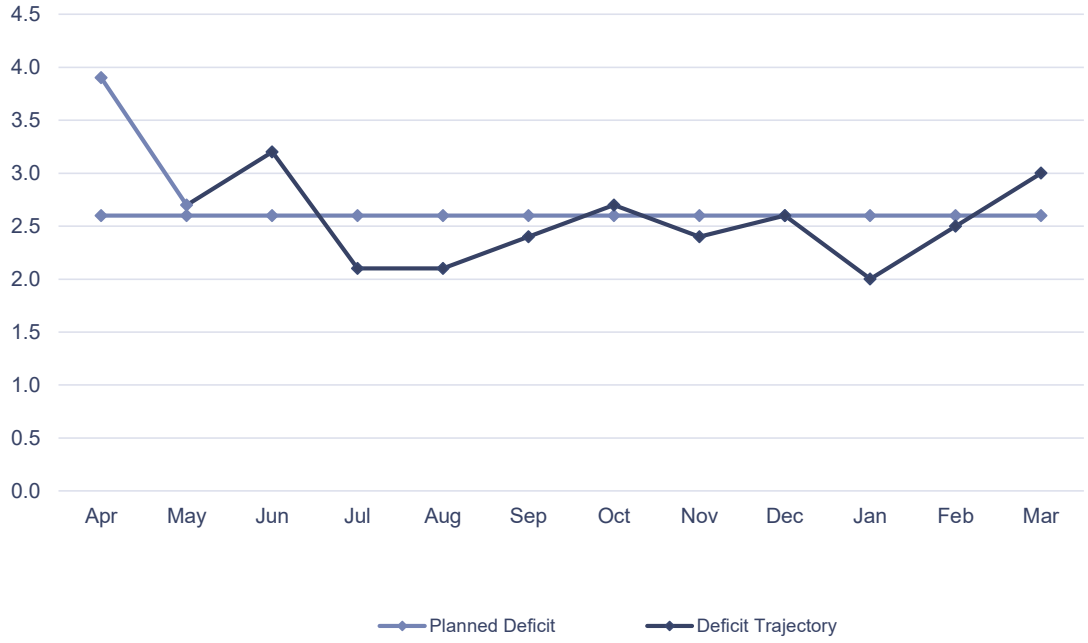
Core Operational Variation (£'m)	Change
Commissioned Healthcare Services Primary Care	(3.9)
Overachievement of Income	(1.7)
Drugs and Prescribing	(1.4)
Medical staff cover and premium pay	1.9
Non-Pay infrastructure maintenance	1.6
Movement in Core Operational Variation	**(3.5)**

Revenue and Cash Trajectory

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

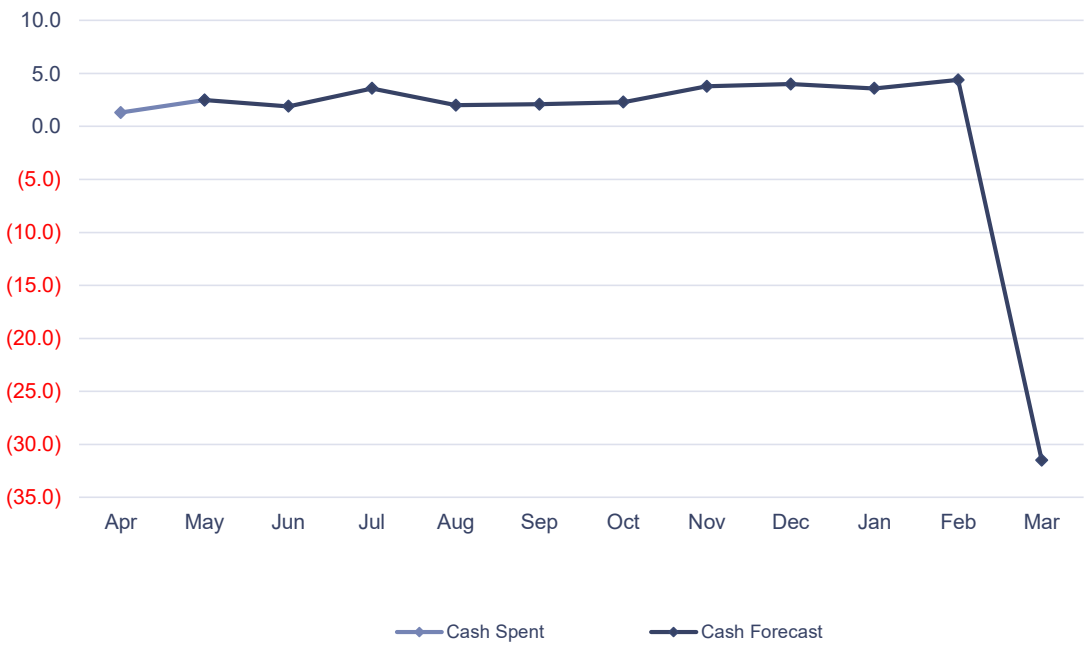
Revenue Deficit Trajectory (£'m)

The Health Board's planned deficit is £31.5m with a savings target of £44.4m. The forecasted outturn for the year is a deficit of £31.5m, which is in line with the planned deficit.



Cash Flow Trajectory (£'m)

The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances.



Executive Insight, Next Steps and Actions

Action / Decision	Description	Owner	Status	Due Date
Identification and delivery of robust recurrent and non-recurrent savings plans	There is a significant identification gap for savings schemes across Clinical Care Groups. Escalation for the Finance domain is likely due to risk associated with delivering the annual plan equitably across services. Whilst there was a step up in non-recurrent savings in Month 2, this has not been forecast to continue for the remainder of the year yet.	Clinical Care Group Service Directors	Outstanding, urgent action required as part of de-risking the annual plan	30 June 2025
Medical – Additional Cover and Premium	Continued use of additional medical cover, including premium locum and agency in BGH, WGH and Planned Care. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans.	Community and Integrated Medicine and Planned and Specialist Care Service Director, Deputy Medical Director	Update required for timelines on Medical Stabilisation Programme	30 June 2025
BGH Nursing Cohort	Dual running of international nurses in BGH. Required: Numbers are reducing following support to achieve registration status and update rotas.	Community and Integrated Care Service Director	Updated timelines required for remaining nurses to progress.	30 June 2025
Unapproved investments	With WG feedback of the annual plan being unsupportable, investment decisions should only be approved where demonstrable benefits are clearly deliverable, with a short lead time to realisation.	Business case leads	Ongoing via scrutiny panel	On Going
Planned and Specialist Care	Annualised YTD review of future savings identification and core operational variation required within Clinical Care Group.	Planned and Specialist Care Service Director	Outstanding, urgent action required	30 June 2025
Primary Care, Community Strategy and Long Term Care	Annualised YTD review of future savings identification and core operational variation required within Clinical Care Group.	Primary Care, Community Strategy and Long Term Director	Outstanding, urgent action required	30 June 2025
Executive Functions	Annualised YTD review of future savings identification and core operational variation required across Executive Functions	Executive Directors	Outstanding, urgent action required	30 June 2025

End of Year: Financial Position Summary

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Headline

Reported Position
£31.5m
Annual Plan = £31.5m
Prior Annual Forecast = £31.5m

Savings Identification Gap
£29.6m
Savings Target = £44.4m
Total Identified = £14.8m

Capital Position
£28.8m
Annual Plan = £28.8m
Prior Annual Forecast = N/A

Underlying Deficit
£68.6m
Annual Plan = £58.5m

Pay

Total Pay
£662.2m
Plan = £663.6m
Prior Annual Forecast = £644.8m

Substantive
£604.5m
Plan = £641.4m
Prior Annual Forecast = £623.0m

Variable
£49.5m
Plan = £18.1m
Prior Annual Forecast = £17.7m

Agency (Premium)
£8.2m
Plan = £4.1m
Prior Annual Forecast = £4.1m

Non-Pay

Primary Care Drugs
£86.4m
Plan = £86.4m
Prior Annual Forecast = £86.4m

Secondary Care Drugs
£75.5m
Plan = £76.8m
Prior Annual Forecast = £75.6m

Continuing Healthcare
£66.9m
Plan = £67.1m
Prior Annual Forecast = £67.1m

Clinical Services & Supplies
£45.1m
Plan = £45.0m
Prior Annual Forecast = £44.7m

Key Drivers

The **Month 2** end of year forecast financial position is a **deficit of £31.5m**, which is in line with the Annual Deficit Plan of £31.5m. The **core operational variance to plan is £(3.5)m**, with the annual **savings** target of £44.4m being **under-identified by £29.6m**, and all current identified savings schemes of £14.8m being fully delivered. Future **mitigating actions** identification requirement to deliver a deficit position of £31.5m is **£(26.1)m**. Improvements to deliver the mitigating actions and go beyond the £31.5m deficit plan is now the focus of the organisation in the coming months.

End of Year: Key Drivers vs Budget

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Spend Category	£'m	Supporting Information
Planned Deficit	31.5	As per Annual Plan submission to Welsh Government
Savings Identification Gap / (Surplus)	29.6	Savings identification of £10.1m against £44.4m target
Administration and Estates	(1.9)	Continuation of Administration & Clerical vacancies, particularly across Operational Directorates where savings schemes have yet to be fully identified, thus recruitment is re-prioritised through Financial Control Subgroup.
Allied Health, Scientists and Other	0.3	Agency and variable pay pressures and increased recovery activity, offset by vacancies within Operational Allied Health and Health Sciences.
Medical and Dental	4.1	Premium costs to cover vacancies within Mental Health, Primary Care and Women and Children. Ceredigion and Pembrokeshire double cover of Medical Rotas due to sickness, absences and retrospective claims.
Nursing, Midwifery and Clinical Support	(0.7)	Vacancies and reduced variable pay within Planned and Specialist Care offset by bank, agency and overtime usage in Glangwili and dual running of Supernumerary Nurses at Bronglais to cover International Nurses.
Clinical Services and Supplies	0.1	Increased Clinical Services and Supplies expenditure within Radiology relating to recovery.
Commissioned Healthcare Services	(5.5)	Dental contracts underspend handed back to the Health Board, offset by purchase of insourced healthcare services for Orthopaedics and Theatres, and Children Continuing Healthcare Packages cost pressure.
Drugs and Prescribing	(1.4)	Oncology and Ophthalmology drugs underspend due to delayed presentation of new NICE funded drugs. Drugs underspend within Withybush Gastroenteritis services.
Other Non-Pay	3.2	Estates and Facilities driven by Maintenance price increase on external suppliers' contracts, Energy price increase and Laundry service cost pressure. Digital postage expenditure increase driven by increases in price.
Income	(1.7)	Overachievement of income within Occupational Therapy, Health Education Improvement Wales student and training, Public Health Wales Bowel and Breast screening, Flying Start and Paediatric specialist high-cost drugs.
Gross Position	**57.6**	
Further mitigating actions required	(26.1)	
Reported Position	**31.5**	

End of Year: Key Performance Breakdown

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Chief Operating Officer Management	0.8	-	-	0.8
Community and Integrated Medicine	7.2	-	(1.0)	6.2
Mental Health and Learning Disabilities	3.6	-	0.5	4.1
Operational Allied Health and Health Sciences	3.3	-	3.2	6.5
Planned and Specialist Care	9.4	-	(2.4)	7.0
Primary Care and Community Strategy	5.0	-	(3.7)	1.3
Executive Functions	0.3	-	(0.1)	0.2
Sub Total	**29.6**	**0.0**	**(3.5)**	**26.1**
Planned Deficit				31.5
Gross Position				**57.6**
Further mitigating actions required				(26.1)
Reported Position				**31.5**

End of Year: Mitigation Plan

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

With the financial position being predominately driven by the savings gap to the target set within the annual plan, the following mitigation plan articulates the likely outcome once all savings positions are finalised through the robust conversion process. It is recognised that quarter 1 is required to provide absolute clarity on savings for 2025/26 delivery, and to signal an improvement beyond the planned deficit of £31.5m, with quarter 2 focusing on improvement options and choices to improve, as a minimum, to the 2024/25 outturn position of £24.1m, in-line with Welsh Government expectations.

Likely Scenario	£'m
Gross Position	57.6
Funding or expenditure adjustments	(5.5)
Blue schemes yet to be converted to assured plans (25% conversion of £2.8m)	(0.7)
Red schemes yet to be converted to assured plans (50% conversion of £10.4m)	(5.2)
Likely continuation of non-recurrent savings yet to be confirmed	(14.7)
Reported Position	**31.5**

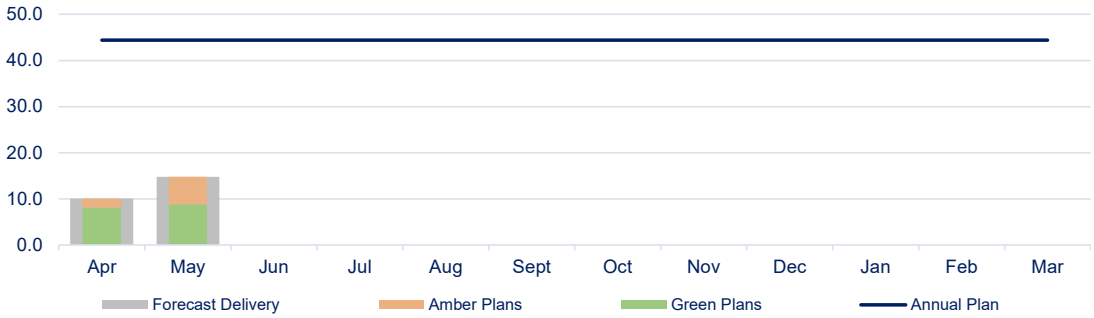
End of Year: Saving Delivery Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Savings

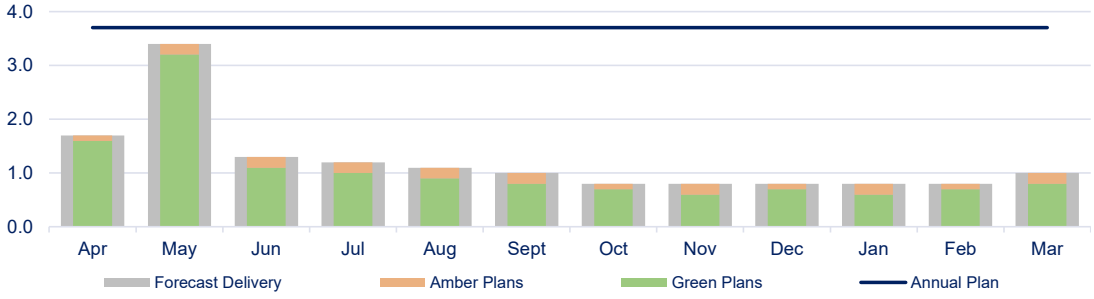
Savings Target	In-Year Recurrent Gap	In-Year Non-Recurrent Gap	Full Year Recurrent Gap
£44.4m	**£10.2m**	**£19.4m**	**£10.1m**
Recurrent = £19.0m Non-Recurrent = £25.4m	Target = £19.0m Delivery = £8.8m	Target = £25.4m Delivery = £6.0m	Target = £19.0m Delivery = £8.9m

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)

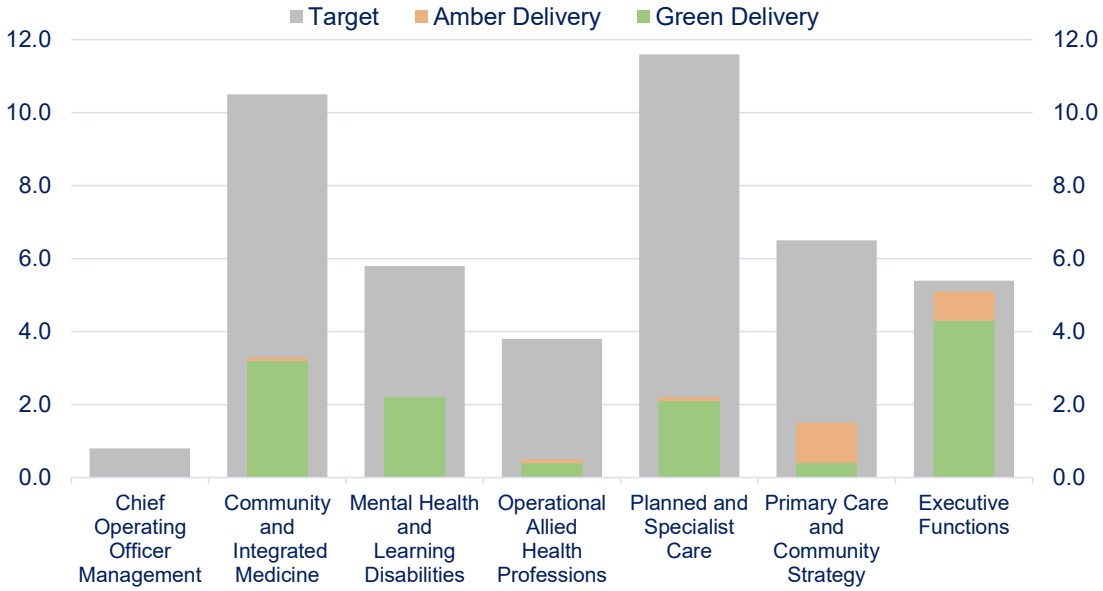
End of Year: Clinical Care Group Savings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Savings

Savings Target	Savings Identification	Savings Delivery	Savings Gap to Target
£44.4m	**£14.8m**	**£14.8m**	**£29.6m**
Annual Plan = £44.4m	33% of Savings Target	Recurrent = £8.8m Non-Recurrent = £6.0m	67% of Savings Target

Savings Delivery vs Target (£'m)



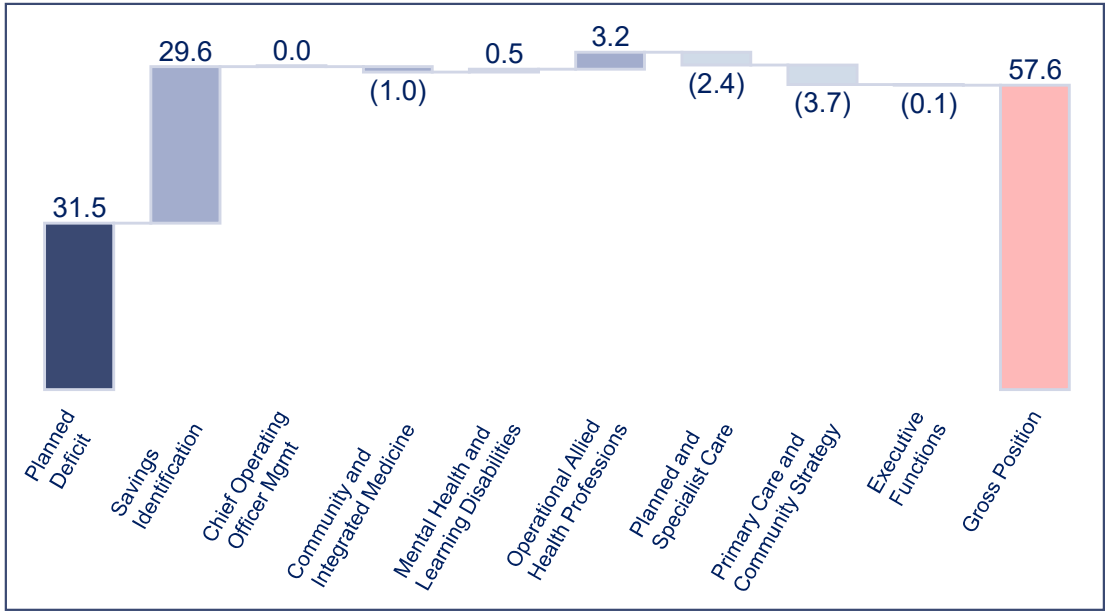
Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.8	0.0	0.0	0.8
Community and Integrated Medicine	10.5	3.3	3.3	7.2
Mental Health and Learning Disabilities	5.8	2.2	2.2	3.6
Operational Allied Health and Health Sciences	3.8	0.5	0.5	3.3
Planned and Specialist Care	11.6	2.2	2.2	9.4
Primary Care and Community Strategy	6.5	1.5	1.5	5.0
Executive Functions	5.4	5.1	5.1	0.3
Grand Total	**44.4**	**14.8**	**14.8**	**29.6**

End of Year: Clinical Care Groups vs Budget

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Financial Performance Against Budget (£'m)



Financial Performance Against Budget (£'m)

	Income	Non-Pay	Pay	Total
Planned Deficit		31.5		**31.5**
Savings Identification		29.6		**29.6**
Chief Operating Officer Management	0.0	0.0	0.0	**0.0**
Community and Integrated Medicine	0.0	(1.0)	0.0	**(1.0)**
Mental Health and Learning Disabilities	0.0	0.0	0.5	**0.5**
Operational Allied Health and Health Sciences	(0.7)	2.3	1.6	**3.2**
Planned and Specialist Care	(0.9)	(0.1)	(1.4)	**(2.4)**
Primary Care, Community Strategy and Long Term Care	0.0	(5.7)	2.0	**(3.7)**
Executive Functions	0.0	0.9	(1.0)	**(0.1)**
Gross Position	**(1.6)**	**57.5**	**1.7**	**57.6**
Further mitigating actions required				(26.1)
Reported Position				**31.5**

The **Month 2** end of year forecast financial position is a **deficit of £31.5m**, which is in line with the Annual Deficit Plan of £31.5m. The **core operational variance to plan is £(3.5)m**, with the annual **savings** target of £44.4m being **under-identified by £29.6m**, and all current savings schemes identified of £14.8m being fully delivered. Future **mitigating actions** identification requirement to deliver a deficit position of £31.5m is **£(26.1)m**.

Significant focus is therefore needed across the organisation to identify, plan and deliver the savings requirements that have been set as part of the Annual Plan.

In-Month: Financial Position Summary

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Headline

Reported Position	Savings Identification Gap	Savings Delivery Gap	Core Operational Variation
£2.7m	**£0.3m**	**£0.0m**	**£(0.2)m**
Annual Plan = £2.6m Prior Month Forecast = £3.9m	Savings Target = £3.7m Total Identified = £3.4m	Saving Delivery = £3.4m Prior Month Delivery = £1.7m	Prior Month Variation = £(0.7)m

Pay

Total Pay	Substantive	Variable	Agency (Premium)
£54.9m	**£50.3m**	**£3.7m**	**£0.9m**
Plan = £54.4m Prior Month Actual = £55.1m	Plan = £52.6m Prior Month Actual = 50.2m	Plan = £1.5m Prior Month Actual = £4.4m	Plan = £0.3m Prior Month Actual = £0.5m

Non-Pay

Primary Care Drugs	Secondary Care Drugs	Continuing Healthcare	Clinical Services & Supplies
£7.0m	**£6.3m**	**£5.4m**	**£4.0m**
Plan = £7.0m Prior Month Actual = £7.3m	Plan = £6.4m Prior Month Actual = £5.8m	Plan = £5.3m Prior Month Actual = £5.2m	Plan = £4.1m Prior Month Actual = £3.5m

Key Drivers

The Month 2 financial position is a **deficit of £2.7m**, which is a worsening against the in-month **Deficit Plan of £2.6m**. The **core operational variance to plan is £(0.2)m**, with the in-month **savings** target of £3.7m being **under-identified by £0.3m**, and all savings schemes identified of £3.4m being fully delivered.

In-Month: Key Drivers vs Budget

Spend Category	£'m	Supporting Information
Planned Deficit	2.6	As per Annual Plan submission to Welsh Government
Savings Identification Gap / (Surplus)	0.3	In-month identification £3.4m against £3.7m target
Administration and Estates	0.3	Year to date non recurrent savings identification of vacant posts.
Allied Health, Scientists and Other	0.0	On plan, with no material deviation
Medical and Dental	0.3	Premium costs to cover vacancies witing Mental Health and Learning Disabilities and Primary Care, Community Strategy and Long Term Care.
Nursing, Midwifery and Clinical Support	(0.1)	Community and Integrated Medicine reductions due to vacancies within Pembrokeshire & Ceredigion.
Clinical Services and Supplies	(0.1)	Orthopaedic implants in Operating theatres, low visual aids in Ophthalmology and a reduction in Breast external tests. Day Surgery Theatre sessions remain closed on weekends.
Commissioned Healthcare Services	(1.0)	Primary Care, Community Strategy and Long Term Care Dental contracts handed back to the Health Board.
Drugs and Prescribing	(0.1)	Oncology drugs underspend due to 11.8% reduction to drugs costs per patient compared to prior year and NICE treatments increases expected later in the year.
Other Non-Pay	0.4	Legal services within Nursing, Quality & Patient Experience & Planned and Specialist Theatre Services & Critical Care Costs.
Income	0.1	No material movement
Reported Position	**2.7**	

In-Month: Key Performance Breakdown

Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Chief Operating Officer Management	0.1	0.0	0.0	**0.1**
Community and Integrated Medicine	0.6	0.0	(0.5)	**0.1**
Mental Health and Learning Disabilities	0.0	0.0	0.3	**0.3**
Operational Allied Health and Health Sciences	0.3	0.0	(0.1)	**0.2**
Planned and Specialist Care	0.2	0.0	(0.6)	**(0.4)**
Primary Care, Community Strategy and Long Term Care	0.1	0.0	(0.2)	**(0.1)**
Executive Functions	(1.0)	0.0	0.9	**(0.1)**
Sub Total	**0.3**	**0.0**	**(0.2)**	**0.1**
Planned Deficit				2.6
Reported Position				**2.7**

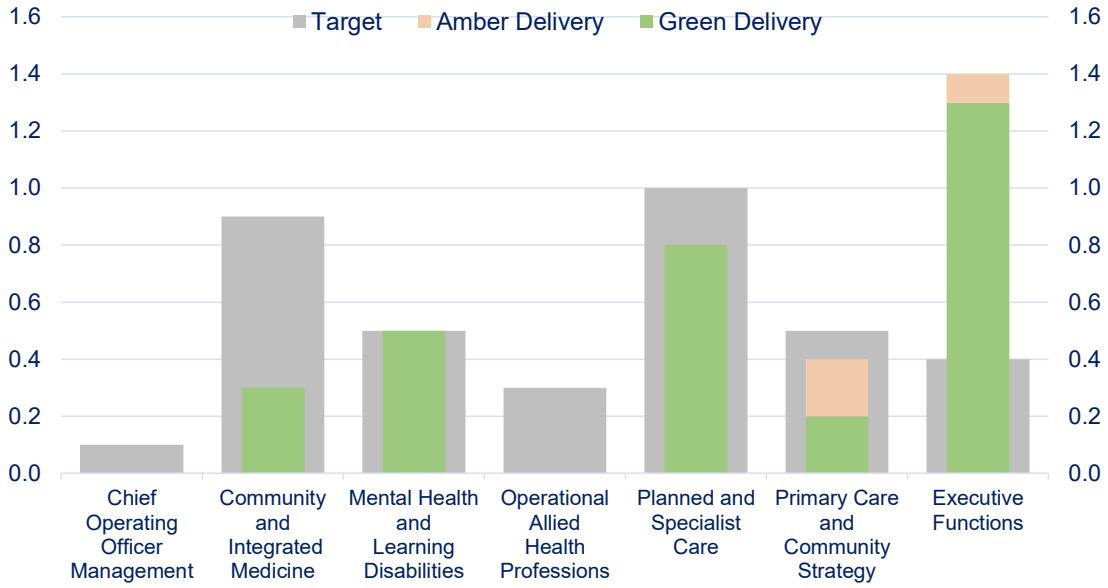
In-Month: Clinical Care Group Savings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Savings

Savings Target	Savings Identification	Savings Delivery	Savings Gap to Target
£3.7m	**£3.4m**	**£3.4m**	**£0.3m**
Recurrent = £1.6m Non-Recurrent = £2.1m	92% of Savings Target	Recurrent = £0.8m Non-Recurrent = £2.6m	8% Under Identified against Target

Savings Delivery vs Target (£'m)



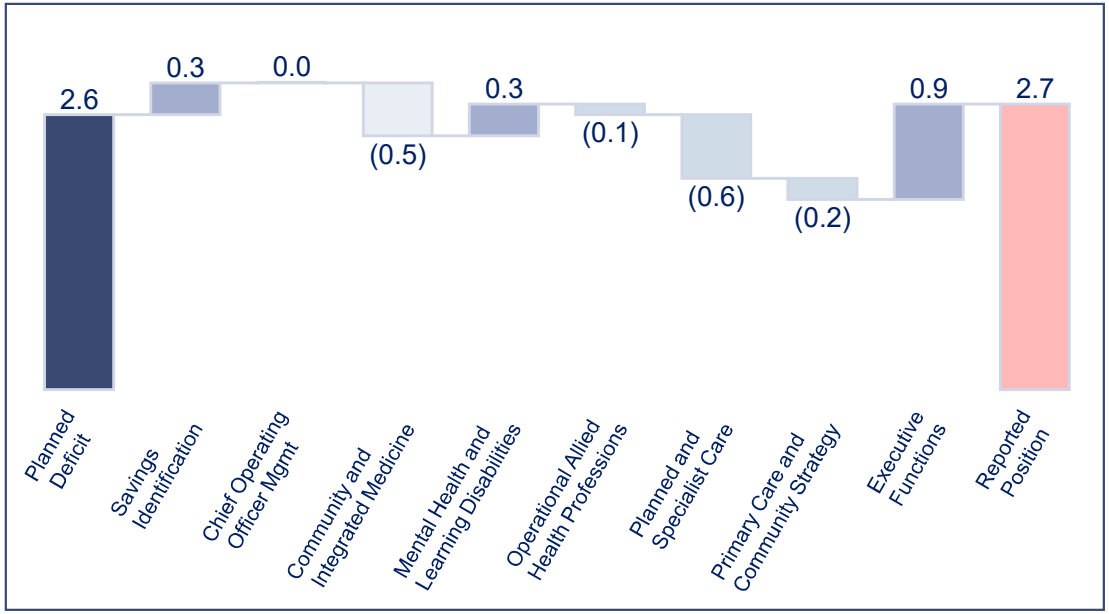
Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.0	0.0	0.1
Community and Integrated Medicine	0.9	0.3	0.3	0.6
Mental Health and Learning Disabilities	0.5	0.5	0.5	0.0
Operational Allied Health and Health Sciences	0.3	0.0	0.0	0.3
Planned and Specialist Care	1.0	0.8	0.8	0.2
Primary Care and Community Strategy	0.5	0.4	0.4	0.1
Executive Functions	0.4	1.4	1.4	(1.0)
Grand Total	**3.7**	**3.4**	**3.4**	**0.3**

In-Month: Clinical Care Groups vs Budget

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Financial Performance Against Budget (£'m)



Financial Performance Against Budget (£'m)

	Income	Non-Pay	Pay	Total
Planned Deficit		2.6		**2.6**
Savings Identification		0.3		**0.3**
Chief Operating Officer Management	0.0	0.0	0.0	**0.0**
Community and Integrated Medicine	0.0	(0.1)	(0.4)	**(0.5)**
Mental Health and Learning Disabilities	0.0	0.1	0.2	**0.3**
Operational Allied Health and Health Sciences	(0.1)	(0.1)	0.1	**(0.1)**
Planned and Specialist Care	0.0	(0.5)	(0.1)	**(0.6)**
Primary Care, Community Strategy and Long Term Care	0.0	(0.4)	0.2	**(0.2)**
Executive Functions	0.2	0.2	0.5	**0.9**
Total	**0.1**	**2.1**	**0.5**	**2.7**

The Month 2 financial position is a **deficit of £2.7m**, which is a worsening against the in-month **Deficit Plan of £2.6m**. The **core operational variance to plan is £(0.2)m**, with the in-month **savings** target of £3.7m being **under-identified by £0.3m**, and all savings schemes identified of £3.4m being fully delivered.

Conversion of underspends to non-recurrent savings of £1.7m have been recognised across various portfolios, of which £0.3m relates to **Unapproved Investments** identified as underspends savings.

Year to Date: Financial Position Summary

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Headline

Reported Position
£6.6m
Annual Plan = £5.2m

Savings Identification Gap
£2.3m
Savings Target = £7.4m
Total Identified = £5.1m

Savings Delivery Gap
£0.0m
Savings Delivery = £5.1m
Prior Month Delivery = £1.7m

Core Operational Variation
£(0.9)m
Prior Month Variation = £(0.7)m

Pay

Total Pay
£110.0m
Plan = £109.0m
Prior Month Actual = £55.1m

Substantive
£100.5m
Plan = £105.4m
Prior Month Actual = £50.2m

Variable
£8.1m
Plan = £2.9m
Prior Month Actual = £4.4m

Agency (Premium)
£1.4m
Plan = £0.7m
Prior Month Actual = £0.5m

Non-Pay

Primary Care Drugs
£14.3m
Plan = £14.3m
Prior Month Actual = £7.3m

Secondary Care Drugs
£12.0m
Plan = £12.5m
Prior Month Actual = £5.8m

Continuing Healthcare
£10.6m
Plan = £10.4m
Prior Month Actual = £5.2m

Clinical Services & Supplies
£7.5m
Plan = £7.8m
Prior Month Actual = £3.5m

Key Drivers

The Month 2 year to date financial position is a **deficit of £6.6m**, which is a worsening against the year to date **Deficit Plan of £5.2m**. The **core operational variance to plan is £(0.9)m**, with the year to date **savings target** of £7.4m being **under-identified by £2.3m**, and all savings schemes identified of £5.1m being fully delivered.

Year to Date: Key Drivers vs Budget

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Spend Category	£'m	Supporting Information
Planned Deficit	5.2	As per Annual Plan submission to Welsh Government
Savings Identification Gap / (Surplus)	2.3	Savings identified of £5.1m against £7.4m savings target
Administration and Estates	0.1	Apprentice Levy costs within Health Board Wide.
Allied Health, Scientists and Other	0.0	Primary Care and Operational Allied Health Professions and Health Scientists are over-established, offset by underspends within Mental Health and Learning Disabilities.
Medical and Dental	0.9	Premium costs to cover vacancies within Mental Health, Primary Care and Women and Children. Ceredigion and Pembrokeshire double cover of Medical Rotas due to sickness, absences and retrospective claims.
Nursing, Midwifery and Clinical Support	(0.1)	Planned and Specialist Care reductions due to vacancies within Theatre Services, offset by bank, agency and overtime usage in Glangwili and dual running of Supernumerary Nurses at Bronglais to cover International Nurses
Clinical Services and Supplies	(0.3)	Clinical Consumables reduced expenditure due to reductions in Trauma and Orthopaedic implants, low visual aids in Ophthalmology, reduction in Breast external tests and Critical Care Occupancy reduction of 6.2%.
Commissioned Healthcare Services	(1.1)	Primary Care, Community Strategy and Long Term Care Dental contracts handed back to the Health Board.
Drugs and Prescribing	(0.5)	Oncology drugs underspend due to 11.8% reduction to drugs costs per patient compared to prior year and NICE treatments increases expected later in the year.
Other Non-Pay	0.3	Legal services within Nursing, Quality & Patient Experience & Planned and Specialist Theatre Services & Critical Care Costs.
Income	(0.2)	Medical grant income for research and development projects and education and training. Women and Children Health Education Improvement Wales and Flying start income overachievement. Velindre Drug Rebate Income.
Reported Position	**6.6**	

Year to Date: Key Performance Breakdown

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Chief Operating Officer Management	0.1	0.0	(0.1)	**0.0**
Community and Integrated Medicine	0.9	0.0	0.0	**0.9**
Mental Health and Learning Disabilities	0.4	0.0	0.3	**0.7**
Operational Allied Health and Health Sciences	0.5	0.0	0.1	**0.6**
Planned and Specialist Care	1.0	0.0	(1.4)	**(0.4)**
Primary Care, Community Strategy and Long Term Care	0.6	0.0	(0.6)	**0.0**
Executive Functions	(1.2)	0.0	0.8	**(0.4)**
Sub Total	**2.3**	**0.0**	**(0.9)**	**1.4**
Planned Deficit				5.2
Reported Position				**6.6**

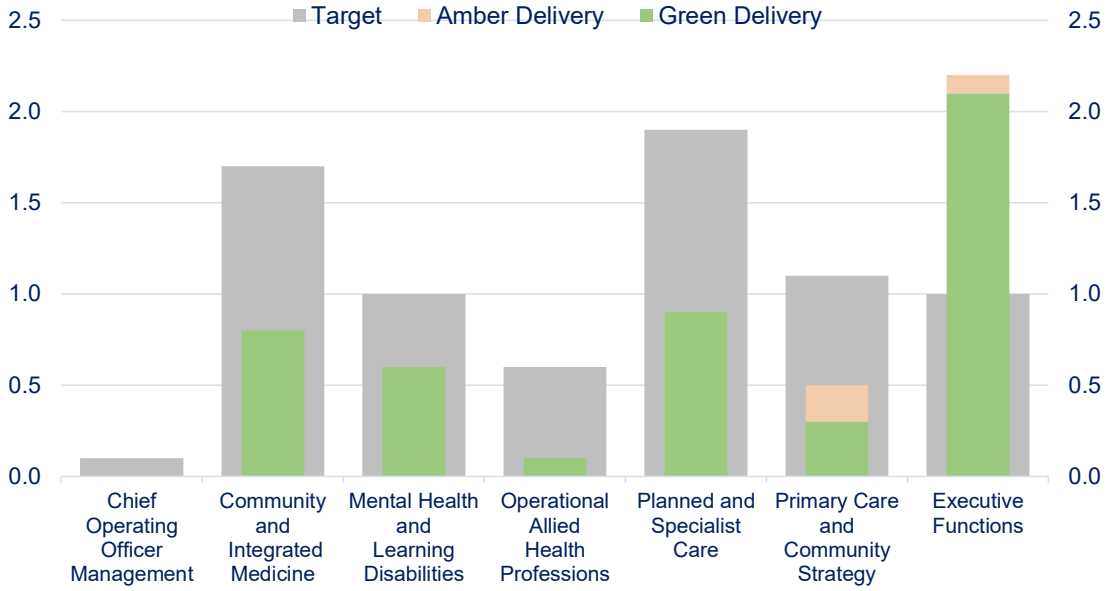
Year to Date: Clinical Care Group Savings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Savings

Savings Target	Savings Identification	Savings Delivery	Savings Gap to Target
£7.4m	**£5.1m**	**£5.1m**	**£2.3m**
Annual Plan = £44.4m	69% of Savings Target	Recurrent = £1.4m Non-Recurrent = £3.7m	31% of Savings Target

Savings Delivery vs Target (£'m)



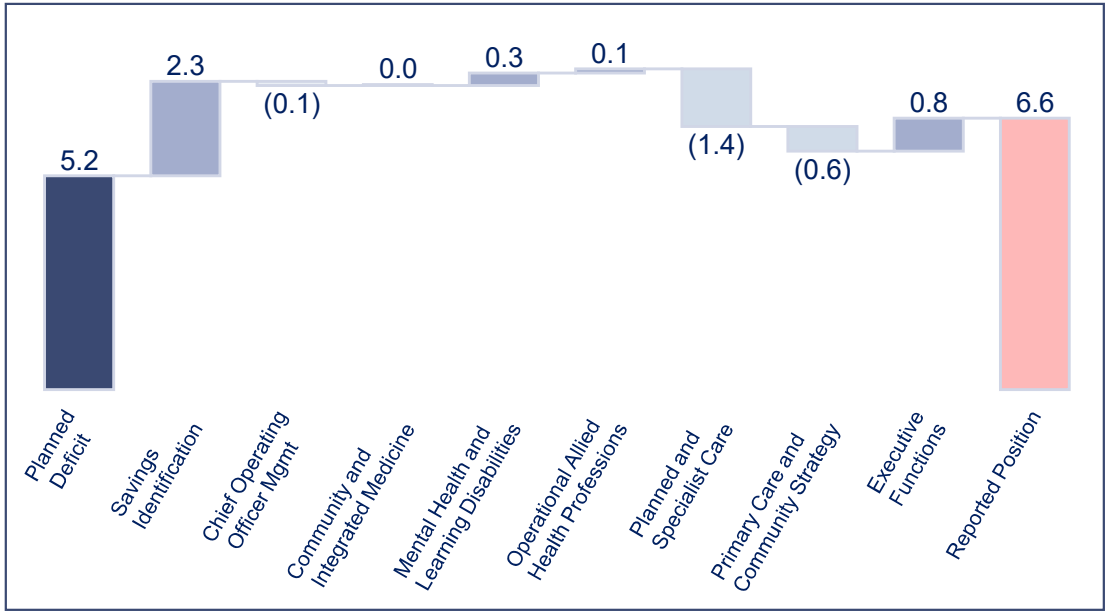
Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.0	0.0	0.1
Community and Integrated Medicine	1.7	0.8	0.8	0.9
Mental Health and Learning Disabilities	1.0	0.6	0.6	0.4
Operational Allied Health and Health Sciences	0.6	0.1	0.1	0.5
Planned and Specialist Care	1.9	0.9	0.9	1.0
Primary Care and Community Strategy	1.1	0.5	0.5	0.6
Executive Functions	1.0	2.2	2.2	(1.2)
Grand Total	**7.4**	**5.1**	**5.1**	**2.3**

Year to Date: Clinical Care Groups vs Budget

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Financial Performance Against Budget (£'m)



Financial Performance Against Budget (£'m)

	Income	Non-Pay	Pay	Total
Planned Deficit		5.2		**5.2**
Savings Identification		2.3		**2.3**
Chief Operating Officer Management	0.0	0.0	(0.1)	**(0.1)**
Community and Integrated Medicine	0.0	(0.2)	0.2	**0.0**
Mental Health and Learning Disabilities	0.0	0.3	0.0	**0.3**
Operational Allied Health and Health Sciences	(0.1)	0.0	0.2	**0.1**
Planned and Specialist Care	(0.2)	(1.1)	(0.1)	**(1.4)**
Primary Care, Community Strategy and Long Term Care	0.0	(1.0)	0.4	**(0.6)**
Executive Functions	0.1	0.4	0.3	**0.8**
Reported Position	**(0.2)**	**5.9**	**0.9**	**6.6**

The Month 2 year to date financial position is a **deficit of £6.6m**, which is a worsening against the year to date **Deficit Plan of £5.2m**. The **core operational variance to plan is £(0.9)m**, with the year to date **savings target** of £7.4m being **under-identified by £2.3m**, and all savings schemes identified of £5.1m being fully delivered.

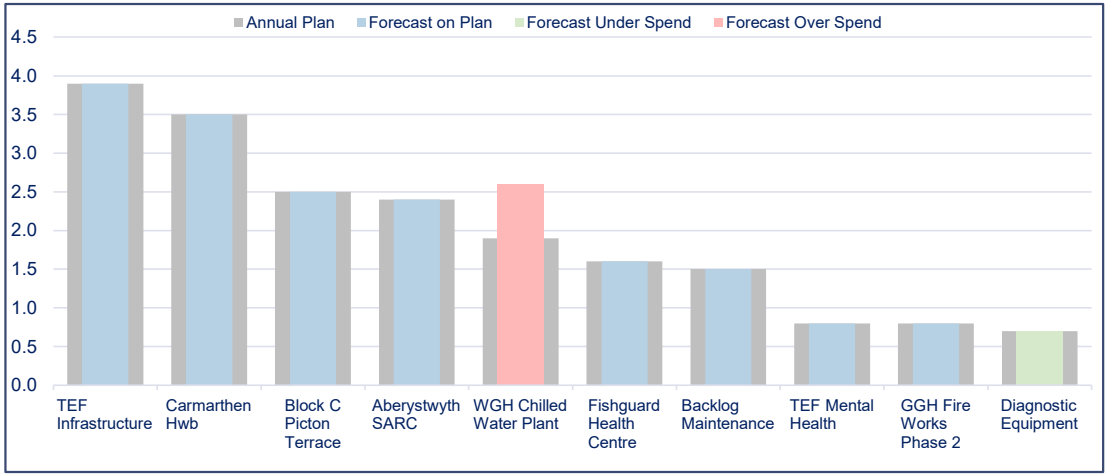
Capital Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

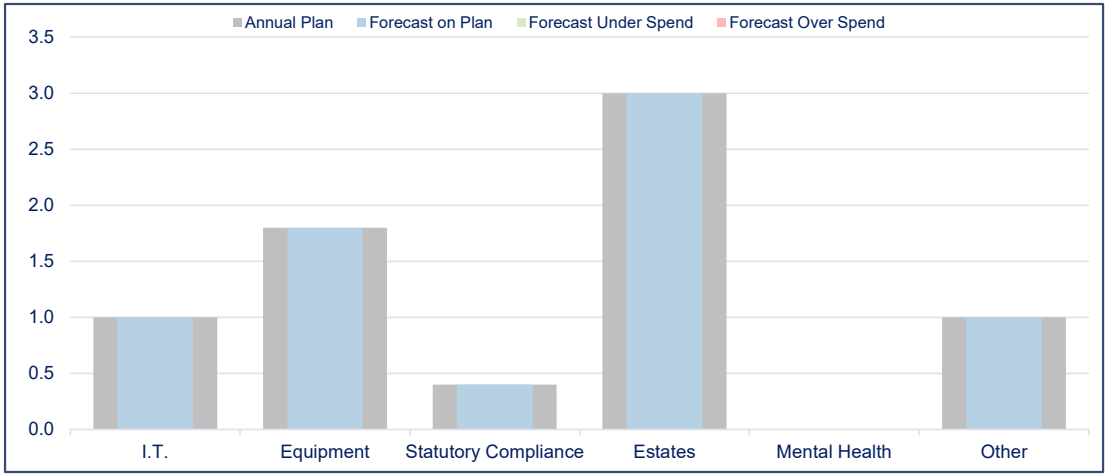
Capital

Total Capital Performance	All Wales Capital	Discretionary Capital	IFRS 16
£28.8m	**£21.6m**	**£7.2m**	**Data from Month 3 onwards**
Annual Plan = £28.8m	Annual Plan = £21.6m	Annual Plan = £7.2m	CRL = Data from Month 3

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



Discretionary Capital Programme Category Summary (£'m)



Delivery against the capital programme is currently low risk.

Spend on the WGH Chilled water plant and diagnostic equipment have been combined under one scheme which explains the adverse and favourable variances against those schemes.

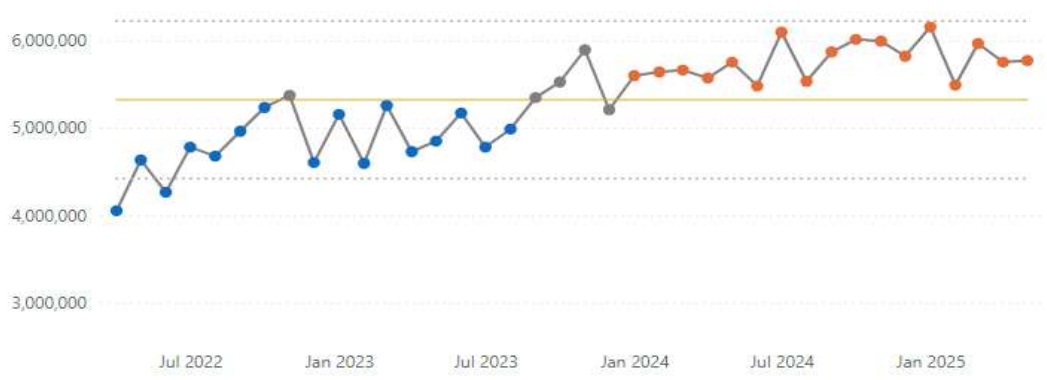
Trend Analysis: Non-Pay

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Continuing Healthcare Expenditure (£'m)

Net increase in Continuing Healthcare packages, and cost pressures in-month particularly within Children's Continuing Healthcare Packages.

Secondary Care Drugs Expenditure (£'m)

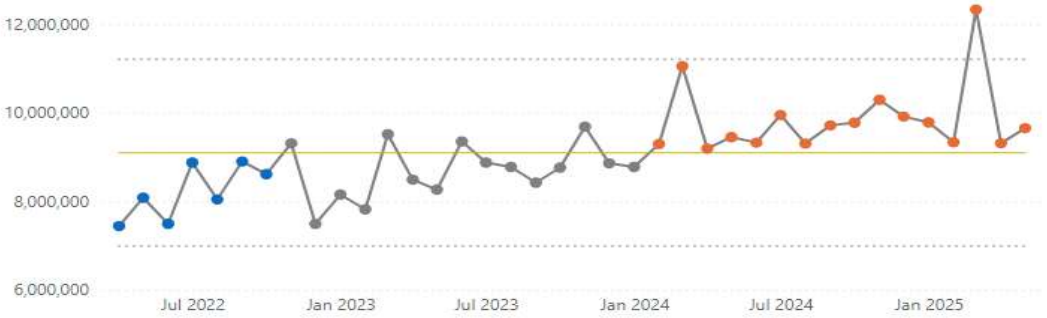


Oncology Drugs cost 14.8% (£138 per patient) below prior year cost.

Primary Care Prescribing Expenditure (£'m)

Despite decreasing levels in the volume of prescriptions in Q4 of 24/25, prescribing has returned to normal levels in line with the mean in Q1 of 25/26.

Clinical Services and Supplies (£'m)



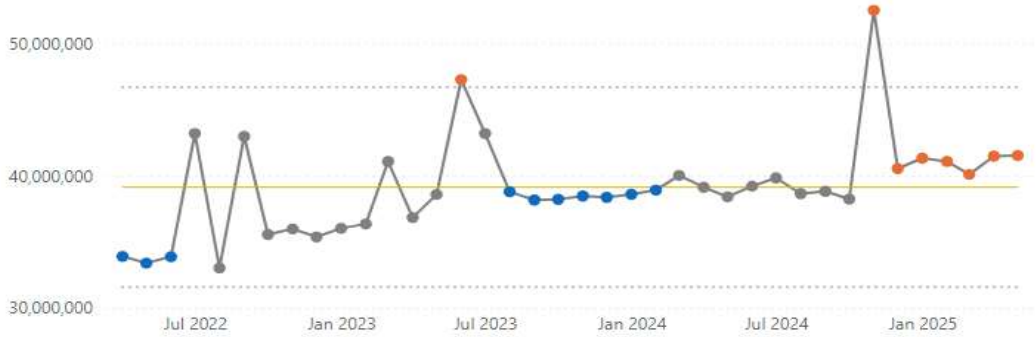
Expenditure has returned to just above the mean in Q1 25/26, despite a steadily increasing trend over the last 24 months.

Trend Analysis: Pay – Agenda for Change

Total (WTE)

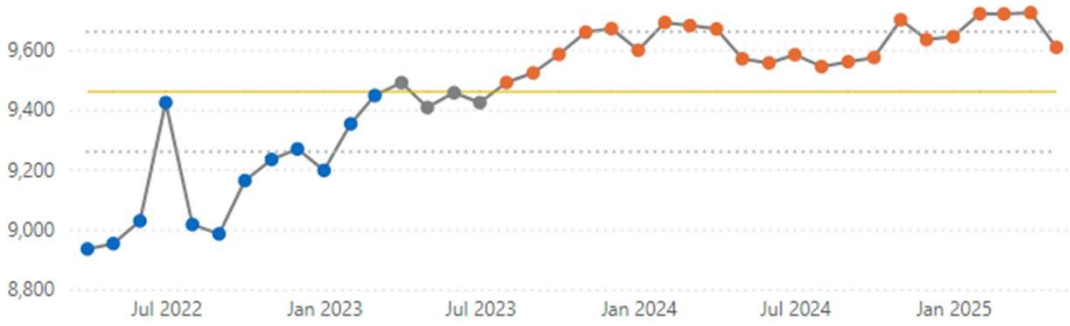
There has been an increase of 615 Total WTE since April 2022.

Total (£'m)



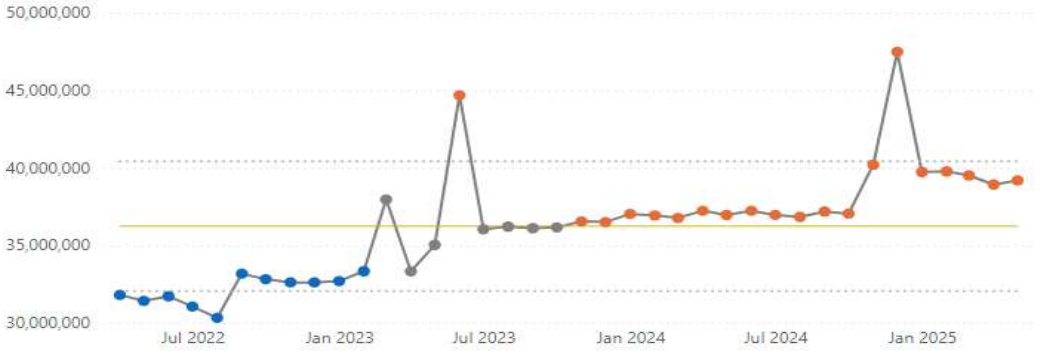
Total Pay spend has increased by circa £8.0m, from £34.0m in April 2022 to £42.0m in May 2025.

Substantive (WTE)



There has been an increase of 672 Substantive WTE since April 2022.

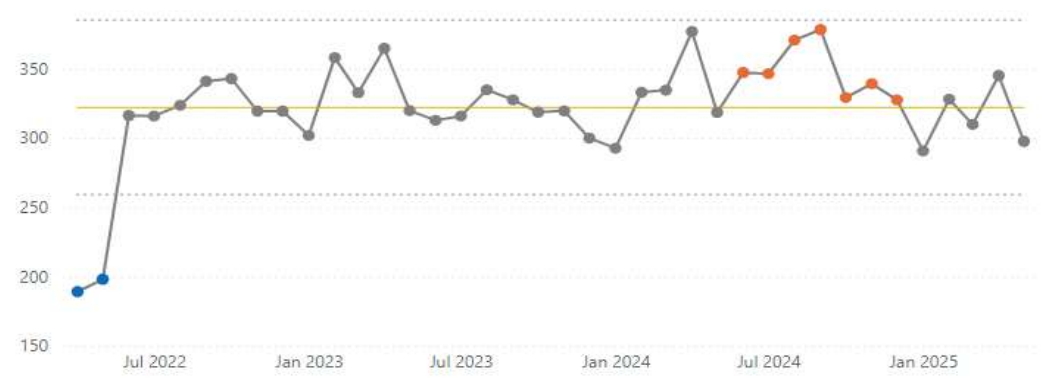
Substantive (£'m)



Substantive Pay spend has increased by circa £7.0m, from £32.0m in April 2022 to £39.0m in May 2025.

Trend Analysis: Pay – Agenda for Change

Bank (WTE)



There has been an overall increase of 109 Bank WTE since April 2022, but a reduction of 47 WTE from prior month, which is offset by an increase in Substantive WTE.

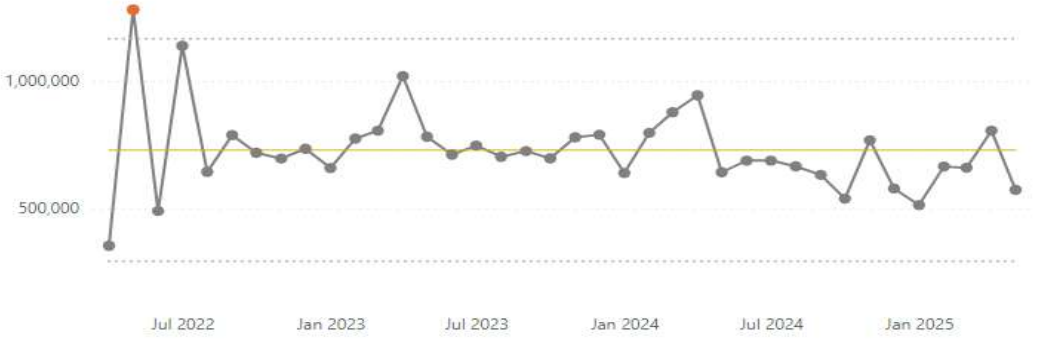
Bank (£'m)

Bank spend in Month 2 is £1.2m, which is a reduction from £1.4m spend in Month 1. This is also an overall reduction to the £1.6m Bank expenditure in April 2022.

Overtime (WTE)

The Overtime WTE reported in Month 2 is in line with the levels seen in April 2022. There was a reduction of 40 Overtime WTE from prior month.

Overtime (£'m)



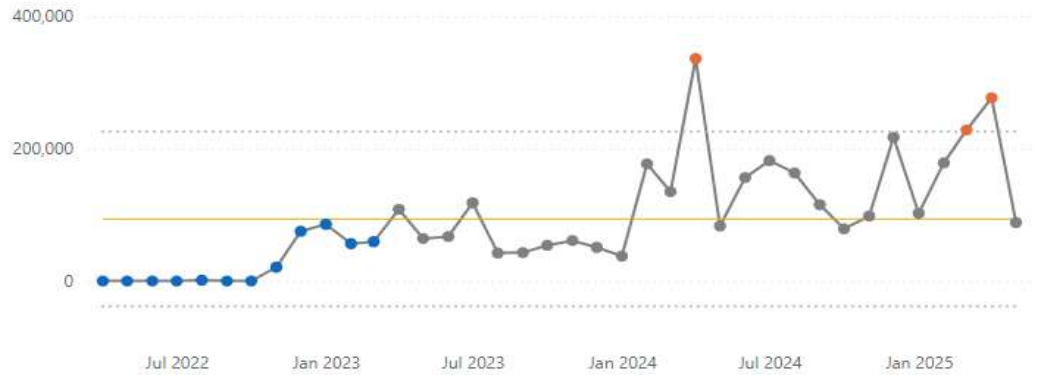
Overtime spend in Month 2 is £572k, which is a reduction from £804k spend in Month 1. This is however an overall increase to the £352k Overtime expenditure in April 2022.

Trend Analysis: Pay – Agenda for Change

Waiting List Initiative (WTE)

There has been a reduction of 23 Waiting List Initiative WTE from prior month. Month 2 WTE of 12 is below the average of 16 WTE for the past 2 years.

Waiting List Initiative (£'m)



Waiting List Initiative spend in Month 2 is £88k, which is a reduction from £277k spend in Month 1. Month 2 expenditure is slightly below the average of £123k for the past 2 years.

Agency Premium (WTE)

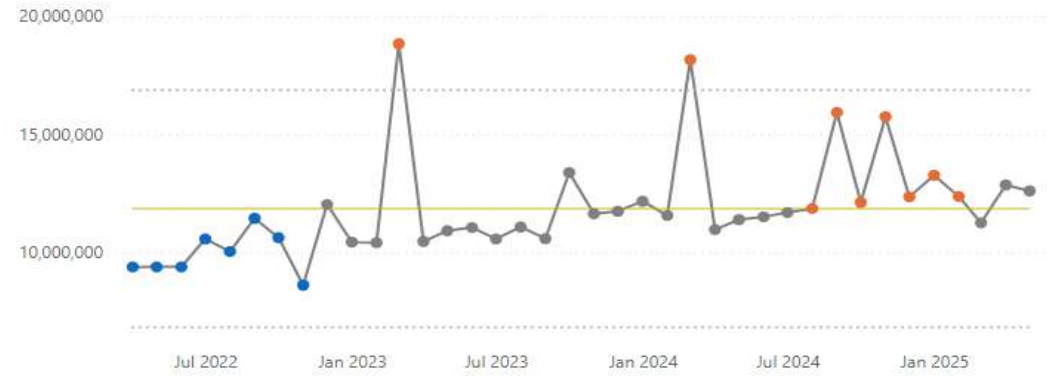
There has been a reduction of 177 Agency WTE since April 2022.

Agency Premium (£'m)

Agency spend in Month 2 is £340k, which is a slight increase from £245k spend in Month 1. However, this is an overall reduction of £1,330k to the £1,670k Agency spend in April 2022.

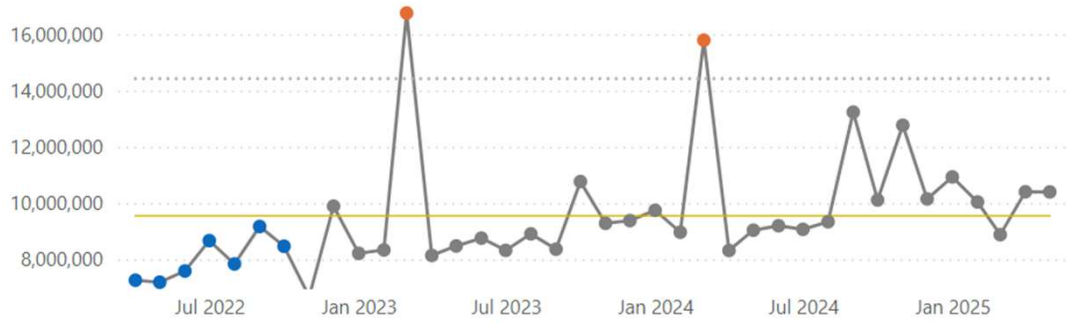
Trend Analysis: Pay – Medical and Dental

Total (£'m)



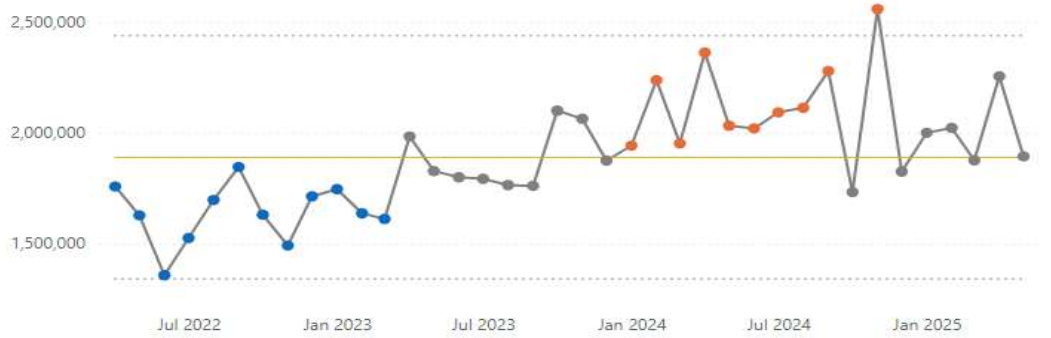
Total Medical and Dental Pay Spend has increased by circa £2.0m from April 2022 expenditure levels.

Substantive (£'m)



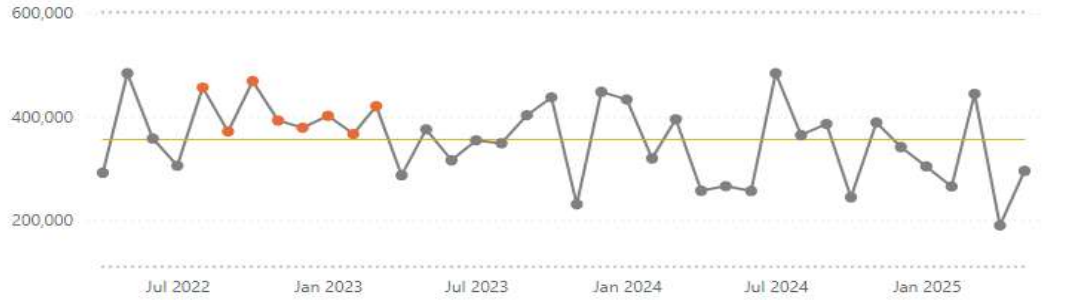
Substantive Spend has increased from £7.1m in April 2022 to £10.4m in Month 2. Q1 25/26 has increased by circa £0.6m from Q4 24/25 partly driven by National Insurance uplifts.

Variable (£'m)



Medical Variable Pay has slightly increased from £1.8m in April 2022, to £1.9m in May 2025. Month 2 has seen a reduction of £0.4m Medical Variable spend from Month 1.

Agency Premium (£'m)



Month 2 Agency Premium Medical expenditure is in line with the expenditure levels in May 2022 at circa £300k. There has been an increase of £100k expenditure from Month 1.

Trend Analysis: Pay – Medical and Dental

Additional Hours (£'m)

There has been an overall increase in Medical Additional Hours spend from £1.7m in May 2022 to £1.8m in May 2025. Month 2 saw a £0.4m reduction in expenditure from Month 1.

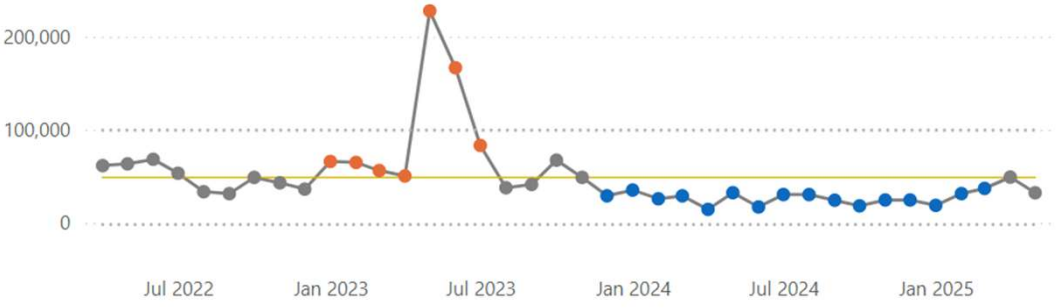
Waiting List Initiative (£'m)

There's a slight reduction in the Waiting List Initiative expenditure from April 2022. Q1 25/26 expenditure has reduced by circa £100k from Q4 24/25.

On Contract Agency Premium (£'m)

The On Contract Agency Premium expenditure in Month 2 is in line with expenditure levels in April 2022, however there's an increase of £100k seen in Month 2 compared to Month 1.

Off Contract Agency Premium (£'m)



Off Contract Agency Premium is now reported separately to On Contract Agency spend and has been reduced to minimal levels since 24/25.

End of Year: Savings Detail (£'k)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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
Chief Executive	**38**	**255**	**38**	**217**	**255**	**(217)**	**7.5%**	**38**	**(0)**	**1.1%**
Chief Operating Officer	**39,046**	**9,675**	**7,129**	**2,545**	**9,675**	**29,372**	**1.3%**	**7,179**	**31,868**	**0.9%**
Chief Operating Officer Management	762	0	0	0	0	762	0.0%	0	762	0.0%
Community and Integrated Medicine	10,483	3,342	2,756	586	3,342	7,141	1.4%	2,795	7,688	1.1%
Mental Health and Learning Disabilities	5,851	2,153	1,257	896	2,153	3,698	2.1%	1,257	4,594	1.2%
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	2,189	1,458	731	2,189	9,449	1.0%	1,469	10,170	0.7%
Primary Care, Community Strategy and Long Term Care	6,529	1,532	1,200	332	1,532	4,997	1.4%	1,200	5,329	1.1%
Executive Director Of Allied Health Professions and Health Sciences	**2,063**	**316**	**316**	**0**	**316**	**1,747**	**0.6%**	**316**	**1,747**	**0.6%**
Estates and Facilities	2,053	316	316	0	316	1,737	0.6%	316	1,737	0.6%
Executive Allied Health Professions and Health Sciences	10	0	0	0	0	10	0.0%	0	10	0.0%
Executive Director Of Finance	**377**	**923**	**493**	**429**	**923**	**(545)**	**4.0%**	**527**	**(150)**	**2.3%**
Digital	271	728	384	344	728	(458)	4.2%	417	(147)	2.4%
Finance	106	194	109	85	194	(88)	3.3%	109	(3)	1.8%
Executive Director Of Nursing, Quality and Patient Experience	**243**	**303**	**201**	**102**	**303**	**(59)**	**3.2%**	**243**	**0**	**2.6%**
Executive Director Of Public Health	**107**	**730**	**107**	**623**	**730**	**(623)**	**11.1%**	**107**	**(0)**	**1.6%**
Executive Director Of Strategy and Planning	**1,902**	**802**	**61**	**741**	**802**	**1,100**	**1.3%**	**61**	**1,841**	**0.1%**
LTA'S With Other NHS Providers	1,841	483	0	483	483	1,358	0.8%	0	1,841	0.0%
Strategy and Planning	61	319	61	258	319	(258)	8.6%	61	(0)	1.6%
Executive Director Of Workforce and Organisational Development	**247**	**645**	**154**	**491**	**645**	**(398)**	**4.3%**	**154**	**93**	**1.0%**
Executive Medical Director	**74**	**74**	**74**	**0**	**74**	**(0)**	**1.7%**	**74**	**(0)**	**1.7%**
Health Board Wide	**303**	**1,048**	**224**	**823**	**1,048**	**(744)**	**2.9%**	**224**	**79**	**0.6%**
Grand Total	**44,400**	**14,770**	**8,797**	**5,972**	**14,770**	**29,631**	**1.5%**	**8,923**	**35,478**	**0.9%**

In-Month: 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	**20**				**0**	**(1)**		**23**	**0**	**41**
Chief Operating Officer	**(22)**	**63**	**(110)**	**57**	**(319)**	**(360)**	**(469)**	**93**	**(59)**	**(1,127)**
Chief Operating Officer Management	17	(29)	(20)	4	(0)	(3)		(4)	(12)	**(47)**
Community and Integrated Medicine	(84)	(19)	(215)	(102)	(17)	(65)	16	(92)	35	**(544)**
Mental Health and Learning Disabilities	7	(36)	75	128	(2)	244	(61)	(50)	(5)	**300**
Operational Allied Health and Health Sciences	12	94	8	19	(66)	32	(54)	(7)	(82)	**(44)**
Planned and Specialist Care	62	(10)	(171)	25	(244)	23	(366)	66	(27)	**(643)**
Primary Care, Community Strategy and Long Term Care	(36)	63	214	(17)	11	(592)	(3)	180	33	**(148)**
Executive Director of Allied Health Professions and Health Sciences	(34)	(21)	5	(2)	2	(1)	2	90	28	68
Estates and Facilities	(46)		5	(2)	2		2	90	28	**79**
Executive Allied Health Professions and Health Sciences	11	(21)				(1)				**(11)**
Executive Director of Finance	**(10)**		**1**	**6**	**0**	**(49)**		**(21)**	**25**	**(49)**
Digital	(10)		1	6	0	(38)		(42)	13	**(71)**
Finance	0					(11)		21	12	**22**
Executive Director of Nursing, Quality and Patient Experience	(37)	3	0	92	(0)	(87)		105	8	83
Executive Director of Public Health	242	16	(13)	(15)	(4)	(2)	(189)	(49)	(13)	(27)
Executive Director of Strategy and Planning	**(6)**	**(0)**	**9**			**36**	**1**	**(4)**	**(9)**	**26**
LTAs with other NHS Providers	2					37	1	(0)		**39**
Strategy and Planning	(9)	(0)	9			(1)		(4)	(9)	**(13)**
Executive Director of Workforce and Organisational Development	169	(34)	(4)	(131)	0	(39)	(2)	(21)	6	**(56)**
Executive Medical Director	(83)	(47)	15	(71)	(7)		(0)	4	170	**(21)**
Health Board Wide	52		387		200	(459)	511	162	(23)	**831**
Planned Deficit								**2,625**		**2,625**
Savings Identification								**285**		**285**
Grand Total	**290**	**(21)**	**289**	**(65)**	**(128)**	**(963)**	**(147)**	**3,291**	**134**	**2,679**

Year to Date: Revenue Position Variance to Budget (£'k)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	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	(2)				0	(3)		27	1	**23**
Chief Operating Officer	**(200)**	**(3)**	**787**	**107**	**(547)**	**(986)**	**(853)**	**320**	**(312)**	**(1,688)**
Chief Operating Officer Management	28	(54)	(41)	11	8	(6)		1	(27)	**(81)**
Community and Integrated Medicine	(166)	(36)	278	165	(78)	(123)	(76)	36	(37)	**(36)**
Mental Health and Learning Disabilities	(40)	(153)	127	52	(7)	367	(59)	(19)	(3)	**265**
Operational Allied Health and Health Sciences	23	141	24	54	(27)	45	3	(10)	(98)	**155**
Planned and Specialist Care	10	(33)	121	(185)	(467)	28	(751)	96	(191)	**(1,373)**
Primary Care, Community Strategy and Long Term Care	(54)	131	277	10	24	(1,297)	30	216	43	**(618)**
Executive Director of Allied Health Professions and Health Sciences	**24**	**(29)**	**5**	**(3)**	**3**	**(1)**	**2**	**29**	69	99
Estates and Facilities	1		5	(3)	3		2	29	69	**105**
Executive Allied Health Professions and Health Sciences	23	(29)				(1)		1		**(7)**
Executive Director of Finance	**(51)**		**1**	**10**	**0**	**(132)**		**73**	**44**	**(54)**
Digital	(20)		1	10	0	(109)		25	26	**(67)**
Finance	(31)					(22)		48	19	**13**
Executive Director of Nursing, Quality and Patient Experience	(58)	(4)	1	61	(1)	16		28	35	**78**
Executive Director of Public Health	225	34	(28)	(35)	(7)	(4)	(107)	(94)	(12)	**(27)**
Executive Director of Strategy and Planning	(24)	2	20			29	1	(55)	(17)	**(44)**
LTAs with other NHS Providers	3					30	1	(1)		**34**
Strategy and Planning	(27)	2	20			(2)		(54)	(17)	**(78)**
Executive Director of Workforce and Organisational Development	170	(10)	(3)	(158)	0	(82)	(4)	6	2	**(80)**
Executive Medical Director	14	3	73	(7)	4		(0)	(77)	(33)	**(21)**
Health Board Wide	**48**			**(30)**	**213**	**32**	**499**	**57**	(13)	**807**
Planned Deficit								**5,250**		**5,250**
Savings Identification								**2,249**		**2,249**
Grand Total	**147**	**(7)**	**856**	**(54)**	**(334)**	**(1,131)**	**(463)**	**7,812**	**(235)**	**6,592**

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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	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)**				**0**	**(3)**		**5**	**1**	**3**
Chief Operating Officer	**(1,448)**	**545**	**3,755**	**100**	**11**	**(4,278)**	**(1,533)**	**1,287**	**(1,845)**	**(3,406)**
Chief Operating Officer Management	251	(132)	(246)	146	13	(34)		8	(1)	**5**
Community and Integrated Medicine	(841)	(178)	601	838	65	(392)	(753)	(24)	(361)	**(1,044)**
Mental Health and Learning Disabilities	(222)	(852)	954	447	(7)	275	(110)	(19)	28	**494**
Operational Allied Health and Health Sciences	139	1,023	147	331	2,039	220	109	(4)	(747)	**3,256**
Planned and Specialist Care	(506)	(62)	971	(1,769)	(2,239)	2,483	(886)	467	(893)	**(2,434)**
Primary Care, Community Strategy and Long Term Care	(270)	746	1,329	107	140	(6,830)	108	860	129	**(3,682)**
Executive Director of Allied Health Professions and Health Sciences	**171**	**(175)**	**33**	**(20)**	**18**	**(1)**	**14**	**1,547**	0	1,588
Estates and Facilities	34		33	(20)	18		14	1,544	0	**1,622**
Executive Allied Health Professions and Health Sciences	138	(175)				(1)		3		**(35)**
Executive Director of Finance	**(100)**		**8**	**65**	**0**	**(739)**		**1,028**	**9**	**272**
Digital	(100)		8	65	0	(605)		893	9	**272**
Finance	(0)					(134)		134	0	**0**
Executive Director of Nursing, Quality and Patient Experience	(332)	26	1	42	(4)	96		308	235	**372**
Executive Director of Public Health	489	202	(164)	(201)	(41)	(24)	178	(565)	(73)	**(199)**
Executive Director of Strategy and Planning	**(179)**	**2**	**106**			**(57)**	**1**	**(49)**	**(102)**	**(278)**
LTAs with other NHS Providers	17					(47)	1	(5)		**(35)**
Strategy and Planning	(196)	2	106			(10)		(43)	(102)	**(244)**
Executive Director of Workforce and Organisational Development	(459)	(262)	38	168	116	(583)	(57)	534	8	**(498)**
Executive Medical Director	(6)	8	360	(25)	35		(0)	(351)	(193)	**(172)**
Health Board Wide	**(82)**		**0**	**(824)**	**(17)**	**3**	**(22)**	**(26,604)**	235	**(27,310)**
Planned Deficit								**31,500**		**31,500**
Savings Identification								**29,630**		**29,630**
Grand Total	**(1,946)**	**347**	**4,136**	**(695)**	**118**	**(5,586)**	**(1,419)**	**38,271**	**(1,725)**	**31,500**

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Dr Philip Kloer
Chief Executive
Hywel Dda University Health Board

Our Ref: JP/HJ/SB

6 June 2025

Dear Phil

2025/26 Annual Plan & Financial Position – Next Steps

Thank you for your response letter of 30th April with regard the health board's 2025/26 annual plan. This letter confirms receipt of that supplementary information provided on your plan, and to set out next steps.

Whilst your submission provided some assurance about the processes in place across your organisation and the conversations being explored, it ultimately failed to deliver a material improvement to your plan and its financial position. We have also discussed this at your subsequent JET meeting of 1st May. Your plan remains unsupportable and unacceptable, and further actions are essential to deliver the level of improvement that is expected.

For clarity, ten NHS bodies have submitted balanced financial plans for 2025/26, with four health boards unable to meet that requirement and forecasting substantial deficits which cannot be supported. It is imperative that further actions are taken by those four health boards to deliver financial improvement. This is an essential requirement, alongside delivery of other ministerial priorities such as implementing the priority enabling actions of the NHS Wales Planning Framework.

It is anticipated that a decision letter will soon be issued by the Cabinet Secretary to your Chair confirming that the health board has breached its statutory financial and planning duties, which draws the planning process to a close in order to focus on delivery and improvement, and it is anticipated the immediate next steps set out below become a priority for the organisations focus and response.

In terms of next steps:

- You are required to set out by return to me by **30th June** the detailed actions that the health board can and will take to reduce the current financial forecast from £31.5m to an improved position.

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Judith.Paget001@gov.wales
Gwefan • website: www.gov.wales

- These must be meaningful and deliverable actions that will reduce the current forecast with clear delivery profiles and milestones in 2025/26.

- As we have discussed, a clear requirement was set for 2025/26 by the Cabinet Secretary in allocating additional funding in 2024/25, that the health board would submit a plan with an improvement trajectory towards in-year financial balance over the next three years. Your current plan to deliver the target control total set in 2024/25 of £31.5m does not meet this requirement. For clarity, I am expecting you submit detailed actions to deliver a forecast position that maintains your outturn position of 2024/25 as a minimum as a stepping stone to that expected improvement trajectory set out.

- We will be arranging for the four health board Chief Executives and Chairs to meet with the Cabinet Secretary and myself over coming weeks to discuss this requirement and expectation further.

- Whilst this process is undertaken, and improvement actions identified, there will be a pause on approving any capital developments that would result in additional capital allocations to the health board, unless there are schemes with immediate urgent, safety, or contractual issues that necessitate an urgent decision. Regular interaction with lead officials will be expected to ensure any key immediate issues by exception can be considered as required.

- As part of these recovery actions for the Hywel Dda position specifically, it is anticipated that:

    - The health board is taking actions to significantly reduce its planned investments set out for 2025/26 of £11.7m. We have discussed the health board is a significant outlier in this regard and planning investments the board cannot resource, for benefits that are unclear.

    - You provide assurance that the actions are in place to deliver your existing planned savings assumptions in full.

    - There are tangible and specific additional actions set out that can be delivered by the health board to reduce the current forecast deficit, with clear consideration of managing any associated impacts of these actions.

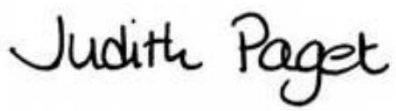
    - Rapid progress is made on mitigating your current risks and reducing the expenditure run rate, given your challenging month 1 position. I am expecting rapid actions early in the financial year to reduce risk and provide clarity and confidence in delivery.

If you would value a discussion on this requirement in more detail and the actions that will be implemented, or have any clarification issues, please contact Samia Edmonds and Hywel Jones directly in the first instance who will be happy to support.

As above, it is anticipated that a decision letter will soon be issued by the Cabinet Secretary to your Chair confirming that the health board has breached its statutory financial and planning duties. This, alongside the response to this requirement, will be an important factor when next considering the health board's escalation status.

Following receipt of your further recovery actions on 30th June, provided this submission meets the requirements set out above, the focus on forecast delivery will continue via your scheduled IQPD, JET, and escalation meetings, as well as via routine monitoring mechanisms.

Yours sincerely



Judith Paget CBE

cc: Hywel Jones, Director of Finance HSCEY Group / NHS Wales
Samia Edmonds, Planning Director, HSCEY Group

3.2

11:00 AM, 20 Mins

3.2 - SAVINGS AND INVESTMENT REPORT

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Savings and Investment Report FPC 26 June 2025.pdf

Appendix 1 Savings and Investment Report.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Savings and Investment Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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 in respect of the Health Board's recurrent savings plan against the Annual Financial Plan requirement, plus the status of investment cases.

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.

At the time of presenting the Annual Plan to Board, recurrent savings identified across the Health Board totalled £19.0m. This included schemes at all levels of the BRAG categorisation, Blue, Red, Amber and Green; Blue representing ideas in development and Green reflecting confirmed savings ready to deliver in 2025/26.

The anticipated non-recurrent benefit factored into the Annual Plan was based on the level of non-recurrent savings and underspends which benefited the Health Board's finances in 2024/25 and an assumption that 75% of this amount would be delivered again in 2025/26.

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.

Asesiad / Assessment

Savings

- **Latest position** – against the target of £44.4m, in year plans total £28.0m factoring in blue, red, amber and green, recurrent and non-recurrent schemes, summary table below. The full year estimate of recurrent schemes £25.8m. Further detail and a breakdown across CCGs and Directorates is included in **Appendix 1**, including the detail of blue and red schemes.

	Blue £m	Red £m	Amber £m	Green £m	Total £m
Recurrent	2.374	7.978	1.826	6.972	19.149
Non-recurrent	0.400	2.430	0.320	5.652	8.803
Total	2.774	10.408	2.146	12.624	27.952

- **Line tracking** – saving tracking is 'live' and the Finance team are facilitating weekly updates into the Executive team to ensure the progress is understood between the monthly cycle. The latest summary tables are reflected in the appendix.
- **Non-recurrent savings** – recognising the savings gap, as a further control, the Executive team have agreed the principle that any in month pay underspends will be transacted as non-recurrent savings each month. The aim being to encourage Clinical Care Groups (CCGs) and Directorates to declare non-recurrent savings for the year upfront or, failing that, to ensure underspends are transacted as they are realised each month, to avoid any underspend being spent in future months. At M2 2025/26 the approach enabled £1.6m in month underspends to be transacted as savings, in addition to £1.4m non-recurrent pay related schemes which were committed by services for the year.
- **Escalation** – a number of CCG/Directorates have yet to identify plans that would support delivery of their share of the £44.4m savings target, summary table below. All of these CCG/Directorates were escalated for Finance at either Level 2 or 3 as of M1 2025/26 financial results. Robust discussions are taking place through regular Escalation and Executive Improving Together meetings to ensure there is active work to de-risk plans, progress schemes through the BRAG categories and identify new schemes.

Delegated Officer	Annual Savings Target £m	In Year Cash Releasing Plans (BRAG) £m	Variance From Target £m
Chief Operating Officer	**39.048**	**19.927**	**19.121**
Chief Operating Officer Management	0.762	0.000	0.762
Community and Integrated Medicine	10.482	6.494	3.988
Mental Health and Learning Disabilities	5.851	2.972	2.879
Operational Allied Health and Health Sciences	3.785	0.760	3.025
Planned and Specialist Care	11.639	6.778	4.861
Primary Care, Community Strategy and Long Term Care	6.529	2.922	3.607
Executive Director of Allied Health Professions and Health Sciences	**2.063**	**0.718**	**1.345**
Estates and Facilities	2.053	0.718	1.335
Executive Allied Health Professions and Health Sciences	0.010	0.000	0.010

Alert (may require discussion)
There is a lack of confidence currently that sufficient action in place to identify and deliver adequate savings to meet the agreed Annual Plan assumptions. Engagement, action or intervention required.

Investments

Within the Annual Plan £11.9m was supported to afford priority investment cases, these plans are being scrutinised ahead of formal approval and award of funding. To date £6.6m 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 Executives.

- **Status** – all submitted cases have been through the initial review process. Plans have been concluded and approved via Formal Executive Team in respect of Radiology, Digital, Endoscopy, Ophthalmology, Acute Oncology Service and multiple items within Estates and Facilities. Included in the appendix is a status update across all of the investment cases.

    - Two cases have been supported linked to fire warden requirements at Glangwili Hospital (GGH) and Bronglais Hospital (BGH), these weren't on the original list of proposals but have arisen linked to ongoing engagement with the Mid and West Wales Fire and Rescue Service and mitigation requirements attached to fire Enforcement Notices at hospital sites which will significantly contain the expense of associated capital works. This will create an additional pressure for the Health Board which will need to be managed (£0.2m 2025/26, £0.4m recurrently) the outcome of remaining investment cases will be monitored to assess scope to cover this pressure.
    - Two further additional cases have directed into the process in respect of Emergency Department (ED) nursing at GGH and BGH. Further work is being undertaken to ensure a complete financial assessment is reflected within the plans.

- **Next steps** – the immediate focus of the scrutiny process remains to complete the review of the original cases for 2025/26. This process has provided positive learning which the panel are keen to apply in framing the process for the 2026/27 planning cycle. Key aspects to be considered; standardised template for proposals to include deliver 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 only recently being granted approval, therefore further updates on delivery and benefits realised will be provided subsequently.

Whilst outcomes remain to be confirmed for a number of 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:

- **NOTE** that there is regular assessment of the savings position to facilitate active discussion and assess progress.
- **SEEK ASSURANCE** from the Executive Delegated Officer portfolios and Clinical Care Groups which remain adrift from delivery of the required savings target for 2025/26 that they have sufficient actions in place to identify and delivery adequate saving plans to achieve the target.
- **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.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: 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: 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: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HSCEY – Health, Social Care and Early Years MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.

Gweithlu: **Workforce:**	The report considers the financial implications of our workforce.
Risg: **Risk:**	Financial risks are detailed in the report.
Cyfreithiol: **Legal:**	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.
Enw Da: **Reputational:**	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: **Privacy:**	Not Applicable.
Cydraddoldeb: **Equality:**	Not Applicable.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Savings & Investment Report Appendix

Finance & Performance Committee

26 June 2025

Contents

Appendix to Savings & Investment Report

2025/26 Savings Update: Latest in year figures, recurrent & non-recurrent cash releasing savings

Key Commentary

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

- To date plans totalling £28.0m have been identified for delivery within 2025/26 this includes both recurrent and non-recurrent schemes
- £14.8m are amber and green
- Blue and red schemes currently total £13.2m and require urgent conversion to amber and green
- A further £16.5m of schemes need to be identified and delivered to achieve the £44.4m target.

2025/26 In year recurrent & non-recurrent cash releasing savings :

Delegated Officer (£'000)	Annual Savings Target	In Year Identified Cash Releasing Plans (Recurrent and Non-Recurrent)					Variance From Target
		Blue	Red	Amber	Green	Total	
Chief Executive	**38**	**0**			**255**	**255**	**-217**
Chief Operating Officer	**39,048**	**2,624**	**7,628**	**1,336**	**8,338**	**19,927**	**19,121**
Chief Operating Officer Management	762						762
Community and Integrated Medicine	10,482	430	2,722	48	3,294	6,494	3,988
Mental Health and Learning Disabilities	5,851	500	319		2,153	2,972	2,879
Operational Allied Health and Health Sciences	3,785		301	108	351	760	3,025
Planned and Specialist Care	11,639	1,694	2,895	80	2,109	6,778	4,861
Primary Care, Community Strategy and Long Term Care	6,529		1,390	1,100	432	2,922	3,607
Executive Director of Allied Health Professions and Health Sciences	**2,063**	**150**	**252**	**20**	**296**	**718**	**1,345**
Estates and Facilities	2,053	150	252	20	296	718	1,335
Executive Allied Health Professions and Health Sciences	10						10
Executive Director of Finance	**377**	**0**	**478**	**384**	**539**	**1,401**	**-1,024**
Digital	271	0	478	384	344	1,206	-935
Finance	106				194	194	-88
Executive Director of Nursing, Quality and Patient Experience	**243**		**8**		**303**	**311**	**-68**
Executive Director of Public Health	**107**		**94**		**730**	**824**	**-717**
Executive Director of Strategy and Planning	**1,902**		**1,948**	**311**	**491**	**2,750**	**-848**
LTAs with other NHS Providers	1,841		1,948		483	2,431	-590
Strategy and Planning	61			311	8	319	-258
Executive Director of Workforce and Organisational Development	**247**			**94**	**551**	**645**	**-398**
Executive Medical Director	**74**				**74**	**74**	**0**
Health Board Wide	**303**				**1,048**	**1,048**	**-745**
Grand Total	**44,402**	**2,774**	**10,408**	**2,146**	**12,624**	**27,952**	**16,450**

2025/26 Savings Update: Latest in year figures, non-recurrent cash releasing savings

Key Commentary

The Health Board's Annual Plan a non-recurrent benefit of underspends and non-recurrent savings of £25.4m.

- To date non-recurrent saving plans identified totalling £8.8m
- £6.0m are amber and green savings, £1.6m of this relates to in-month pay underspends realised in month 2
- Blue and red schemes currently total £2.8m and require urgent conversion to amber and green
- A further £16.6m of saving schemes or underspends need to be identified and delivered to achieve the £25.4m non-recurrent target.

2025/26 In year non-recurrent cash releasing savings :

Delegated Officer (£'000)	In Year Identified Cash Releasing Plans (Non-recurrent only)				
	Blue	Red	Amber	Green	Total
Chief Executive	**0**			**217**	**217**
Chief Operating Officer	**250**	**319**	**70**	**2,475**	**3,115**
Community and Integrated Medicine				586	586
Mental Health and Learning Disabilities	250	319		896	1,466
Planned and Specialist Care			70	661	731
Primary Care, Community Strategy and Long Term Care				332	332
Executive Director of Allied Health Professions and Health Sciences	**150**	**178**			**328**
Estates and Facilities	150	178			328
Executive Director of Finance		**433**		**429**	**862**
Digital		433		344	777
Finance				85	85
Executive Director of Nursing, Quality and Patient Experience				**102**	**102**
Executive Director of Public Health				**623**	**623**
Executive Director of Strategy and Planning		**1,500**	**250**	**491**	**2,241**
LTAs with other NHS Providers		1,500		483	1,983
Strategy and Planning			250	8	258
Executive Director of Workforce and Organisational Development				**491**	**491**
Health Board Wide				**823**	**823**
Grand Total	**400**	**2,430**	**320**	**5,652**	**8,803**

2025/26 Savings Update: Latest recurrent cash releasing plans and full year figures

Key Commentary

The Health Board's Annual Plan includes expected recurrent savings of £19.0m.

- To date plans totalling £19.1m have been identified for delivery within 2025/26
- Of these £8.8m are amber and green
- Blue and red schemes currently total £10.4m and require urgent conversion to amber and green
- If all schemes identified convert to amber and green this would realise the £19.0m framed in the plan, ultimately the goal would be to go beyond this, recognising that the overall saving target of £44.4m for the year has yet to be delivered, plus need to go further recurrently.
- The full year value of the recurrent schemes identified totals £25.8m, £18.6m short of the recurrent £44.4m target.

2025/26 In year recurrent cash releasing savings :

Delegated Officer (£'000)	Annual Savings Target	In Year Identified Cash Releasing Plans (Recurrent)				Total	Full Year Plan	Full Year Variance From Target
		Blue	Red	Amber	Green			
Chief Executive	**38**				**38**	**38**	**38**	**0**
Chief Operating Officer	**39,048**	**2,374**	**7,309**	**1,266**	**5,863**	**16,812**	**23,355**	**£15,693**
Chief Operating Officer Management	762							£762
Community and Integrated Medicine	10,482	430	2,722	48	2,708	5,908	8,876	£1,606
Mental Health and Learning Disabilities	5,851	250			1,257	1,507	1,757	£4,094
Operational Allied Health and Health Sciences	3,785		301	108	351	760	760	£3,025
Planned and Specialist Care	11,639	1,694	2,895	10	1,448	6,047	9,373	£2,266
Primary Care, Community Strategy and Long Term Care	6,529		1,390	1,100	100	2,590	2,590	£3,939
Executive Director of Allied Health Professions and Health Sciences	**2,063**	**0**	**74**	**20**	**296**	**390**	**390**	**£1,673**
Estates and Facilities	2,053	0	74	20	296	390	390	£1,663
Executive Allied Health Professions and Health Sciences	10							£10
Executive Director of Finance	**377**	**0**	**45**	**384**	**109**	**538**	**572**	**-£195**
Digital	271	0	45	384		429	462	-£191
Finance	106				109	109	109	-£3
Executive Director of Nursing, Quality and Patient Experience	**243**		**8**		**201**	**209**	**251**	**-£8**
Executive Director of Public Health	**107**		**94**		**107**	**201**	**201**	**-£94**
Executive Director of Strategy and Planning	**1,902**		**448**	**61**		**509**	**509**	**£1,393**
LTAs with other NHS Providers	1,841		448			448	448	£1,393
Strategy and Planning	61			61		61	61	£0
Executive Director of Workforce and Organisational Development	**247**			**94**	**60**	**154**	**154**	**£93**
Executive Medical Director	**74**				**74**	**74**	**74**	**£0**
Health Board Wide	**303**				**224**	**224**	**224**	**£79**
Grand Total	**44,402**	**2,374**	**7,978**	**1,826**	**6,972**	**19,149**	**25,768**	**18,634**

2025/26 Savings Update: Blue and Red Saving Plans £000

Scheme detail of all blue and red schemes, split by CCG/CSG and Directorates

Description	Recurrent	Definition	BRAG	In Year Plan	Full Year Impact
Cancer and Scheduled Care				£4,294	£7,609
Centralisation of Trauma Care (South of HDUHB): T&O On Call rota amalgamation	Recurrent	Cash-Releasing	Blue	£262	£262
Conclude 24/25 scheme: T&O: Appointment of substantive middle grade in WGH to reduce ADH premium costs	Recurrent	Cash-Releasing	Red	£96	£96
Cost avoidance of A&E attendances & IP admissions as a result to increased Acute Oncology service provision and triage	Recurrent	Cash-Releasing	Blue	£0	£0
Critical Care; Further review of beds and possible seasonal reduction in capacity. CSP Option 2	Recurrent	Cash-Releasing	Blue	£0	£0
CSP; centralise ENT	Recurrent	Cash-Releasing	Blue	£44	£44
CSP; Centralise General Surgery:	Recurrent	Cash-Releasing	Red	£200	£200
Efficiencies (Amorelle) SOS, PIFU, Theatre Efficiencies etc. Recurrent. Productivity opportunity, not cash releasing saving.	Recurrent	Cash-Releasing	Red	£0	£0
Enhanced Critical Care model PPH, in line with National Guidelines	Recurrent	Cash-Releasing	Red	£50	£200
Enzalutamide price drop (£0.7m) & Denosumab price drop (£0.04m)	Recurrent	Cash-Releasing	Red	£678	£740
Medical Stabilisation: Opportunity £7m across clinical group; Within Anaesthetics, Gen Surg and Orthopaedics.	Recurrent	Cash-Releasing	Red	£875	£3,500
New NICE Drugs efficiencies and impact on wider Health Board for efficiencies and cost avoidance (Rec/ Non Cash releasing)	Recurrent	Cash-Releasing	Blue	£0	£0
Nursing variable pay opportunity: IEN Cohort for Summer recruitment, IENs for Theatres	Recurrent	Cash-Releasing	Red	£90	£360
Optimising Drug switches and rebates (Rec/Cash releasing)	Recurrent	Cash-Releasing	Red	£199	£199
Outpatients Transformation – review staffing / skill mix in line with digital innovation opportunities and review of safe staffing levels	Recurrent	Cash-Releasing	Red	£292	£500
Theatres: Review PPH ICU	Recurrent	Cash-Releasing	Blue	£843	£843
Theatres: Review Theatres at GGH	Recurrent	Cash-Releasing	Blue	£60	£60
Theatres: Review Theatres WGH	Recurrent	Cash-Releasing	Blue	£154	£154
Theatres: Review NCEPOD / TRAUMA theatre on Saturday	Recurrent	Cash-Releasing	Blue	£79	£79
Theatres: Review NCEPOD / TRAUMA theatre on Sundays	Recurrent	Cash-Releasing	Blue	£98	£98
Theatres: Review DSU theatres and ward areas.	Recurrent	Cash-Releasing	Blue	£122	£122
Theatres: WGH of out of hours staffing review - Theatres	Recurrent	Cash-Releasing	Blue	£32	£32
Theatres; Review Theatres WGH Non Pay	Recurrent	Cash-Releasing	Red	£120	£120
Children, Women and Family Health				£295	£295
BGH Service provision changes for O&G, Matenity & Paediatrics	Recurrent	Cash-Releasing	Blue	£0	£0
Review tripartite agreement with Garreglwyd for CCC provision	Recurrent	Cash-Releasing	Red	£150	£150
Workforce resolution within O&G	Recurrent	Cash-Releasing	Red	£145	£145
Repatriation of PAS from SBU LTA	Recurrent	Cash-Releasing	Red	£0	£0

2025/26 Savings Update: Blue and Red Saving Plans £000

Description	Recurrent	Definition	BRAG	In Year Plan	Full Year Impact
Carmarthenshire Integrated System				**£2,312**	**£5,241**
Admin review	Recurrent	Cash-Releasing	Red	£28	£28
Biosimilar switches for USC	Recurrent	Cash-Releasing	Red	£25	£25
Review Preseli ward (15 bed surgical ward GGH) - med and surgical outliers	Recurrent	Cash-Releasing	Red	£700	£1,400
Communication Hub - Admin reconciliation (year 2)	Recurrent	Cash-Releasing	Red	£100	£100
Community vision development Eastgate model and 50 day challenge	Recurrent	Cash-Releasing	Blue	£0	£0
Evaluation of opportunity to provide alternative care provision for LCH	Recurrent	Cash-Releasing	Blue	£0	£0
Impact of Emergency General Surgery (Scheduled Care Scheme on GGH)	Recurrent	Cash-Releasing	Blue	£0	£0
LOS reduction and associated bed efficiencies - Bed closure GGH (2 year plan)	Recurrent	Cash-Releasing	Blue	£100	£400
LOS reduction and associated bed efficiencies - bed closure PPH (2 year plan)	Recurrent	Cash-Releasing	Red	£100	£200
MIU Future Model PPH	Recurrent	Cash-Releasing	Red	£294	£504
Reduction in variable pay for Doctors from changing the front door model	Recurrent	Cash-Releasing	Red	£192	£192
Reduction in variable pay for Doctors from changing the front door model GGH	Recurrent	Cash-Releasing	Red	£192	£192
Reduction in variable pay for Doctors from changing the front door model PPH	Recurrent	Cash-Releasing	Red	£0	£0
Review of stroke services to PPH to align to CSP.	Recurrent	Cash-Releasing	Red	£526	£2,105
Review DN and ART support in to Residential homes	Recurrent	Cash-Releasing	Blue	£0	£0
Review of CCU capacity in Carmarthenshire	Recurrent	Cash-Releasing	Blue	£0	£0
Review operating model of community hospitals	Recurrent	Cash-Releasing	Blue	£0	£0
Review operating model of community hospitals	Recurrent	Cash-Releasing	Red	£15	£15
Review SLA of Ty Bryngwyn	Recurrent	Cash-Releasing	Blue	£0	£0
Review the bereavement service GGH	Recurrent	Cash-Releasing	Red	£0	£0
Review WARD 6 PPH (orthopaedic)	Recurrent	Cash-Releasing	Red	£40	£80
Pembrokeshire Integrated System				**£840**	**£840**
Alignment of bed capacity from Sunderland Ward to Withybush	Recurrent	Cash-Releasing	Blue	£280	£280
Community Nursing OCP	Recurrent	Cash-Releasing	Red	£0	£0
Contract review of Community inpatient beds	Recurrent	Cash-Releasing	Red	£425	£425
Deep dive of medical rotas	Recurrent	Cash-Releasing	Red	£85	£85
Development of the Ambulatory Trauma Pathway from GGH to Withybush	Recurrent	Cash-Releasing	Blue	£0	£0
Optimise utilisation of Community Estate	Recurrent	Cash-Releasing	Blue	£50	£50
Respiratory services	Recurrent	Cash-Releasing	Blue	£0	£0
Risk - Emergency General Surgery being removed from WGH	Recurrent	Cash-Releasing	Blue	£0	£0

2025/26 Savings Update: Blue and Red Saving Plans £000

Description	Recurrent	Definition	BRAG	In Year Plan	Full Year Impact
Mental Health and Learning Disabilities				£819	£500
Non-recurrent staffing underspend	Non Recurrent	Cash-Releasing	Blue	£0	£0
Non-recurrent staffing underspend	Non Recurrent	Cash-Releasing	Red	£319	£0
Potential savings from efficiencies in utilisation of WPAS and Comms hub	Recurrent	Cash-Releasing	Blue	£0	£0
Potential savings from redesign including Digital solution	Recurrent	Cash-Releasing	Blue	£0	£0
Redesign legacy arrangements with LAs	Recurrent	Cash-Releasing	Blue	£250	£500
Review and release CHC LA accruals	Non Recurrent	Cash-Releasing	Blue	£250	
Single access point for MHLD services / 111 press 2	Recurrent	Cash-Releasing	Blue	£0	£0
Pathology				£301	£301
Haem Drug Biosimilar	Recurrent	Cash-Releasing	Red	£105	£105
OOH Service	Recurrent	Cash-Releasing	Red	£56	£56
Outsourced Income	Recurrent	Cash-Releasing	Red	£50	£50
Reduction to Agency Locum	Recurrent	Cash-Releasing	Red	£90	£90
Pharmacy and Medicines Management				£1,390	£1,390
Bosutinib	Recurrent	Cash-Releasing	Red	£113	£113
Bulk purchase of chemotherapy	Recurrent	Cash-Releasing	Red	£188	£188
Dimethyl fumarate	Recurrent	Cash-Releasing	Red	£110	£110
DOAC Switch	Recurrent	Cash-Releasing	Red	£100	£100
DPP-4 inhibitors	Recurrent	Cash-Releasing	Red	£300	£300
Housekeeping	Recurrent	Cash-Releasing	Red	£150	£150
National Prescribing Indicators	Recurrent	Cash-Releasing	Red	£30	£30
ScriptSwitch	Recurrent	Cash-Releasing	Red	£400	£400

2025/26 Savings Update: Blue and Red Saving Plans £000

Description	Recurrent	Definition	BRAG	In Year Plan	Full Year Impact
Digital				£478	£45
Digital Waiting Lists and Productivity	Recurrent	Cash-Releasing	Red	£11	£11
Foundational Digital Systems – Patient Flow / eOBs / ePMA	Recurrent	Cash-Releasing	Blue	£0	£0
Managed Print Service	Recurrent	Cash-Releasing	Red	£34	£34
Microsoft VAT reclaim 24-25	Non Recurrent	Cash-Releasing	Red	£433	
Operational Command Centre	Recurrent	Cash-Releasing	Red	£0	£0
Patient Services Centre (SPOC)	Recurrent	Cash-Releasing	Blue	£0	£0
Shadow IT / Application Rationalisation	Recurrent	Cash-Releasing	Blue	£0	£0
Estates and Facilities				£402	£74
Centrica Underperformance payments	Non Recurrent	Cash-Releasing	Red	£80	£0
Compass - Share of profits	Non Recurrent	Cash-Releasing	Red	£78	£0
Consequential Savings - Other directorate decisions	Recurrent	Cash-Releasing	Blue	£0	£0
Cook Freeze at WGH and GGH	Recurrent	Cash-Releasing	Red	£0	£0
Estates - rationalisation - Ty Parc yr Ynn, Ammanford. Carmarthenshire County budgets	Recurrent	Cash-Releasing	Red	£22	£22
Estates rationalisation - Relocation of community clinics in Carmarthenshire	Recurrent	Cash-Releasing	Red	£19	£19
Focused review of profitability of restaurants	Recurrent	Cash-Releasing	Red	£0	£0
Income from retail covenant restricting food sales in the retail park near Withybush	Non Recurrent	Cash-Releasing	Blue	£150	£0
Market review of rents charged in residences	Recurrent	Cash-Releasing	Red	£20	£20
Steam trap installs	Non Recurrent	Cash-Releasing	Red	£20	£0
Utilities reduction in line with NWSSP 25/26 forecast	Recurrent	Cash-Releasing	Blue	£0	£0
WGH Helipad	Recurrent	Cash-Releasing	Red	£13	£13
LTAs with other NHS Providers				£1,948	£448
SBU Orthopaedic regional funding	Non Recurrent	Cash-Releasing	Red	£1,500	
Swansea Bay SLA and LTA double funding	Recurrent	Cash-Releasing	Red	£448	£448
Nursing, Quality and Patient Experience				£8	£8
Vacancy Hold	Recurrent	Cash-Releasing	Red	£8	£8
Public Health				£94	£94
Workforce Pay Saving	Recurrent	Cash-Releasing	Red	£94	£94

2025/26 Investment Case Update (1 of 3)

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 10 cases have been approved through Formal Executive Team
- 2 cases is pending conclusion following receipt of recommendations at Formal Executive Team
- 1 case has been updated and resubmitted for the scrutiny process to continue
- Updated proposals for 5 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 £	Approved 25/26 £	Approved Recurrent £	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. Approved	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. Approved	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			Progressing - FET outcome awaited	21/05/2025

2025/26 Investment Case Update (2 of 3)

Annual Plan Category	CCG / Directorate	Description	Annual Plan Provision £	Approved 25/26 £	Approved Recurrent £	Status	Formal Executive Team consideration
Local Pre-Commitment	Medical Director	VBHC - Heart Failure	624,000			Exec recommendation made. Exec ask to service that savings assessment, reassess and determine future, VBHC funding extended to June 30th. Potential cessation of scheme 30/09/25.	21/05/2025
Local Pre-Commitment	Estates and Facilities	RAAC revenue pressure	150,000	150,000	150,000	Approved	04/06/2025
Not included in the financial plan	Estates and Facilities	Additional fire wardens required at GGH	0	153,922	205,000	Approved	04/06/2025
Not included in the financial plan	Estates and Facilities	Additional fire wardens required at WGH	0	0	205,000	Approved (costs start Sept '26)	04/06/2025
Not included in the financial plan	Director of Public Health	Health Coaches - pursuing VBHC funding initially	0			Progressed through batch 2, further work required, updated proposal submitted - scrutiny process to recommence	TBC
Not included in the financial plan	Community and Integrated Medicine	GGH ED Nursing	0			Reviewed as part of batch 3, lacking adequate financial assessment, deferred to allow further work, awaiting paper	TBC
Not included in the financial plan	Community and Integrated Medicine	BGH EUCC Nursing	0			Reviewed as part of batch 3, lacking adequate financial assessment, deferred to allow further work, awaiting paper	TBC
Local Pre-Commitment	Director of Workforce	International Recruitment (Medical)	200,000			Deferred, awaiting paper - latest update from WG suggests review of next overseas visit to enable this due to low numbers across Wales. May require review of overseas plan if Hywel Dda pursuing an solo approach.	TBC

2025/26 Investment Case Update (3 of 3)

Annual Plan Category	CCG / Directorate	Description	Annual Plan Provision £	Approved 25/26 £	Approved Recurrent £	Status	Formal Executive Team consideration
Local Pre-Commitment	Estates and Facilities	Maintenance Volume	400,000			Deferred, awaiting paper	TBC
Local Future Investments	Director of Public Health	Child Obesity PH	300,000			Progressed through batch 2, require greater clarity ahead of making recommendation, awaiting paper	TBC
Local Future Investments	Central Reserves	Nurse Staffing 25b Provisional Autumn 2024 Review	380,030			No paper received. Acute nursing papers x 2 submitted for ED, GGH and BGH	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	N/A
Local Future Investments	Central Reserves	Nurse Staffing 25a Provisional MH&LD	988,657			Progressed directly through Executive Team	N/A
Total			**11,855,024**				
Approved Total			**6,376,013**	**5,762,048**	**6,561,732**		

3.3

11:20 AM, 5 Mins

3.3 - PLANNING OBJECTIVES UPDATE REPORT Q1 2025/26

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Planning Objectives Update Report FPC 26 June 2025.pdf

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning 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

The Health Boards 10 Planning Objectives are a key element of our Annual Plan. This paper provides the Finance and Performance Committee (FPC) with an update on the four Planning Objectives aligned to it.

Cefndir / Background

The Annual Plan for 2024/25 was built around 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and, within this, the de-escalation of our Targeted Intervention (TI) status across six critical domains:

- Finance
- Strategy and Planning
- Performance and Outcomes
- Fragile Services
- Governance; Leadership, Capability and Culture
- Quality of Care

The Planning Objectives set out the aims of the organisation, for example, the horizon that Hywel Dda University Health Board (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.

Four Planning Objectives are aligned to FPC, these are:

- **Planning Objective 2:** Financial recovery and roadmap
- **Planning Objective 3**: Urgent and Emergency Care
- **Planning Objective 4:** Planned Care including cancer and diagnostics
- **Planning Objective 5:** Mental Health and Learning Disabilities

Asesiad / Assessment

The Planning Objectives remain a key element of the Annual Plan for 2025/26, and as noted in the FPC update in April 2025, four of these are aligned to the Committee.

Whilst the Planning Objectives for 2025/26 continue to be in development, key aspects will be reviewed as part of other Committee agenda items. However, a number of the 2024/25 Planning Objectives continue to have actions to be completed summarised below:

Planning Objective	Executive Lead	Updated position on 2024/25 Planning Objectives
2: Financial Recovery and Roadmap	Director of Finance	On-track.
3: Urgent and Emergency Care	Director of Operations	On-track.
4: Planned Care including Cancer and Diagnostics	Director of Operations	Behind
5: Mental Health and Learning Disabilities	Director of Operations	On-track

For **PO2, Financial Recovery and Roadmap**, this is on-track - progress has been made with respect to in-year of savings delivery, reduction in underlying deficit, achievement of Welsh Government Target Control Total for 2024/25. Additionally, plans emerging for more efficient service delivery through Clinical Services Plan, Annual Plan, etc; along with the emerging collaboration agenda with Swansea Bay University Health Board (SBUHB) which may accelerate efficiency and productivity gains, reduce commissioning frictional losses, etc.

For **PO3, Urgent and Emergency Care**, this is currently on-track – the majority of deliverables against the portfolio of work are complete. A minority remain behind due to resource, but mitigations are in place to address.

For **PO4, Planned Care including Cancer and Diagnostics**, the overarching progress is behind, with the three individual components being:

- RTT – Behind
- Diagnostics – Behind
- Cancer – On-track

For **PO5, Mental Health and Learning Disabilities**, 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.

In supporting the development of 2025/26 Planning Objectives, a Plan on a Page is being developed for each, and these will be brought to the next Committee meeting.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **RECEIVE ASSURANCE** on the current position in regard to the progress of the Planning Objectives aligned to the Finance and Performance Committee, 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: 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: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2024/25 Annual Plan 2025/26
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any issues are identified in the report.
Gweithlu: **Workforce:**	Any issues are identified in the report.
Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report.
Enw Da: **Reputational:**	Any issues are identified in the report.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

3.4

11:25 AM, 10 Mins

3.4 - PROCUREMENT SCRUTINY

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Procurement Report FPC 26 June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Procurement Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas – Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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 outcome of the procurement exercises which have been undertaken on behalf of Hywel Dda University Health Board (HDdUHB):

1. **All Wales Fresh Non-Prepared & Prepared Fruit, Vegetables and Salad**

In line with Welsh Government 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 Fresh Non-Prepared & Prepared Fruit, Vegetables and Salad**

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 (including extension option)
01/01/2026– 31/12/2028 with an option to extend for a further twelve (12) months to 31 December 2029.	Lot One: Dole Food Service Lot Two: WR Bishop	£261,649.52 ex VAT	£225,708.49 ex VAT	£902,833.96 ex VAT

Asesiad / Assessment

The fruit and vegetable markets are driven by weather conditions, which determine crop production and subsequent yields. Supply and demand, coupled with availability of products, particularly during peak season, can have an impact on the feasibility of supplying all products, and have an impact on price management. Over the course of the current contracts, the most impacted product type has been potatoes, which has seen both quality and price fluctuations more widely and frequently.

The contract includes a variety of fresh and prepared fruit and vegetable products for the purpose of patient feeding and/or Health Board/Trust income generation, provided via direct supply.

The proposed contract was published via OJEU Ref: 20241112-000008 (2024/S 000-036579) following the Open Procedure. The tender utilised existing supply routes while using a regional approach to the lot split, which saw the contract split by north and south. However, following engagement with the market at planning stage, NHS Wales Shared Service Partnership (NWSSP) sought to split Hywel Dda UHB and Powys THB across both lots, due to numerous suppliers noting difficulty in supplying the regions fully.

The Health Board division for HDdUHB is outlined below:

Lot #	Health Board	Sites Included
1	Hywel Dda UHB	Bronglais General Hospital, Tregaron Community Hospital
2	Hywel Dda UHB	Llandovery Hospital, Amman Valley Hospital, Prince Philip Hospital, Glan General Hospital, Withybush General Hospital, South Pembrokeshire Hospital, Hafan Derwen Hospital

All bids were evaluated in accordance with the award criteria and scoring methodology published within the tender documentation. A project group comprising of Catering, Facilities, Hotel Services, and Dietetic managers from across NHS Wales undertook the Technical and Quality evaluation. The individual scores from the project group were moderated at a group meeting which established a consensus score. This group also contributed to the productions of the product specification and supplementary terms and conditions.

NWSSP conducted a benchmarking exercise to support the outcome of the procurement process. It provided a final sense-check of this contract's value compared to other UK public sector organisations. The approach involved benchmarking NHS Wales' proposed prices against the lowest and average line-item prices provided by NHS Scotland and NHS Northern Ireland.

Summary of Findings:

- Lot 1 - Mid and North Wales pricing is competitive, with a high percentage of line-items reviewed being priced below the median(average) from Scotland and Northern Ireland.

- Lot 2 - Mid and South Wales pricing also compares favourably, with a high percentage of items falling at or below the average pricing of Scotland and Northern Ireland.
- Several items are within a close range of the lowest prices, indicating strong value.
- A limited number of higher-priced items were noted.

This benchmarking exercise reinforces the conclusion that NHS Wales proposed pricing is competitive and appropriate in the context of wider UK public sector procurement activity. The findings support the robustness of the evaluated outcome and confirm alignment with the market. Furthermore, the outcome of this process has generated a cash releasing saving for all Health Boards and Trusts, thus ensuring competitive value for NHS Wales.

It is proposed that the below Lots be awarded to the corresponding bidders:

Lot	Sites Included	Proposed Winning Bidder	Proposed Annual Saving
1	Bronglais General Hospital, Tregaron Community Hospital	Dole Food Service	£1,404.95
2	Llandovery Hospital, Amman Valley Hospital, Prince Philip Hospital, Glangwili General Hospital, Withybush General Hospital, South Pembrokeshire Hospital, Hafan Derwen Hospital	WR Bishop	£34,536.08

Argymhelliad / Recommendation

The Finance and Performance Committee (FPC) is asked to scrutinise and recommend for Board to:

- **APPROVE** the award of Fresh Non-Prepared and Prepared Fruit, Vegetables and Salad to the above providers for the period 1 January 2026 to 31 December 2028, with an option to extend for a further twelve (12) months. This contract will have onwards submission to Hywel Dda Public Board and Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

3.5

11:35 AM, 0 Mins

3.5 - WELSH HEALTH CIRCULARS

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Welsh Health Circulars FPC 26 June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Health Circulars
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas - Director of Finance Joanne Wilson - Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Rachel Williams, Head of Assurance and Risk

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 to the Finance and Performance Committee (FPC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of FPC and its Sub-Committee structure. The Committee is requested to receive 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.

Cefndir / Background

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.

The Board has requested that WHCs that have not been implemented by the stated timescales should be closely monitored by its committee structure, in order to provide assurance on the compliance and delivery of the outstanding WHC, in addition to an understanding of the impacts resulting from late/non-delivery.

Asesiad / Assessment

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**.**

Following implementation for the Board's governance structure in April 2025, WHCs included within this report have been re-aligned to the new Committee structure.

Progress updates relating to the implementation of WHCs are obtained from the relevant Supporting Officer via the AMAT system, the detail of which has been extracted directly to inform reporting to FPC,

WHCs currently on schedule to be completed by the timescale provided / new WHCs received since the last SRC report in February 2025 (Amber) now aligned to FPC:

WHC Ref	Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
012-25	Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards and NHS Trusts in Wales, and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW) *online link not available*	29/05/25	Director of Corporate Governance/ Board Secretary	The Health Board's Standing Financial Instructions have been updated with support from Finance colleagues, and will be presented to Audit And Risk Assurance Committee in June, prior to approval by Board on 31 July 2025.	Jul-25

The following WHCS has been completed since the last report in February 2025 to SRC (Green):

WHC Ref	Name of WHC	Date Issued	Lead Executive /Director	Progress Update
051-24	Health board allocations: 2025 to 2026	27/01/25	Director of Finance	Compliance with WHC has been achieved via the Annual Plan reported to Public Board meeting in

				March 2025, inclusive of the transacting of the allocations.
013-25	2025/26 NHS Wales Financial Monitoring Return Guidance	24/04/25	Director of Finance	Discussions took place with Welsh Government personnel prior to submission to ensure full understanding of the changes. WHC now fully actioned.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the re-alignment of WHCs reportable to the Finance and Performance Committee in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVE ASSURANCE**, or otherwise, 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.8 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to delivery of WHC's should be identified on operational risk registers.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB's services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.
Enw Da: Reputational:	Poor management of WHCs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.

Gyfrinachedd: **Privacy:**	No direct impacts from report.
Cydraddoldeb: **Equality:**	No direct impacts from report however each action is outlined in description of overarching actions required.

3.6

11:35 AM, 0 Mins

3.6 - MINISTERIAL DIRECTIONS

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Ministerial Directions FPC 26 June 2025.pdf

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Monitoring of Ministerial Directions
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas – Director of Finance Jill Paterson – Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rachel Williams, Head of Assurance and Risk

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 this report is to provide the Finance and Performance Committee (FPC) with a status update and assurance that all NHS Non-Statutory Instruments, otherwise known as Ministerial Directions (MD), received from Welsh Government (WG) have been implemented/adopted by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

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).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

MDs that potentially form part of the process of approving expenditure of public money have been realigned to the Finance and Performance Committee to receive a regular assurance report on compliance.

Asesiad / Assessment

The table in **Appendix 1,** below, details the MDs relating to the National Health Service issued between 1 February 2025 and 12 June 2025, as well as MDs issued previously which

are still in the process of being implemented. The table provides details that all MDs have either been implemented/adopted by HDdUHB in this timeframe or are in the process of being implemented.

The following RAG status is now applied to MDs:

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

Following implementation for the Board's governance structure in April 2025, MDs included within this report have been re-aligned to the new Committee structure.

Following the revision of governance arrangements the following MDs have been re-aligned:

- MD 2021. No 59 (The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021) has been realigned to the Strategy and Planning Committee.
- MD 2023. No 8 (Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023) has been realigned to the Digital, Data and Innovation Committee.
- MD 2023. No 27 (The Primary Care (E-Prescribing Pilot Scheme) Directions 2023) has been realigned to the Digital, Data and Innovation Committee.

The table below details the MD relating to the National Health Service issued since the last report in February 2025 to SRC, which is either in the process of being implemented, or are currently awaiting a statement of compliance, and re-aligned to the Finance and Performance Committee (FPC) (**Amber**). Confirmation of compliance is currently awaited from NWSSP for an MD which received on the 9 June 2025.

Since the previous report to SRC, the following MDs have been confirmed as implemented (**Green**):

Direction Number	Name of Direction	Lead Director	Update
WG24-10	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024	Director of Finance	Confirmation received from NHS Wales Shared Services Partnership (NWSSP) that MD has been complied with.
WG24-25	The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Supplementary Service) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.

WG-24-20	The Primary Medical Services (Directed Supplementary Services) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG24-24	The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Supplementary Service) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG24-22	The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG24-23	The Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Supplementary Service) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG24-21	The Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Supplementary Services) (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG24-28	The Alternative Provider Medical Services (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	Service is already commissioned with an Independent Contractor.
WG24-38	The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024	Director of Primary Care, Community and Long Term Care	MD is a contractual mechanism and has been actioned.
WG24-39	The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024	Director of Primary Care, Community and Long Term Care	Health Board is compliant with the national framework for commissioning care and support.
WG25-02	The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements	Director of Finance	Confirmation received from NWSSP that MD has been complied with.

	(Amendment) Directions 2025		
WG25-03	The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-04	The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-05	The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-06	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-08	The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-07	The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-17	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2025	Director of Finance	Confirmation received from NWSSP that MD has been complied with.
WG25-27	The Primary Medical Services (Intra/Periarticular Injection) (Directed Supplementary Services) (Wales) Directions 2025	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG25-28	The Primary Medical Services (Minor Surgery) (Directed Supplementary Services) (Wales) Directions 2025	Director of Primary Care, Community and Long Term Care	MD has been incorporated into existing contracts.
WG25-30	The Primary Care (Contracted Services: Immunisations)	Director of Primary	MD has been incorporated into existing contracts.

	(Influenza) Directions 2025	Care, Community and Long Term Care	

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to **RECEIVE ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 February 2025 and 12 June 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ministerial Directions

Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers.
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-statutory Instruments are legal tools which often have a financial impact on the organisation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-statutory Instruments are legal tools which can impact patient care
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board.
Cyfreithiol: Legal:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Enw Da: Reputational:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

APPENDIX 1

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
2025. No 33	Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	09/06/25	Director of Finance	These Directions are given to Local Health Boards. They relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract. These Directions are made on 6 June 2025 and come into force on 7 June 2025.	MD received by the Health Board on 9th June 2025, and currently awaiting a statement of compliance from NWSSP, upon which the MD will be noted as closed.	Amber	TBC

3.7

11:35 AM, 0 Mins

3.7 - 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 26 June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	All-Wales Capital Programme 2025/26, Capital Resource Limit and Capital Financial Management Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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 project updates

Cefndir / Background

This report provides an update on the CRL for 2025/26.

Asesiad / Assessment

Capital Resource Limit 2025/26

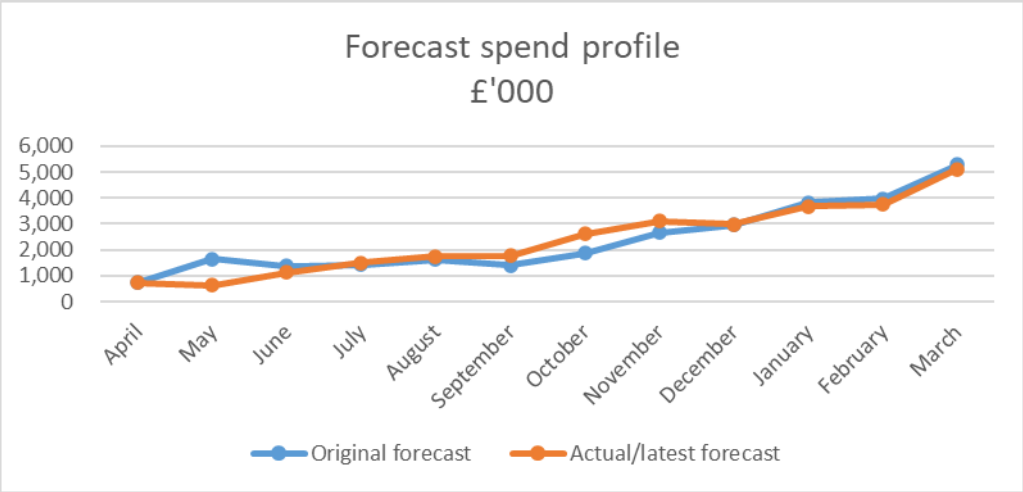
The CRL for 2025/26 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	21.629
Discretionary Programme* (DCP)	7.152
Total	**28.781**

***The Health Board received DCP of £10m in 2025/26. A contribution of £1.903m 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.**

Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for May was slightly lower than forecast on some of the Backlog Maintenance schemes, with spend increasing later in the financial year.



Capital Expenditure Plan

The following table shows the capital expenditure plan for 2025/26 with expenditure incurred to date:

Scheme	Planned Spend 2025/26 £m	Cumulative Spend Apr-May £m	Spend May £m	Remaining balance £m
AWCP				
Glangwili - Fire Enforcement works - Phase 2 - Fees	0.779	0.042	0.028	0.737
Backlog Maintenance – (slippage from 2024-25)	1.468	0.187	0	1.281
Diagnostic Equipment - WGH Fluro & Chilled Water Plant	2.570	0.012	0.004	2.558
Aberystwyth Sexual Assault Referral Centre	2.367	0.586	0.213	1.781
Block C, Picton Terrace, Carmarthenshire	2.488	0.048	0.044	2.440
EFAB - Infrastructure	0.127	0.004	0	0.123
EOY Funding 24/25 – (Pentre Awel)	0.400	0.066	0.006	0.334
Targeted Estates Fund (TEF) - Fire	0.414	0	0	0.414
TEF - Infrastructure	3.927	0	0	3.927
TEF - Decarbonisation	0.300	0	0	0.300

TEF - Mental Health	0.810	0.001	0.001	0.809
TEF - Infection Prevention Control	0.318	0	0	0.318
TEF - Decontamination	0.576	0	0	0.576
Carmarthen Hwb - Equipment and Fit-out costs	3.518	0	0	3.518
Fishguard Health and Wellbeing Centre	1.567	0.007	0.007	1.560
Sub-total AWCP	**21.629**	**0.953**	**0.303**	**20.676**
Discretionary				
IT	0.959	0.044	0.044	0.915
Equipment	1.786	0.262	0.190	1.524
Estates – Statutory	0.45	0.008	0.008	0.442
Estates Infrastructure	2.953	0	0	2.953
Mental Health	0	0	0	0.000
Other	1.004	0.111	0.098	0.893
Sub-total Discretionary	**7.152**	**0.425**	**0.340**	**6.727**
TOTAL	**28.781**	**1.378**	**0.643**	**27.403**

Further details on the revenue consequences of these schemes are noted in **Appendix 1**.

CAPITAL SCHEME UPDATES (SCHEMES GREATER THAN £1M)

Withybush Fluoroscopy & Chiller

Works to replace the Fluoroscopy scanner and chilled water plant are due to commence in September 2025.

Aberystwyth Sexual Assault Referral Centre (SARC)

This project will provide sustainable ISO-accredited infrastructure for the delivery of SARC services in Aberystwyth. Following Welsh Government (WG) approval of the business case for the Aberystwyth SARC, £3.354m funding has been provided with work started in January 2025 and construction work due to complete in August 2025. The project is currently on programme and within budget.

Cross Hands Health and Wellbeing Centre (HWBC)

Discussions are on-going with WG to review the reduced scope of the project to ensure that it is deliverable within the budgetary envelope available.

Picton Terrace

Funding has been provided by WG to develop a 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.

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.

Fishguard Health and Wellbeing Centre

Funding has been provided to develop a Business Case for the development of Fishguard Health and Wellbeing Centre. This will include a longer-term solution for the existing Fishguard Healthcare Centre and support local delivery of services for the North Integrated Community Network.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the 2025/26 Capital Resource Limit (CRL)
- **NOTE** the project updates

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in: 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: 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: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan 8 Estates plans 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.
Rhestr Termau: Glossary of Terms:	Explanation of terms is included in the main body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Capital Monitoring Forum Capital Planning Group Individual Project Boards of Capital Schemes Welsh Government Capital Review Meeting Capital Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and Capital prioritisation process
Gweithlu: Workforce:	Included within individual business cases and Capital prioritisation process

Risg: **Risk:**	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
Cyfreithiol: **Legal:**	Included within individual business cases and Capital prioritisation process
Enw Da: **Reputational:**	Included within individual business cases and Capital prioritisation process
Gyfrinachedd: **Privacy:**	Included within individual business cases and Capital prioritisation process
Cydraddoldeb: **Equality:**	Included within individual business cases and Capital 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
AWCP			
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
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		
Sub-total AWCP	**0.93**	**0.93**	**0.00**
Discretionary			
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
Sub-total Discretionary	**0.18**	**0.00**	**0.18**
TOTAL	**1.11**	**0.93**	**0.18**

The above table shows the total revenue costs as a consequence of capital expenditure in 2025-26 as £1.11m. Total additional costs are estimated at £0.93m and costs assumed to be included in current revenue budgets, as they are equipment replacements, totals £0.18m.

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.

4 - PERFORMANCE

4.1

11:35 AM, 10 Mins

4.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

IPAR M2 2025-26 FPC 26 June 2025.pdf

IPAR Overview M2 2025-26.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report – Month 2 2025/2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, 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

This report relates to the Month 2, 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. Ahead of the Board 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:

- The escalation update section has been removed from the IPAR into a separate document and combined with the Finance escalation content.
- A data submission for audiology will not take place until June 2025 as local and national colleagues are reviewing and working on validation of systems and data.

- Patient experience metrics - the national survey has been updated and metrics changed. The Patient Experience and Performance teams have updated metrics that have remained the same and are working closely to take forward changes.

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: 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.

Asesiad / Assessment

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 IPAR Overview.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
% child neurodevelopment assess waits <26 weeks	80%	Apr 2025	23.5%	Usual	Missing target	n/a	Alert
Number of Pathways of Care delayed discharges	n/a	May 2025	234	Usual	n/a	Trajectory missed by over 5%	Alert
Ambulance handovers > 1 hour Hywel Dda	0	May 2025	1,059	Concerning	Missing target	Trajectory missed by over 5%	Alert
Ambulance handover > 4 hours Hywel Dda	0	May 2025	325	Usual	Missing target	Trajectory missed by over 5%	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	May 2025	72.9%	Usual	Missing target	n/a	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	May 2025	1,255	Concerning	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Apr 2025	55.7%	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Apr 2025	60.3%	Concerning	Missing target	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	May 2025	4,617	Improving	Missing target	n/a	Alert
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	May 2025	2,384	Concerning	Missing target	n/a	Alert
C. difficile: Number of confirmed cases (in-month)	8	May 2025	16	Usual	Hit and miss	n/a	Alert
% Ambulance red call responses < 8 mins	65%	May 2025	48.6%	Usual	Missing target	n/a	Alert
% sickness absence rate of staff	4.79%	May 2025	6.59%	n/a	n/a	n/a	Alert
Financial in month deficit	n/a	May 2025	£2,680,000	Usual	n/a	Within 5% of Trajectory	Alert
% uptake of flu vacc - 65+ years	75%	Mar 2025	64.9%	n/a	n/a	n/a	Alert
Patients waiting 104 weeks+ RTT	0	May 2025	319	Improving	Missing target	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	May 2025	84	Improving	Missing target	n/a	Advise
Follow-up appts - delayed >100%	0	May 2025	17,167	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	May 2025	12,814	Improving	Missing target	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	May 2025	30	Usual	Hit and miss	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	May 2025	12	Usual	Hit and miss	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	May 2025	43.2%	Improving	n/a	n/a	Advise
% Autumn 2024 COVID booster uptake for eligible residents	75%	Feb 2025	45.7%	n/a	n/a	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2024	90.4%	n/a	n/a	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2024	73.5%	n/a	n/a	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2024	95.8%	n/a	n/a	n/a	Advise
% pts on single cancer pathway within 62 days	75%	Apr 2025	62%	Usual	Missing target	Within 5% of Trajectory	Assure
% MH assess within 28 days (age 0-17)	80%	Apr 2025	98.1%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Apr 2025	95.4%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Apr 2025	92.0%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Apr 2025	98.4%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Mar 2025	2,774	Improving	n/a	Trajectory met	Assure
% Autumn 2023 COVID booster uptake for eligible residents	75%	Feb 2024	46.5%	n/a	n/a	n/a	Not yet assessed
% Spring COVID booster uptake for eligible residents	75%	Jun 2024	45.3%	n/a	n/a	n/a	Not yet assessed
% children accessing dental within 24 months	n/a	Dec 2021	39.1%	n/a	n/a	n/a	Not yet assessed
% adults accessing dental within 24 months	n/a	Dec 2021	25.9%	n/a	n/a	n/a	Not yet assessed

Triangulating our data: as of 31 May 2025

- **Quality, Safety and Risk**

  There was a slight increase in the number of incidents causing moderate harm or above reported by month in May 2025: 127. The number of patient falls recorded in May 2025: 206 was equal to last month. There was a reduction in medication errors recorded in May 2025: 82 compared to previous the month. We continue to have significant numbers of high and extreme risks on the risk register with 476 in May 2025. The number of new complaints received decreased from the previous month to 127 in May 2025. The number of new infection cases increased in May 2025 to 70. 16 of these cases were C.difficile and an increase on the previous month.

- **Workforce**

  In month, staff sickness decreased slightly to 6.0% in May 2025. Long-term sickness remained static at 4.0% and short-term sickness reduced slightly to 2.0%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During May nursing and midwifery agency usage continued to reduce, with 56.78 whole time equivalents (WTE), lowest rate recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	123	305	127	
Patient falls	189	301	206	
Medication errors	61	142	82	
Pressure damage developing or worsening during care	59	216	71	
New complaints by month received (ward level not available)	108	224	127	
Number of high and extreme risks (health board & function only)	379	491	476	
Infections: new cases	53	84	70	
Infections: C. difficile cases	9	23	16	
Workforce				
Number of staff/contractor related incidents	93	184	93	
Sickness - short term	1.7%	2.8%	2.0%	
Sickness - long term	3.3%	4.9%	4.0%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.8%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.78	379.79	56.78	
Bank (WTE)	212.99	352.85	293.67	

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **DISCUSS** the IPAR – Month 2 2025/2026 Report
- **SEEK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply 6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to FINANCE AND PERFORMANCE COMMITTEE:	Finance, Performance, internal Escalation process

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology.
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement.
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge.
Risg: Risk:	Better use of resources through integration of reporting methodology.

Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st May 2025

For further details see the ‘System measures’ section of the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

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 May 2025

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
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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.

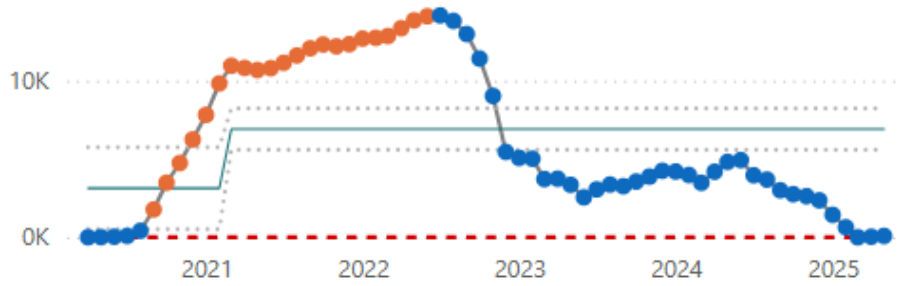
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

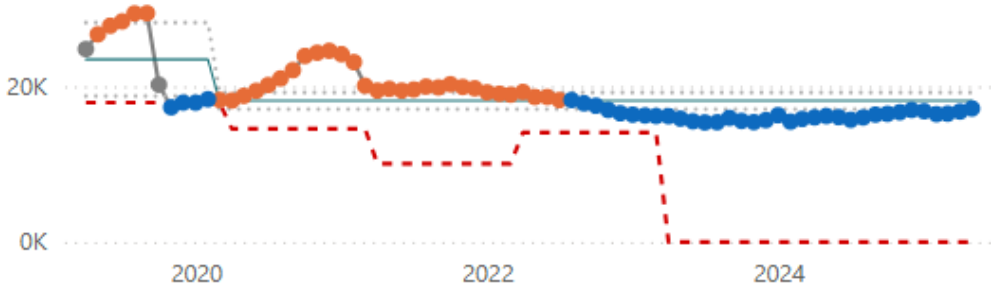
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest performance for May 2025 (84) shows improving variation, however, breaches have increased for two consecutive months.

Follow up outpatient appointments delayed over 100% past target date



Performance for May 2025 (17,167) shows the highest number of breaches since October 2022 and four consecutive months of increases.

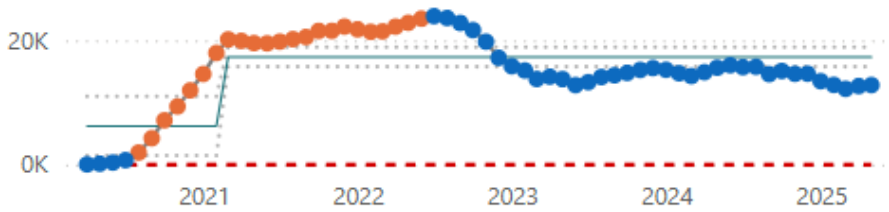
Key challenges / issues	Key actions / initiatives	Due date
• The 52-week outpatient breaches in May 2025 are mainly within care of elderly and general medicine, where capacity issues for osteoporosis patients present an ongoing capacity issue. Urology reported 11 breaches but expect to be at 0 by June 2025. • Staff sickness rates are impacting delivery. • Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • The number of patients now waiting beyond 52 weeks for a new outpatient appointment has largely reduced from its peak in June 2024 (4,930). • Demand and capacity trajectories anticipate this target being maintained in most specialties. Recurrent recovery monies are being prioritised for areas that anticipate a breach (ENT, Neurology and Rheumatology). • Active management and triage of referrals has resulted in no waiting list growth. • Outpatient waiting volumes are at their lowest since April 2021. • Recent waiting list initiatives for end of year targets contribute to the increase the follow up waiting lists as more patients are processed through their pathways. • Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales. • 14% reduction in 36-week breaches for Referral to Treatment and a 55% reduction in 36-week new outpatient breaches since June 2024 – positive indications for further recovery in future	• In March 2025, the Health Board achieved the target of no patients waiting over 52 weeks for their first outpatient appointment and will maintain that position by quarter one 2025/26. This will be achieved by utilising specialty specific operational plans and Welsh Government recovery monies. • Continue managing demand via targeted validation, referral management, robust clinical triage and use of alternative pathways such as self-management (SoS & PIFU). • Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients. • Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines. • 2025/26 demand and capacity plans are used by all Planned Care services working towards achieving no patients waiting over 36 weeks for a new outpatient attendance across key specialties to maximise available capacity and forecast accurately.	30/06/25 Ongoing Ongoing 31/03/26 31/03/26

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

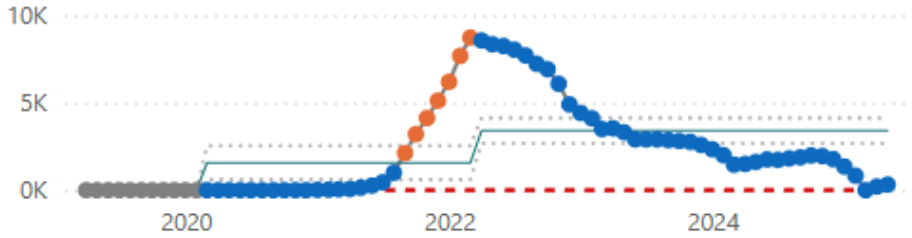
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest performance shows improving variation, however, breaches have increased for the last 3 months to 12,814 in May 2025.

Patients waiting over 104 weeks from referral to treatment



Latest performance for May 2025 (319) shows improving variation, however, breaches have increased for two consecutive months.

Key challenges / issues

- Whilst work is underway to achieve zero breaches over 104 weeks by the end of June 2025, there is a high risk associated with around 100 patients due to theatre capacity.
- Theatre staffing and availability of additional funding remain challenging.
- Staff sickness rates, particularly within theatres, are impacting delivery.
- Ongoing acute hospital site pressures can adversely affect elective (planned) care.
- Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
- Maintaining waiting times milestones post March 2025 is dependent upon agreed recovery funding and procurement support.
- Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
- Additional risk factors include theatre staffing; Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients); Colorectal cancer demand utilising routine clinic slots; and Vascular regional capacity issues; Theatre cancellations meaning few routine long waiting ENT patients can be scheduled as urgent patients are taking all rescheduled theatre slots.
- 2024/25 inpatient/day case activity levels have now recovered beyond pre-pandemic levels. Despite incremental progress achieved, more work is required to reduce late starts and early finishes. A key challenge being the alignment of clinical job plans. Fallow lists remain a significant challenge due to theatre workforce availability challenges.

Key actions / initiatives

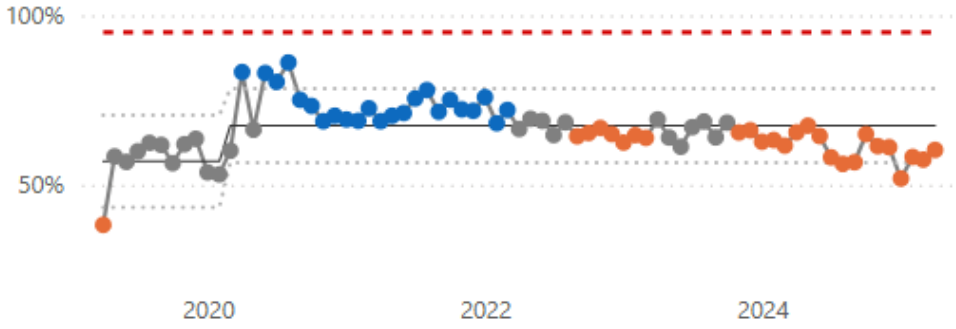
Key actions / initiatives	Due date
• Continue managing demand via targeted validation, referral management (i.e.. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)).	Ongoing
• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.	Ongoing
• Demand and capacity plans have been developed and continue to be regularly in use across key specialties to maximise available capacity and forecast accurately.	31/03/26
• 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. There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group which will include working towards GIRFT standards. As an example, in trauma and orthopaedics, further improvement opportunities are being explored within the scope of experience of individual surgeons, consistency of anaesthetic support and alignment of theatre shift patterns to clinical sessions.	31/03/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

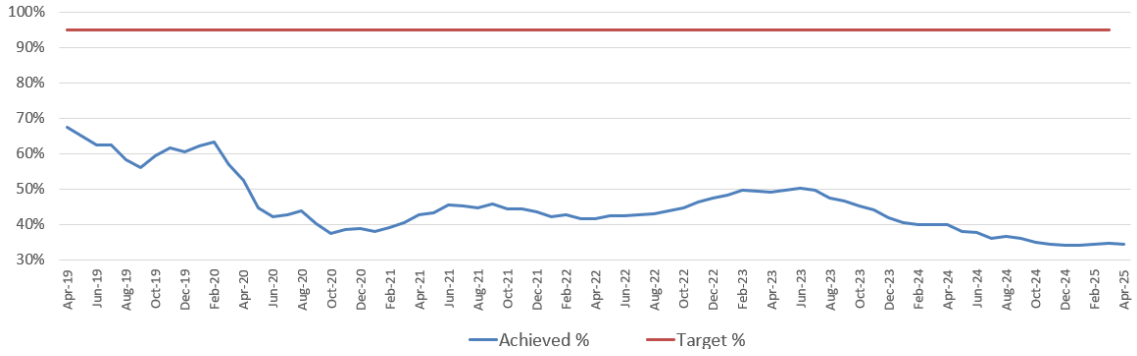
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Latest data for April 2025 shows concerning variation, with 1,140 out of 1,890 (60.3%) high-risk (R1) patients attending appointments within a 25% delay to their clinically assigned target date (Target = 95%)

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date



In April 2025, 6,307 out of 18,338 (34%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%)

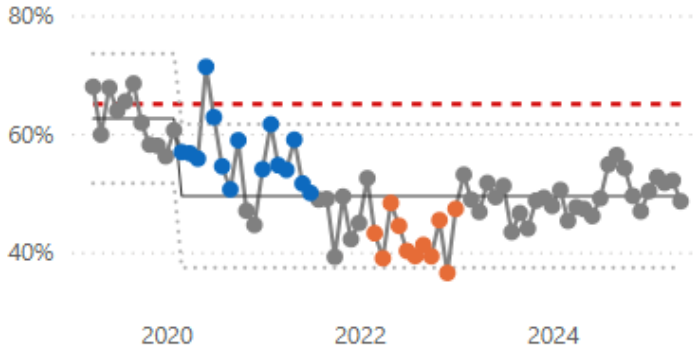
Key challenges / issues	Key actions / initiatives	Due date
• Gaps in specialty and specialist (SAS) doctor rota whilst clinicians are onboarding (currently covered with additional duty hours).	• Recruitment into SAS vacancies (interviews on 20th June 2025).	31/10/25
	• Regional recruitment into two substantive consultant posts to stabilise service.	30/11/25
• Recruiting to consultant vacancies is historically difficult, therefore a regional solution will provide more opportunity to secure substantive posts (situation, background, assessment, and recommendation (SBAR) submitted to Clinical Care Group (CCG) for planned care and specialist services for approval).	• Regional solutions for Age Related Macular Degeneration (AMD), Glaucoma, Cataract and Vitreoretinal subspecialties being explored with subspecialty leads now identified.	30/11/25
	• Protected R1 appointments have been introduced from April 2025 to increase timeliness of R1 delivery.	Completed
• Recruitment to posts identified in Eye Care Measures (R1) SBAR has now been confirmed and posts have been submitted for approval to CCG, some additional activity for R1 delivery has been secured through waiting list initiative (WLI) sessions.	• Eye Care Measures (R1) SBAR presented to Board, and funding secured for recruitment to commence to enable service to increase capacity for both AMD/Intravitreal Injections (IVT) and Glaucoma services to recover R1 trajectory for patients waiting within 25% delay to their target date from 35% to 65% by March 2026.	31/03/26
	• Internal solutions for IVT delivery have been provided to increase Injections delivered per week.	Ongoing
• Reduced clinics due to gaps in workforce (currently filled where possible with WLI).	• External solution for IVT delivery has been secured through outsourcing, whilst workforce is recruited to build sustainable service.	Ongoing
• Clinic delivery restricted due to estates and delivery out of 8 sites. 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.	• External solutions for cataract delivery has been secured through outsourcing.	Ongoing
	• Internal cataract delivery has been increased, and theatre efficiencies being reviewed to reduce cancellations and late start times.	Ongoing

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

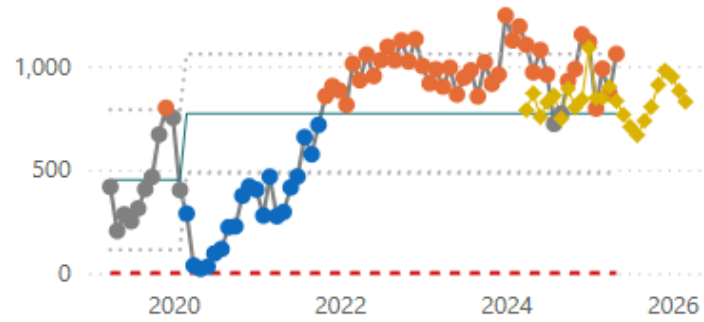
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Life threatening (red) call responses taking over 8 minutes



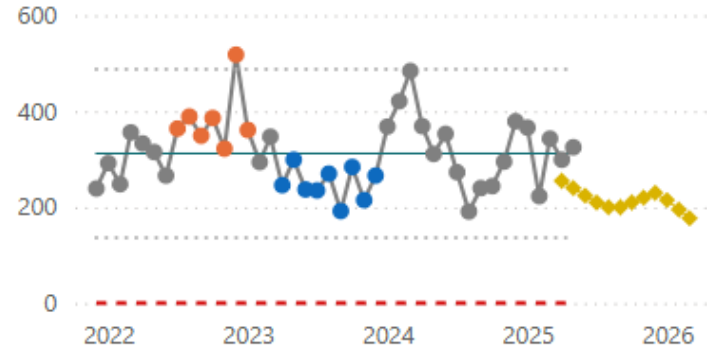
Latest data is showing expected (common cause) variation, 342 red calls met, out of a total of 703 responses, 48.6% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,059 handovers > 1 hour out of a total of 2,076, 51%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 325 handovers > 4 hour out of a total of 2,076, 16%.

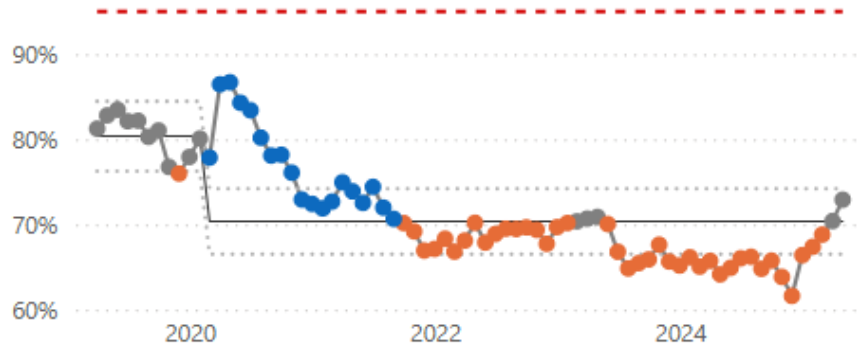
Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• 49.58% of missed red calls for May 2025 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts	Weekly ongoing
• 46.53% of missed red calls for May 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes if a vehicle is available and on nearest standby point.	• 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	Daily – Hourly ongoing
• Overall attended demand in Hywel Dda health board area for May 2025 on average has been on forecast. Week commencing 19th May 2025 demand was higher than forecasted but remained within control limits.	• 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.	Weekly ongoing
• Hospital delays in handover WAST ambulance crews, 3,816 hours lost at the 4 acute Hywel Dda hospital sites during April 2025.	• 111 press 2 assisting WAST clinicians to support the management of mental health patients.	Active
• There have been 53 immediate release requests in May 2025 with an acceptance rate of 73.58%.	• Porth Preseli and Eastgate clinical streaming 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	Weekly ongoing
	• WAST resourcing reviews and targeted overtime allocation	Weekly review – ongoing

Urgent and Emergency Care – Emergency Departments - Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

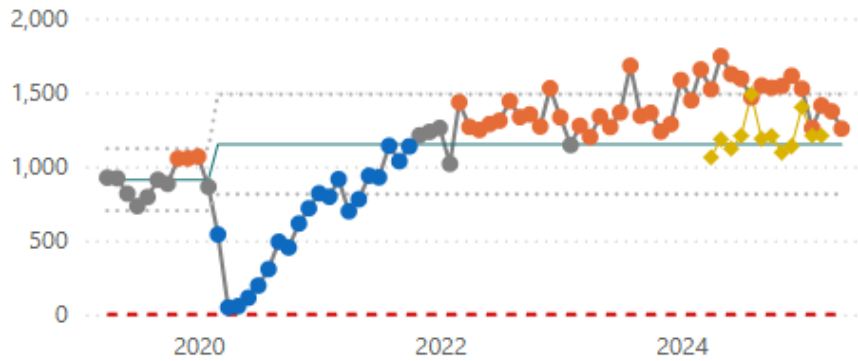
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E/MIU



73% reported for May 2025, 4,357 breaches out of 16,088 new attendances. Chart is showing common cause (expected) variation.

Patients waiting over 12 hours in A&E/MIU



1,255 breaches out of 16,088 new attendances, 8%. The chart is showing a concerning performance trend.

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 tactical urgent and emergency programme.	31/10/25

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

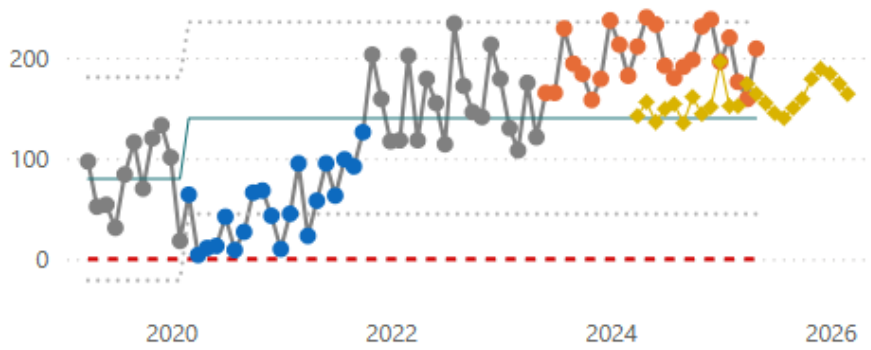
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

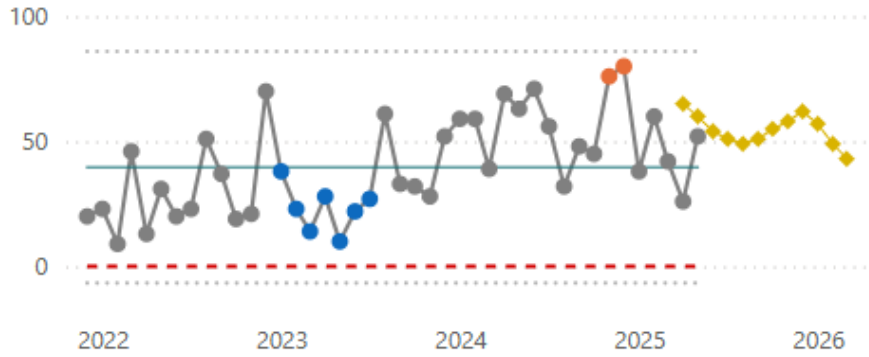
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 209 handovers >1 hours reported out of a total of 417 handovers, 50%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation.
52 handovers >4 hours were reported out of 417 total handovers 13%.

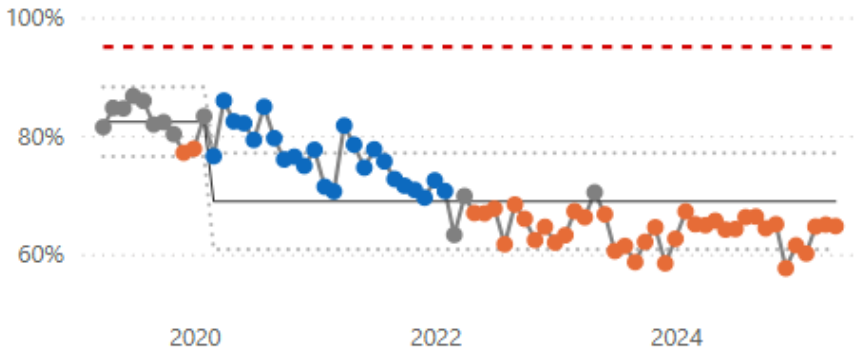
Key challenges / issues	Key actions / initiatives	Due date
• Rapid assessment and treatment (RAaT) provision can at times be impacted by lack of nursing staff to support the area, but it is recognised that the majority of ambulance red release calls are almost always supported.	• Dedicated RAaT provision at the front door enabling timely assessment.	Ongoing
• Reduced capacity and patients in corridor within the Emergency Department is a regular occurrence due to reduced patient flow across the system.	• Review of current discharge and flow pathways with proposal for full revamp of Porth Gofal and flow processes encompassing a variety of Quality Improvement projects.	31/08/25
• Surge capacity and boarding opportunities are in situ across the acute site to support timely ambulance handovers, but capacity is limited.	• Working with improvement colleagues in response to recent NHS England recommendations and 6 Goals Programme.	Ongoing
• Staffing challenges can impact handover opportunities.	• Y Bwa Unit continues to support site pressures following decant of Meurig Ward by providing capacity for step-down patients. Under review to establish model of care and explore potential for longer term solution.	31/07/25
• Self-presenters can sometimes be prioritised on clinical acuity – if capacity is at a minimum due to high escalation status i.e. Red 20, it can delay or impact timely ambulance handovers.	• Surge capacity and boarding in all suitable areas remains in situ.	Ongoing
• The Short Stay Assessment Unit is often bedded when site is in high escalation therefore impacting flow through the Emergency Department.	• Dedicated short stay assessment area within the ED footprint is allocated for medical admissions – review to be undertaken to broaden the scope.	30/06/25
	• Expansion of current Advanced Nurse Practitioner/Emergency Nurse Practitioner model in conjunction with full medical rota review to support nurse led minors unit.	30/06/25
	• 6 Goals and Optimal Hospital Flow workstreams across Ceredigion System with focus on reducing delays – SAFER/Red2Green, strengthening of early discharge planning, implementation of Criteria Led Discharge, refresh of Board Rounds and focus on Earlier in the Day [illegible]ucing Pathway of Care Delays	

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

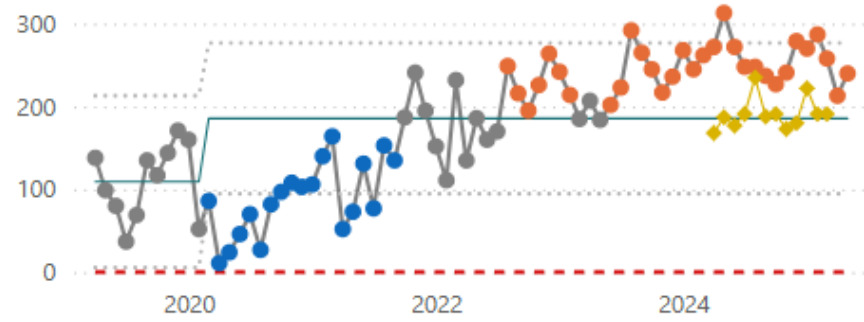
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for May, 986 breaches out of 2,797 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



240 breaches out of 2,797 new attendances, 9%. The chart is showing a concerning performance trend.

Key challenges / issues

- 4 hour waits continue to be challenging and are related to the constraints outlined in relation to the 1 hour and 4 hour ambulance handover position.
- High number of clinically optimised patients across the acute site.
- High inpatient acuity – often reflected in minimal discharge numbers.
- Medical and nursing staffing pressures.
- Limited access to the Short Stay Assessment Unit if the area is bedded.
- Delays in earlier in the day discharges, this can be due to additional investigations being requested i.e. bloods/diagnostics.
- Limited boarding and surge opportunities – all areas flex where possible but options are minimal.
- Pathway of Care Delays – in May there were a total of 27 delays for Ceredigion, which the Top 3 themes relating to completion of assessments by nursing teams and Continuing Healthcare, and package of care delays.

Key actions / initiatives

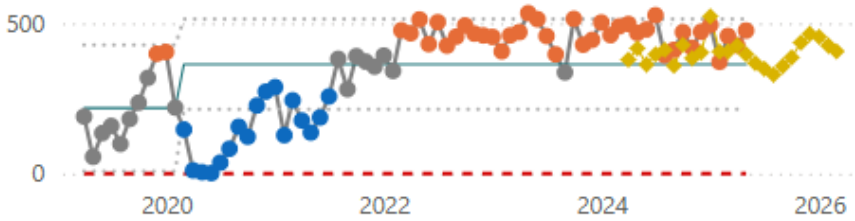
	Due date
• RAaT model in place supporting circa 10 attenders per day.	Ongoing
• Medical stabilisation task and finish group established to review current medical.	Ongoing
• Boarding policy operational – allows up to 8 additional bed spaces across the site.	
• Short Stay Assessment Area operational within the ED footprint.	Ongoing
• ED time in motion exercise to identify areas of improvement and causes of delays.	Ongoing
• Training to be delivered by Informatics on accuracy of data. Roll out ASAP.	Completed
• Optimal Hospital Flow workstreams across Ceredigion System with focus on reducing delays – SAFER/Red2Green, strengthening of early discharge planning, implementation of Criteria Led Discharge, refresh of Board Rounds and focus on Earlier in the Day Discharges, reducing Pathway of Care Delays .	31/07/25
• Refresh and revamp of bed management and site co-ordination processes.	30/06/25
• Refresh and revamp of system discharge meetings and focus on reduction in patient length of stay.	31/07/25
• Trusted Assessor Model.	31/07/25
• Clinical streaming and Hospital at Home in place at Cardigan Same Day Urgent Care, next phase is to explore 7-day clinical streaming and crisis response/outreach team.	31/08/25
ThinkTank meeting scheduled for June 2025.	31/08/25
• SDUC model to be explored for Aberaeron as identified in the Annual Plan	
• North Outreach Team attending Board Rounds for integrating with Frailty/ED and Acute M vely look at pulling patients out and placing on digital ward.	Ongoing

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

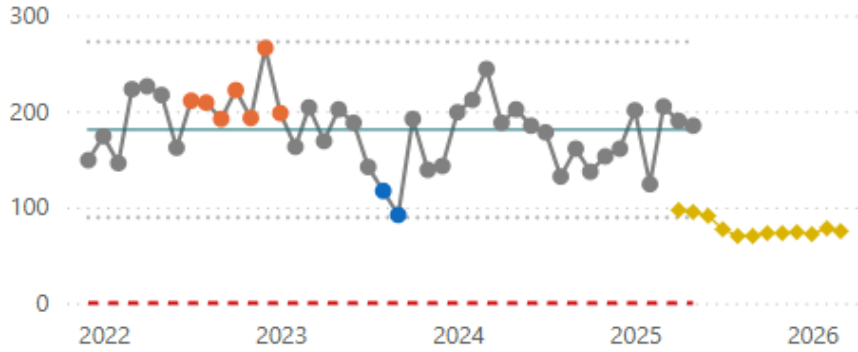
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 476 handovers >1 hours reported out of a total of 818 handovers, 58%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation.
185 handovers >4 hours reported out of a total of 818 handovers, 23%.

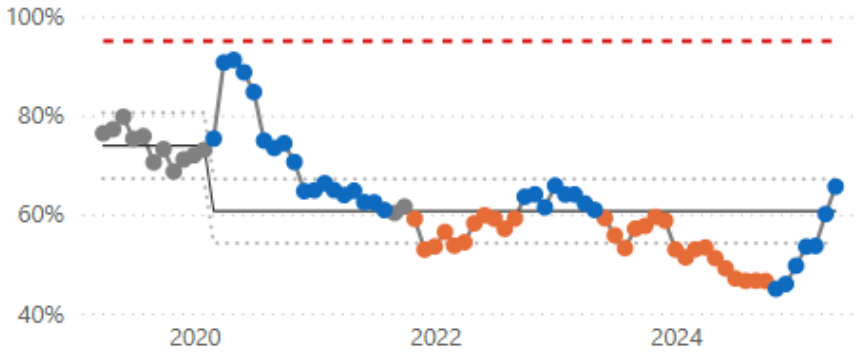
Key challenges / issues	Key actions / initiatives	Due date
• Patient flow from the emergency department (ED) continues to remain challenging with high acuity and high volume of patients awaiting a ward bed, held in the ED.	• Rapid assessment with increase in triage trained nurses.	Ongoing
	• Boarding policy active on daily basis to create early flow against discharges.	Daily
• High volume of ambulance attenders presenting at front door with delays experienced due to the flow challenges.	• Advanced Paramedic Practitioner and GP reviewing ambulance call stack when staffing allows, through Intermediate Care Multidiscipline Team (ICMDT) for conveyance avoidance.	Daily
• Surge capacity around nursing bay limits handover space availability.	• Safety huddles within ED for escalation of any concerns and issues in place to discuss handover delays and robust plans for handover.	Daily
• Acuity of self-presentations can often need to be prioritised clinically.	• "Progress Chaser" proof of concept post to be trialled as part of whole system "perfect week" in July as key enabler for improved performance and data quality.	31/07/25
• Provision of numerous specialty pathways for patients across the Health Board	• Improved engagement required from originating sites within the health board for transfers of care to GGH. Prioritisation and clock start adoption, similar to Major Trauma and Vascular pathways at Swansea Bay UHB to achieve bed to bed rather than bed to ED and associated ambulance delay.	30/06/25
	• Front door change proposal SBAR to be presented to Executive Team in July for medically expected to present to AMAU/ SDEC model.	31/07/2026
	• Health Board Flow Operational Delivery Group to develop robust plan to deliver operational 7 days per week Operational Delivery Unit (ODU) Carmarthenshire representative as member of ODU to focus on handover delays across Glangwili and	31/07/2025

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

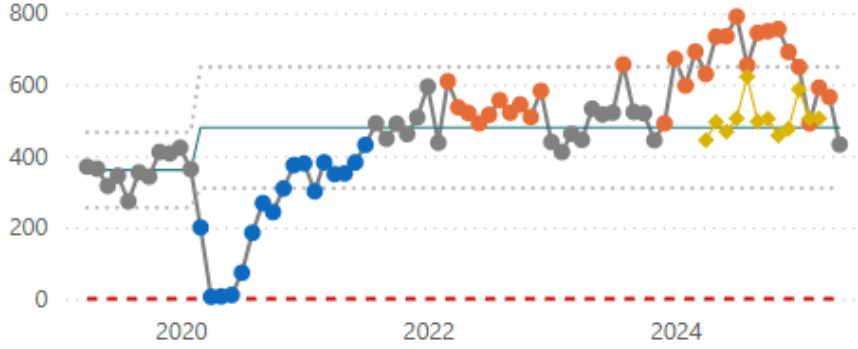
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



66% reported for May, 1,662 breaches out of 4,830 new attendances. Chart is showing improving performance trend.

Patients waiting over 12 hours in A&E



432 breaches out of 4,830 new attendances, 9%. Chart is showing common cause (expected) variation.

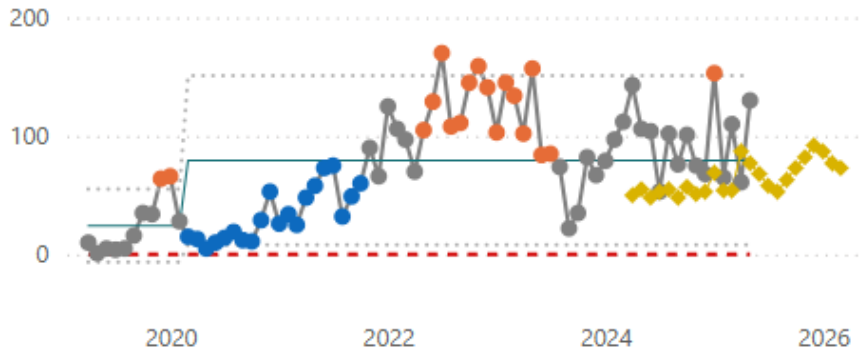
Key challenges / issues	Key actions / initiatives	Due date
• Remedial flooring works have continued in May, decreasing available floor space to surge additional trolleys. • Data quality targeted at breach validation which has seen an improvement in both 4 and 12 hour performance for GGH. • High ED attenders reported throughout May, which is similar trend to May 24. • Patient flow from the ED continues to remain challenging with high acuity and high volume of patients awaiting a ward bed being held in the ED.	• Front door task and finish group implemented to review options for re-providing Same Day Emergency Care (SDEC) at an alternative location to deliver an Acute Medical Assessment Unit (AMAU) at Glangwili. • Rapid triage and assessment in place by Senior ED Clinician where possible to enable early decision making and turnaround. • Medical SDEC and Surgical SDEC fully functional and accepting GP expected patients by referral. • Teifi Trauma Ambulatory Care Unit (TTAC) Standard Operational Process currently being revised as part of normal working practice. • Further whole Carmarthenshire System "perfect week" planned in July to apply learning from previous events.	31/07/25 Daily Daily 30/06/25 30/07/25

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

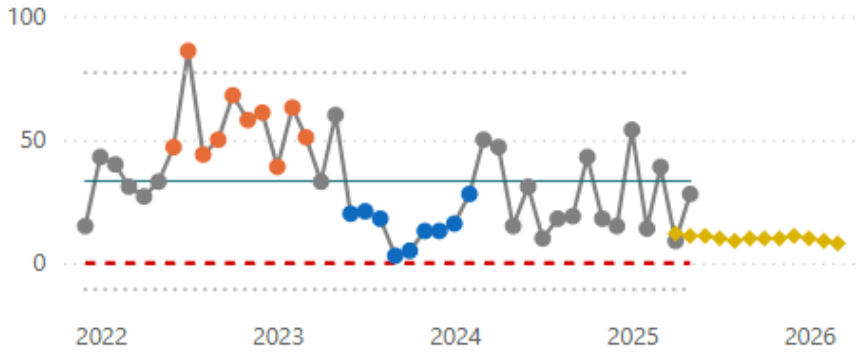
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 130 handovers >1 hours reported out of a total of 244 handovers, 53%.

Ambulance handovers taking over 4 hours

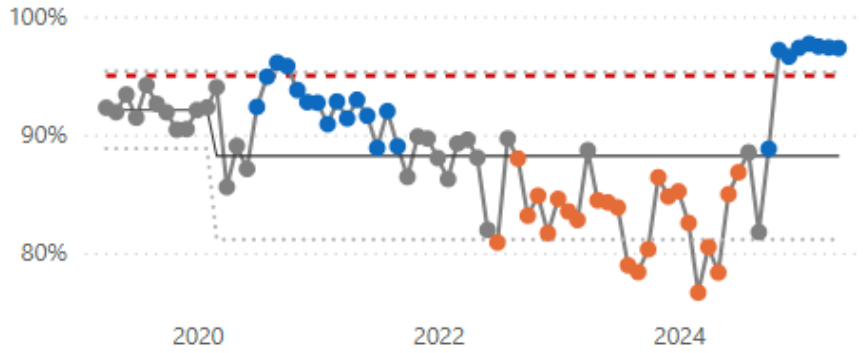


Latest data is showing common cause (expected) variation. 28 handovers >4 hours reported out of a total of 244 handovers, 12 %.

Key challenges / issues	Key actions / initiatives	Due date
• Continued Front Door pressures resulting in very limited capacity due to infection, prevention and control (IPC) issues, resulting in temporary bed/ward closures. • Increase in site conveyances which has resulted in the increase in 1-hour handover delays. • Immediate ambulance release requests are almost always supported. • Same Day Emergency Care (SDEC) pulls patients from Acute Medical Assessment Unit (AMAU) to relieve pressure at front door - SDEC staff attend AMAU safety huddle daily to support in placing patients in appropriate departments to aid patient flow and care. • Prioritisation of medical patients in MIU to come across to AMAU remains which can affect capacity for ambulances (although usually held in waiting room).This is further compounded by patients being admitted from SDEC and self presenting GP referrals. • Where possible, all our ward areas continue to operate on full capacity with additional patients in surge areas to maintain flow.	• Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation although patient flow out of hospital continues to be compromised with limited community bed availability. • SDEC continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions. Further use of virtual ward for community and Consultant connect in use within Medical SDEC for streaming. • Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack. • Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service has commenced. Project running to end of August and then be assessed.	Ongoing Ongoing 31/08/25

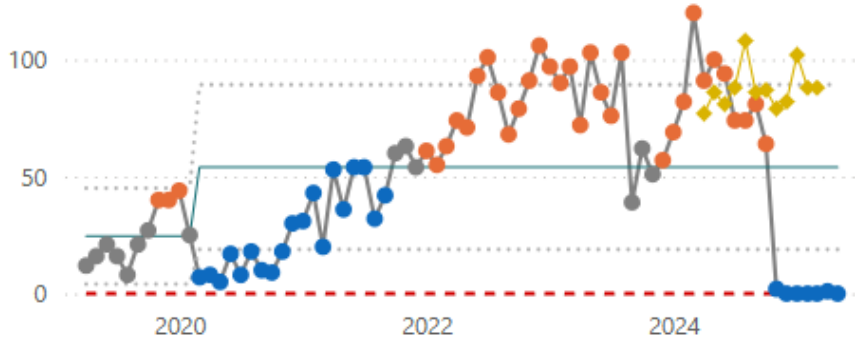
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97% reported for May, 72 breaches out of 2,686 new attendances. Chart is showing improving variation performance trend

Patients waiting over 12 hours in MIU



No breaches out of 2,686 new attendances. Chart is showing improving performance trend.

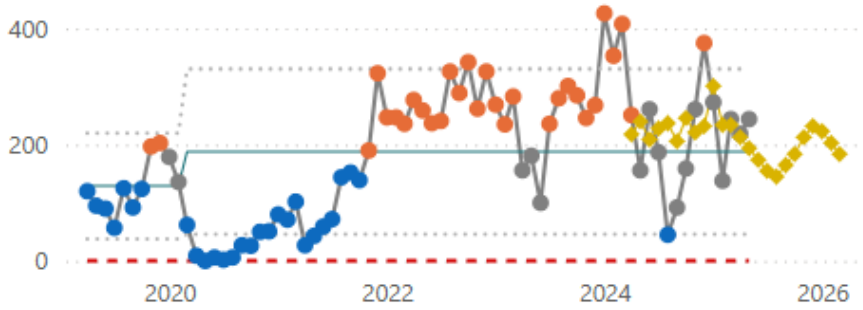
Key challenges / issues	Key actions / initiatives	Due date
Our Minor Injury Unit (MIU) new patient attendances has returned to similar levels prior to closing overnight (November 2024) but there is a significant drop in patients presenting with a major complaint within that total. Only 18% of patients who presented had a medical complaint. Patients who require admission following triage are handed over to the medical team in AMAU ward. Our 4-hour performance remains high.	Newly appointed locum consultant for SDEC has created SDEC specific and on call doctors, out of hours hot clinics that operate on a weekly basis within the department. This allows for prompt treatment of patients by returning via SDEC rather than a ward and supports hospital flow and admission avoidance.	Ongoing
	Ongoing work with colleague in Eastgate clinical streaming hub, to support the use of hospital at home with SDEC to create a wraparound service enabling community GP's to refer into SDEC out of hours/weekends and SDEC treat and refer those patients back into hospital at home further supporting admission avoidance.	Ongoing
Patients who are medically optimised, who no longer require medical intervention, but need discharge support due to complex needs, remains a challenge with around 40 patients per day. This impacts patient flow throughout the hospital resulting in delays for patients in MIU who require an in-patient bed.	Surge capacity and boarding in all suitable areas remains in situ.	
	Working with the consultant connect team to develop its operational use within SDEC PPH to further support effectiveness of the department. Go live date August	20/08/25

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

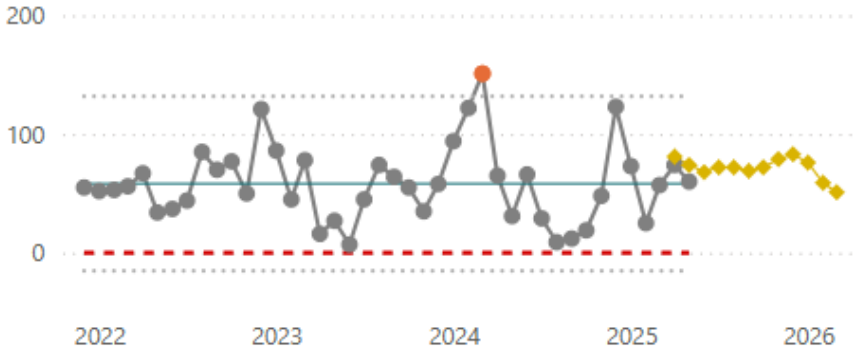
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 244 handovers >1 hours reported out of a total of 597 handovers, 41%.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 60 handovers >4 hours reported out of a total of 597 handovers, 10%.

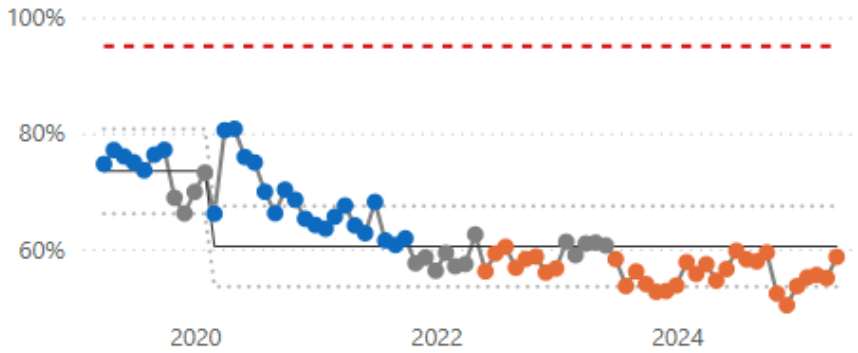
Key challenges / issues	Key actions / initiatives	Due date
• Maintaining an improving position has been challenging. Emergency Department (ED) remains overcrowded with reduced capacity for ED clinicians to see and treat patients.	• Immediate Ambulance release request will be supported if safe to do within the department.	Daily – ongoing
• The 1 hour and 4 hour ambulance handover has seen a small improvement.	• Several areas have been ringfenced to ensure these areas are available for emergency patients, to enable patient flow through the department: ▪ 2 trolley spaces are provided in the ambulance bay. ▪ 2 spaces ringfenced for triage/see and treat ▪ 1 Resus space ringfenced	Daily – ongoing
• There is a discrepancy between the acuity of patients walking into ED and patient being conveyed by Welsh Ambulance Service Trust (WAST), which means walk-in patients will take clinical priority.		
• Patients tend to attend ED and not seek alternative healthcare professionals (as per the busiest day report).	• Advanced Paramedic Practitioner (APP) navigator based in the Pembrokeshire clinical streaming hub to review the Ambulance stack to enable conveyance avoidance where possible.	Daily - ongoing

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

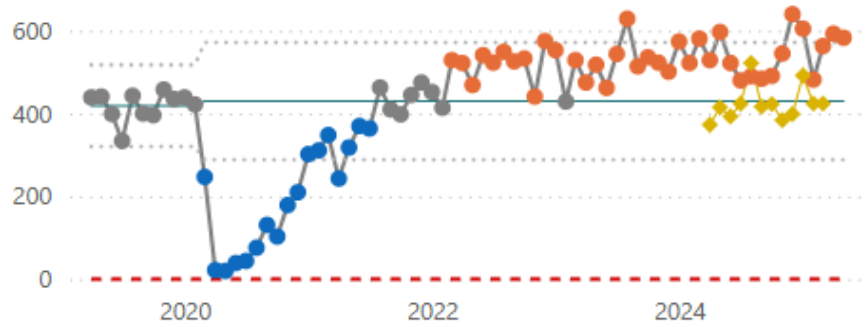
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



59% reported for May, 1,607 breaches out of 3,886 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



583 breaches out of 3,886 new attendances, 15%. Chart is showing concerning performance trend.

Key challenges / issues

- We are not meeting both the 4 hour and 12 hour targets, patient are staying too long in the department.
- Our capacity is not meeting our demand.
- Poor patient discharge profile especially over the weekend, reduces patient flow through ED and hospital.
- Wards have been surged to full capacity to try and elevate some of the pressure in ED.
- The patient length of stay over 7 days has remained high, which increases the demand for beds within the hospital system.

Key actions / initiatives

Due date

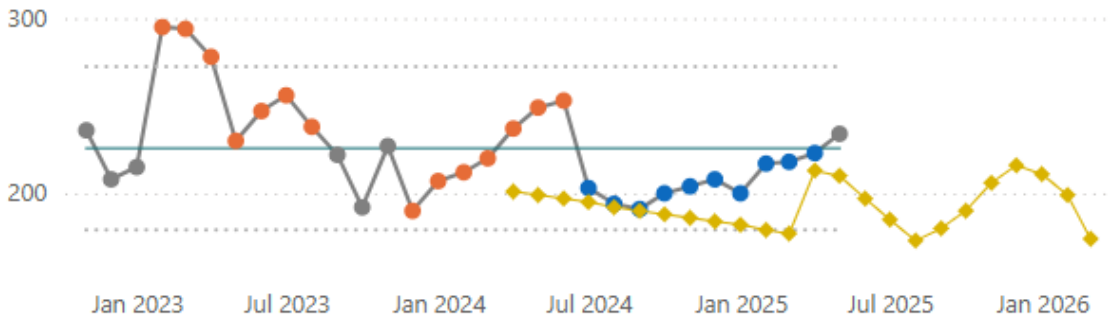
- All ward areas to fully implement ‘optimal flow’, which is part of the 6 goals programme. — Daily – ongoing
- Withybush has fully implemented the boarding policy (where patients are moved to wards early where discharges and query discharges are predicted). — Daily – ongoing
- Same Day Emergency Care (SDEC) is fully functioning.
- Pembrokeshire has instigated a ‘whole system’ (acute and community) improvement plan for patient flow with 6 work streams identified below as priority. Workstreams will be scoped and developed during the year. — Daily - ongoing
  - Continuous flow to be introduced to Withybush.
  - Strength based collaborative communication.
  - Development of single point of contact for WAST triage per conveyancing.
  - GP direct discussion with ED.
  - Improvement plan for weekend discharges .
  - Developing a plan for complex streaming at the front door.
  - Re-instigating surgical and frailty same day assessments units.

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Total number of pathways of care delayed discharges (non-MH + MH & LD)



- Number of census count delays increased in May with 234 patients and chart shows common cause variation.
- The total days delayed for non-mental health increased in May to 9,016 days.
- Mental health and learning disability delays also increased in May to 1,247
- Assessment delays remain the largest proportion of delays.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

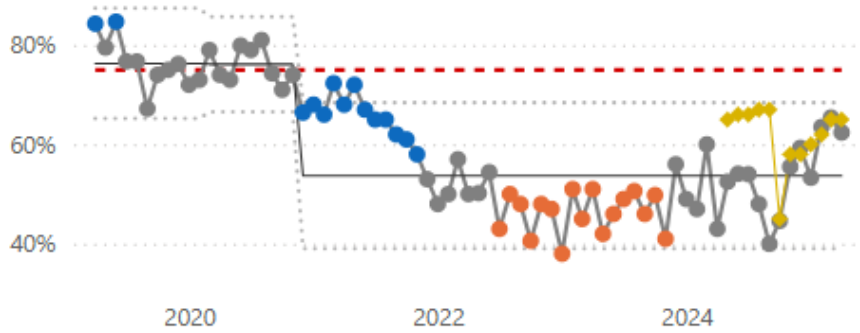
Key Challenges / Issues	Key actions / initiatives	Due date
Non-MH: Ongoing health related assessment challenges relating to nursing (n=17), continuing health care (n=14) and mental capacity (n=17). Challenges in reablement capacity (n=27) and provision of new community care packages, n=32, (especially in Carmarthenshire). Ongoing issues in terms of housing/ homelessness (n=4), family/patient's decisions regarding care (n=12) and nursing and residential home availability.	Development of trusted assessor models to support improvements in PoCD relating to mental capacity assessments (building on the learning from WGH).	30/06/25
	Deep dives into health-related assessment delays.	30/06/25
	Develop internal standards for timely health assessments relating to PoCD.	
	Discharge to recover and assess (D2RA) audit and ongoing work and support timely D2RA pathway allocation and discharge planning. Strength-based collaborative communication programme for staff to support effective discharge planning.	31/07/25 31/10/25
MH&LD The Mental Health & Learning Disability Clinical Care Group, Pathway of Care Delay (PoCD) census count for May 2025, has deteriorated significantly to 26, this figure includes 7 discharges from last month, 9 who remain PoCD from the last count and 17 new patients identified as medically optimised. This is an exceptional deviation from last and previous month figures, the patients are categorised as follows, Older adult 17, adult 8 and learning disability 1.	The position in respect of patients who have a length of stay over the 90 and 100 day threshold for Mental Health are 2 over 90, 5 over 100 and 1 patient over 300. In summary, there are 26 medically optimised patients on in-patient wards, an urgent meeting has been arranged with heads of service and an immediate action plan issued to senior clinicians.	31/07/25

Single Cancer Pathway

(Enhanced monitoring condition and Ministerial priority)

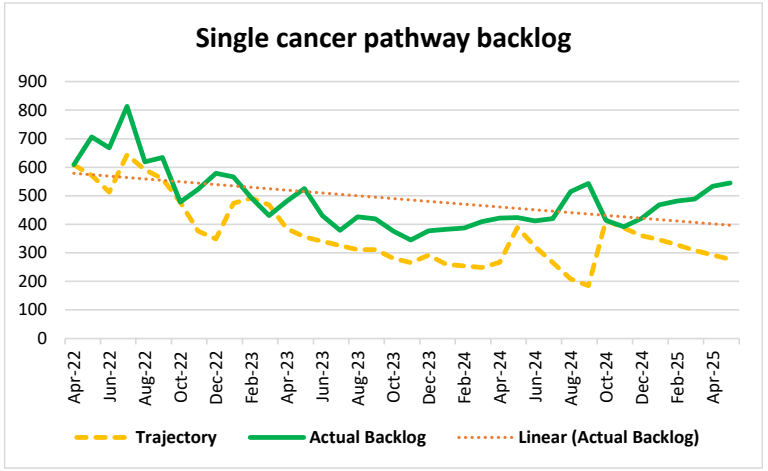
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In April 2025, 62.4% of patients were treated with 62 days of referral. Expected performance is between 39% and 68%.

Number of single cancer pathway patients waiting over 62 days



In May 2025, a total of 545 patients were waiting over 62 days for treatment.

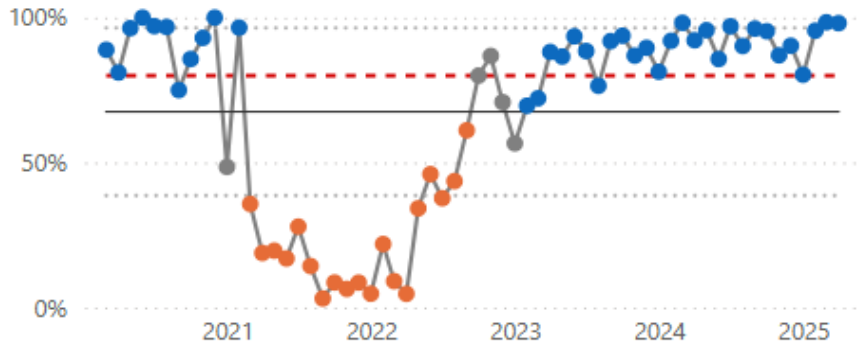
NOTE: This figure includes patients who are going through the diagnostic phase of the pathway.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway In April 2025, more patients who were waiting over 62 days were treated which impacted the 62-day performance target, however first treatments rates increased by a total of 105 patients. 265 patients started treatment within 62 days (increase of 56). 160 patients waiting over 62 days (increase of 49) Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26. **Backlog** 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.	**Diagnostics:** Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.	31/03/26
	Urology: Additional resources planned for a sustainable increase of capacity of 50%. Recovery actions agreed to reduce overall waiting volumes for Flexi Cyst and Local Anaesthetic Transperineal Prostate (LATP) Biopsy for Q1. Robust improvement plans agreed for Urology diagnostics for 2025/26.	30/06/25
	Skin: Recovery plan in place until May 2025 to reduce overall volume by 160 patients. Focus on increasing treatment capacity within Dermatology during Q1 2025/26 to mitigate the increase in activity in the earlier part of the pathway.	30/06/25
	Focus on Gynaecology recovery: Clinically led action plan in place, recovery actions developed and monitored via weekly focus group with NHS Executive including full implementation of a One Stop model [illegible] ausal bleeding (PMB) hysterectomy implemented 1st June 2025.	01/06/25

Mental health assessments within 28 days

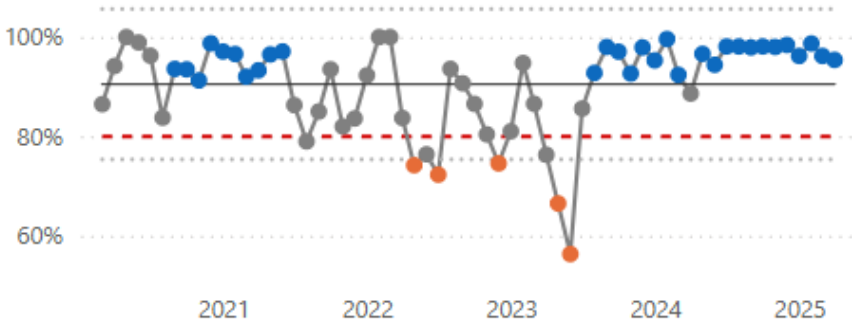
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% mental health assessments undertaken within 28 days (persons age 0-17)



Latest performance of 98.1% is showing special cause improving variation and the target of 80% was met.

% mental health assessments undertaken within 28 days (persons age 18+)



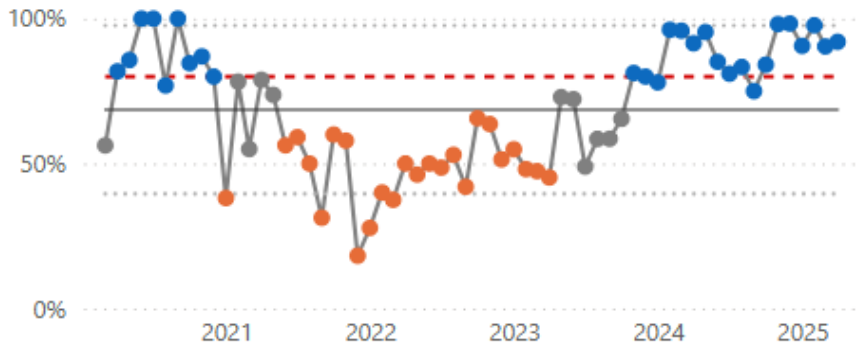
Latest performance of 95.4% is showing special cause improving variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons age 0-17): 51 of 52 assessments were undertaken within target in April. There are significant workforce challenges in the largest under 18 Local Primary Mental Health Support Service team with increased maternity leave (3 staff in one team) and long-term sickness.	**% mental health assessments undertaken within 28 days (persons age 0-17):** A registered staff member vacancy is due to be advertised shortly. Continue to achieve compliance above the 80% target.	31/07/25 30/06/25
% mental health assessments undertaken within 28 days (persons age 18+): 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 timeframe.	**% mental health assessments undertaken within 28 days (persons age 18+):** Ensure an effective administration process and vital support to ensure that service remains compliant with the target.	30/06/25

Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)

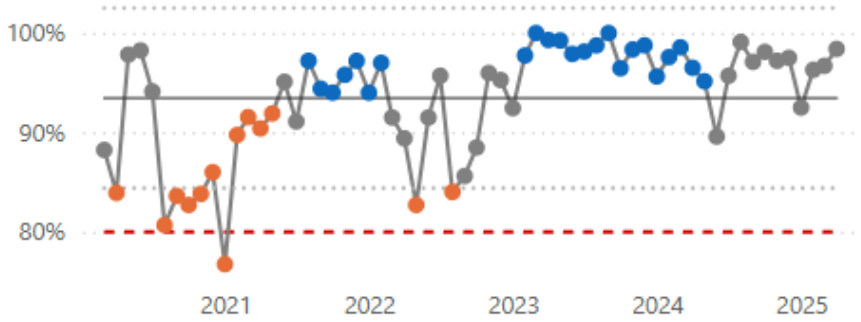
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 92% is showing special cause improving variation and the target of 80% was met.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)



Latest performance of 98.4% is showing common cause variation and the target of 80% was met.

Key challenges / issues	Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 46 of 50 interventions commenced within target in April. There are significant workforce challenges in the largest under 18 LPMHSS team, with increased maternity leave (3 staff in one team) and long-term sickness.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** A registered staff member vacancy is due to be advertised shortly.	31/07/25
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): 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.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** Staff endeavour to ensure compliance with the measure targets. The Primary Care Liaison Service is now operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.	30/06/25

Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

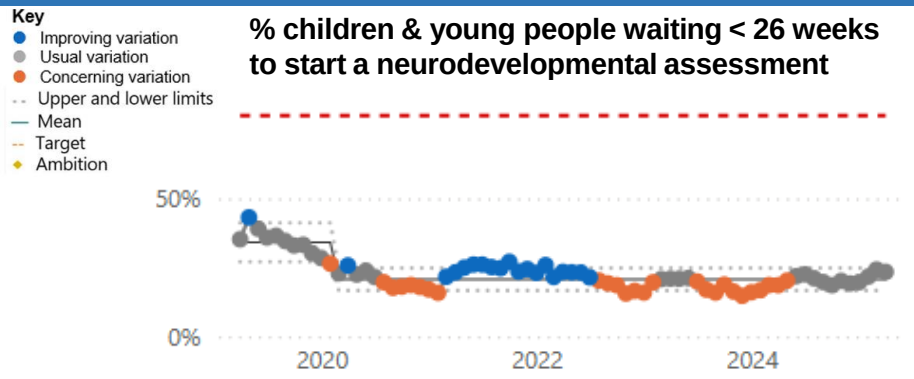
Performance in April of 55.7% shows concerning variation and the target of 80% was not met.

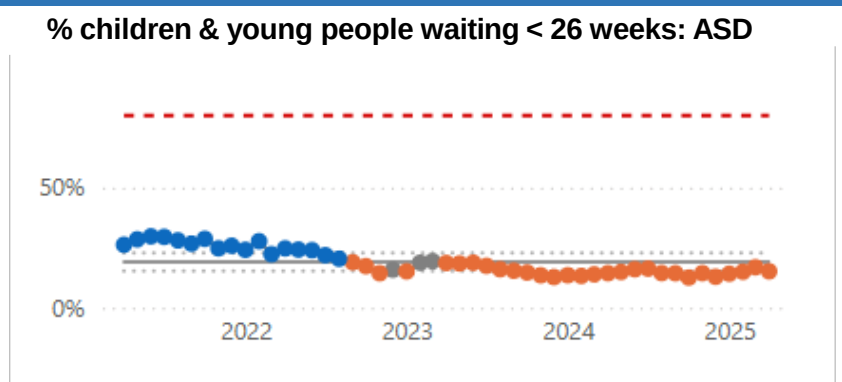
- 397 out of 683 (58.1%) patients started an integrated psychological therapy;
- 4 out of 12 (33.3%) started an adult psychology assessment;
- 27 out of 78 (34.6%) started a learning disability psychology within 26 weeks.

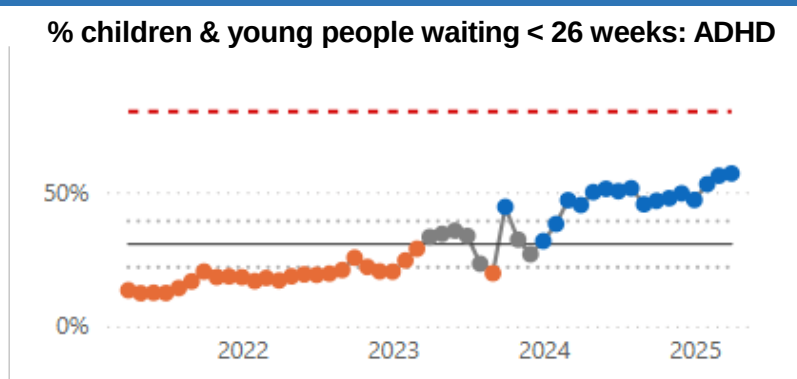
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): The continued drop in compliance is associated with a large numbers of patients opting out of the group offer in phase one and two, however, we continue to run 17 groups across 3 counties to support compliance, which has to be balanced with core delivery of 1:1 sessions to ensure service provision.	**IPTS:** Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however, this is a cultural shift that requires effective planning. Digital options and caps in sessions offered are being explored to support waiting times. Training to support groups specific to treating post-traumatic stress disorder.	30/09/25 30/06/25 30/06/25
Adult Psychology: The Adult Psychology Mental Health (AMH) waiting list continues to improve both in terms of waiting time target and number of people waiting. All four clinicians in the service have other responsibilities including providing cover to other services due to vacancies and consultations which appear to have decreased referrals in AMH. 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.	**Adult Psychology:** Grow Your Workforce plans are in place. A whole-time equivalent vacancy has been recruited to and expected to commence in September 2025. This is based in an area where there is currently no community provision.	31/03/26 30/09/25
Learning disabilities: Waiting times for learning disabilities psychology have remained high due to a 50% increase in referrals since the pandemic with no equivalent increase in resource, an increase in the complexity and severity of need, an unprecedented increase in the amount of Court of Protection work taking up a significant amount of clinical time and staff absence due to long term sickness.	**Learning disabilities:** Three posts have now been uploaded onto Trac for recruitment.	30/06/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)







The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in April 2025 of 23.5%, shows common cause variation but the target of 80% was not met. Performance is driven by ASD, where 526 of 3,455 (15.2%) patients had an ASD assessment < 26 weeks. 484 out of 850 (56.9%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Autism Spectrum Disorder (ASD): Demand for assessment for ASD continues to increase year on year, ranging from an average of 20 referrals per month in 2016 to 124 per month in 2025 with longest wait times approximately four years. A pilot to reduce waiting times has not been successful so we are looking to improvements in Aneurin Bevan to see if we can implement their approach. WG Neurodivergence Improvement Programme and Code of Practice legislative requirements stipulate development of pre and post diagnostic support and upstream working which has diverted resources from tackling waiting lists. Staff vacancies, sickness, maternity leave, annual leave and availability of diagnostic assessment training are having a significant impact.	**ASD:** Rolling process mapping of current systems and pathways to improve efficiency and reduce time to assessment. Assessment process stream-lined further to increase capacity within services Rapid access to diagnosis pilot in progress. Extensive data validation of existing waiting list. Blended approach including use of digital platforms to reduce need for travel and face-to-face appointments where possible in place. All clinical posts recruited to, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and promote a 'grow your own' culture. Two support worker roles created. Investigate approach to tackling waiting lists in Aneurin Bevan to see if it can be implemented here.	Ongoing Ongoing Ongoing Ongoing Complete 30/06/25
Attention Deficit Hyperactivity Disorder (ADHD): As of May 2025, there are 355 children and young people waiting more than 26 weeks for an ADHD assessment. The longest wait is 75 weeks with 110 waiting more than 52 weeks. In the last two years the service has seen a 100% increase in referrals from approximately 28 per month in 2023/24 to 56 in 2024/25. This outweighs the capacity within the service of 40 per month. We would need to increase core capacity significantly to achieve target. Similarly, demand for Quantitative Behavioural (QB) Tests which form part of the diagnostic pathway outweighs current capacity. Clinic room capacity across sites is a significant challenge with longer term solutions being explored as part of the Bandi appeal and the reconfiguration of Puffin Ward at Withybush General Hospital.	**ADHD:** Increase clinic room capacity through the Bandi appeal and reconfiguration of Puffin Ward. Increase core capacity through provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available to carry these out across the counties and limited Healthcare support workers (HCSW) are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Currently being tested by Carmarthenshire County Council. There is a post to advert for one whole-time equivalent Community Paediatrician in BGH. Cont manage clinic capacity and match demand through rigorous job planning.	31/03/27 30/09/26 Ongoing 31/07/25 Ongoing

Diagnostic waits over 8 weeks
(Ministerial priority)

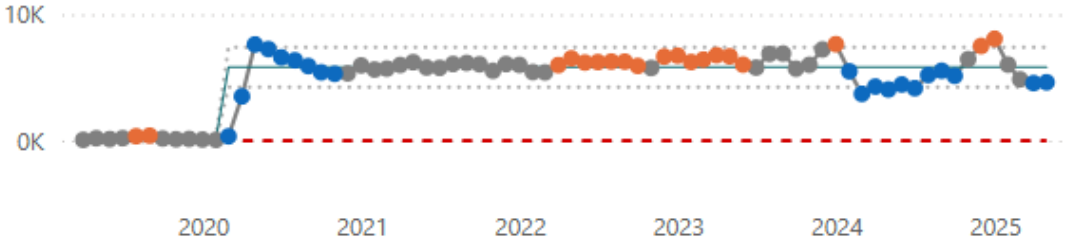
Key
- Upper and lower limits
- Mean
- Target
- Ambition

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

Patients waiting >8 weeks for a specified diagnostic



Latest performance shows an improving variation, for the first time since October 2024.

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2025	4,617	●	▣	n/a
Radiology		4,237	●	▣	n/a
Cardiology		170	●	▣	n/a
Endoscopy		136	●	▣	n/a
Phys measure		29	●	▣	n/a
Imaging		27	●	▣	n/a
Neurophysiology		18	●	▣	n/a

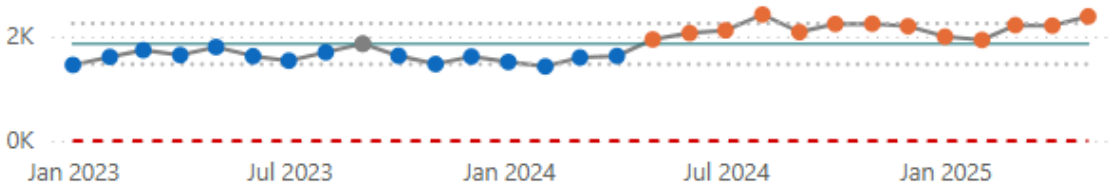
Key challenges / issues	Key actions / initiatives	Due date

Radiology
• Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
• Radiology received 2,043 Urgent Suspect Cancer requests in month. 14,266 requests were received in total which is 483 more than in April '25.
• Current breaches total 4,270 (Decrease of 16 breaches from M1):
  • NOUS 1222 (+113)
  • CT 449 (-198)
  • MRI 2556 (+58),
	• Continuation of recovery actions into M2, 2025/26 has allowed the continuation of backlog recovery which will be funded by a proportion of the 2025/26 Annual Plan funds allocated to Radiology:
	  ➢ NOUS: insourcing commenced in February and is continuing until 30/11/25 (end of contract).
	  ➢ CT: CT locum Radiographers started in GGH and WGH in March and will continue until substantive appointments are made
	  ➢ MRI: staffed MRI mobile solution commenced 09/01/25 and is continuing until 31/3/26
	• Breakdown of GGH MRI scanner has resulted in a slight loss of capacity despite a mobile van being secured. As unable to scan as many patients per day due to the van being outside with no changing or waiting facilities plus restrictions on scanning due to nature of mobile scanner.
		30/11/25
		31/9/25
		31/3/26
		08/06/25

Endoscopy • Endoscopy theatre nursing staff fragility (particular to GGH) due to short term sickness and gaps in the nursing establishment. • Ongoing capital replacement programme for old/fragile endoscope equipment.	• Continue to achieve compliance with the 8-week target for gastroenterology and respiratory patient cohorts. • Investment proposal submitted to Board was approved, for investment in an uplift in the endoscopy nursing establishment at Glangwili to maintain baseline core capacity. Recruitment of 2.88 whole time equivalents at band 5 and 33 at band 3.	Ongoing 30/06/25
Cardiology • As anticipated/escalated, 170 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of May '25.	• Plan in development to reduce Myocardial Perfusion Imaging waiting list by commissioning additional CT Cor[Page 266]ohy capacity at WGH.	01/09/25

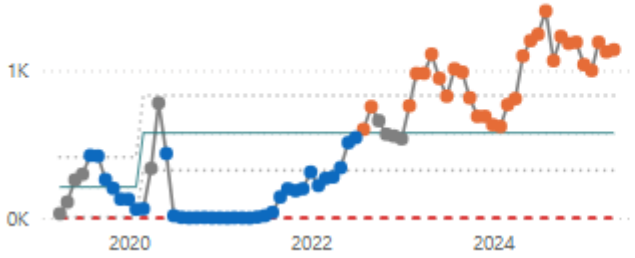
Patients waiting >14 weeks for a specified therapy

Latest performance shows concerning variation and the highest number of breaches since August 2024. No areas saw a reduction in breaches compared to April 2024.

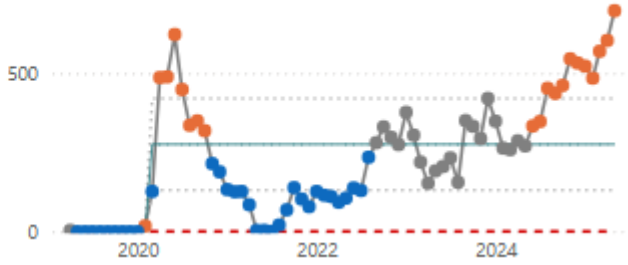


Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	May 2025	2,384	●	▣	63.9%
Physiotherapy		1,141	●	▣	98.3%
Podiatry		698	●	▣	94.5%
OT		355	●	▣	18.1%
Dietetics		141	●	▣	58.5%
Art therapy		46	●	▣	n/a
SALT		3	●	▣	100%

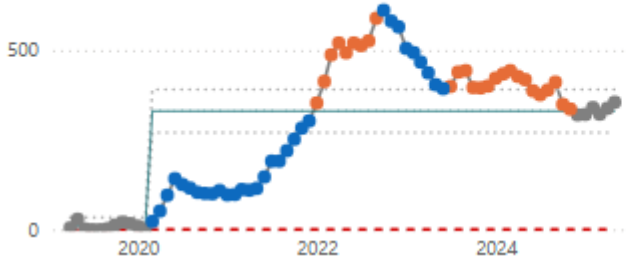
Number of patients waiting 14 weeks plus for Physiotherapy



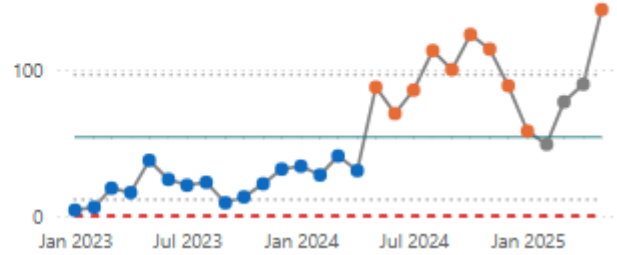
Number of patients waiting 14 weeks plus for Podiatry



Number of patients waiting 14 weeks plus for Occupational Therapy



Dietetics: Number of patients waiting 14 weeks+ for Dietetics (excluding Weight Management)



Key

- 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

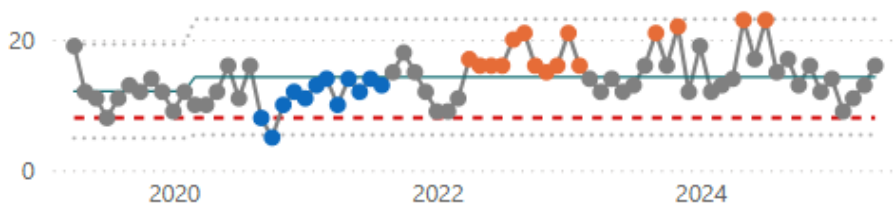
Therapy waits over 14 weeks (continued)
(Ministerial priority)

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy • 90% of breaches are within the Musculoskeletal (MSK) specialty. • Demand is growing and is greater than current capacity. • Recruitment at Band 6 grades is challenging in Carmarthenshire. Limited workforce available to engage in bank or fixed term contracts to cover short term service vacancies. • Limited agency willing to engage in short term arrangements to cover substantive vacancies until the end of June 2025. • Agency not supported to cover maternity.	**Physiotherapy** • Successful recruitment campaign for band 5 bank staff - All posts appointed and available to work. • Development of standard operating procedure for telephone triage initiative. Scope of project extended to include clinical risk stratification tool (Keele Start Back). • Extensions for 4.4 whole time equivalent (WTE) agency approved until 30th June 2025. 2 WTE staff retained. Active recruitment for remaining posts.	Complete 31/08/25 30/06/25
Podiatry • **Increasing demand:** Podiatry and Orthotics as of 31 May 2025 have in total close to 3000 new referrals waiting for an appointment. This, along with a reduction in capacity, has led to a steady increase in 14-week breaches. • **Patient complexity** has increased, as strict eligibility criteria has seen low risk pathology discharged to the private sector. This has resulted in a higher number of complex patients seen in-house, leading to a reduction in the number of patients seen in clinics from around 18 per day to 10 per day.	**Podiatry** • Confirmation that 1 whole time equivalent (WTE) post held in 2024/25 has returned to budget. • Successful recent recruitment of three WTE band 5s (direct replacements for recent leavers). • Further skill mixing of job roles to maximize efficiency: 6 staff in admin band 3-4 office roles on Agored training to develop into podiatry assistant roles. These can undertake some of the work currently undertaken by podiatrists. These can then be backfilled with further admin recruitment. • Develop a consultant podiatry role. We have several highly skilled staff that could potentially undertake this role and lead on efficient pathways dealing with very complex patients more effectively and quickly through the system. • Continue strict eligibility criteria and robust discharge policy. • Continue roll out of phone triage to maximize efficiency.	Complete 31/08/25 30/09/26 30/06/25 Ongoing 30/09/25
Occupational therapy • **Large waiting list backlog** within paediatrics which has been further impacted by staff sickness and staff vacancies. • Prioritisation of patients is continuing through 2025, staff sickness has been managed as per the sickness policy, and staff recruitment continued to address vacancies.	**Occupational therapy** • Extend staff additional working hours for a further 3 months whilst implementing recruitment for retirements and maternity leaves. • Ongoing recruitment to bank Occupational Therapy workforce, to provide additional workforce resilience. • An ongoing focus on clinical prioritisation of urgent and non-urgent cases, and continuation of weekly review of current capacity, identifying additional support to address any shortfalls.	31/08/25 30/07/25 31/03/26
Dietetics • 133 breaches are within the paediatrics service, longest wait now 43 weeks. This is linked to an increase in demand for children with selective eating which has been escalated.	**Dietetics** • The risk related to the increase in demand for children with selective eating has been highlighted on the service risk register and a paper with solutions presented to Clinical Care Group Quality and Safety (CCG Q&S), Business, People and Performance (BPP), Integrated Quality, Finance and Performance Delivery (IQFPD) and Nutrition and Hydration Group (NHG) with support for preferred option. Mitigation has been approval from Financial Control Group (FCG) 11/06/2025.	30/06/26

C.difficile and E.coli cases
(Enhanced monitoring)

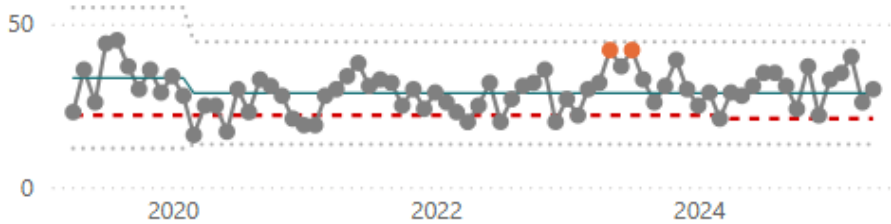
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed C.difficile cases (in-month)



Latest performance is showing common cause variation with 16 cases in May 2025.

Number of laboratory confirmed E.coli cases (in-month)



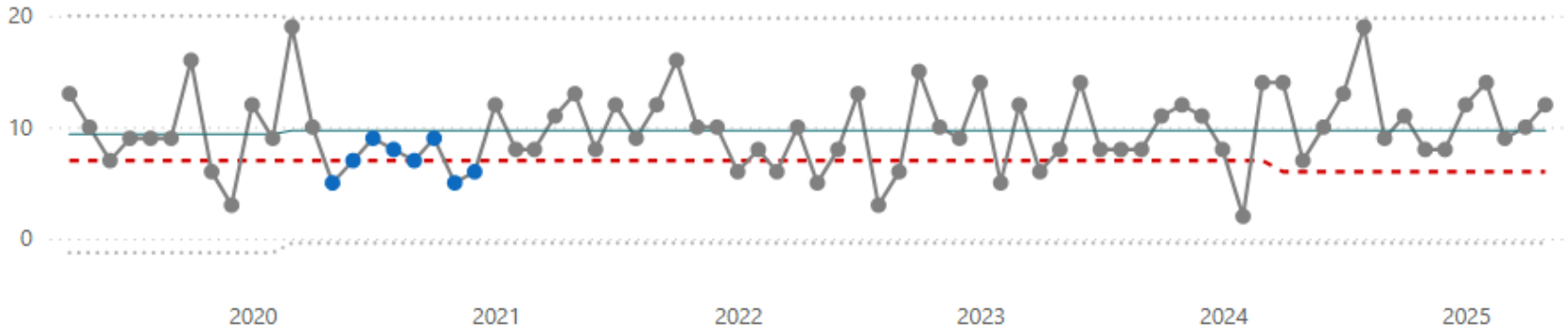
Latest performance is showing common cause variation with 30 cases in May 2025.

Key challenges / issues	Key actions / initiatives	Due date
C.difficile:	**C.difficile:**	
• April-25 to May-25 there were 8 fewer cases than the equivalent period in 2024/2025.	• HDUHB C.difficile Improvement Group established with deputy medical director as chair.	Ongoing
• HDUHB did not achieve the 2024/25 Improvement Group (IG) target for Hospital Onset (HO) C.difficile but, was the only UHB to report fewer cases of HO C.difficile in 2024/2025. 8 Hospital onset cases recorded in April-25 and 6 cases in May-25. The targeted intervention (TI) goal of 6 cases was met in May 2025.	• HDUHB Self assessment conducted against all Wales C.difficile framework and HDUHB action plan updated and RAG rating assigned .	Ongoing Ongoing
• Ongoing concerns with cross infection of C.difficile cases in PPH, last episode April 2025.	• Scrutiny of HO and CO cases and any linked cases and share lessons learnt.	Ongoing
• Increased testing for acute gastrointestinal symptoms during Norovirus outbreaks in April and May 2025 in HDUHB, may account for incidental findings of C.difficile and the increase in case numbers in April – May 2025 .	• Genome sequencing indicates strains of C.difficile already circulating in HDUHB. • Reports and profiling of C.difficile cases and HDUHB dashboard position to clinical care groups, IPC locality meetings and HCAI assurance meetings . • IPC programme of environmental audits and 6 monthly ward quality improvement activity audits scrutinised for improvement with services . • Deep cleaning programme and use of HPV continues in PPH. • Education continues on C.difficile and antimicrobial stewardship.	Ongoing Ongoing 30/6/25 Ongoing
E.coli:	**E.coli:**	
• Total of 56 E.coli cases reported April-25 to May-25 , less than same period last year.	• Continued education of staff across HDUHB in regard to catheter/device management . This is inclusive of Care Homes and Primary Care.	Ongoing
• HDUHB did not achieve 2024/25 IG for HO cases but fewer cases than last year.	• To profile and support mandatory aseptic non-touch technique (ANTT) and encourage services to progress ANTT and apply for accreditation.	Ongoing
• The higher proportion of cases are community onset cases compared to hospital cases as seen nationally. UTI remains the main source of the E.coli bacteraemia in HDUHB followed by hepatobiliary source .	• Promotion of hydration, hygiene and management of catheters with the public at public facing forums and community events. • Discussion of HO cases at scrutiny meetings and lessons learnt shared .	Ongoing
• The targeted Intervention (T1) goal of 5 hospital cases was not achieved in April 2025 (6- HO cases) and in May 2025 (7- HO cases).	• Reports and lessons learnt shared regarding on HO cases at CCG's, IPC locality meetings and scrutiny meetings.	Ongoing Ongoing

S.aureus
(Enhanced monitoring condition)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed S.aureus cases (in-month)



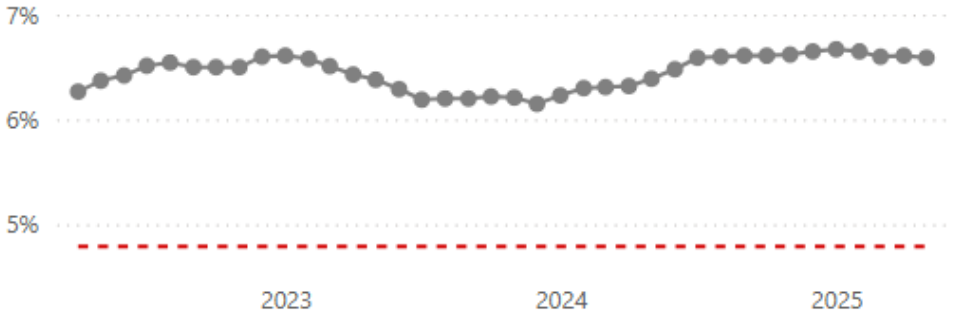
Latest performance is showing common cause variation with 12 cases in May 2025.

Key challenges / issues	Key actions / initiatives	Due date
S.aureus : • HDUHB achieved the 2024/25 IG for Hospital onset MRSA bacteraemia and had 3 fewer cases than the previous year. • HDUHB did not achieve the 2024/25 IG for Hospital onset MSSA bacteraemia' s. All of Wales recorded an increase in MSSA bacteraemia's in 2024/2025. • There was 1 more hospital onset case of MSSA in April 25-May 25 than the equivalent period in 2024 . • Invasive lines still account for a small proportion of MSSA • bacteraemia' s .	**S.aureus :** • ANTT e:learning compliance at 80.6%. Increased compliance to the 3 yearly ANTT practical competency assessments required. • Further development of ANTT assessors across HDUHB inclusive of Primary Care and Care Homes . • Hand hygiene promotion and bare below elbow profiled. • Ward manager/ Senior Nurse hand hygiene audits available on AMAT. • PVC bundle compliance monitored and requires improving in some areas. • Staph aureus awareness week planned in WGH and BGH and Carmarthenshire later in the year . • Share reports and lessons learnt on HO cases at CCG's, IPC locality meetings and scrutiny meetings.	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing

Staff sickness
(Delivery framework)

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 May 2025

Team	Staff	In-month %	R12m %
Glangwilli Hotel Services	134 staff	(12.9%)	**15%**
Withybush Hotel Services	141 staff	(11.7%)	**13%**
Prince Philip Hotel Services	70 staff	(4.9%)	**12.3%**
Prince Philip Acute Response	67 staff	(8.7%)	**11.9%**

Key challenges / issues

Conditions impacting absence rates include:
Anxiety, stress and depression continue to account for the highest reasons for absence across the Health Board.

The current cost to the Health Board (sickness payments only) to the 12 months ended 31 March 2025 was £26.4m per annum. An increase of £1.9m on the year ending March 2024 (23.5m).

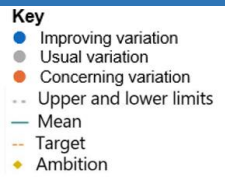
Targeted support for sickness absence:
Ongoing focused support from the Workforce Team continues in collaboration with Senior Managers within these areas e.g. Facilities in Glangwilli, Unscheduled Care in Prince Philip and Community Services in Withybush. Such continued support is realising benefits in reduced sickness rates.

Designated support continues to be utilised to help address concerns aligned to Employee Relations matters which are impacting on employee's wellbeing and attendance.

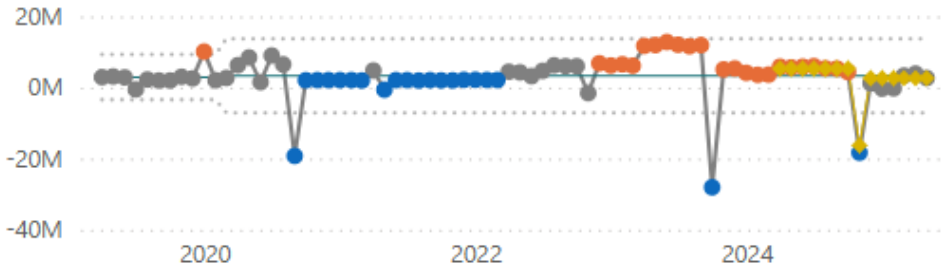
Key actions / initiatives

Key actions / initiatives	Due date
Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.	May 2025
Temporary redeployment guidance: The flow chart will be embedded in the policies portal to support the All-Wales Attendance At Work Policy.	May 2025
Designated support: Deep dives into prevalent high sickness areas continues, with bespoke action plans/additional training devised to support. This will continue in collaboration and support from the WF teams and Senior managers from the Clinical Care Groups and Executive Directorates – business as usual.	On-going
Occupational Health referral how to guide To assist managers a useful 'how to guide' is being developed to ensure managers can elicit the detail required from their Occupational Health referral in order to support individuals back to work in a timelier manner. Various examples of best practice referrals (reflecting the different job families) will be available for managers to use as a template to assist with more effective referrals.	July 2025

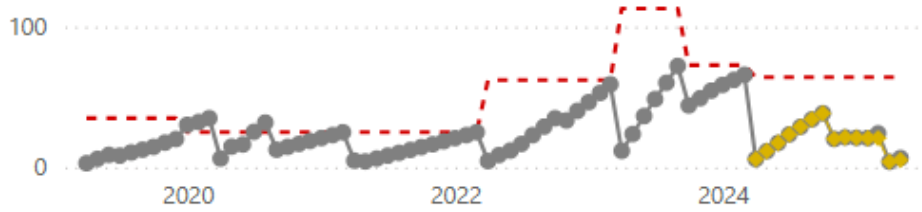
Financial deficit
(Targeted intervention)



Financial in-month deficit



Financial deficit (£m) – year to date

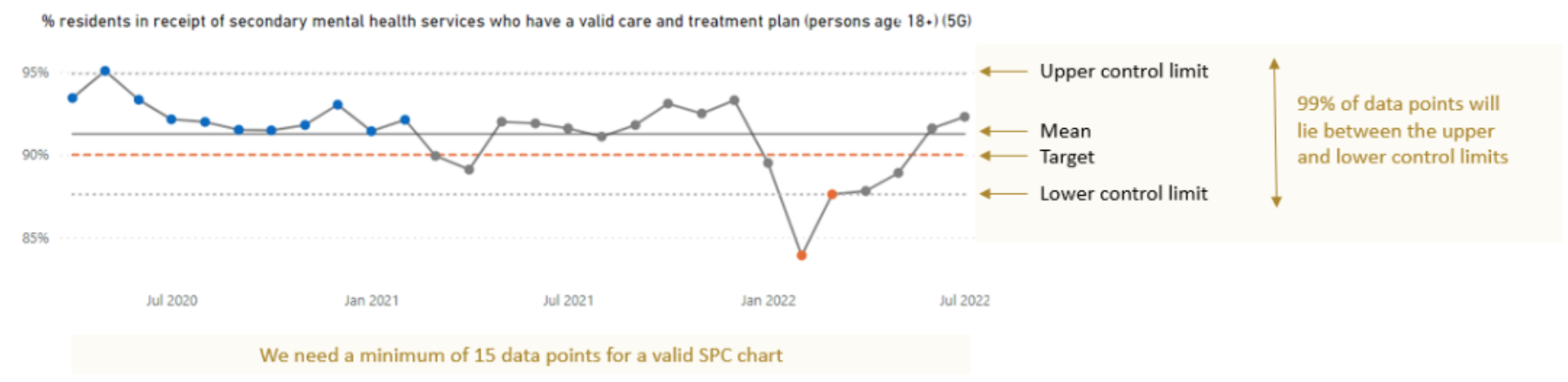


Key challenges / issues	Key actions / initiatives	Due date
The Month 2 financial position is a deficit of £2.7m, which is a worsening against the in-month deficit plan of £2.6m. The core operational variance to plan is £(0.2)m with the in-month savings target of £3.7m being under-identified by £0.3m, and all savings schemes identified of £3.4m being fully delivered. Further mitigating actions of £26.1m are required to deliver the deficit plan of £31.5m, with the Health Board aspiring to de-risk this by the end of quarter 1, and to further improve beyond the Target Control Total in-line with government expectations.	**Identification and delivery of robust recurrent and non-recurrent savings plans** There is a significant identification gap for savings schemes across Clinical Care Groups. Escalation for the Finance domain is likely due to risk associated with delivering the annual plan equitably across services. Whilst there was a step up in non-recurrent savings in Month 2, this has not been forecast to continue for the remainder of the year yet. **Medical – Additional Cover and Premium** Continued use of additional medical cover, including premium locum and agency in BGH, WGH and Planned Care. Required: roster management, consistent rate card implementation and exit strategies for reliance on premium cover linked to sustainability service delivery plans. **BGH Nursing Cohort** Dual running of international nurses in BGH. Required: Numbers are reducing following support to achieve registration status and update rotas. **Unapproved investments** With WG feedback of the annual plan being unsupportable, investment decisions should only be approved where demonstrable benefits are clearly deliverable, with a short lead time to realisation. **Planned and Specialist Care** Annualised year to date (YTD) review of future savings identification and core operational variation required within Clinical Care Group. **Primary Care, Community Strategy and Long Term Care** Annualised YTD review of future savings identification and core operational variation required within Clinical Care Group. **Executive Functions** Annualised YTD review of future savi[illegible]n and core operational variation required across Executive Functions	30/06/25 30/06/25 30/06/25 On Going 30/06/25 30/06/25 30/06/25

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 single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* 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 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 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**		

4.2

11:45 AM, 5 Mins

4.2 - NWSSP PERFORMANCE REPORT QUARTER 4 2024/25

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

NWSSP Performance Report Quarter 4 2024-25 FPC 26 June 2025.pdf

Appendix 1-4 HDdUHB NWSSP Summary Performance Report Q4 2024-25.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Performance Report Quarter 4 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Davies, Assistant 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

The purpose of this report is to provide the Finance and Performance Committee with summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 March 2025 (Quarter 4 2024/25).

The Finance and Performance Committee is requested to receive an assurance from the content of the NWSSP Performance Report for Quarter 4 2024/25.

Cefndir / Background

The NWSSP is hosted and governed by the Velindre NHS Trust Shared Services Regulations and the Shared Services Partnership Committee (SSPC). The SSPC is hosted by Velindre on behalf of the seven Health Boards, three Trusts and two Special Health Authorities within NHS Wales (the partners) and is responsible for monitoring governance and performance. The required standards for effective governance are outlined within the SSPC's Standing Orders, Values and Standards of Behaviours framework, and associated policies. The partners participate in the SSPC and take collective responsibility for the delivery of the services through a hosting agreement between the partners.

The purpose of the SSPC is to:

- Set the policy and strategy for NWSSP;
- Monitor the delivery of Shared Services, through the Managing Director of NWSSP;
- Seek to improve the approach to delivering Shared Services which are effective, efficient and provide value for money for partners;
- Ensure the efficient and effective leadership direction and control of NWSSP; and
- Ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The Board has approved Standing Orders in relation to the establishment of joint committees. In line with these Standing Orders, Hywel Dda University Health Board (HDdUHB) has

established a NWSSP Committee as a joint committee of the Board, the activities of which require reporting to the Board.

Asesiad / Assessment

As part of the approval of Year 1 of the SSPC Integrated Medium Term Plan (IMTP) for 2024-27, the SSPC reviewed its Key Performance Indicators. A number of Lead indicators were identified for each division. There are 20 Lead indicators in total.

Full details of the performance against all Wales agreed KPIs for services provided to HDdUHB are attached (**Appendix 1 - 3**) with comparison data for the rolling twelve-month period to 31 March 2025.

HDdUHB Specific Key Performance Indicators

In summary, of the 20 Lead indicators for Quarter 4 the performance is as follows:

	Green	Amber	Red	Not Available
Quarter 4 2024/25	18	1		1*
Quarter 3 2024/25	17	2	1	

* At the time of writing the report PSPP data for year-end was not available. This has now been confirmed as 96.7%. (Subject to audit)

By exception, the area where performance is not on target is highlighted below:

Audit and Assurance – Audit Reported to agreed Audit Committee

Performance driven by both HDdUHB and NWSSP shows the organisation missing the following KPI:

- **Audit reported to agreed Audit Committee: Target 80%**
- **Performance: 74%**

What is happening?

14 of the 19 reports were completed within the time frame. The missed targets were due to internal reasons such as field work taken additional time to work through across both organisations. Reports have been written.

What is NWSSP doing about it?

Heads of Audit discuss any delays directly with the health organisations and are made aware of any revised timings of reports and submission to committees.

All Wales Key Performance Indicators

Performance is reported on an all Wales basis for KPIs that cannot be attributed to a specific health organisation, with comparative data for the rolling twelve-month period to 31 March 2025.

Summary Assessment by NWSSP

The Quarter 4 performance for the organisation was good with 18 out of 20 KPIs showing as green. The time to hire target was achieved in March and NWSSP continues to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

Heads of Audit continue to work with key individuals within the organisation to improve delivery against targets.

Appendix 4 shows the Outcome measures that NWSSP has been working on at the end of March 2025 to highlight and report the impact and importance of what it does.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **RECEIVE ASSURANCE** from the content of the NWSSP Performance Report for Quarter 4 2024/25 that services provided are being delivered to expected standards; and
- **NOTE** the work being developed regarding outcome measures reporting.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable

Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 March 2025.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad: Parties / Committees consulted prior to Finance and Performance Committee:	Shared Services Partnership Committee (SSPC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	NWSSP was established to improve the approach to delivering Shared Services, which are effective, efficient and provide value for money for Partners.
Ansawdd / Gofal Claf: Quality / Patient Care:	NWSSP has a remit to focus on delivering savings that can be re-invested in direct patient care.
Gweithlu: Workforce:	NWSSP is hosted by Velindre NHS Trust and any workforce implications are dealt with by the Trust.
Risg: Risk:	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.

Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

NWSSP
SUMMARY PERFORMANCE REPORT

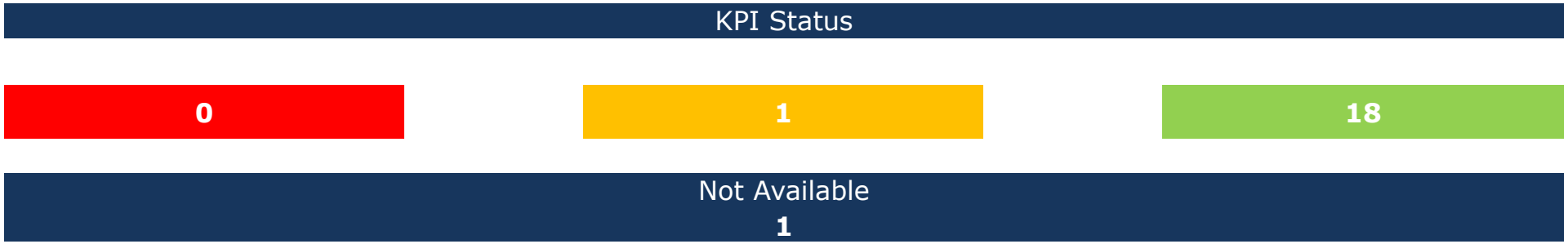
HYWEL DDA
UNIVERSITY HEALTH BOARD

Period 1st January 2025– 31st March 2025

Delivering Value, Innovation and Excellence through Partnership

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Overview



Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2025.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 4 performance for the organisation was good with 18 out of 20 KPIs showing as green.

The time to hire target was achieved in March and NWSSP continue to work with the organisation to cleanse the older records which can influence the overall time to hire performance.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 1 KPIs that did not achieve the targets:

- 1 is a combination of NWSSP and Health Board responsibility.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit continue to work with key individuals within the organisation to improve delivery against targets.

Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP) - Information on the payment of non-NHS invoices within 30 days is currently unavailable. An updated report on the PSPP will be issued once it becomes available.

Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – March 2025 for the organisation is £18.2M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.10
Procurement Services	4.78
Legal & Risk Services	12.60
Accounts Payable	0.64
Oxygen Finance – PSP	0.03
Counter Fraud Services	0.06
Total	**18.2**

Explanation of Appendices

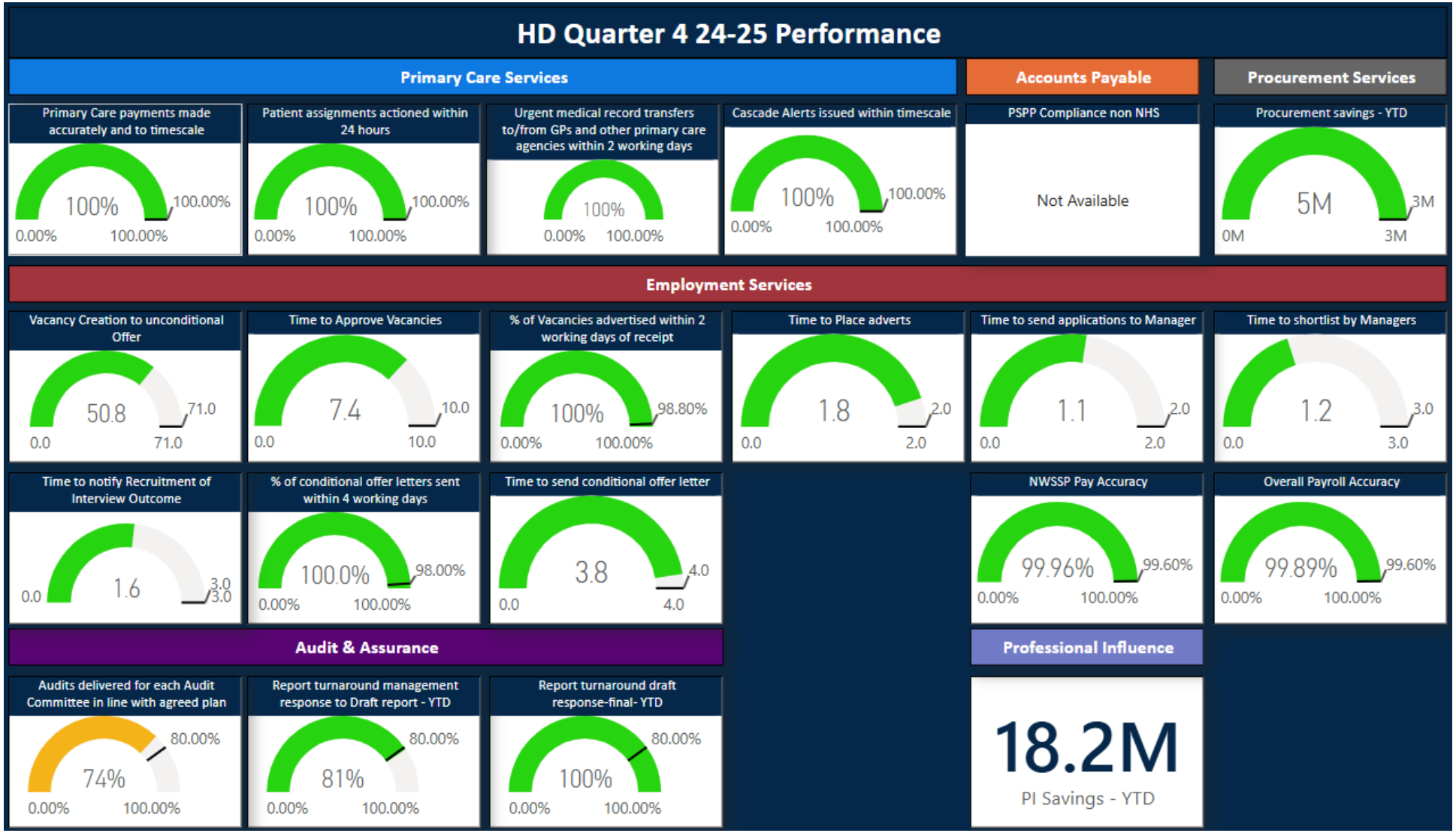
Appendix 1 to this report provides the March performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 2 provides March performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 3 then highlights the position for all health organisations at the end of March 2025.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of March 2025.

Summary Performance



Action Plan for Lead Indicators

There was no KPI showing as red for the in-month March position.

There was one KPI showing as amber for the in-month March position.

Delivering Value, Innovation and Excellence through Partnership

Audit & Assurance

HD High Level - KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			50%	74%	
% of audit outputs in progress		13%	28%	19%	13%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	80%	82%	81%	
Report turnaround draft response-final- YTD	80%	Not Applicable	100%	100%	100%	

What is happening?

Audits delivered for each Audit Committee within agreed plan (Excluding external reasons) – Previously reported as a binary "Yes" or "No," this new metric measures the percentage of audits delivered.

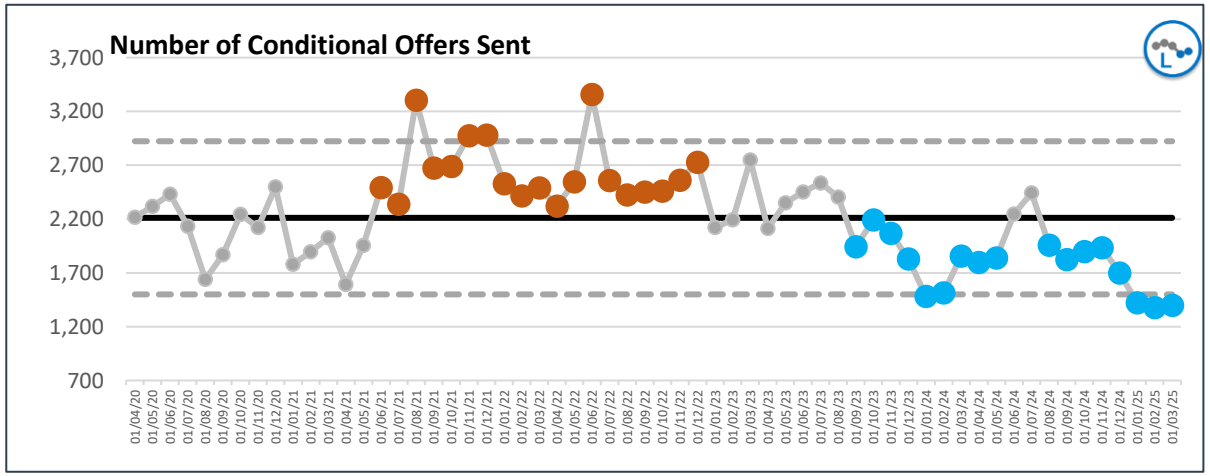
Audit reported to agreed Audit Committee failed to reach the 80% target reporting 74%.14 of the 19 reports were completed within that time frame.
The missed targets were due to internal reasons such as field work taken additional time to work through across both organisations. Reports have been written.

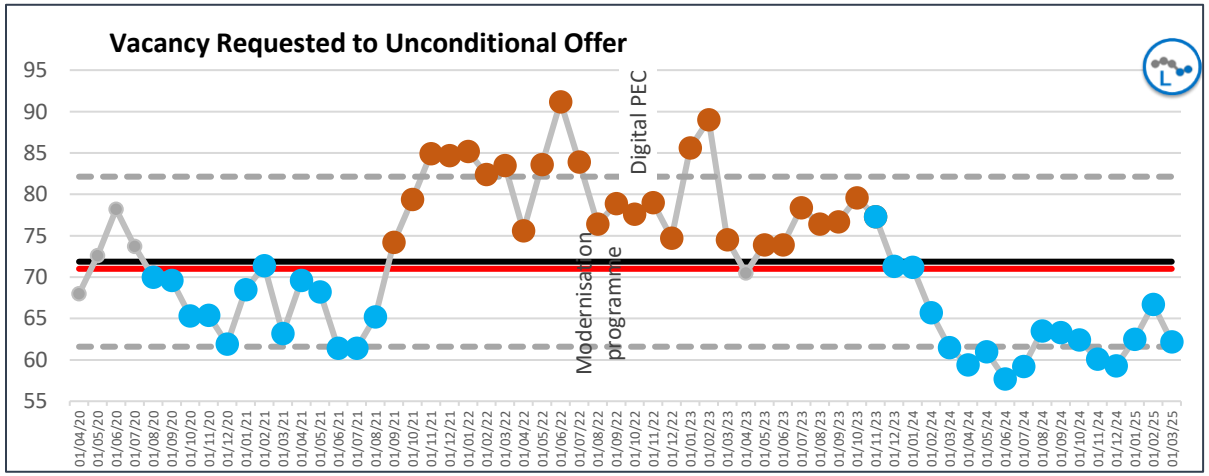
What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

Employment Services – Recruitment

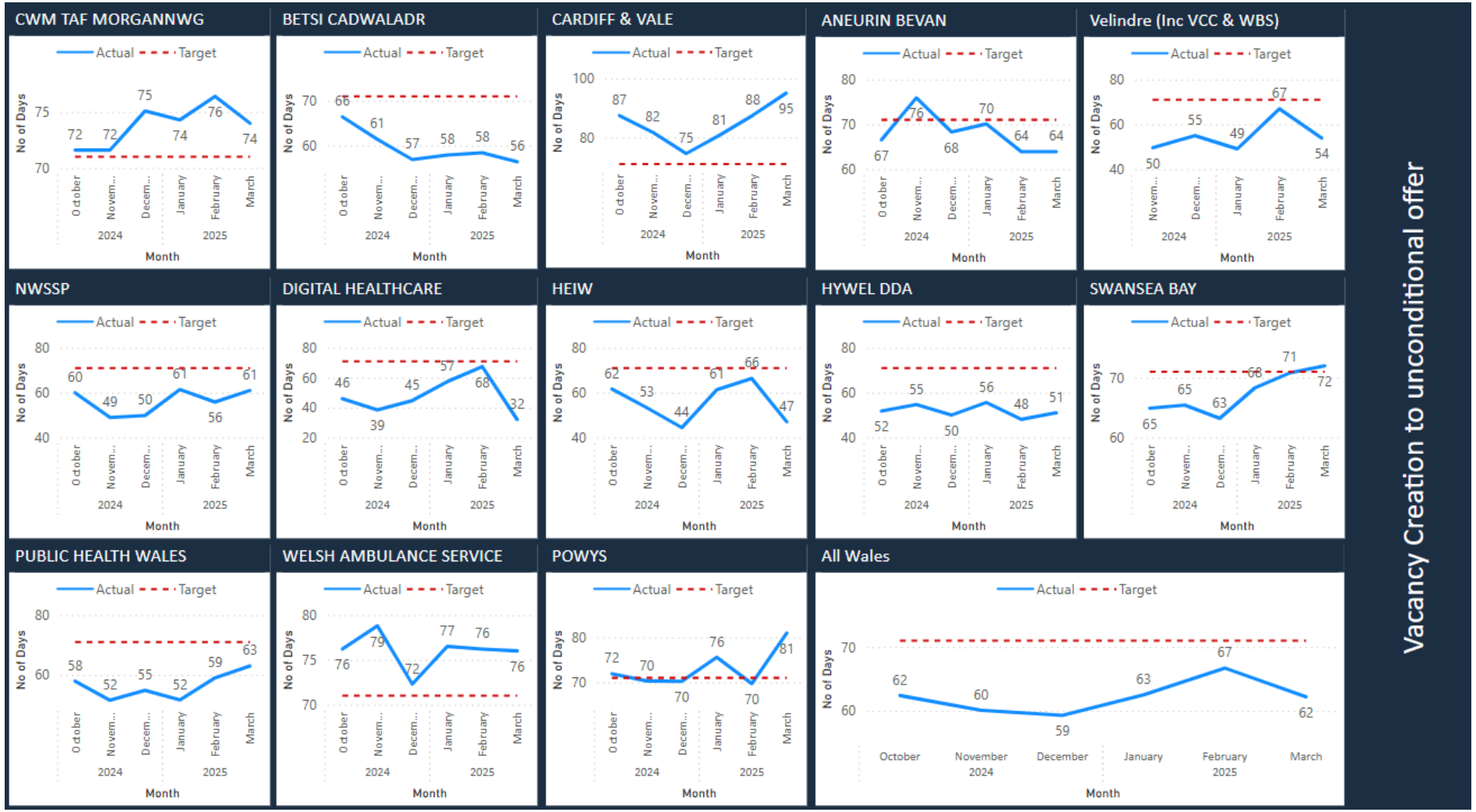
Recruitment		Vacancy Creation to Unconditional Offer												
Org	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend
AB	71	70	68	69	72	67	69	67	76	68	70	64	64	
BCU	71	63	68	65	69	71	66	66	61	57	58	58	56	
CV	71	87	84	76	78	82	85	87	82	75	81	88	95	
CTM	71	67	64	66	70	74	71	72	72	75	74	76	74	
HD	71	51	49	50	51	52	55	52	55	50	56	48	51	
HEIW	71	55	51	52	50	51	55	62	53	44	61	66	47	
DHCW	71	48	57	37	45	34	43	46	39	45	57	53	32	
NWSSP	71	46	55	56	56	62	63	60	49	50	61	56	61	
PTHB	71	68	66	59	59	78	71	72	70	70	76	70	81	
PHW	71	55	54	47	48	54	55	58	52	55	52	59	63	
SBU	71	61	57	57	58	62	60	65	65	63	68	71	72	
VEL	71	49	49	56	56	65	58	51	50	55	49	67	54	
WAST	71	73	94	65	65	71	70	76	79	72	77	76	76	
All Wales	71	59	61	58	59	64	63	62	60	59	63	67	62	





Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations Oct 24 – March 25.



Appendix 1 – Performance for the period to 31st March 2025

HD High Level – KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Financial Information						
Professional Influence Savings - YTD		£4.275 m	£8.761 m	£16.173 m	£18.171 m	
Employment Services Payroll Services						
NWSSP Pay Accuracy	99.6%	99.96%	99.99%	99.95%	99.96%	
Overall Pay Accuracy	99.6%	99.89%	99.82%	99.86%	99.89%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		87.2%	81.2%	86.3%	80.0%	
Vacancy creation to unconditional offer	71	49.8	54.6	50.0	50.8	
% of vacancies approved within 10 working		76.4%	85.0%	80.2%	79.5%	
Time to Approve Vacancies	10	7.9	6.1	8.0	7.4	
% of vacancies shortlisted within 3 working		91.8%	82.8%	94.8%	92.5%	
Time to Shortlist by Managers	3	1.5	2.5	3.3	1.2	
% of interview outcomes notified within 3 working		79.7%	76.1%	85.8%	91.3%	
Time to notify Recruitment of Interview Outcome	3	1.7	1.5	1.5	1.6	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working of receipt	95.00%	99.3%	99.2%	98.9%	100.0%	
Time to Place Adverts	2	1.5	1.7	1.6	1.8	
% of applications moved to shortlisting within 2 working of vacancy closing		100.0%	100.0%	100.0%	100.0%	
Time to Send Applications to Manager	2	1.0	1.0	1.0	1.1	
% of conditional offer letters sent within 4 working	95.00%	97.6%	98.3%	94.5%	100.0%	
Time to send Conditional Offer Letter	4	3.7	3.8	4.0	3.8	
Procurement Services						
Procurement savings - YTD		Target £1.906m Actual £2.223m	Target £2.622m Actual £2.928m	Target £2.751m Actual £4.676m	Target £3.012m Actual £4.784m	
Accounts Payable						
Invoices older than 30 days not discputed		1,152	1,033	1,326	638	
% Invoices on hold not disputed over 30 days		63%	58%	59%	41%	
PSPP Compliance non NHS	95%	94.7%	95.8%	97.8%	Not Available	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			50%	74%	
% of audit outputs in progress		13%	28%	19%	13%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	80%	82%	81%	
Report turnaround draft response-final- YTD	80%	Not Applicable	100%	100%	100%	

Appendix 2 – All Wales Performance for the period to 31st March 2025

ALL WALES KPIs		30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Primry Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.70%	99.72%	99.77%	99.84%	
Prescriptions processed (Apr - Jan)	£72.68m	7.28m	21.9m	43.2m	73.1m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.4%	98.0%	97.7%	98.9%	
CTeS						
P1 incidents raised with the Central Team Are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	99%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	94.35%	97.96%	90.82%	96.47%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory		100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory		100%	100%	100%	100%	
% delivery of Audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	87%	N/A	N/A	N/A	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	89%	88%	95%	94%	
Microbiological contact failure points	85%	97%	97%	100%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	1	0	

Appendix 3 – Health Org Performance comparison 31st March 2025

KPIs Mar 25	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs Financial Information														
Professional Influence Savings- YTD	Our Value		£48.014 m	£46.437 m	£68.142 m	£73.857 m	£33.548 m	£18.171 m	£3.678 m	£1.935 m	£1.521 m	£4.246 m	£0.188 m	£0.284 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.97%	99.99%	99.97%	99.89%	99.91%	99.96%	100.00%	99.96%	99.90%	99.98%	99.87%	99.76%
Overall Pay Accuracy	Our Services	99.6%	99.83%	99.92%	99.81%	99.84%	99.74%	99.89%	100.00%	99.75%	99.62%	99.73%	99.87%	99.84%
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
Orgalisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	72.2	64.0	56.4	94.5	74.1	50.8	63.2	81.3	67.7	75.7	46.6	32.4
Time to Approve Vacancies	Our Services	10 days	13.2	6.2	4.5	9.6	19.6	7.4	5.0	16.3	1.1	10.3	10.0	0.1
Time to Shortlist by Managers	Our Services	3 days	10.0	5.5	4.9	5.1	7.2	1.2	6.2	9.1	15.2	19.5	7.4	4.8
Time to notify Recruitment of Interview Outcome	Our Services	3 days	5.8	3.3	2.8	1.4	3.4	1.6	2.7	1.8	2.6	2.1	1.0	1.8
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.7	1.9	1.5	1.9	1.9	1.8	1.6	1.6	1.5	1.7	2.0	1.4
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.1	1.0	0.9	1.0	1.0	1.2	1.2
Time to send Conditional Offer Letter	Our Services	4 days	3.6	3.7	3.8	3.2	3.6	3.8	3.9	3.9	3.8	3.8	3.3	3.2
Calls Handling % Quarterly Average	Our Services	95%	98.6%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £2.532m Actual £3.703m	Target £6.614m Actual £7.944m	Target £3.483m Actual £4.303m	Target £5.932m Actual £9.280m	Target £3.402m Actual £3.380m	Target £3.012m Actual £4.784m	Target £0.050m Actual £0.110m	Target £0.298m Actual £0.388m	Target £0.120m Actual £0.450m	Target £0.045m Actual £0.303m	Target £0.073m Actual £0.085m	Target £0.006m Actual £0.026m
Accounts Payable														
Invoices older than 30 days not discputed	Our Services		1,937	1,682	3,177	2,811	2,336	638	679	237	673	199	48	27
% Invoices on hold not disputed over 30 days	Our Services		55%	43%	62%	64%	50%	41%	71%	48%	41%	68%	43%	52%
Call Handling% - Quarterly Average	Our Services	95%	98.6%											
PSPP Compliance non NHS	Our Services	95%	Not Available											
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	88%	95%	85%	60%	76%	74%	44%	71%	64%	76%	67%	92%
% of Audit outputs in progress	Our Services		26%	32%	28%	25%	38%	13%	0%	25%	57%	30%	18%	8%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	47%	33%	86%	43%	60%	81%	89%	75%	43%	64%	38%	70%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	93.3.%	100%	89%	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record tralsfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

Appendix 4 – Outcome Reporting (Our Services)

Appendix 4 – Outcome Reporting (Our People)

Appendix 4 – Outcome Reporting (Our Value)

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

5

11:50 AM, 0 Mins

5 - FINANCE AND PERFORMANCE DEEP DIVES

5.1

11:50 AM, 20 Mins

5.1 - THEMATIC REVIEWS OF FINANCE AND PERFORMANCE

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

Thematic Review of CCG Finance and Performance FET 26 June 2025.pdf

Appendix 1 CCG Performance and Financial Progress Summary.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Thematic Reviews of Clinical Care Group Performance and Financial Progress
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	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 form 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 wats 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 Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

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

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

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

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

26 June 2025

Community and Integrated Medicine CCG
Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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. These reflect deficits in community capacity response, over-direction of patients to EDs for 1st 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. 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.	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: • HB 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
Ambulance Handover > 1 hr	0	605	1,059 (51%)	**Alert**		
Ambulance Handover > 4hrs	0	n/a	325 (16%)	**Alert**		
Pathway of Care Delays	n/a	174	234	**Alert**	Ongoing health related assessment challenges relating to nursing, continuing health care and mental capacity assessments. Challenges in reablement capacity and provision of new community care packages, family/patient's decisions regarding care and nursing and residential home availability.	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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

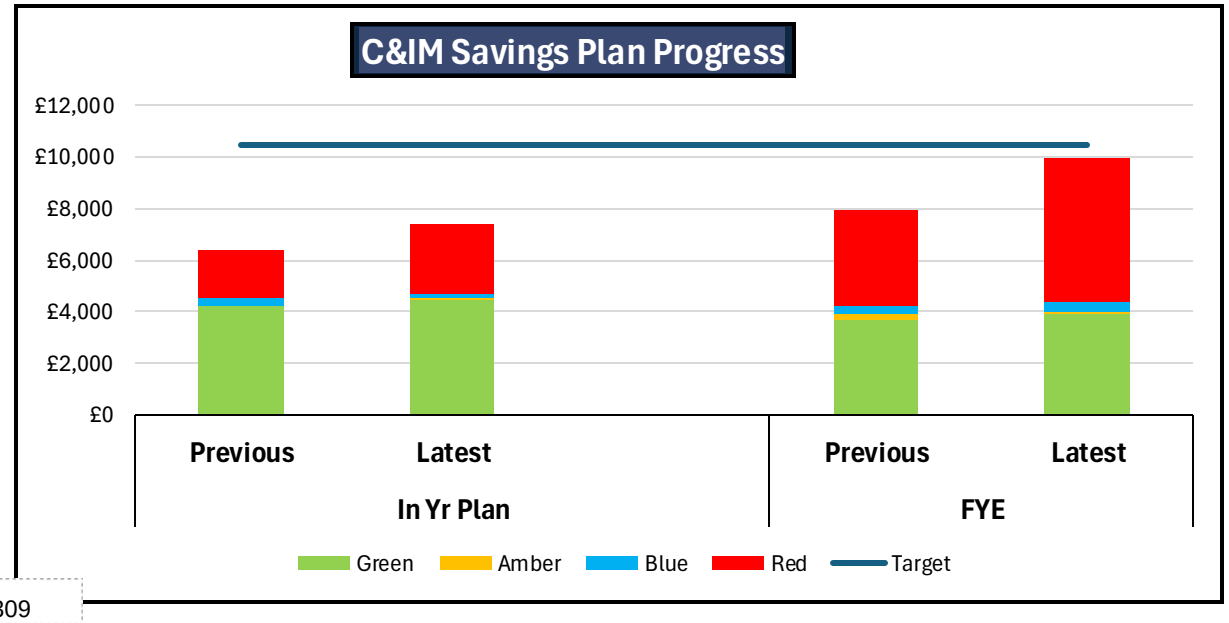
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Community & Integrated Medicine	0.9	0.0	0.0	0.9

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
Total	**£6,580**	**£7,364**	**£7,922**	**£9,952**



Planned and Specialist Care CCG
Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues/Overview	Key Actions
Stage 1 Max 52 week Wait	0	0	84	**Advise**	Short-term risks mainly related to General Medicine / Geriatric Medicine due to osteoporosis capacity pressures. No significant delivery concerns anticipated (99.8% patients < 52 weeks)	Deep-dive review of osteoporosis pathway across HB to match demand and capacity. 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
Total Pathway (Max 104 week wait)	0	0	319	**Advise**	Emergency delivery challenges in: • 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) • Ophthalmology – due to reduced outsource volumes during April • ENT – due to theatre staffing related cancellations during Q1 at GGH Q1 breaches expected to recover by end Q2.	Plans in progress re: • 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 • Ophthalmology outsource contract now operating at full capacity • 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
% R1 Eye Care appts attended / pts waiting within target or + 25%	95% 96%	60% 65%	60.3% 34%	**Alert**	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. 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.	Performance improvement expected during 2025/26 as a consequence of: • Step investment in IVT pathway capacity (as reflected in Annual Plan) • Planned recruitment into 2 x regional consultant posts by Autumn 2025 and current onboarding of middle grade staff • Expansion of glaucoma pathway including re-direction of patients via community optometrists as part of national WGOS initiative (in place).
Single Cancer Pathway (% treated within 62 days)	80%	80%	62.4%	**Assure**	Historical diagnostic pathway challenges (with particular emphasis on radiology capacity) has compromised HB performance. Continued improvements from Q4 have improved performance above 60% for 3 consecutive months.	Sustained trend in performance improvement expected during 2025/26 due to combined impact of: • Investments in Radiology capacity • Increased Urology capacity for flexible cystoscopies & LATP biopsies • Skin minor ops capacity expansion • Gynaecology one-stop PMB/hysterectomy pathway improvements

Planned and Specialist Care CCG
Finance - YTD Performance & Additional Savings Proposals

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

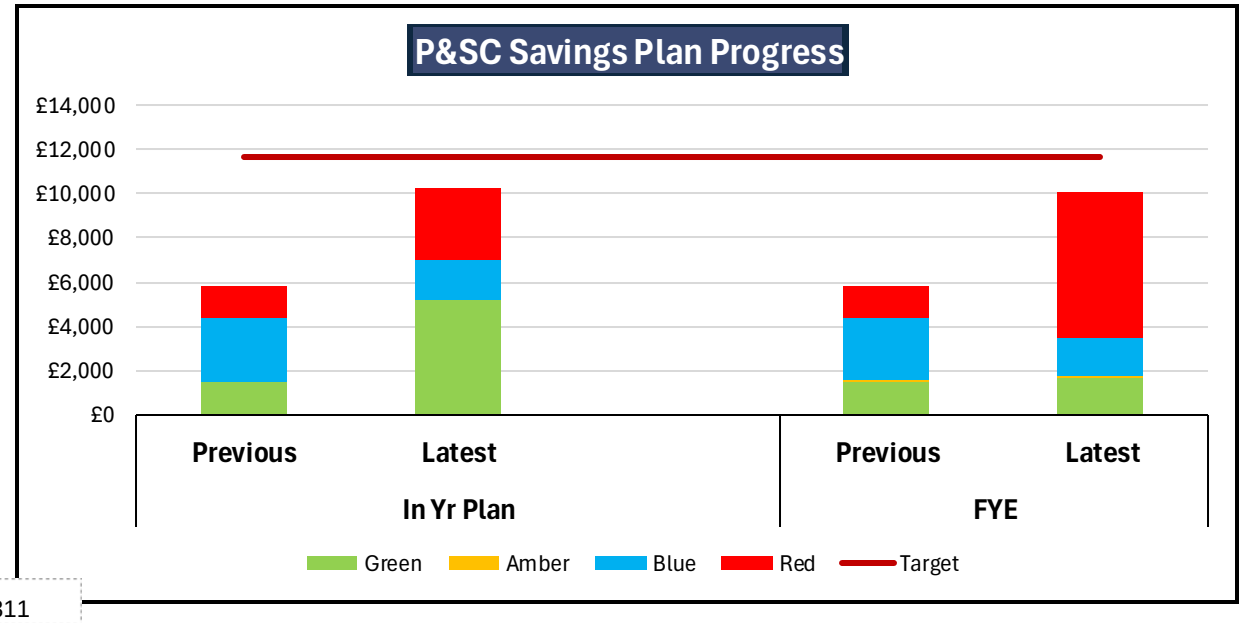
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Planned and Specialist Care	1.0	0.0	(1.4)	(0.4)

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
Total	**£5,801**	**£10,344**	**£5,714**	**£10,075**



Allied Health and Health Sciences CCG
Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
Diagnostic (Max 8 week wait) - Radiology	0	85%	4,237	**Alert**	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. The majority of breaches related to the MRI and NOUS pathways.	➢ NOUS: insourcing commenced in February and is continuing until 30/11/25 (end of contract). ➢ CT: CT locum Radiographers started in GGH and WGH in March and will continue until substantive appointments are made ➢ MRI: staffed MRI mobile solution commenced 09/01/25 and is continuing until 31/3/26 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.
Therapies (Max 14 week wait)	0	90% < 14 wks	2,384 (77.4%)	**Alert**	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. 48% of therapy 8 week breaches relates to Physiotherapy, of which 90% relate to the MSK pathway. 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. Significant breach volumes are also noted in Podiatry and OT pathways.	To part mitigate the continuing workforce challenge, the following priority actions are in progress: • Pilot telephone triage project to reduce demand and signpost patients to alternative, more appropriate pathways • Continued recruitment of junior (Band 5 posts) • Expansion of Podiatry Assistant roles to supplement clinically trained staff • Expansion of group therapy sessions to increase capacity. 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

Allied Health and Health Sciences CCG
Finance - YTD Performance & Additional Savings Proposals

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

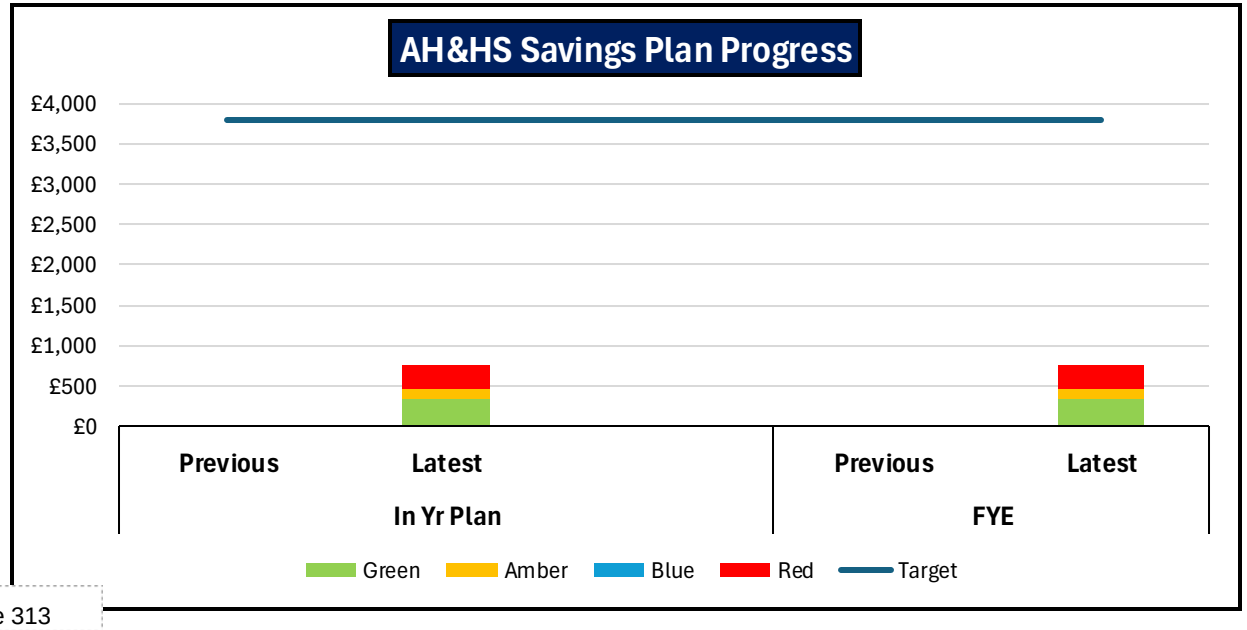
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Allied Health & Health Sciences	0.5	0.0	0.1	0.6

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

- £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

- 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
Total	£0	£760	£0	£760



Mental Health and Learning Disabilities CCG
Performance (Slide 1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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%	**Asure**	Positive performance progress sustained despite increasing demand	• Introduction of group therapy sessions • Primary Care Liaison service established to support management of demand.
Psychological Therapies < 26 weeks	80%	n/a	55.7%	**Alert**	Continued deterioration in recent monthly performance to 55.7% in April 2025. Performance deterioration reflects reduced patient take up of group therapy sessions Increases in referral demand for learning disabilities psychological support continue to impact overall performance.	• Refresh of communication and support to encourage improved patient acceptance of remote and group therapy sessions. • Clinical validation of referrals to identify most appropriate therapeutic response (1:1 vs group vs alternative approaches) and support overall management of demand. • Recruitment to Adult Psychology and Learning Disabilities teams in progress.

Mental Health and Learning Disabilities CCG
Performance (Slide 2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Target	Target	TI Goal	Mth 2	3As Rating	Risks/Issues	Key Actions
Neurodevelopmental Assessments < 26 weeks (ASD)	80%	n/a	15.2%	**Alert**	Historical performance challenges date to pre-pandemic period but exacerbated by: • 5 fold increase in demand since 2016 • Pilot assessment model has not delivered scale of results anticipated. • Compliance with national and legislative requirements has diverted capacity away from assessments in favour of pre & post diagnostic support	• Continuing review of pathway to improve efficiency and reduce time to assessment. • Extensive data validation of existing waiting list. • 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) • Peer evaluation of alternative model at Aneurin Bevan UHB which has delivered performance improvements. • Extension of outsource contract from 2025 to continue until mid-summer. • Executive sponsored ND T&F Group established to undertake wholesale review of ND pathway and alternative assessment models.
Neurodevelopmental Assessments < 26 weeks (ADHD)	80%	n/a	56.9%	**Alert**	Positive & steady trend in improvement over past 2 years despite: • 100% increase in demand over same period. • Limited clinic room capacity to expand service	• Active exploration of alternative assessment model to improve demand management and efficiency of pathway • Longer term plans to increase clinic capacity with 3rd sector financial support

Mental Health and Learning Disabilities CCG
Finance - YTD Performance & Additional Savings Proposals

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

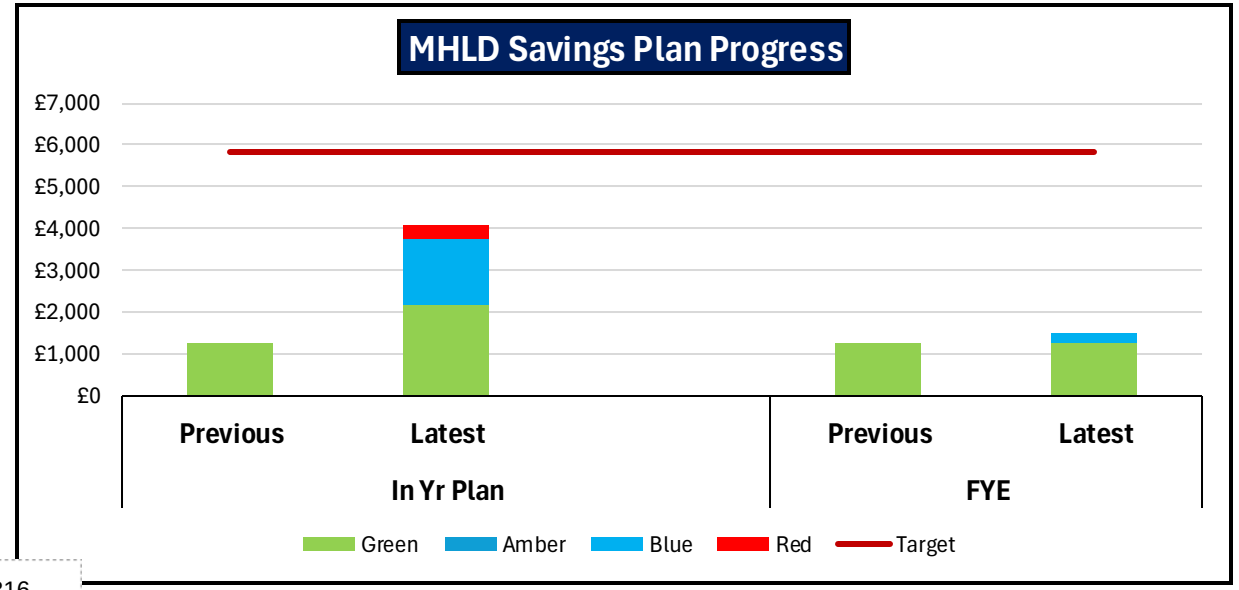
Mth 2 Financial Performance Against Budget (£'m)				
Clinical Care Group (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total Savings and Core Performance
Mental Health & Learning Dis.	0.4	0.0	0.3	0.7

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

- £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

- 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
Total	£1,257	£4,071	£1,257	£1,507



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

5.2

12:10 PM, 20 Mins

5.2 - DISCHARGE TO ASSESS

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

For assurance

Attachments

Discharge to Assess Review FPC 26 June 2025.pdf

Appendix 1 PHTB Proportionate Assessment of Needs Document.pdf

Appendix 2 SBUHB Funded Nursing Care Application Form.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Review of Discharge to Assess Pilot for Individuals with Nursing Needs
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julia McCarthy, Head of Long Term Care

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 outlines the outcomes following a pilot that commenced on 1 August 2024 for individuals with nursing needs requiring a long-term care (LTC) placement. The ongoing options for funding Discharge to Assess beds are also explored.

Cefndir / Background

In July 2024, a review of the Discharge to Assess Pathway (D2A) was undertaken which identified that Hywel Dda University Health Board (HDdUHB) were fully funding individuals in a nursing home for a prolonged period of time, despite the agreement to fund for 2 weeks to undertake a Continuing Healthcare (CHC) Assessment.

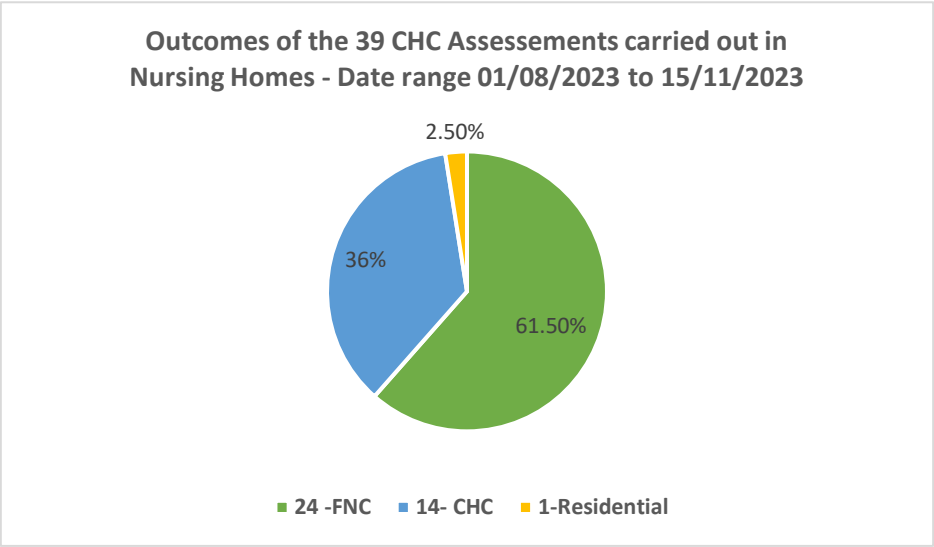
However, the average number of weeks from hospital discharge to CHC Assessment was 13 weeks in Pembrokeshire, 5 weeks in Carmarthenshire and 8 weeks in Ceredigion. The delays in undertaking the Assessment were predominantly due to social worker allocation and availability, in order to complete the CHC Assessment. The data also indicated approximately only 30% of patients discharged under the D2A Pathway were actually eligible for CHC despite the fact that the Health Board continued to fully fund all of the individuals from the point of discharge and up until the outcome of the assessment was known.

Given the prolonged delays and the significant financial implications for the Health Board, a 4-month pilot commenced on 1 August 2024 during which time CHC Assessments were undertaken in hospital prior to discharge, for individuals with nursing needs as opposed to the situation described above where individuals were discharged and placed within a Nursing Home prior to any assessment for CHC.

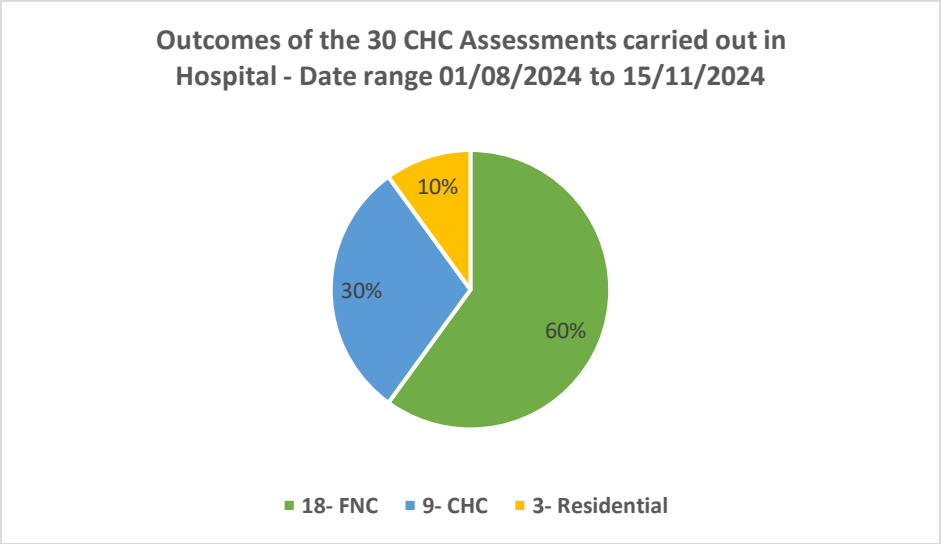
Asesiad / Assessment

The data below compares the referrals and outcomes for the same time period in 2023 when D2A was operational, and again in 2024 during the Pilot:

D2A

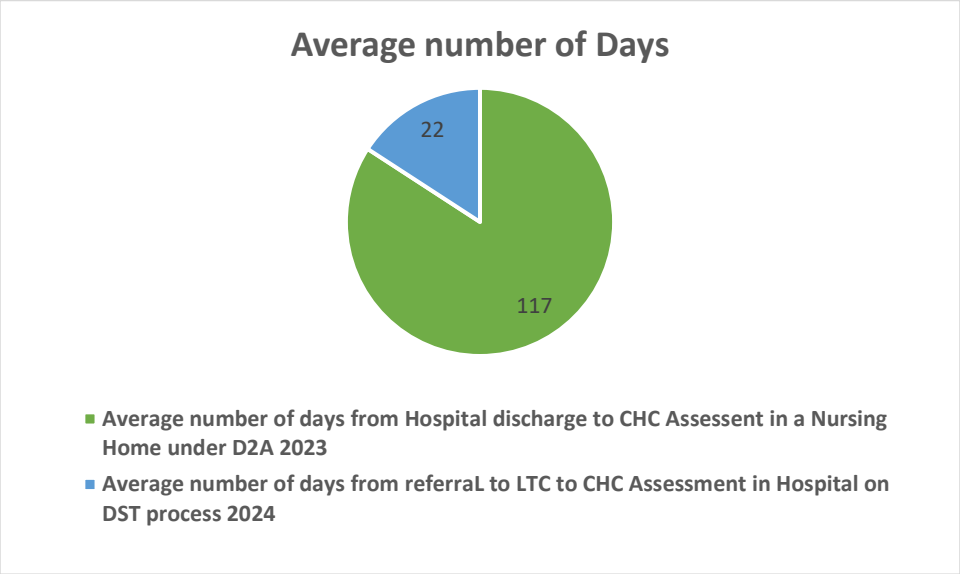


PILOT



The data shows that during 2023, 39 CHC Assessments were undertaken in a nursing home and the outcomes were 24 funded nursing care (FNC) (61.5%), 14 CHC (36%) and 1 Residential (2.5%). Whilst in 2024, 30 CHC Assessments were undertaken in hospital during the pilot and the outcomes were 18 FNC (60%), 9 CHC (30%) and 3 Residential (10%).

The data therefore suggests that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment. However, out of the 30 individuals assessed during the pilot, only 8 individuals have been discharged to a nursing home, as many remain in hospital awaiting their Home of Choice.



When considering the number of days waiting for the assessment to take place the above data shows that the average number of days from hospital discharge to CHC Assessment in a nursing home (D2A) in 2023, was 117 days, where delays occurred due to social worker availability to participate in the assessment process.

This can be compared to the average number of days from referral to Long Term Care to CHC Assessment in hospital (pilot) in 2024 was 22 days which would suggest that there is a more timely focus on the assessment of individual patients as they remain a priority for ward staff and Social Care teams than there appears to be for individuals waiting for prolonged periods of time for assessment once they are moved out of the Acute setting. This should indeed support an improvement in the time from assessment to placement, but for the reasons listed below, and in particular, Home of Choice, the discharge is, in a number of cases delayed.

Despite the improvement in assessment timelines, and the confirmation of the fact that the change in process itself during the pilot stage has had no material impact upon the outcome of the assessment, recent feedback from the acute sites regarding the pilot has suggested:

- There is an increase in the delayed transfers of care (prior to referring to LTC and awaiting Care Home of Choice)
- Increased work for ward staff in completing a nursing assessment
- Ward nurses lack confidence and competence to complete a nursing assessment
- Junior workforce who are unfamiliar with completing detailed assessments
- Lack of awareness of the new process at ward level

However, as the pilot has shown, changing the point of assessment in the discharge process is not in itself the reason for delay, but other factors such as Home of choice and family issues do appear to be leading to a delay and need to be addressed.

A local benchmarking exercise was recently undertaken across Wales, and HDdUHB was the only Health Board fully funding D2A beds. It is also acknowledged that the National Framework for CHC recommends that CHC Assessments are not undertaken in a hospital setting. Welsh Government's (WG) 50 Day Integrated Care Winter Challenge document also states that '*Assessments should take place in a person's home or in another suitable community setting; not in an acute hospital bed*'. The document further advises that *'Local Authorities and Health Boards are responsible for commissioning the block purchase of*

suitable step-down care home beds, to enable the DST/CHC assessment to take place in the community, for use where it is not appropriate for the person to be discharged to their own home. Agreeing the funding for these step-down placements/home service provision prior to the assessment process, this should be jointly funded or pooled budgets 50/50'

Given the current financial climate, a revised agreement is required that is financially sustainable to all organisations and ensures that the patient remains central to our decision making.

The ongoing funding of the D2A Assessment beds for individuals with nursing needs requiring long term placement from 1 December 2024 needs to be agreed. The following options should be considered:

Options	Positive	Negative
1. Revert back to D2A pathway	• Consistent with National Framework • Single point of contact for patients and families	• Health Board funding excessively over 2 weeks • Delays in Assessment • Only approx. 30% of individuals eligible for full funding from the NHS • No additional funding given. LTC initiated this pathway due to Covid pressures • Not working collaboratively with the LA • The Local Authority did not lead/participate in discussions regarding potential Third Party contributions prior to moving into the nursing home, as this was perceived as a 'Health Led Process'
2. DST completion in hospital setting	• Full MDT Assessment completed in a timely manner and discharge pathway is clear • Collaborative working • DST completed within reasonable timescales	• In some instances, the Local Authority will not allocate a Social Worker until patient is medically optimised • Delays in nursing assessments completed by ward staff • Not in line with National Framework or 50 Day Winter Challenge • Impact upon patient flow as individuals await their home of choice
3. 50/50 Funding from Health and Local Authority from hospital until CHC Assessment in	• Working collaboratively with the Local Authority which aligns with the National Framework for CHC & 50 Day Winter Challenge	• Disproportionate financial contribution from the Health Board given approx. 30% are eligible for CHC funding • Delays in social worker allocation may delay the Assessment process

	a nursing home	• Shared data of placements • Roles and responsibilities are clear • Court of protection proceedings will be managed by the appropriate service		
	4. Proportionate Assessment of Need (PAN) undertaken on ward by nurse & social worker (PAN includes the domains of the DST, Consent, MCA, Family Professional views). • The PAN is completed and signed by the nurse and social worker • If agreed that the patient doesn't trigger for a DST, the patient is discharged under FNC* with a review/DST at 3 months • If there are triggers for CHC, the patient is discharged with CHC funding* with a review/DST at 3 months • If the triggers are not sufficient to evidence a primary health need, the package of care is split 50/50* until such time as a	• Working collaboratively with the Local Authority which aligns with the National Framework & 50 Day Winter Challenge • Respective organisations allocate appropriate funding based on need • Shared data of placements • Roles and responsibilities are clear • Court of protection proceedings will be managed by the appropriate service • Any Top Up Fee met via usual process • Currently operational in Swansea Bay & Powys HB		

full DST can be carried out.		

*Following Quality Assurance & Approval from the Long Term Care Team

Examples of Proportionate Assessment of Needs currently used in Powys Teaching Health Board (PTHB) and Swansea Bay University Health Board (SBUHB) can be found at:

Appendix 1: PTHB Proportionate Assessment of Needs document.

Appendix 2: SBUHB Funded Nursing Care Application

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **NOTE** the review of the Discharge to Assess pilot.

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 Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is a risk of additional expenditure on the CHC budget if we revert back to the D2A.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable

Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

Proportionate Assessment of Needs Document.

Name:		**DOB:**	
NHS Number:		**Current Location:**	
Home Address:		**Telephone Number:**	

Please note: This assessment must be completed by a Registered Nurse and Social Worker. This assessment can be used as an application for Funded Nursing Care. If the assessment identifies triggers that may indicate the individual has a Primary Health Care Need, this information can be used as the nursing assessment for the multidisciplinary team meeting to contribute to the completion of the Welsh Government Decision Support Tool Document.

Please do not submit this application without supporting documents or SW agreement.

Welsh Government CHC public information leaflets have been provided to:

Patient ☐ NoK ☐

Statement by Care Co-ordinator I confirm I have discussed, explained the reason for this assessment and submission process and provided the client / client's representative with the patient information leaflet for NHS Funded Nursing/Continuing Health Care.	
Name:	**Job Title:**
Signature:	**Date:**

Statement by Client: I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Health Board for consideration. I understand that I will be informed in writing of the outcome by the Health Board.	
Signature of client:	**Date:**

To be completed by the Care Co-ordinator where the client does not have the capacity to consent to the assessment process: This assessment has been made in consultation with the client's next of kin / advocate / enduring power of attorney (please delete as appropriate). MCA & BI Documents to be submitted with application.	
Signature of Care Co-ordinator:	**Date:**

Statement of next of kin/enduring power of attorney: (Please complete as appropriate) I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Health Board for consideration. I understand that I will be informed in writing of the final agreement /outcome by the Health board.	
Signature of NOK/POA:	**Date:**

Please note the following information is an aid to determine those individuals who may be eligible for Funded Nursing Care and can be utilised to identify the need for further in depth multi disciplinary assessment if required.

Care Coordinator Details:		**Contact Number:**	
		Email Address:	
Social Worker Details:		**Contact Number:**	
		Email Address:	
GP Details:		**Contact Number:**	
		Email address:	
NOK Details:		**Contact Number:**	
		Email address:	
POA Details: **Health & Welfare Y N** **Finance Y N**		**Contact Number:**	
		Email Address:	

Reason for admission: **Background summary of patient prior to admission:** **Past Medical History:**

Section 1: Breathing **Please note: An individual may have an underlying condition such as COPD, however, it is the needs arising from such a condition should be recorded.** *Describe breathing patterns, difficulties and how these are managed.* *Equipment currently in use such as a nebulizer, inhalers or oxygen therapy.* *Tracheotomy, suction.* *Can they manage these needs themselves or with the support from family or carers.* *Are they unable to breathe independently and require invasive ventilation?*	
Section 2: Nutrition- Food and Drink *Include:* *Diet* *Fluids* *Appetite* *Weight History* *Risk of aspiration and choking* *SALT assessments, recommendations.* *Describe level and frequency of current supervision and how any identified risks are being managed.* *Mouth Care*	
Section 3: Continence *Identify current continence issues and describe daily routine.* *Include the use of products, level and frequency of assistance required.* *Repeated urinary tract infections and management of constipation.* *Nature and frequency of nursing interventions currently being undertaken, Describe the level of skill required to meet any identified needs and note which service is currently meeting these needs.*	
Section 4: Skin *Describe skin integrity* *Provide most recent wound assessment*	

documentation *Waterlow Score* *Specialist equipment currently in place.* *PUPIS referrals/assessment* *TVN intervention* *Does the patient require positioning, turning, frequency of intervention.* *Any relevant skin conditions, skin integrity, include body map if appropriate.*	
Section 5: Mobility **Please note; the use of the word high in a falls risk assessment tool does not necessarily equate to a high level in this domain** *Describe the actual needs of the individual; include supporting evidence and risk assessments.*	
Section 6: Communication *Describe difficulties relating to the individual's ability to communicate their needs.* *Is care staff able to anticipate their needs* *How are current needs being managed, what level of intervention is required and how successful has this been.* *Do they use any aids to assist with communication.*	
Section 7: Psychological and Emotional Needs *Does the patient have a known mental health diagnosis?* *Describe any known psychological and emotional needs that have an impact on their health and wellbeing.* *How do these needs impact on their daily activities?* *What support is currently in place?* *Level of skill required to meet identified needs.*	

Section 8: Cognition *Describe cognition issues, how long they have been present and any contributing factors.* *How they currently being managed and is this successful. Is this support required on a long or short term basis?* *Describe the frequency, impact and duration of these issues.* *Does the patient have mental capacity?* *Is there Power of Attorney in place?* *Is there a DoLs in place?*	
Section 9: Behaviour *Challenging Behaviour,* *Predictable Patterns* *Describe the frequency and impact of this behaviour.* *Level of skill required and how this is currently being supported.*	
Section 10: Drug Therapies and Medication *Please list medication, frequency and route* *Does the individual require supervision, prompting or assistance* *Does the individual comply with taking medication* *Describe pain management* *Detail any daily issues with medication.* *Requires medication to be administered by a Registered Nurse, carer or care worker trained for the task because there are identified risks.* *Requires medication to be monitored on a daily basis by a Registered Nurse.* *Describe any issues related to non compliance or non concordance.*	
Section 11:Altered State of Consciousness *Describe any episodes of ASC, nature and frequency* *How are these episodes currently managed, do they require intervention from a Registered Nurse or care worker.*	

Section 12: Other significant care needs to be taken into consideration	

When submitting this document please include the following (if applicable)

EVIDENCE	Tick if included
Updated Care Plans	
Mental Health Assessment	
MHA Status/S117 Status	
Behaviour Charts	
Other Professionals Assessments	
Do Not Attempt Cardiopulmonary Resuscitation Order	
DoLS in place/ applied for/ Date	
Advocacy Service	
Medication charts	
72 hour assessments	
Purpose T/Waterlow	
Nutritional Assessment / MUST	
Manual Handling	
Falls risk assessment	
Bed Rail Assessment	
NEWS SCORE:	
6 Steps	

Recommendation: Please tick.

The individual has healthcare needs and may be eligible for Continuing NHS Healthcare and requires further MDT assessment.	
The individual's needs are not primarily for health however, there are some identified nursing needs and is eligible for NHS Funded Nursing Care when in a care home registered for nursing. *(Review in 3 months, no requirement for DST unless indicated at time or requested by patient/family member).*	
The individual has nursing needs which may be managed in a community setting **or** Residential Home with core services.	
The individual has no nursing needs	
New Care Home Placement. ***Please identify if General, EMI or Specialist Nursing Care is required.***	

Local Authority funding		Self funding	
3rd party top up fees discussed with Patient/Relative	Yes ☐	No ☐	

Please note below any views of the individual or other professionals not captured or recorded above.

Name of Nurse Undertaking Assessment:		**Signature:**	
		Date:	
Name of Social Worker agreeing with the outcome of the assessment:		**Signature:**	
		Date:	

<u>This section to be completed by Complex Care Team</u>

Quality assured & agreed by:	
Date:	

Funded Nursing Care (FNC) Application

Patient Name:	NHS
Date of Birth:	Tel:
Home Address:	
Telephone No:	Current Location:
Proposed Address:	

Please note: This assessment must be completed by a Registered Nurse and Social Worker. This assessment can be used as an application for Funded Nursing Care. If the assessment identifies triggers that may indicate the individual has a Primary Health Need, this information can be used as the nursing assessment for the multidisciplinary team meeting to contribute to the completion of the Welsh Government Decision Support Tool Document.

Statement by Nurse Assessor / Care Co-ordinator

I confirm I have discussed, explained the reason for this assessment and submission process and provided the client / client's representative with the patient information leaflet for NHS Funded Nursing/Continuing Health Care.

Signature: …… Print Name: …… ……

Job title: …… Date: ……

Statement by Client:

I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Local Health Board for consideration. I understand that I will be informed in writing of the outcome by the Local Health Board.

Signature of Client: …… Date:……..…….

To be completed by the Nurse Assessor/Care Co-ordinator where the client does not have the capacity to consent:

This assessment has been made in consultation with the client's next of kin / advocate / enduring power of attorney (please delete as appropriate).

Signature: …… Date: ……..

Statement of next of kin/enduring power of attorney:

(Please complete as appropriate)

I confirm that the reason for the assessment and submission has been explained to me. I have received the patient information leaflet for NHS Funding for Care. I am in agreement that the submission should be made to the Local Health Board for consideration. I understand that I will be informed in writing of the final agreement /outcome by the Local Health board.

Signature: ……..... Date: …….

Relationship: ……...……....

Contact Details: ……..

APPLICATION FOR FUNDED NURSING CARE

Please note the following information is an aid to determine those individuals who may be eligible for Funded Nursing Care and can be utilised to identify the need for further in depth multi disciplinary assessment if required.

District Nurse: .....Base: ..... Contact No ……

Ward Manager/Staff Nurse/ Nurse Assessor: ..... Contact No: .....

Social Worker: …..……..... Contact No: …….....

GP/other professionals involved: …….....

Next of Kin Details: Name: .....Relationship: .....
Address: ..... Tel No: ...
.....

Pen Picture:	
Section 1: Breathing **Please note: An individual may have an underlying condition such as COPD,**	

however, it is the needs arising from such a condition should be recorded. Describe breathing patterns, difficulties and how these are managed. Equipment currently in use such as a nebulizer, inhalers or oxygen therapy. Tracheotomy, suction. Can they manage these needs themselves or with the support from family or carers. Are they unable to breathe independently and require invasive ventilation?	
Section 2: Nutrition- Food and Drink Include: Diet Fluids Appetite Weight Risk of aspiration and choking SALT assessments, recommendations. Describe level and frequency of current supervision and how any identified risks are being managed. Mouth Care	
Section 3: Continence Identify current continence issues and describe daily routine. Include the use of products, level and frequency of assistance required. Repeated urinary tract infections and management of constipation. Nature and frequency of nursing interventions currently being undertaken, Describe the level of skill required to meet any identified needs and note which service is currently meeting these needs.	
Section 4: Skin Describe skin integrity Provide most recent wound assessment documentation Waterlow Score Specialist equipment currently in place. PUPIS referrals/assessment TVN intervention Does the patient require positioning, turning,	

frequency of intervention. Any relevant skin conditions, skin integrity, include body map if appropriate.	
Section 5: Mobility Describe the actual needs of the individual; include supporting evidence and risk assessments. **Please note; the use of the word high in a falls risk assessment tool does not necessarily equate to a high level in this domain**	
Section 6: Communication Describe difficulties relating to the individual's ability to communicate their needs. Is care staff able to anticipate their needs How are current needs being managed, what level of intervention is required and how successful has this been. Do they use any aids to assist with communication. Has the patient been deemed as having capacity?	
Section 7: Psychological and Emotional Needs Does the patient have a known mental health diagnosis? Describe any known psychological and emotional needs that have an impact on their health and wellbeing. How do these needs impact on their daily activities? What support is currently in place? Level of skill required to meet identified needs.	
Section 8: Cognition Describe cognition issues, how long they have been present and any contributing	

factors. How they currently being managed and is this successful. Is this support required on a long or short term basis? Describe the frequency, impact and duration of these issues. Is there Power of Attorney in place? Is there a DoLs in place?	
Section 9: Behaviour Challenging Behaviour, Predictable Patterns Describe the frequency and impact of this behaviour. Level of skill required and how this is currently being supported.	
Section 10: Drug Therapies and Medication Please list medication, frequency and route Does the individual require supervision, prompting or assistance Does the individual comply with taking medication Describe pain management Detail any daily issues with medication. Requires medication to be administered by a Registered Nurse, carer or care worker trained for the task because there are identified risks. Requires medication to be monitored on a daily basis by a Registered Nurse. Describe any issues related to non compliance or non concordance.	
Section 11:Altered State of Consciousness Describe any episodes of ASC, nature and frequency How are these episodes currently managed, do they require intervention from a Registered Nurse or care worker.	
Section 12: Other significant care needs	

to be taken into consideration	

When submitting this document for Funded Nursing Care, please include the most recent care plans, risk assessments and Medication (MAR) Charts.

Rationale for Nursing Decision:
Please note below any views of the individual on the completion of the assessment that have not been recorded above.

This is a Funded Nursing Care submission document **Not a DST**

Please tick below as appropriate:

The individual has no nursing needs	
The individual has nursing needs which may be managed in a community setting or Residential Home	
The individual has healthcare needs which, through accessing other care options, include intermediate care (e.g. rehabilitation/ Reablement schemes) will minimise the risk to independence	
The individual has complex healthcare needs and may be eligible for Continuing NHS Healthcare and requires further MDT assessment Referred to: …….. On (date): ……	
The individual has nursing needs and is eligible for NHS Funded Nursing Care	
The individual remains eligible for Continuing NHS Healthcare	
New placement (Care Home) **please identify if EMI or General Nursing Care is required**	

Referred for Multi Disciplinary Assessment YES NO

Welsh Government CHC public information leaflets have been provided to:

Patient ☐ NoK ☐

Name of Nurse Undertaking Assessment..... Signature.....Date.....

Name of Social Worker ……..... Signature.....Date.....

<u>This section to be completed by Long-term Care Team Only</u>

Quality Assured by .....Date …….....

FNC Eligibility agreed by …….....

5.3

12:30 PM, 20 Mins

5.3 - OPHTHALMOLOGY PERFORMANCE: GETTING IT RIGHT FIRST TIME UPDATE

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

Ophthalmology GIRFT Review FPC 26 June 2025.pdf

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 April 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Getting it Right First Time Ophthalmology Review
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Victoria Coppack, Service Delivery Ophthalmology and Neurology

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 Ophthalmology Getting It Right First Time (GIRFT) review identified 59 recommendations for Hywel Dda University Health Board (HDdUHB) to action. These recommendations have been monitored closely in the Ophthalmology Clinical Implementation Network (CIN) meetings and tracked via the Audit and Risk Assurance Committee (ARAC). This SBAR is has been written to give assurance to the Finance and Performance Committee that the long timescales previously identified in the Strategic Development and Operational Delivery Committee have been reviewed and new timescales applied with a plan for delivery.

Cefndir / Background

The GIRFT programme is a national programme designed to improve the treatment and care of patients, through an in-depth review of services, which involves providing recommendations to the service that are evidence based to drive change. The GIRFT team, attended HDdUHB to review the Ophthalmology service on 28th and 29th June 2023, with the focus being the Cataract and Glaucoma pathways. The outcome of this visit resulted in 59 recommendations being provided to the Health Board.

Ophthalmology services within HDdUHB have faced long standing challenges, which are reflective of similar pressures across the UK. There have been underlying capacity challenges within the service both locally and nationally. The capacity challenges within the service resulted in Ophthalmology being identified as a fragile service in July 2023 due to the high number of consultant and nursing vacancies and heavy reliance on locum staff to support service delivery.

The introduction of a new management team in July 2023 and the subsequent support provided by the GIRFT team, has resulted in significant steps being taken towards the recovery of the service. The Hospital-based Eye Service (HES) has continued to build clinical links with both the community optometrists and Swansea Bay University Health Board (SBUHB) to progress the development of the service in line with the GIRFT recommendations.

Asesiad / Assessment

The quality and safety of Ophthalmology services has improved over the past twenty-three months with an established management structure. Quality and Safety meetings continue on a bi-monthly basis. Alongside these structured meetings, there is a weekly GIRFT Task and Finish group within the service. This has ensured that Clinicians, Nursing staff, the administration team, Primary Care representatives and the management team meet regularly to discuss and present quality and safety issues, service development and service delivery and progress the necessary policies and procedures to underpin the development of a more robust service model. Progress of the GIRFT recommendations is reported to a bi-monthly Ophthalmology Clinical Implementation Network (CIN) meeting, which is a Clinically lead meeting, inclusive of professions and all sectors of care, to meet, review, discuss and implement all Wales clinical pathways to improve service delivery.

To date the Ophthalmology team have completed and closed 50 recommendations in total. There is a total of 9 recommendations being progressed.

Recommendations fully completed to date are numbers 1, 2, 3 ,4, 5, 6, 7, 8, 9, 10,11, 13, 14, 16, 18, 19, 20, 22, 23, 25, 26, 27, 29, 30, 31,32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58 & 59.

Recommendations currently being addressed are outlined below,

Reference Number	Recommendations	Progress	Target date and RAG status
Cataract delivery			
Peer Review/2023/110/MD12	Introduce standardised risk (in line with College guidance) and priority ratings for cataract surgery and change waiting list forms to support this	Waiting list cards in use from 22/07/2024 Priority rating for patients moved from stage one to stage 4 has been developed and will go live by Quarter 2 2025/2026.	31/10/2025
Peer Review/2023/110/MD15	Introduce high flow principles and processes to cataract lists and patients of ANY complexity to drive higher numbers of cases in all lists. Send for patient early enough to ensure they are ready in the anaesthetic room to enter theatre once the last case finished.	HDUHB is partially complaint with this recommendation due to high flow principles being introduced the AVH lists which have been increased to 7/8 patients per list. To fully adopt high flow principles in BGH and GGH the theatre staffing restrictions would need to be overcome, this will be dependent on a theatre recruitment solution which is being explored through the theatre optimisation programme	31/03/2026
Peer Review/2023/110/MD17	Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check	Workforce Plan has been completed. Consent now undertaken in One stop pre-assessment clinic and routine observations have been stopped	31/07/2025

	or take consent etc. – consider whether to involve the clinical nurse and optometrist practitioners and/or train the day surgery staff. Do not do routine observations on the day.	on the day of operation. To now stabilise the workforce on Tysul and undertake training to mark the eye. Practice Development post going out to advert.	
Peer Review/2023/110/MD21	Do not have patients climbing on and off a trolley in the operating room - position patients in the anaesthetic room and wheel the patient in and out on trolley or couch.	The patient flow in AVH allows for patients to walk in and out of theatre straight to the recovery area. BGH and GGH require the patient to be transferred in a chair from/to the ward due to the distance and risk to the patient. Due to the restricted staffing in theatre, patients cannot be brought to theatre any earlier, the theatre staffing restrictions are being reviewed as part of the theatre recovery programme.	31/03/2026
Peer Review/2023/110/MD24	Rationalise cataract surgery to only units that are, or can be changed to be, suitable for high flow. Move other work out of the most suitable units to accommodate this.	Potential to move IVT lists out of AVH day surgery into AVH OPD to create capacity for a cataract dedicated theatre space in AVH. Staffing required to run AVH theatre 5 days a week will be explored through the theatre optimisation programme.	31/03/2026
Peer Review/2023/110/MD28	RNOH/GIRFT recommends use of the Modelling software available RCOphth cataract workforce calculator.	Workforce plan has been undertaken in line with safe staffing levels for Ophthalmology. Theatre staffing will be explored through the theatre optimisation programme.	31/03/2026
Peer Review/2023/110/MD35	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	Staggered patient arrival time in AVH. Discussion at recent GIRFT team meeting about staggered arrival times in BGH and GGH. Decision to re-assess when One stop pre-operative assessment is embedded as this will remove the need for patients to be seen by the Consultant on the ward on the day of the procedure. This will now be reviewed and taken forward.	31/07/2025
Glaucoma Delivery			
Peer Review/2023/110/MD46	Review the footprint and usage of all the outpatient areas and create ophthalmology and subspecialist areas with teams and all equipment in one or two area/sites for glaucoma.	Glaucoma delivery is currently restricted to the four main hospital sites. There is the potential to increase delivery in GGH creating a larger Glaucoma delivery however this solution would be dependent on utilising the Ophthalmic rooms in the	31/03/2026

		Branwen suite for tech reviews to potentially release more clinical space and staffing solutions to be identified.	
Peer review/2023/110/MD47	Work with the health board and the regional team to find a better outpatient solution, fit for modern ophthalmic care and the longer-term rising population demand which can support training the MDT. Consider all options for the regional collaboration with other relevant health boards	Regional Eye Care Programme Board has been developed with 4 subspecialties being developed through subspecialty focused groups, these include Glaucoma, Medical retina, Vitreoretinal and cataract. There are plans to expand delivery in PPH and there are possibilities to reconfigure the space in the Blue suite in GGH to be able to run larger clinics for these subspecialties.	31/03/2026

The organisational risks associated with the outstanding recommendations are being tracked by the Audit and Risk Assurance Committee.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **RECEIVE ASSURANCE** from the recommendations closed to date; and the recommendations being reviewed and progressed currently; and the future plans to address the outstanding recommendations.

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:	Fragile service risk - 1664 – Risk Score 16
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd:	4. Learning, improvement and research

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	GIRFT review and recommendations
Rhestr Termau: Glossary of Terms:	ARAC-Audit and Risk Assurance Committee CIN- Clinical Implementation Network GIRFT – Getting It Right First Time HDdUHB – Hywel Dda University Health Board HES – Hospital-based Eye Service SBUHB - Swansea Bay University Health Board
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Getting It Right First Time – All Wales Ophthalmology Audit and Risk Assurance Committee. Clinical Implementation Network

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No current Financial impact, all recommendations being delivered within current budget.
Ansawdd / Gofal Claf: Quality / Patient Care:	The GIRFT recommendations aim to improve the quality of care delivered by the Ophthalmology service.
Gweithlu: Workforce:	The GIRFT recommendations aim to improve the workforce through development and collaborative working.

Risg: **Risk:**	The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664.
Cyfreithiol: **Legal:**	Completing the GIRFT recommendations will reduce the risk of litigation against the Health Board for damage caused by delayed appointment and treatment times.
Enw Da: **Reputational:**	Any proposed service changes are being addressed through the Clinical Services Plan and consultations with both staff and the public.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	All impacts on Equality have been considered through the Clinical Services Plan and EQIA considered.

6

12:50 PM, 0 Mins

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6 - FOR APPROVAL

6.1

12:50 PM, 5 Mins

6.1 - POLICY AND PROCEDURES

Huw Thomas (Hywel Dda UHB - Director of Finance)

For approval

Attachments

Financial Procedures FPC 26 June 2025.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Procedures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Timothy John, Head of Accounting and 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

Cefndir / Background

The review date of the following procedure falls in June 2025:

- **FP 1032 - Treatment of Private Patients - Control of Admission and Collection of Income**

Due to the ongoing organisational change process (OCP) within health board Operations, which may impact on the process and procedure, approval is sought to defer the review the review and present an updated procedure to the Committee for approval at the October 2025 meeting.

Asesiad / Assessment

- **FP 1032 - Treatment of Private Patients - Control of Admission and Collection of Income**

The number of private patients currently undertaking treatment on HDdUHB sites are minimal. An extension to the current policy until the OCP has been completed would allow the procedure to incorporate any new roles and responsibilities that may arise from the OCP. This will ensure all members of staff including Health Care Professionals, the Private Patients team, and the Finance department are aware of roles and responsibilities.
Argymhelliad / Recommendation The Finance and Performance Committee is requested to **APPROVE** an extension to the review date of the following procedure: • **FP 1032 - Treatment of Private Patients - Control of Admission and Collection of Income**

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: 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: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions
Rhestr Termau: Glossary of Terms:	Included within the body of the report where appropriate
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad: Parties / Committees consulted prior to Finance and Performance Committee:	HDdUHB Finance HDdUHB Business & Governance Manager HDdUHB Consultant Recruitment

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial procedures are required to ensure sound financial control.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Financial procedures are required to ensure good governance and therefore minimise risk.
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Financial procedures are required to ensure good governance and sound financial control
Gyfrinachedd: **Privacy:**	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

7

12:55 PM, 0 Mins

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7 - FOR INFORMATION

7.1

12:55 PM, 5 Mins

7.1 - 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 20 May 2025 Highlight Report.pdf

Agenda Item
6.2.2

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance (PPF) sub-committee at its meeting on 8 April 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted February 2025 – NHS Wales JCC PPF)

RAG Rating	Highlights
Alert / Escalate	• There were no items to be deferred or escalated on this occasion.
Advise	• An implementation plan for the 2025/26 Foundation Plan, signed off by the JCC on 18 March 2025 is being developed, with senior responsible officers identified across the programme as enablers for the plan. Members noted that discussions are underway with Health Board (HB) colleagues who have offered to collaborate on elements of the implementation plan. • Members were advised of the changing operating model for ambulance services from Welsh Government (WG) which introduces an additional purple category for cardiac arrest and an updated red category. The JCC will need to review the size, scale and type of ambulance resources that the JCC commissions against any service changes which are proposed in response. • Risk 03 - Plastic Surgery Delays was highlighted. Members were reminded of the additional funding received from WG towards the end of 2024/25 to support the delivery of waiting time targets. Additional funding would need to continue in 2025/26 but the timeliness of confirmation will be critical to ensure better value in delivering the activity plans.
Assure	• Members were informed that a Q4position against the extant plans inherited from the three predecessor bodies would be brought to the meeting in June 2025 for assurance on their delivery. • The associated risks for services that sit below the line in the Foundation Plan for 2025/26 will be wrapped into the forward work programme moving forward. • High-level milestones for the 2026/29 three-year IMTP will be reviewed by the JCC Senior Leadership Team (SLT) and brought to the PPF sub-committee for assurance. • Members received the first report on the assignment of risks from the overarching JCC risk register to each subcommittee for monitoring and scrutiny, with 14 risks scored 15 and above. Seven of these risks have been

	assigned to the PPF subcommittee for review and assurance.
	• The Month 11 Financial Performance Report was received noting:
	  ○ £6.9 million deficit at year end which was in line with the forecast.
	  ○ Non-recurrent funding of £8.9 million to cover the costs related to NHS England activity was received from Welsh Government, thereby mitigating the financial risk.
	  ○ The deficit position will be challenging going into 2025/26 as the plan does not include any contingencies to mitigate or manage over performance on the Long-Term Contracts (LTAs) within the financial position. Engagement with both NHS Wales and English providers will be key, with a specific focus on referral management for providers in England.
	• The JCC Performance Report for December 2024 was received. It was noted that this report had been presented to the previous PPF sub-committee at its meeting in February due to the timing of the meeting and publication of the report being slightly out of sync. Alignment of the meeting dates was being reviewed.
	• The report was taken as read with the following points highlighted:
	  ○ An update on services in escalation, including the de-escalation of plastics and the escalation of bariatrics at Salford to Level 3.
	  ○ The challenges with medium secure mental health services, including the impact of the fire incident and the need for modernisation of facilities.
	• The PPF Highlight Report was received for information and assurance noting that the report is shared with HB board secretaries for consideration and inclusion on their respective planning, performance and finance sub-committees. The same is done for the Quality, Safety and Outcomes sub-committee for the respective HB quality and patient safety committees.

Inform	• Members noted the Cabinet Secretary's announcement and the potential role of the JCC in commissioning parts of the independent sector provision at a national level to support HBs with planned care waiting times. • The Forward Plan of Business for the next twelve months was presented for information, noting that it would feature as a specific report to the JCC in May

	2025 as part of the committee's overarching forward plan of business. It was agreed that the development of a long-term strategy for the JCC would be included within the forward plan.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	Yes - Refine
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	
	Choose an item.	

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

7.2

1:00 PM, 0 Mins

7.2 - AUDIT WALES COST SAVINGS ARRANGEMENTS

Huw Thomas (Hywel Dda UHB - Director of Finance)

For information

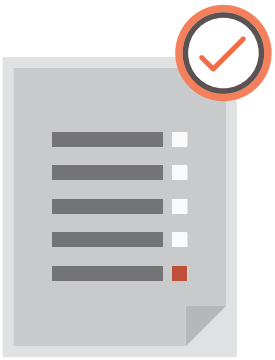
Attachments

Cost Saving Arrangments Checklist.pdf

Archwilio Cymru
Audit Wales

Cost Savings Arrangements

A checklist for NHS Board Members



This checklist sets out some of the key questions NHS Board Members should be asking to obtain assurance that their organisation has effective arrangements in place to support the identification, delivery, and monitoring of sustainable cost savings.

What are the factors driving the organisation's costs?

Board Members should seek to obtain a clear overview of the full range of pay and non-pay factors driving costs in order to understand the scale of the financial challenges and opportunities facing the organisation.

Board Members should use this information to inform discussions on cost savings targets to achieve financial sustainability in the short-, medium-, and long-term.

Is the organisation selecting the right cost savings opportunities in the right way?

Board Members should seek assurance that the organisation has an appropriate and effective approach to identifying and selecting cost savings opportunities in the most appropriate and effective way.

Board Members should ask whether the organisation has identified and selected cost savings opportunities that:

- are appropriately informed by relevant data and intelligence, including benchmarking data and the views of staff, service-users, and other stakeholders, and are responsive to national / pan-Wales opportunities and priorities;
- are realistic and achievable;
- balance one-off non recurrent savings with more sustainable saving opportunities;
- focus on the medium- to longer-term, as well as the short-term; and
- have been scaled appropriately across all parts of the organisation (rather than a standard percentage applied across all parts).

Board Members should also seek assurances that the organisation has appropriately assessed the impact of its cost savings opportunities on:

(a) the organisation's strategic aims and objectives;
(b) the quality and safety of services; and
(c) performance targets and measures.

Is the organisation managing the delivery of its cost savings opportunities well?

Board Members should seek assurance that the organisation has effective arrangements in place for delivering its approved cost savings opportunities.

Board Members should ask whether there are clear delivery plans in place that set out:

- the level of financial savings that will be delivered and how they will be measured;
- the anticipated impact on organisational aims and objectives, the quality and safety of services, and performance measures and targets;
- the key delivery milestones;
- the key risks, controls, and mitigating actions; and
- the senior officer(s) responsible and accountability for delivery.

In addition, Board Members should seek assurance that the organisation:

- has effective arrangements in place for managing cross-cutting savings plans;
- is appropriately communicating its cost savings plans to staff, service-users, and other stakeholders; and
- has the necessary skills and capacity to deliver its agreed cost savings opportunities (or is taking appropriate action to secure the skills and capacity required).

Is the organisation monitoring, tracking, and reporting delivery of cost savings plans effectively?

Board Members should seek assurance that the organisation has an effective approach to overseeing delivery of its agreed cost savings plans.

Board Members should ask whether there are effective operational arrangements in place for:

- monitoring delivery which reflects the timescales and risks associated with achieving plans and the overall cost savings target;
- identifying, managing, and mitigating delivery risks;
- taking action where cost savings actions are off-track, or are having an adverse impact on strategy, quality and safety, and / or performance; and
- evaluating and improving cost savings arrangements.

In order to maintain effective oversight, Board Members should ensure they receive appropriately tailored finance reports which accurately reflect the organisation's progress in delivering its agreed cost savings.

7.3

1:00 PM, 0 Mins

7.3 - FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For information

Attachments

FPC Work Plan 2025-26

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	Apr 2026
GOVERNANCE									
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						✓	
Corporate Risks Assigned to FPC (3.1.19)	HT	RW		✓	✓		✓		✓
Operational Risks Assigned to FPC (3.1.19)	HT	RW		✓		✓		✓	
FINANCE									
Finance Report (3.1.5) to include: • Deficit Drivers Annual Refresh (3.1.2) • Financial Outlook 2025/26 • Financial Recovery/In-Year Savings Programme • Risks on delivery of key financial targets key income sources & contractual safeguards (3.1.7)	HT	AS	✓	✓	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	29 Apr 2025	26 Jun 2025	26 Aug 2025	21 Oct 2025	16 Dec 2025	24 Feb 2026	Apr 2026
Financial Plan and Strategy (3.1.4)	HT	AS	✓	✓	✓	✓	✓	✓	
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) • Review any investment/ disinvestment	HT	GD	✓	✓	✓	✓	✓	✓	
Capital Financial Management Update (3.5.3)	HT	RD	✓	✓	✓	✓	✓	✓	
Planning Objective Update Report (3.1.17)	HT/LD	ALP	✓ Q4/Closure	✓ Q1		✓ Q2		✓ Q3	
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		✓		✓		✓	
Ministerial Directions (as and when required)	Relevant EDs	RW	✓	✓	✓	✓	✓	✓	
FINANCE AND PERFORMANCE DEEP DIVES									
Thematic Reviews of Finance and Performance • UEC • Planned Care • Therapies • MHLD	AC	AC		✓	✓	✓	✓	✓	
Workforce	LG	LG							
Non-Pay and Procurement	HT	HT							
Medicines Value and Sustainability	JP	JP							
Commissioned Care	JP	JP	✓						
Discharge to Assess	JP	JP		✓					

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	29 Apr 2025	26 Jun 2025	26 Aug 2025	21 Oct 2025	16 Dec 2025	24 Feb 2026	Apr 2026
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)		
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									
JCC Planning, Performance and Finance Sub-Committee Reports	HTy	JM	✓	✓	✓	✓	✓	✓	
ADMINISTRATION									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	✓	✓	✓	✓	✓	✓	
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	✓	✓	✓	✓	✓	✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	29 Apr 2025	26 Jun 2025	26 Aug 2025	21 Oct 2025	16 Dec 2025	24 Feb 2026	Apr 2026
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

HT	Huw Thomas	**MH**	Mark Henwood	**LD**	Lee Davies	JP	Jill Paterson
JW	Joanne Wilson	**LG**	Lisa Gostling	**SA**	Shaun Ayres	**RD**	Rhian Davies
DW	Daniel Warm	**AS**	Andrew Spratt	**GD**	Gemma Deverill	**KJ**	Keith Jones
AJ	Amorelle Jones	**SHi**	Steph Hire	**DB**	Debra Bennett	**LC**	Liz Carroll
AL	Angela Lodwick	**HTy**	Helen Tyler (JCC)	**SH**	Sally Havard	**VC**	Vicky Coppack
TJ	Timothy John	**JM**	Jacqueline Maunder (JCC)	**RW**	Rachel Williams	**CSO**	Committee Services Officer
D	Deferred						

8

1:00 PM, 0 Mins

8 - ANY OTHER BUSINESS

9

1:00 PM, 0 Mins

9 - DATE OF NEXT MEETING

- Tuesday 26 August 2025; 09:30 - 13:00