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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Financial Performance Report

Month 12 2024/25

Finance and Performance Committee, 29 April 2025

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Executive Summary (2 of 5)

The Health Board's restated Annual Planned Deficit is £31.5m with a savings target of £32.4m, following receipt of £32.5m in -year funding. The Health Board's unaudited End of Year reported outturn is £24.1m. Year-end figures are subject to audit and could change, therefore are not yet final.

The Health Board's unaudited end of year position is a £24.1m deficit. The Month 12 financial position is an overspend of £3.4m, £0.8m deterioration against the restated planned deficit; the key drivers are summarised below, including the end of year (EoY) position. Annual planned saving requirement of £32.4m has been undelivered by £0.9m.

Financial Management

Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Prior month End of Year forecast to breakeven	Unaudited End of Year Position
Restated Planned Deficit	2.6	2.6	31.5	31.5
Unidentified / (Identified) savings gap / (improvement)	(0.1)	(0.5)	(0.5)	(0.5)
Under / (Over) Delivery of Savings Schemes	0.2	0.1	1.4	1.4
Core Operational Variation	(2.9)	1.2	(8.4)	(8.3)
Unaudited Reported Net Position	(0.2)	3.4	24.0	24.1

Key Measures

(Risk rating = Impact x Likelihood)

In-Year Revenue	Risk #1843 5 x 2 = 10	The Health Board was able to surpass the planned deficit of £31.5m, recognising the improving trajectory seen in the second half of the financial year and the ongoing actions that are being managed across service areas.
Cash		The receipt of Welsh Government strategic cash of £24.0m together with working capital balances meant that the Health Board was able to pay all its creditors in March.
Savings		Of the annual savings target of £32.4m, £32.9m has been identified with £31.5m being delivered on an in-year basis, resulting in an in year under delivery of £0.9m. The recurrent savings delivery on an in-year basis is £13.9m.
Capital	Risk #2000 3 x 4 = 12	The Health Board has underspent against the Capital Resource Limit (CRL) by £85k and has therefore met its statutory duty.
Underlying Deficit	Risk #1199 5 x 5 = 25	The underlying deficit remains a concern with a recurrent delivery gap of £14.3m for savings schemes. This does not support the organisations required trajectory to achieve financial breakeven as part of the conditional recurrent funding criteria by 2027/28.

Executive Summary (3 of 5)

Key Breakdown of Movements

The following analysis is included to highlight key movements from the prior month in forecast, savings identification and savings delivery. Negative values denote improvements.

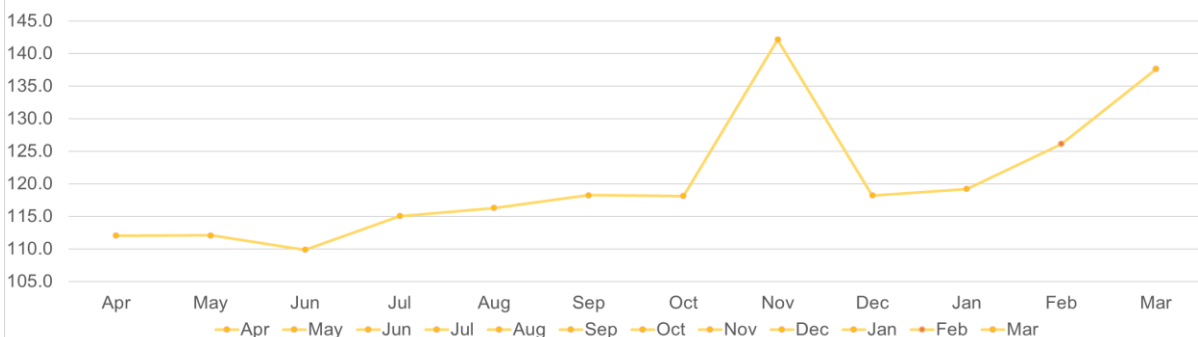
Driver (£'m)	Prior Month End of Year Forecast	Unaudited End of Year Position	Movement in Forecast
Restated Planned Deficit	31.5	31.5	0.0
Unidentified Savings Gap	(0.5)	(0.5)	0.0
Under / (Over) Delivery of Savings Schemes	1.4	1.4	0.0
Core Operational Variation	(8.4)	(8.3)	0.1
Gross Forecast	24.0	24.1	0.1
Further mitigating actions required	0.0	0.0	0.0
Unaudited Reported Net Position	24.0	24.1	0.1

Unidentified Savings Gap (£'m)	Change
In-month underspend conversion into savings	0.0
Newly identified schemes	0.0
Blue/Red converted to Amber/Green savings schemes	0.0
Movement in Unidentified Savings Gap	0.0

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

Monthly Actual Expenditure Run-Rate £'m

The revenue run-rate reflects the unaudited net deficit position £24.1m, £(7.4)m improvement against the Annual Planned Deficit £31.5m.



Core Operational Variation (£'m)	Change
Secondary Care Homecare Drugs	1.6
Clinical Services & Supplies within Unscheduled Care & Theatres	0.8
Continuing Healthcare Services package reduction	(1.4)
Primary Care Prescribing Costs	(0.9)
Movement in Core Operational Variation	0.1

Executive Summary (4 of 5)

Key Performance Commentary

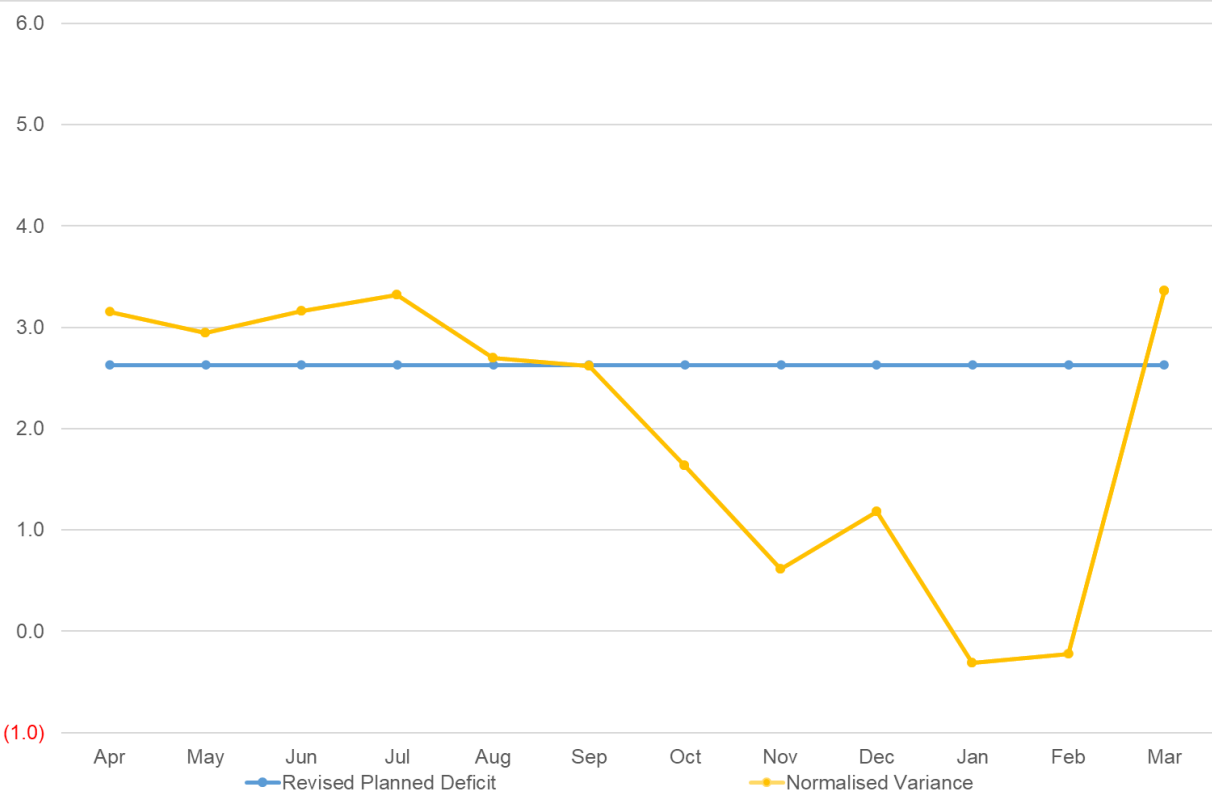
Chief Operating Officer (£1.1m), Director of Nursing (£0.3m) and Director of Therapies & Health Sciences (£0.2m) are adversely performing against core budgets, partly offset by other directorates underspending. Chief Operating Officer is under delivering against identified savings plans by £1.3m linked, in the main, to bed plans within Withybush General Hospital, which contributes to the total over-spend identified across Savings Performance and Core Budget Performance.

Delegated Officer (£'m)	Planned Savings Benefits	In-Year Savings Delivery	Savings Under / (Over) Delivery vs Identified Benefits	Core Budget Performance	Total (Savings Under / (Over) Delivery Plus Core Budget Performance Restated)
Restated Planned Deficit					31.5
Chief Executive	0.3	0.3	0.0	(0.4)	(0.4)
Director of Finance	1.7	1.6	0.1	(0.4)	(0.3)
Director of Nursing, Quality & Patient Experience	0.5	0.5	0.0	0.3	0.3
Chief Operating Officer	16.3	15.0	1.3	1.1	2.4
Director of Primary Care, Community & Long-Term Care	2.5	2.5	0.0	(9.7)	(9.7)
Director of Public Health	1.3	1.3	0.0	(0.3)	(0.3)
Director of Strategy and Planning	3.3	3.3	0.0	(0.5)	(0.5)
Director of Therapies & Health Sciences	1.6	1.6	0.0	0.2	0.2
Director of Workforce & Organisational Development	1.4	1.4	0.0	(0.6)	(0.6)
Executive Medical Director	0.4	0.4	0.0	(0.3)	(0.3)
Health Board Wide	3.6	3.6	0.0	2.3	2.3
Subtotal	32.9	31.5	1.4	(8.3)	(6.9)
Unidentified / (Identified) savings gap (to target of £32.4m)	(0.5)				(0.5)
Unaudited Reported Net Position					24.1

Executive Summary (4 of 5)

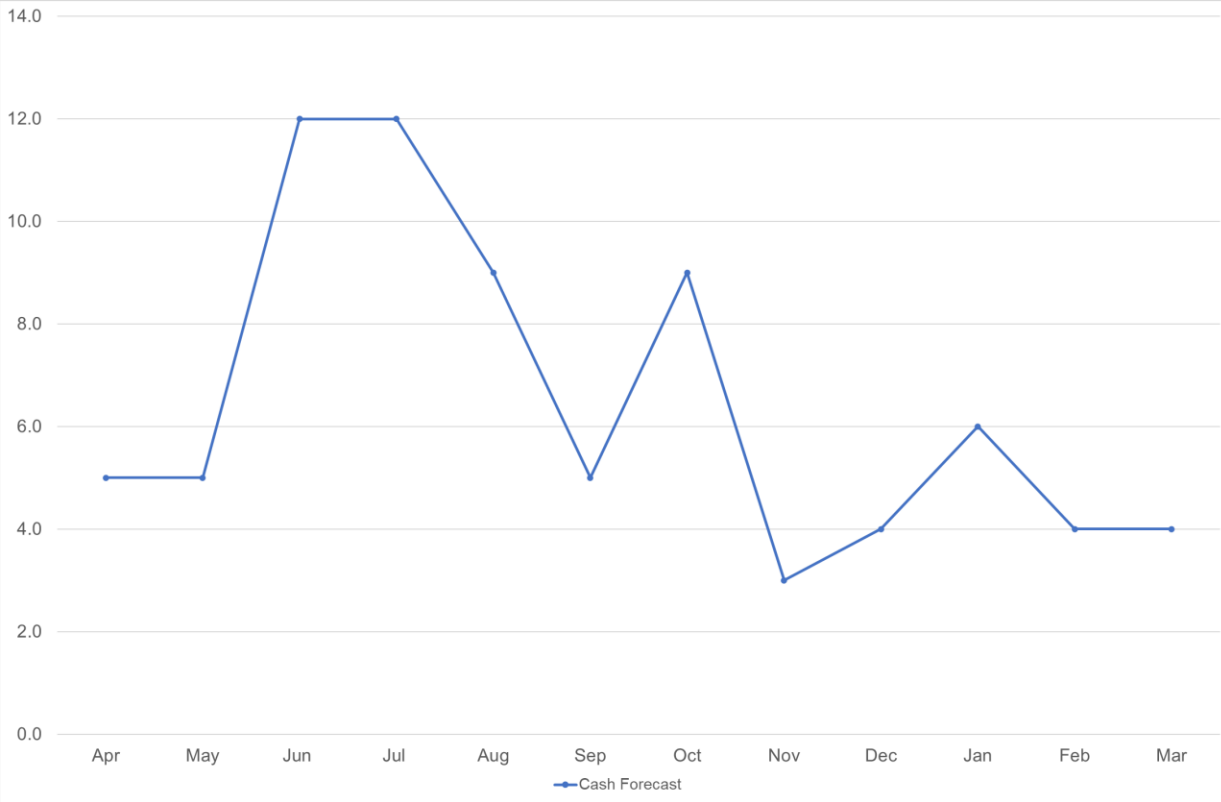
Unaudited Revenue Deficit Trajectory (£'m)

The Health Board's restated planned deficit is £31.5m with a savings target of £32.4m. The new funding received in Month 8 has been normalised over prior months. The final outturn for the year is a deficit of £24.1m, which is an improvement of £7.4m against the planned deficit at £31.5m. Month 12 includes an accounting provision for the Band 2/3 dispute.



Cash Deficit Trajectory (£'m)

The receipt of Welsh Government strategic cash of £24.0m together with working capital balances meant that the Health Board was able to pay all its creditors in March. There were some changes to allocations in March that resulted in a slightly higher than anticipated year end cash balance of £4.0m.




Key Performance Indicators



Year-End Position

● **£24.1m**


Restated Annual Plan: £31.5m



Gross Forecast Outturn

● **£24.1m**

Target Control Total: £31.5m



In-Year Savings Identification

● **£32.9m**


Plan: £32.4m
Prior Month: £31.3m



In-Year Savings Delivery

● **£31.5m**


95.7% Delivery against Identified Plans



EoY Capital

● **£42.6m**


Plan: £42.7m
Prior Month: £42.6m



Underlying Financial Plan

● **£51.1m**


Plan: £31.5m



Total Pay

● **£635.1m**


Prior Month: £632.9m



Agency / Premium Locum

● **£16.8m**

Prior Month: £16.8m



Primary Care Prescribing

● **£83.8m**

Plan: £84.2m
Prior Month: £84.7m



Cash Holding

● **£4.0m**


EoY Surplus Cash Position



Secondary Care Drugs

● **£71.2m**

Plan: £68.3m
Prior Month: £69.5m



Energy

● **£10.7m**

Plan: £11.9m
Prior Month: £10.8m

Savings Plans and Delivery Performance (1 of 3)



Annual Plan Requirement
£32.4m



In-Year Delivery
£31.5m



In-Year Shortfall
£0.9m



Recurrent Delivery
£18.1m

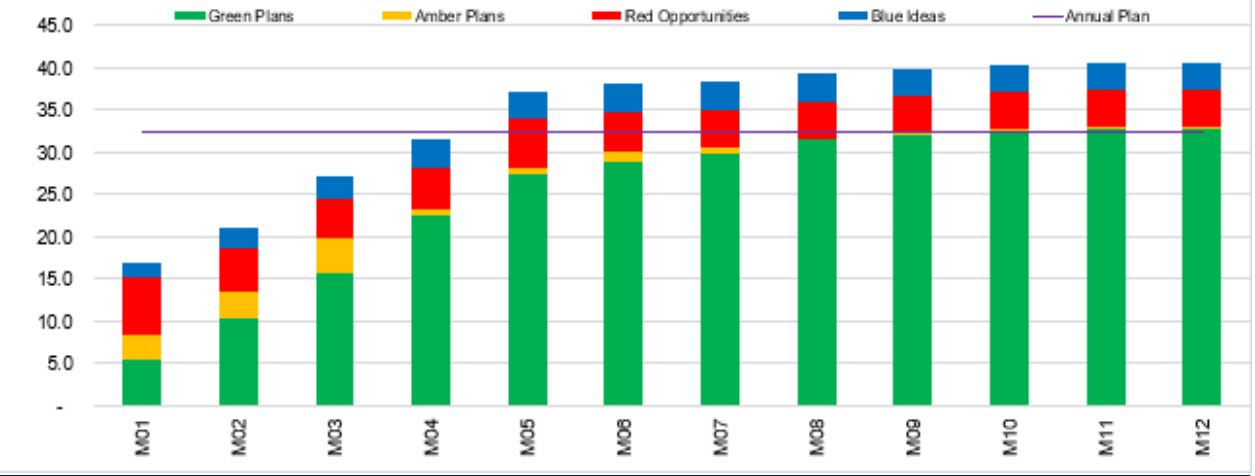


Recurrent Shortfall
£14.3m

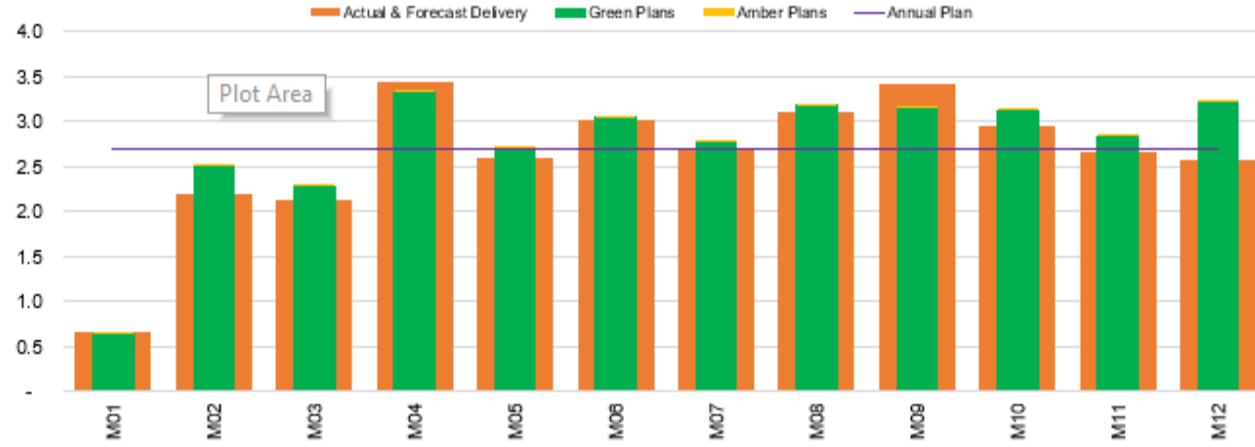
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



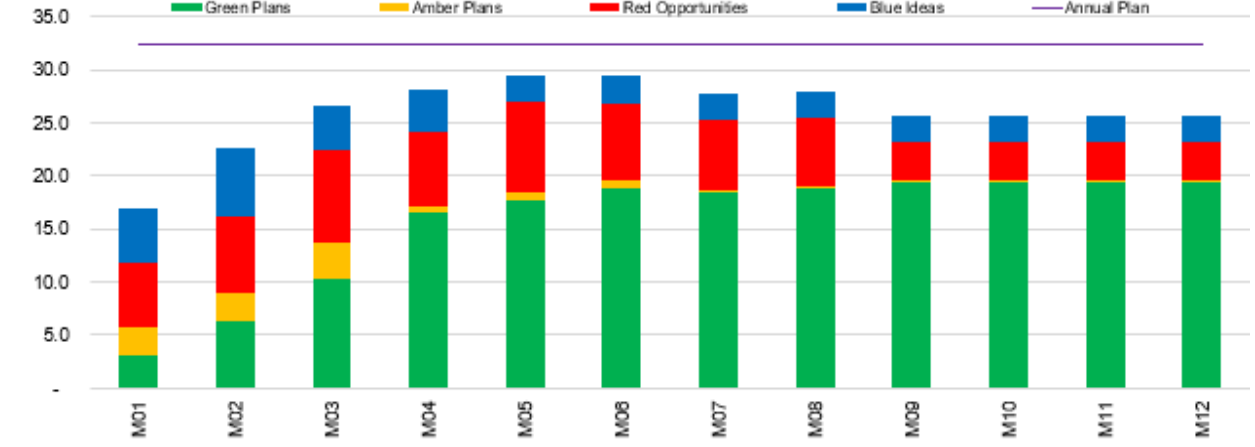
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



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



Savings Plans and Delivery Performance (2 of 3)

Annual Savings Month to Month Movement (£'m)	Prior Month	Current Month	Change
Savings identification	32.9	32.9	0.0
Unidentified / (identified) savings gap/(improvement)	(0.5)	(0.5)	(0.0)
In-year savings delivery	31.5	31.5	0.0
Savings under / (over) delivery vs identified benefits	1.4	1.4	0.0

In-Year Savings Delivery Movement Summary	Number of Schemes	£'m
In-month underspends converted to savings	0	0.0
Newly identified schemes	0	0.0
Blue/Red converted to Amber/Green savings schemes	0	0.0
Total In-Year Savings Delivery Movement from Prior Month	0	0.0

Note

Savings aspirations (£62.5m) have been issued to all delegated budget holders, which exceed the annual plan target (£32.4m), to ensure risks are mitigated across portfolios to deliver £32.4m as a minimum in-year.

Key Savings Commentary

Annual Plan Target = £32.4m
Forecast Delivery Shortfall versus Annual Plan = £0.9m

Currently £(0.5)m above plan for saving schemes identification with an additional £1.4m forecast delivery under-performance against the schemes that have been identified, resulting in the total forecast delivery shortfall of £0.9m.

Main reasons for the under-delivery of identified scheme benefits £1.4m:

- WGH 25 bed reduction delayed due to surge on wards 4 & 12 and delay in implementing nursing shift changes in A&E.
- WGH Stroke bed reduction delivery impact due to requirement of an additional 1wte HCSW 24/7 staffing requirement
- WGH non-delivery of Medical Staffing reduced SDEC hours savings scheme due to pay protection
- Planned Care biosimilar drug no longer available in the market but an alternative scheme has been introduced.
- Oncology – Mainly due to rental costs that have transpired since the savings scheme commenced.
- Unscheduled Care Prince Phillip - related to the Minor Injuries Unit.
- Digital – two schemes related to Switchboard and Application Rationalisation.
- Facilities – relates Withybush RAAC savings

Savings Plans and Delivery Performance (3 of 3)

Delegated Officer (£'000)	Annual Savings Aspiration	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Actual Delivery	In-Year Actual Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
CHIEF EXECUTIVE	169	317	186	131	317	(147)	8.8%	186	(16)	5.1%
CHIEF OPERATING OFFICER	41,482	16,269	6,766	8,198	14,964	26,517	2.5%	9,198	32,284	1.5%
ASST DIR OPS QUALITY & NURSING FACILITIES	51	163	0	163	163	(113)	16.1%	0	51	0.0%
MENTAL HEALTH & LD	2,468	3,275	1,221	2,018	3,239	(770)	6.6%	1,235	1,233	2.5%
ONCOLOGY & CANCER SERVICES	5,170	3,346	661	2,685	3,346	1,824	3.2%	1,000	4,171	1.0%
OPERATIONS DIR MANAGEMENT	1,509	266	171	0	171	1,338	0.6%	250	1,259	0.8%
PATHOLOGY	637	578	47	531	578	59	4.5%	82	555	0.6%
PLANNED CARE	1,423	406	98	308	406	1,017	1.4%	237	1,186	0.8%
RADIOLOGY	6,169	3,466	1,223	2,090	3,313	2,855	2.7%	1,647	4,522	1.3%
UNSCHEDULED CARE BRONGLAIS	1,164	489	291	198	489	675	2.1%	669	494	2.9%
UNSCHEDULED CARE GLANGWILI	4,825	1,170	1,170	0	1,170	3,655	3.6%	1,592	3,233	5.0%
UNSCHEDULED CARE PRINCE PHILIP	8,020	333	333	0	333	7,687	0.6%	1,011	7,009	1.7%
UNSCHEDULED CARE WITHYBUSH	3,735	661	253	205	457	3,277	1.1%	340	3,395	0.8%
WOMEN & CHILDREN	3,508	2,053	1,227	0	1,227	2,280	2.8%	1,063	2,444	2.5%
DIRECTOR OF FINANCE	1,161	1,682	659	902	1,561	(400)	6.7%	1,161	(0)	5.0%
DIGITAL	839	717	370	226	596	244	3.5%	872	(33)	5.2%
FINANCE	298	954	289	665	954	(655)	16.0%	289	9	4.8%
PERFORMANCE	23	11	0	11	11	12	2.4%	0	23	0.0%
DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE	484	522	439	62	502	(18)	5.2%	439	44	4.5%
NURSING	484	522	439	62	502	(18)	5.2%	439	44	4.5%
DIRECTOR OF PRIMARY CARE, COMMUNITY & LONG TERM CARE	11,632	2,457	905	1,595	2,499	9,132	1.4%	1,023	10,609	0.6%
CARMARTHENSHIRE COUNTY	4,304	333	0	353	353	3,950	1.1%	0	4,304	0.0%
CEREDIGION COUNTY	855	188	133	55	188	667	1.3%	173	682	1.2%
MEDICINES MANAGEMENT	4,790	523	0	523	523	4,267	0.5%	0	4,790	0.0%
PEMBROKESHIRE COUNTY	1,121	718	209	530	739	382	3.0%	403	718	1.7%
PRIMARY CARE	306	440	307	133	440	(134)	7.2%	307	(1)	5.0%
PRIMARY CARE MANAGEMENT	255	255	255	0	255	(0)	5.0%	139	116	2.7%
DIRECTOR OF PUBLIC HEALTH	329	1,339	329	1,010	1,339	(1,010)	20.4%	329	(0)	5.0%
DIRECTOR OF STRATEGY AND PLANNING	3,030	3,347	2,113	1,234	3,347	(317)	5.5%	2,113	917	3.5%
LTA'S WITH OTHER NHS PROVIDERS	2,844	1,927	1,927	0	1,927	917	3.4%	1,927	917	3.4%
STRATEGIC PLANNING	186	1,420	186	1,234	1,420	(1,233)	38.1%	186	0	5.0%
DIRECTOR OF THERAPIES & HEALTH SCIENCES	1,414	1,558	0	1,558	1,558	(144)	5.5%	600	814	2.1%
DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	758	1,437	349	1,085	1,434	(675)	9.5%	758	0	5.0%
HEALTH BOARD WIDE	1,814	3,595	2,100	1,495	3,595	(1,781)	9.9%	2,100	(286)	5.8%
MEDICAL DIRECTOR	202	377	47	330	377	(175)	9.3%	202	(0)	5.0%
Grand Total	62,474	32,899	13,892	17,600	31,492	30,982	3.3%	18,108	44,366	1.9%

Revenue Position (1 of 3): In-Month Revenue Position

Theme	£'m	Operational Driver Comments
Planned Deficit	2.6	Monthly Deficit
Unidentified Savings Gap to Annual Plan	(0.5)	The in-month Annual Plan includes a requirement of £2.7m savings identification and delivery, of which £3.2m is identified for delivery, split between £1.9m Recurrent & £1.3m Non-Recurrent.
Other Non-Pay	4.0	Increased spend in relation to digitalisation of Health Records, Electronic Prescribing and Medicines Administration system, Patient Flow system and Software Licenses and Maintenance. Increase in Workforce Tribunal cases, general estate and ground maintenance work, and minor works.
Nursing, HCSW, Admin & Allied Health	3.2	Provision recognised for the Band 2 to Band 3 Healthcare Clinical Support Worker Banding Dispute, consisting of a backpay element to staff for 24/25.
Secondary Care Drugs	1.8	Increased expenditure in relation to Homecare Drugs across various sites. Oncology and Cancer Services also seen increased pressure as activity increased by 12% and price increased by 11% compared to last year.
Clinical Services & Supplies	1.2	Insulin Pump, Pacemaker and Continuous Positive Airway Pressure Machines spend within Glangwili, Prince Philip and Medical. Increased Clinical Services & Supplies within Planned Care for consumables and implants.
Commissioned Healthcare Services	(4.2)	Accountancy gain in relation to Continuing Healthcare packages. NWJCC increased funding for Advanced Therapy Medicinal Products offset by an increase in Risk Share. Reduced outsourcing of services within Planned Care.
Medical & Dental	(1.6)	Reduction in spend in relation to study leave for Doctors and Dentist in training.
Income Overachievement	(1.4)	Income Overachievement across various areas in relation to Velindre drugs rebates, Public Health Wales Income, HEIW training income, Laundry income and Renal Unit renting income.
Primary Care Drugs	(1.1)	Primary Care impact of the January Prescribing Audit Report which has been transacted in-month to reflect the provision for February and March too. Cost per item on average £7.63 and growth is 0.3%.
Primary Care Services	(0.6)	General Medical Services underspend driven by Enhanced Services. Community Pharmacy underspend driven by reduced refuse costs and reduced prescribing activity and associated fees paid. Dental continues to be underspent due to contract hand backs which are benefited further by 2023/24 contract under performance recoveries.
Operational Variance	0.8	
Reported in-month position	3.4	

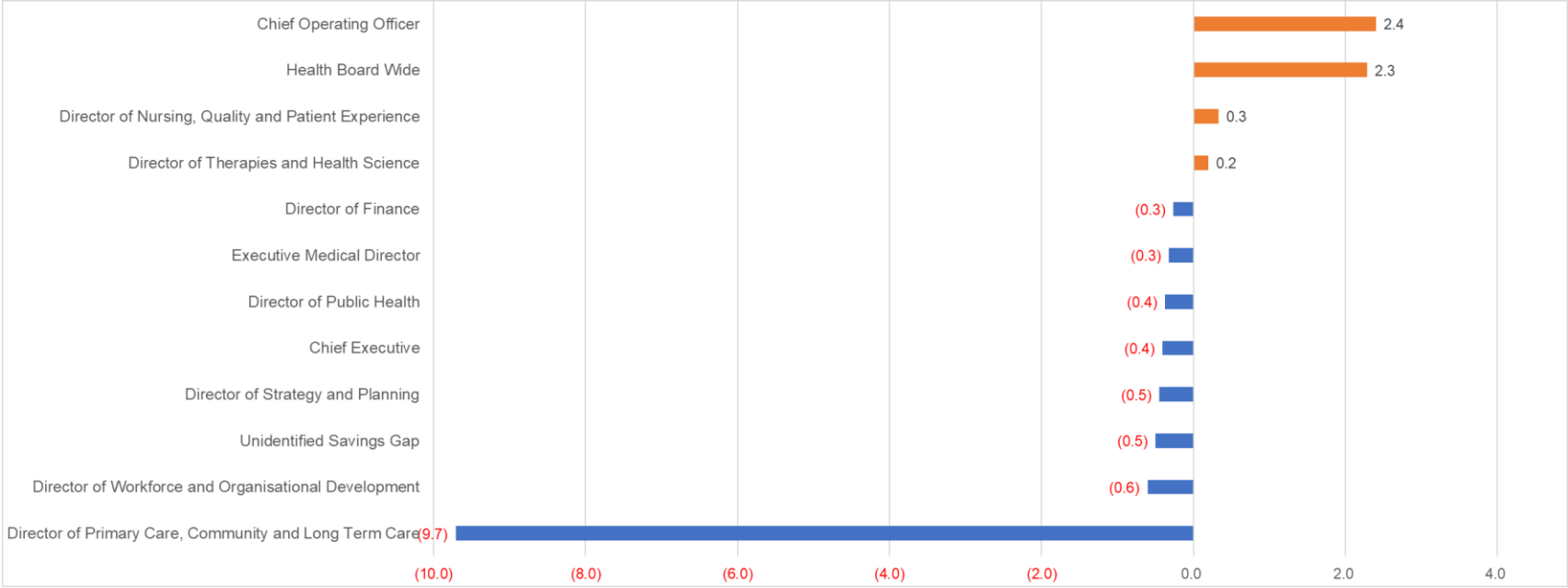
Revenue Position (2 of 3): Unaudited End of Year Revenue Position

Theme	£'m	Operational Driver comments
Planned Deficit	31.5	Revised Deficit and Target Control Total following new funding of £32.45m
Unidentified savings schemes	(0.5)	The FY25 plan includes a target of £32.4m savings delivery, £32.9m identified exceeding our target by £0.5m, of which £15.1m are Recurrent savings and £17.8m are Non-Recurrent savings.
Other Non-Pay	6.0	Other sources of energy, RAAC inspection, dilapidation charges and ongoing maintenance and repairs of estate. Theatre consumables due to increased Orthopaedic Sessions and Swansea Bay Regional Orthopaedic Work. Increase in losses provisions for permanent injuries claims and Workforce Tribunal Cases. IT and telephone contracts inflationary increases, digitalisation of Health Records and software licenses and maintenance.
Secondary Care Drugs	2.8	Oncology price growth surpassing the assumed price growth of 14%. Homecare drugs pressures in Prince Philip and Glangwili acute wards and other high-cost drugs pressures in Withybush.
Clinical Services & Supplies	2.7	Pathology increased activity within lab testing. Prince Philip and Glangwili Continuous Positive Airway Pressure Machines, Pacemakers and Insulin Pumps expenditure. Paediatric equipment aids and diabetic consumables.
Nursing & Healthcare Support Workers	1.7	Provision recognised for the Band 2 to Band 3 Healthcare Clinical Support Worker Banding Dispute offset by Nurse Agency usage reduction particularly across Counties Community Care and Mental Health & Learning Disabilities. Vacancies within District Nursing teams within County Directorates.
Primary Care Services	(5.6)	Dental contracts handed back to the Health Board, partially offset by associated reductions in income alongside Community Strategic Programme underspends. Offset by Managed Practices overspend driven by premium locum and agency costs.
Commissioned Healthcare Services	(5.1)	Reductions to Continuing Healthcare packages, particularly within Mental Health and County Directorates. Accountancy gain in relation to Continuing Healthcare packages. Reduced outsourcing within Planned Care.
Income Overachievement	(4.7)	Flying Start Local Authority income within Women and Children, Velindre Secondary Drugs rebates and Planned Care Public Health Wales Bowel Screening income. Facilities income received from NHS Wales Shared Services Partnership for the Laundry Service Level Agreement. Health Education Improvement Wales Training income.
Administration and Allied Health Vacancies	(3.6)	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.
Medical & Dental	(1.1)	Reduction in spend in relation to study leave for Doctors and Dentist in training, offset by Bronglais, Women & Children and Mental Health & Learning Disabilities significant use of locum and agency to cover sickness, roster gaps and annual leave rota planning and offset by increase in Medical Out of Hours and Management Sessions.
Operational Variance	(7.4)	
Reported End of Year Forecast	24.1	

Revenue Position (3 of 3): Summary Financial Performance by Portfolio (£'m)

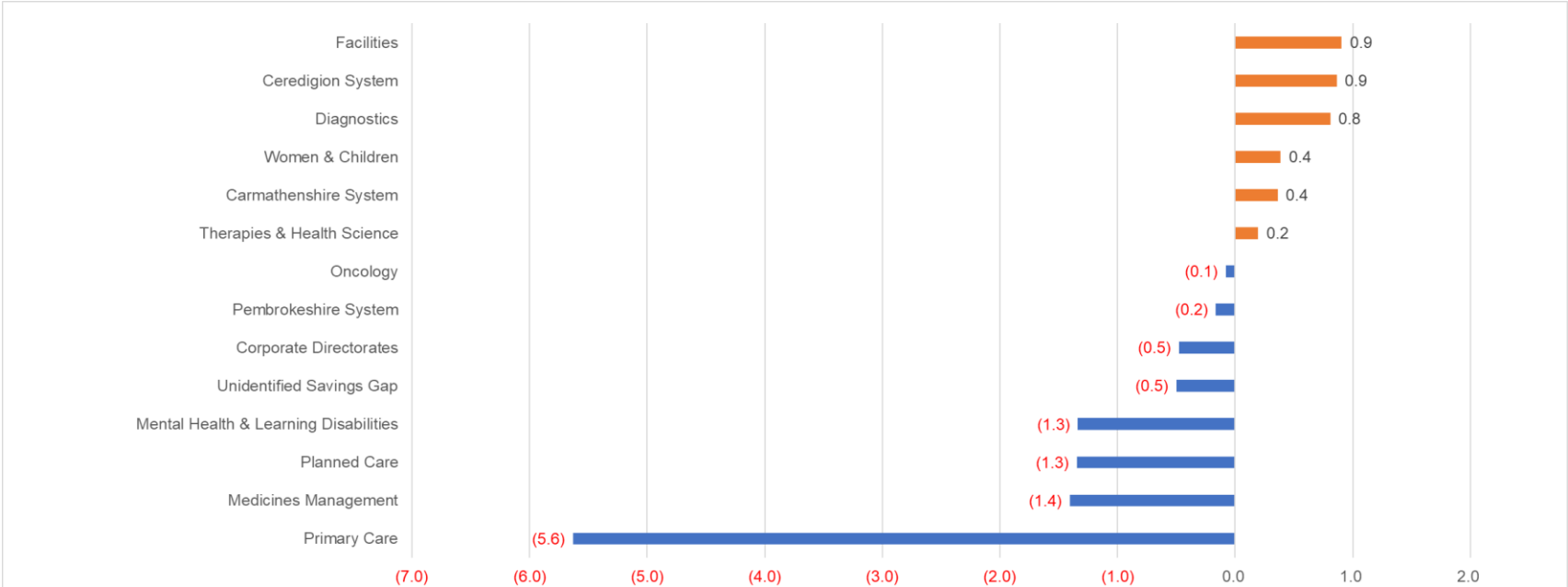
Delegated Officer Performance

End of Year



Service Portfolio Performance

End of Year



Next Steps and Mitigating Actions

Having concluded the financial year end for 2024/25 in line with our forecasted deficit, the focus of the organisation has shifted towards the delivery of the 2025/26 annual plan.

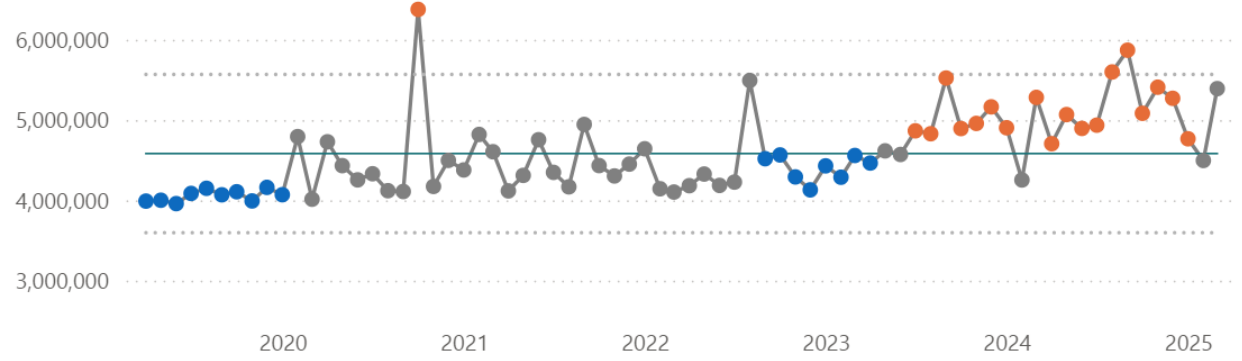
Forward Focus

- 1. Underlying Deficit Impact of Non-Recurrent Savings and Underspend** - The underlying deficit will deteriorate by the recurrent savings shortfall and non-recurrent underspends. £17.6m of savings delivery in 2024/25 is non-recurrent, largely linked to underspending directorates, and will therefore be an opening pressure in next year's financial plan if not addressed. Executive discussions are ongoing to identify how the £25.4m non recurrent savings will be delivered.
- 2.** The 2025/26 Annual Plan has now been submitted to Welsh Government with a recurrent savings delivery requirement of £19.0m, with initial feedback being that **the plan is not supportable**. A **risk is likely** on the savings **conversion factor** with further action required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings, as well as further action to improve upon the Target Control Total (TCT).
- 3. Escalation process** – Performance levels of directorates, for six domains, is scrutinised through the **internal escalation process**. For the domain of Finance, Strategy and Planning, **14 directorates have been escalated to Level 3 (no assurance) for six consecutive months or more**. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place. Assurances are required that the Operational transition to Clinical Care Group structure will not delay results to required actions.
- 4.** Medical Additional Cover and Premium – Continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. **Exit strategies required** for reliance on premium cover to support service sustainability and achieve the Ministerial Priorities.
- 5.** Accountability letters have been issued from the Accountable Officer for the Health Board (Chief Executive) to Executive Directors and Clinical Care Group (CCG) / Executive Function leads, with a deadline for return of 31 March 2025. There are several responses outstanding and these have been prompted for updates.

Appendix: Key Analysis (1 of 7)

Continuing Healthcare Expenditure (£'m)

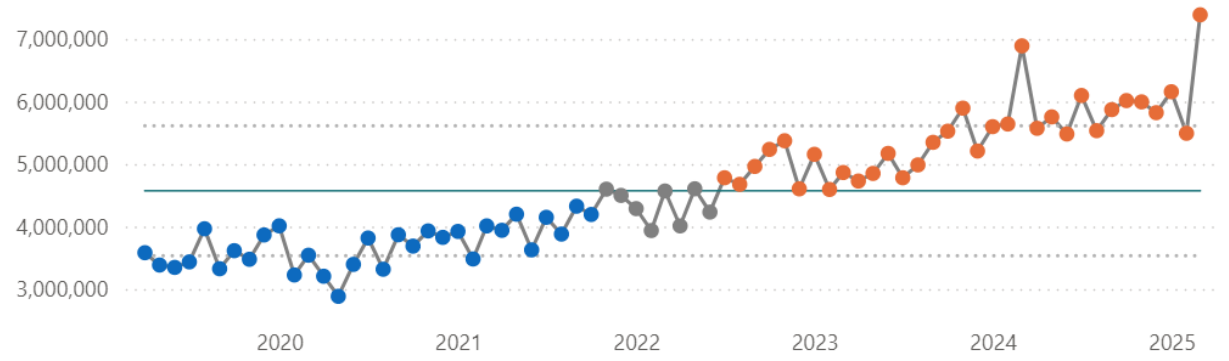
This indicator is showing expected (common cause) variation. Expected performance is between £3.6m and £5.6m.



In month increased costs as a result of back dated client reviews in Ceredigion alongside purchase of Mental Health & Learning Disabilities assessment packages.

Secondary Care Drugs Expenditure (£'m)

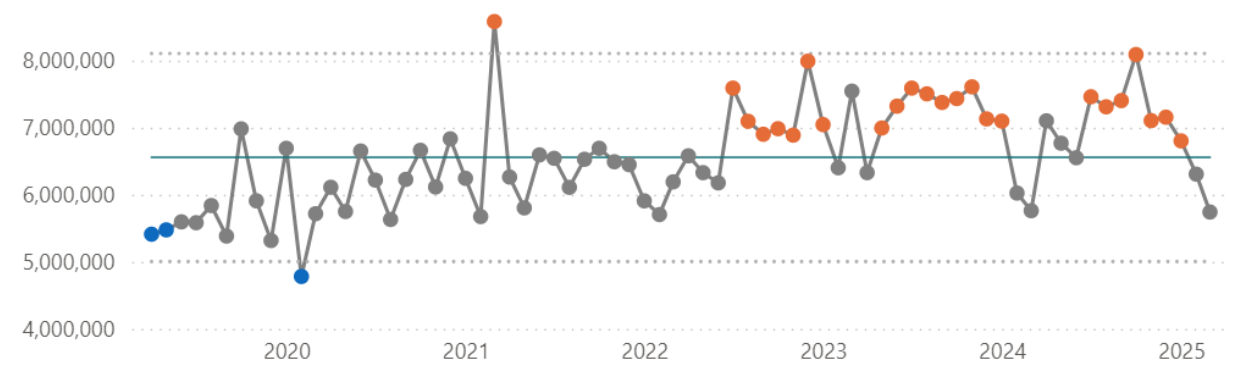
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between £3.5m and £5.6m.



Increase in Oncology price per patient alongside Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Witybush.

Primary Care Prescribing Expenditure (£'m)

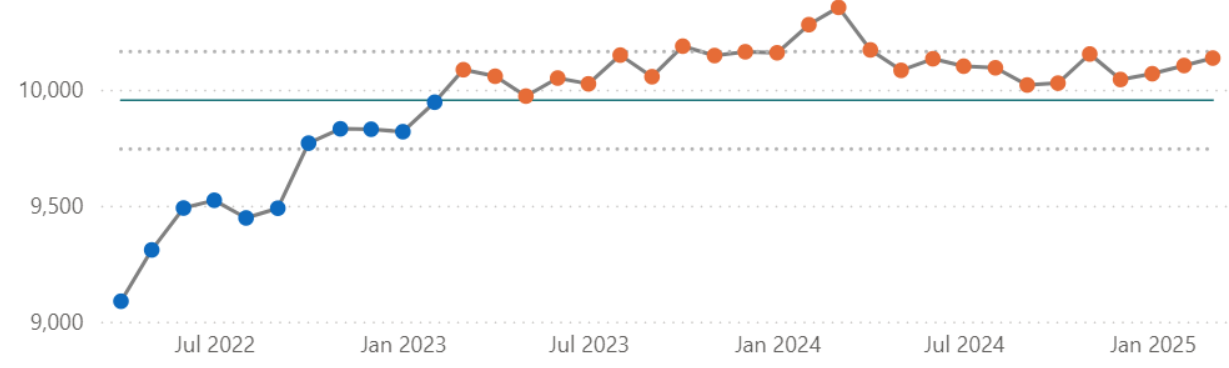
This indicator is showing expected (common cause) variation. Expected performance is between £5.0m and £8.1m.



Primary Care price impact of the January Prescribing Audit Report which has been transacted in-month.

Total Agenda for Change (WTE)

The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,744 and 10,165.

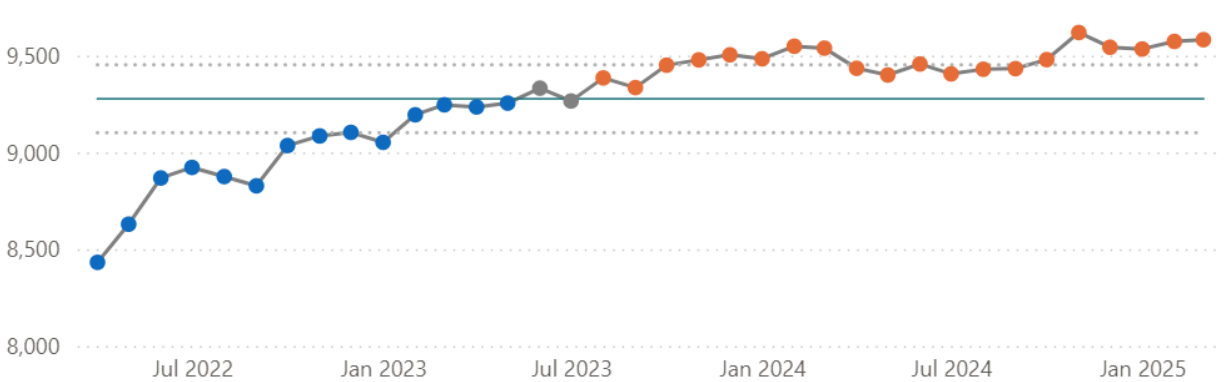


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

Appendix: Key Analysis (2 of 7)

Substantive (WTE)

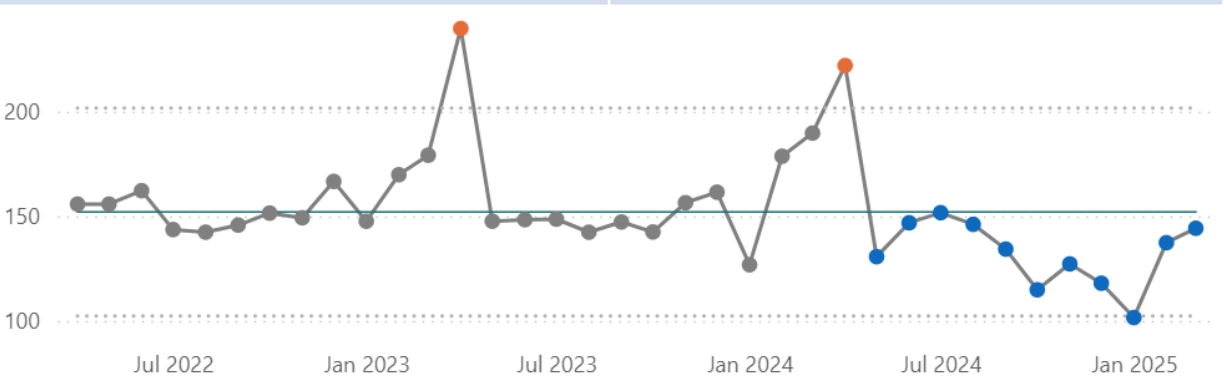
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,102 and 9,452



There has been an increase of c.1150 in the number of Substantive WTEs since April 2022, partly offset with the reduction in agency utilisation through targeted recruitment campaigns.

Overtime (WTE)

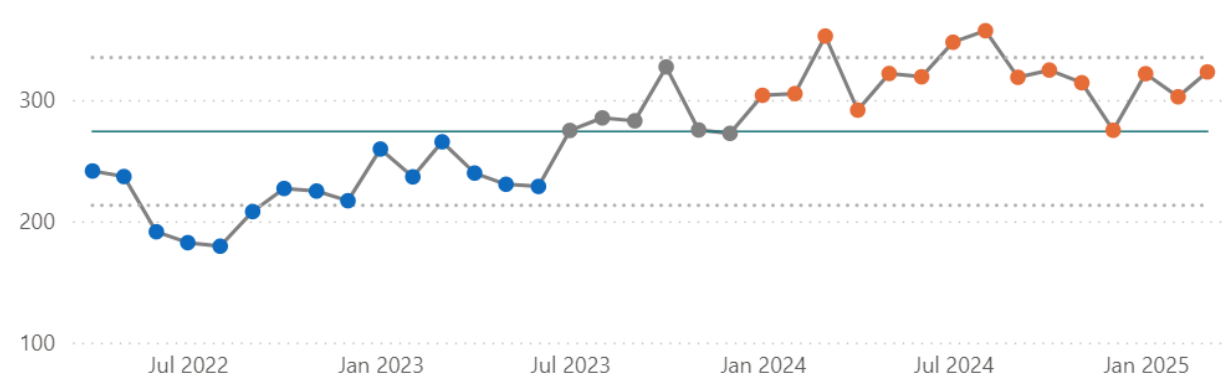
The latest data is showing improvement. Expected performance is between 102 and 202.



The number of overtime WTE has increased to 144 WTE, which is still below the mean of 152 WTE.

Bank (WTE)

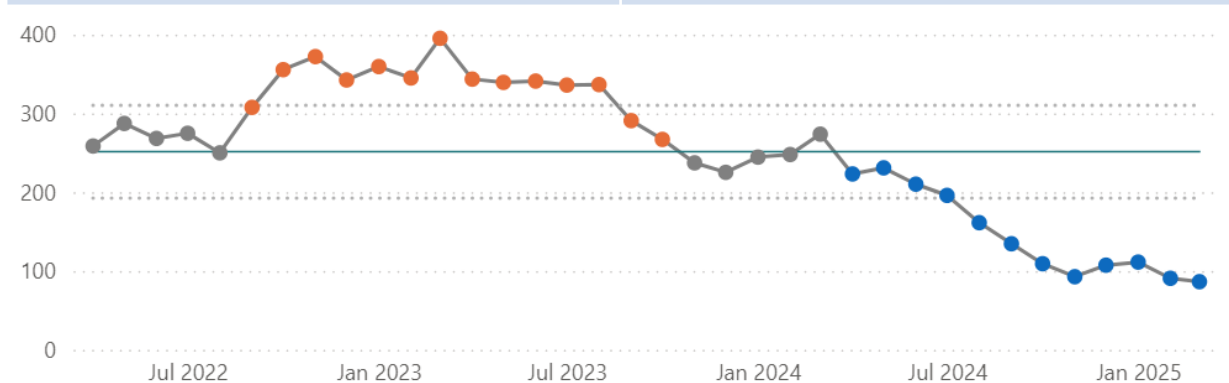
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 213 and 335.



There has been an increase of c.82 in the number of Bank WTEs since April 2022.

Agency (WTE)

The latest data is showing improvement. Expected performance is between 193 and 310.



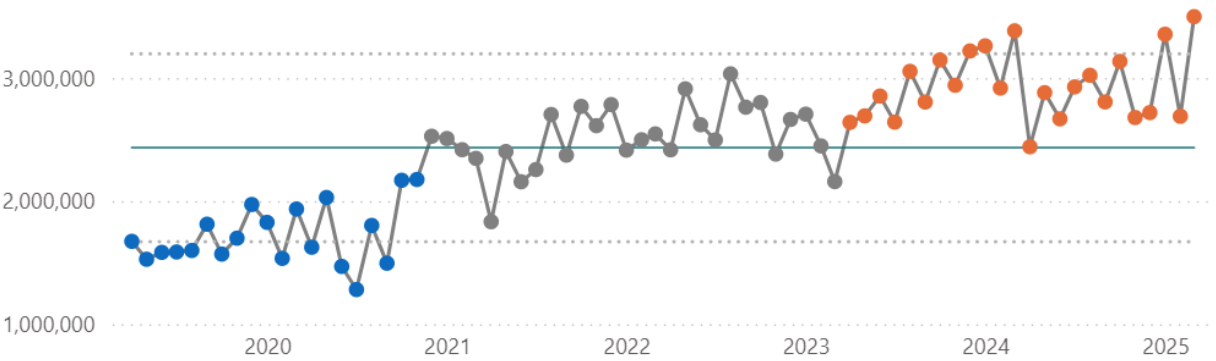
The WTE used in month was 86, this is the lowest level seen since the implementation of Allocate.

Appendix: Key Analysis (3 of 7)

Medical Locum Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £1.7m and £3.2m.

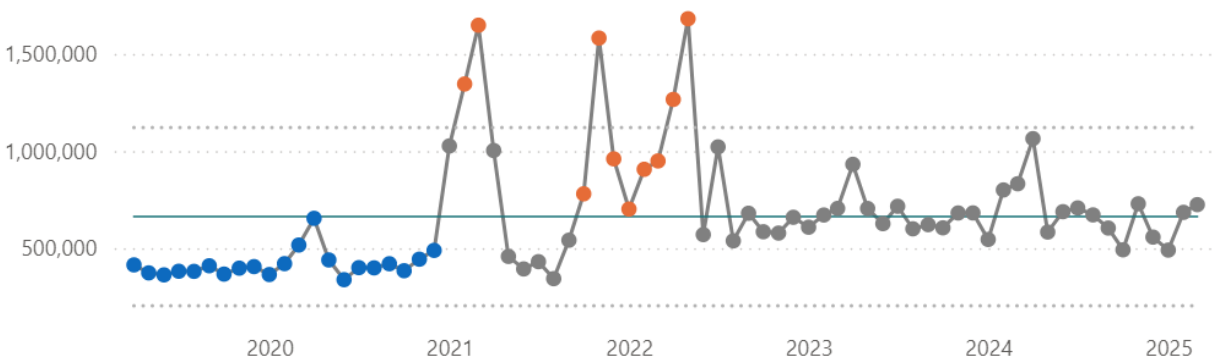


Paediatrics, Obstetrics and Gynaecology increased locum usage with additional shifts. Withybush Hospital requirement to cover gaps in the roster within Accident & Emergency.

Overtime Expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £0.2m and £1.1m.

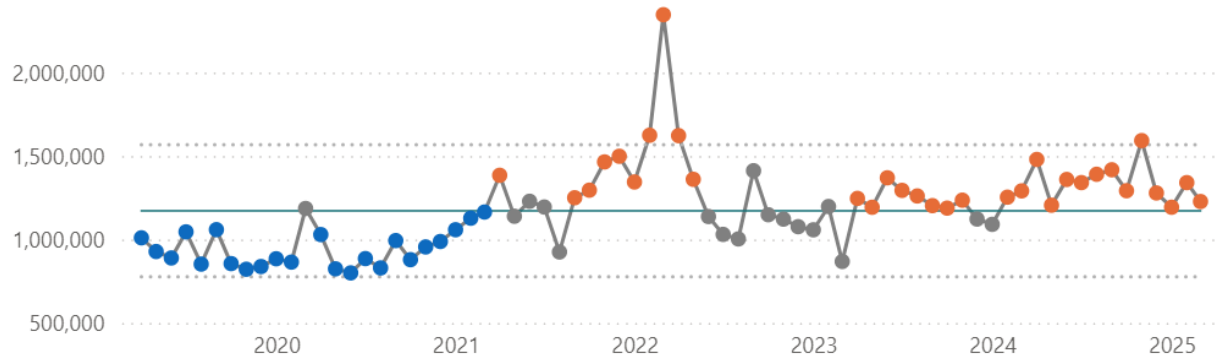


Whilst there was not a concerning statistical trend yet, the recent months have shown a steady decrease in overtime usage.

Bank Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £0.8m and £1.6m.

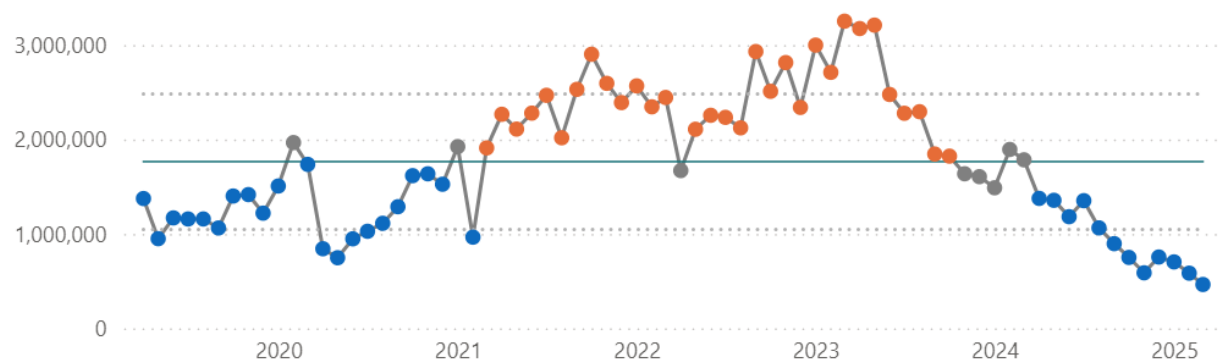


Whilst there is not a concerning statistical trend yet, the most recent months have shown a steady rise in bank usage

Nurse Agency Expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1.1m and £2.5m.



Following decisions to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last eight months. The run rate continues to reduce.

Appendix: Key Analysis (4 of 7): Ward Staffing Levels (Excluding Medical)

DIRECTORATE	Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
CHIEF OPERATING OFFICER	105.4%	2,735	2,377	(217)	219	60	79	140
MENTAL HEALTH & LEARNING DISABILITIES	100.6%	273	212	(59)	53	6	1	2
PLANNED CARE	91.3%	156	144	(27)	10	1	1	(15)
UNSCHEDULED CARE BRONGLAIS	118.0%	350	273	(24)	21	8	48	53
UNSCHEDULED CARE GLANGWILI	110.3%	664	579	(23)	53	19	13	62
UNSCHEDULED CARE PRINCE PHILIP	104.0%	436	385	(34)	42	2	7	17
UNSCHEDULED CARE WITHYBUSH	103.2%	551	491	(43)	34	16	9	17
WOMEN & CHILDREN	101.5%	305	293	(8)	5	7	0	4
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	77.6%	78	68	(33)	10	0	0	(22)
CARMARTHENSHIRE COUNTY	100.8%	76	66	(10)	10	0	0	1
CEREDIGION COUNTY	7.4%	2	2	(23)				(23)
Grand Total	104.4%	2,813	2,445	(250)	229	60	79	118

Note: There are no wards within Pembrokeshire County due to Sunderland Ward now residing within Unscheduled Care Withybush.

Appendix: Key Analysis (5 of 7): Non-Ward Staffing Levels (Excluding Medical)

DIRECTORATE	All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
CHIEF EXECUTIVE	88.7%	89	89	(11)	-	-	-	(11)
CHIEF OPERATING OFFICER	94.8%	4,479	4,317	(409)	76	78	7	(247)
ASST DIR OPS QUALITY & NURSING	70.9%	14	14	(6)	-	-	-	(6)
FACILITIES	98.5%	899	838	(75)	41	20	-	(14)
MENTAL HEALTH & LEARNING DISABILITIES	91.8%	904	889	(96)	12	3	0	(81)
ONCOLOGY & CANCER SERVICES	92.9%	104	101	(11)	3	0	-	(8)
OPERATIONS DIR MANAGEMENT	90.2%	252	250	(30)	3	0	-	(28)
PATHOLOGY	99.7%	241	231	(10)	1	9	-	(1)
PLANNED CARE	93.7%	840	789	(107)	5	39	7	(56)
RADIOLOGY	95.4%	254	250	(17)	1	3	-	(12)
UNSCHEDULED CARE BRONGLAIS	90.5%	96	95	(11)	-	1	-	(10)
UNSCHEDULED CARE GLANGWILI	105.5%	188	182	3	6	1	-	10
UNSCHEDULED CARE PRINCE PHILIP	93.8%	113	113	(8)	-	0	-	(7)
UNSCHEDULED CARE WITHYBUSH	89.0%	121	118	(17)	2	1	-	(15)
WOMEN & CHILDREN	96.0%	454	449	(24)	3	2	-	(19)
DIRECTOR OF FINANCE	93.2%	295	294	(23)	-	1	-	(21)
DIGITAL	91.7%	192	190	(19)	-	1	-	(17)
FINANCE	97.0%	97	97	(3)	-	-	-	(3)
PERFORMANCE	86.3%	7	7	(1)	-	-	-	(1)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	93.6%	193	193	(13)	-	-	-	(13)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	94.2%	1,173	1,153	(93)	18	2	-	(73)
CARMARTHENSHIRE COUNTY	97.9%	280	276	(10)	4	0	-	(6)
CEREDIGION COUNTY	105.2%	181	174	2	7	0	-	9
MEDICINES MANAGEMENT	93.3%	227	227	(17)	-	0	-	(16)
PEMBROKESHIRE COUNTY	91.9%	232	224	(29)	7	1	-	(20)
PRIMARY CARE	81.1%	179	179	(42)	-	0	-	(42)
LONG TERM CARE & CHRONIC CONDITIONS	104.1%	73	73	3	0	0	-	3
DIRECTOR OF PUBLIC HEALTH	80.8%	130	130	(31)	0	-	-	(31)
DIRECTOR OF STRATEGY AND PLANNING	102.1%	34	34	1	-	-	-	1
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	98.1%	607	605	(14)	-	2	-	(12)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	87.9%	234	234	(32)	-	-	-	(32)
EXECUTIVE MEDICAL DIRECTOR	96.5%	90	90	(3)	-	-	-	(3)
Grand Total	94.3%	7,323	7,137	(629)	94	84	7	(444)

Appendix: Key Analysis (6 of 7): In-Month Revenue Position – Variance to Budget (£'000)

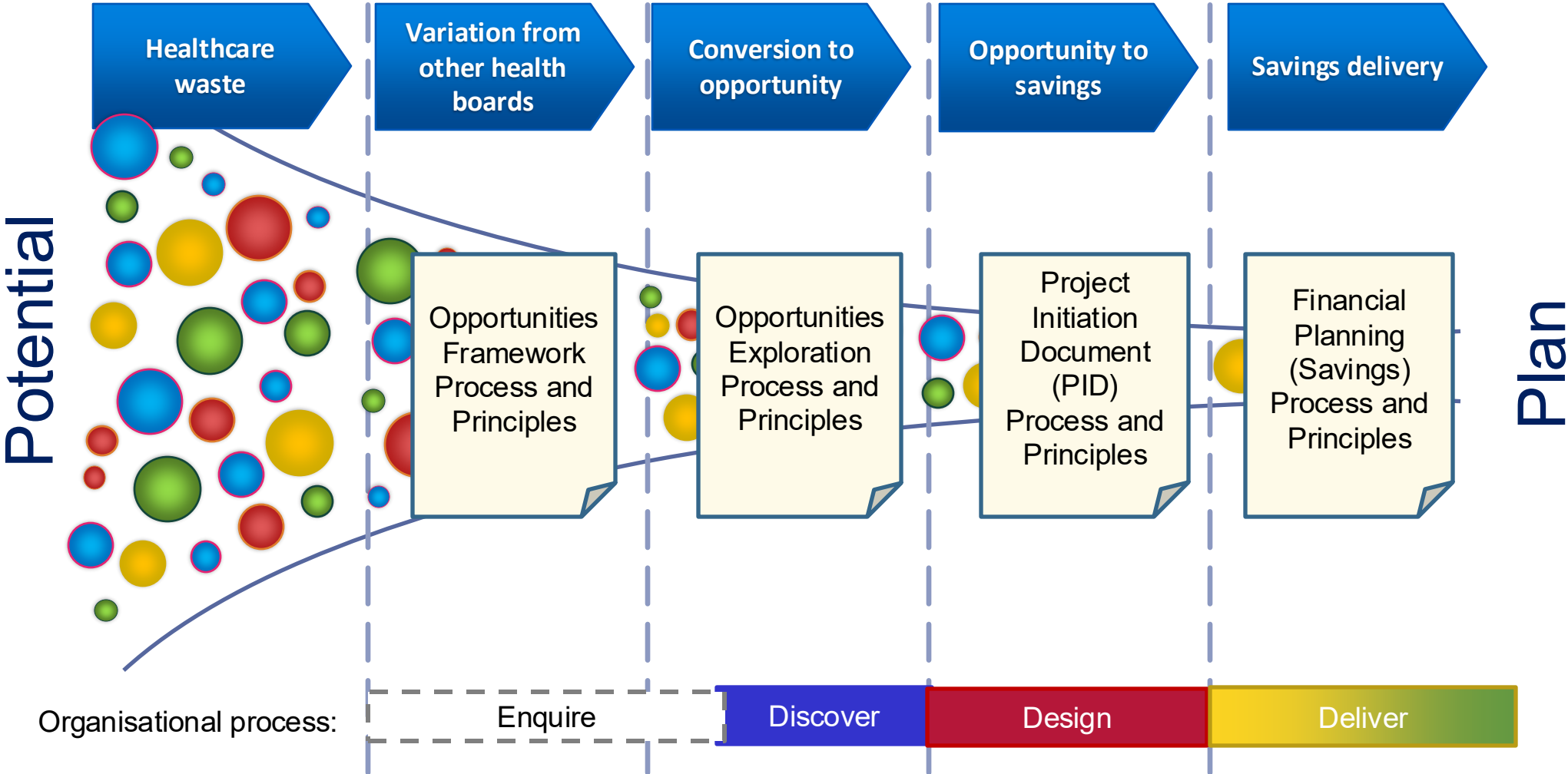
DIRECTORATE	PAY				NON PAY				INCOME	Grand Total
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING, MIDWIFERY AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY	INCOME	
CHIEF EXECUTIVE	(24)					(1)		29	6	10
CHIEF OPERATING OFFICER	(144)	76	265	175	1,012	(499)	376	816	(836)	1,241
ASST DIR OPS QUALITY & NURSING FACILITIES	11	(1)		(10)	(6)		(0)	1		(5)
MENTAL HEALTH & LEARNING DISABILITIES	26	(58)	63	(203)	3	1	1	545	(122)	451
ONCOLOGY & CANCER SERVICES	(42)	(13)	(18)	(1)	20	621	55	143	(195)	403
OPERATIONS DIR MANAGEMENT	(3)	(9)	(34)	6	32	(8)	216	9	(228)	(15)
PATHOLOGY	(31)	(9)	(34)	6	(27)	(15)	2	141	(24)	10
PLANNED CARE	(4)	20	59	22	27	(52)	(29)	(4)	70	109
RADIOLOGY	(3)	120	(127)	155	707	(972)	(45)	39	(227)	(353)
UNSCHEDULED CARE BRONGLAIS	(5)	49	(9)	10	(67)	36	2	(18)	(66)	(68)
UNSCHEDULED CARE GLANGWILI	(24)	(12)	263	132	38	(15)	(16)	(39)	7	334
UNSCHEDULED CARE PRINCE PHILIP	(14)	1	(40)	36	150	(118)	90	7	1	113
UNSCHEDULED CARE WITBYBUSH	(11)	0	(17)	2	89	24	69	14	(78)	92
WOMEN & CHILDREN	(38)	(12)	18	88	62	(29)	52	(2)	(1)	139
DIRECTOR OF FINANCE	(6)	(8)	107	(60)	(18)	28	(20)	(20)	29	32
DIGITAL	(25)	(0)	2	(1)	(58)	(15)		17	181	101
FINANCE	19	(0)	2	(0)	0	(8)		191	(107)	96
PERFORMANCE	(38)				(58)	(7)		(173)	289	14
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(7)			(1)				(1)		(9)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(13)	(2)		(18)	1	(18)		101	(16)	34
CARMARTHENSHIRE COUNTY	4	(54)	32	(287)	7	(647)	(1,150)	151	39	(1,905)
CEREDIGION COUNTY	1	(8)	(35)	(171)	57	(101)	3	49	(22)	(228)
PEMBROKESHIRE COUNTY	18	(1)	(2)	(96)	27	127	1	82	(18)	139
MEDICINES MANAGEMENT	(2)	0	1	(8)	10	(85)	1	221	41	179
PRIMARY CARE	(8)	(23)		10	7	61	(1,110)	22	(125)	(1,167)
LONG TERM CARE & CHRONIC CONDITIONS	(7)	(21)	68	(44)	(12)	(650)	(46)	(10)	170	(552)
DIRECTOR OF PUBLIC HEALTH	2	(1)		23	(83)	0		(212)	(6)	(277)
DIRECTOR OF STRATEGY AND PLANNING	(49)	13	(20)	(22)	1	(18)	(10)	281	(61)	116
LTA'S WITH OTHER NHS PROVIDERS	1	2	0		9	(385)	0	(136)	(4)	(512)
STRATEGIC PLANNING	2				9	(385)	0	(0)		(374)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(1)	2	0			0		(136)	(4)	(137)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	17	(1)	(0)	(15)	12	9	(2)	89	(54)	56
EXECUTIVE MEDICAL DIRECTOR	(120)	3	(10)	(272)	0	49	(3)	735	(63)	319
HEALTH BOARD WIDE	17	13	(74)	6	(4)		0	65	(109)	(86)
CENTRAL CAPITAL	24	(196)	(1,775)	4,029	186	(3,360)	1,424	1,826	(271)	1,886
CENTRAL CONTRACTING						0		38	(2)	36
CENTRAL FINANCING						(1)		0		(1)
CENTRAL INCOME	(76)	(196)	(1,775)	4,029	(576)	(162)	1,424	147	(174)	2,641
CENTRAL RESERVES			(0)		761	(3,196)		1,641	(0)	(694)
PLANNED DEFICIT	100							2,630		2,630
UNIDENTIFIED SAVINGS GAP			0					(530)		(530)
Grand Total	(312)	(147)	(1,580)	3,595	1,165	(4,885)	635	6,074	(1,185)	3,360

Appendix: Key Analysis (7 of 7): Unaudited End of Year Gross Revenue Position – Variance to Budget (£'000)

DIRECTORATE	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	(221)				0	(16)		(206)	38	(405)
CHIEF OPERATING OFFICER	(1,463)	(514)	874	(138)	2,775	(122)	1,231	2,059	(2,302)	2,401
ASST DIR OPS QUALITY & NURSING	(32)	(11)		(11)	(65)		(0)	38		(81)
FACILITIES	535	0	0	(21)	32	(12)	6	848	(482)	906
MENTAL HEALTH & LEARNING DISABILITIES	(298)	(359)	806	(1,616)	16	362	(285)	221	(184)	(1,337)
ONCOLOGY & CANCER SERVICES	(30)	(178)	(187)	(151)	128	0	611	44	(317)	(79)
OPERATIONS DIR MANAGEMENT	(406)	(95)	183	55	43	1	41	93	(254)	(339)
PATHOLOGY	4	207	514	88	405	26	(277)	(52)	(13)	902
PLANNED CARE	(237)	279	(836)	(153)	805	(970)	(120)	476	(590)	(1,345)
RADIOLOGY	(73)	80	(211)	126	(65)	188	(94)	178	(219)	(92)
UNSCHEDULED CARE BRONGLAIS	(215)	(137)	748	655	88	(0)	(33)	143	3	1,251
UNSCHEDULED CARE GLANGWILI	(218)	(54)	(184)	518	269	(148)	804	(73)	(19)	895
UNSCHEDULED CARE PRINCE PHILIP	(219)	(73)	(299)	(79)	909	74	356	15	(103)	582
UNSCHEDULED CARE WITHBUSH	(373)	(94)	(373)	962	82	7	373	93	73	750
WOMEN & CHILDREN	100	(78)	713	(511)	128	350	(151)	34	(198)	387
DIRECTOR OF FINANCE	(415)	1	(2)	(4)	(57)	(444)	1	307	349	(264)
DIGITAL	17	1	(2)	(2)	1	(301)		161	220	95
FINANCE	(358)				(57)	(143)	1	159	138	(260)
PERFORMANCE	(75)			(2)				(14)	(9)	(99)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(11)	(35)	2	(183)	13	12		247	285	331
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(419)	(353)	1,445	(1,746)	(174)	(8,903)	(360)	560	240	(9,710)
CARMARTHENSHIRE COUNTY	(44)	(110)	(1)	(476)	198	(567)	13	43	(170)	(1,115)
CEREDIGION COUNTY	39	8	(11)	(562)	(11)	125	(22)	66	(19)	(388)
PEMBROKESHIRE COUNTY	(106)	5	12	(770)	54	(443)	6	243	86	(913)
MEDICINES MANAGEMENT	(47)	(351)		155	(89)	48	(374)	88	(838)	(1,407)
PRIMARY CARE	(252)	103	1,445	(339)	84	(8,066)	18	176	1,202	(5,630)
LONG TERM CARE & CHRONIC CONDITIONS	(9)	(7)		245	(409)	0		(57)	(21)	(257)
DIRECTOR OF PUBLIC HEALTH	(433)	64	(215)	(86)	(88)	40	(94)	480	(40)	(372)
DIRECTOR OF STRATEGY AND PLANNING	(49)	27	(46)		(26)	(170)	0	(114)	(73)	(451)
LTA'S WITH OTHER NHS PROVIDERS	22				(26)	(176)	0	(4)		(183)
STRATEGIC PLANNING	(71)	27	(46)			6		(111)	(73)	(268)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	151	(22)	0	(116)	108	71	(26)	347	(315)	197
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(560)	(51)	(64)	(444)	9	15	(14)	782	(276)	(604)
EXECUTIVE MEDICAL DIRECTOR	139	209	146	35	5		0	92	(947)	(321)
HEALTH BOARD WIDE	575	(196)	(1,775)	4,032	216	(3,616)	1,708	1,754	(411)	2,286
CENTRAL CAPITAL					0	0		46	(73)	(27)
CENTRAL CONTRACTING						101		(7)		94
CENTRAL FINANCING	(125)	(196)	(1,775)	4,029	(546)	(112)	1,708	82	(479)	2,585
CENTRAL INCOME									143	143
CENTRAL RESERVES	700		(0)	3	761	(3,605)		1,633	(2)	(510)
PLANNED DEFICIT								31,551		31,551
UNIDENTIFIED SAVINGS GAP								(499)		(499)
Grand Total	(2,706)	(870)	364	1,350	2,781	(13,132)	2,446	37,358	(3,452)	24,139

Opportunities Framework: From Variation to Savings

Previously implemented the Compendium of Variation framing potential opportunities to realise savings and/or efficiencies. Currently reflects 633 lines of variation and opportunities, spanning multiple services and data sources.



Opportunities Framework

Application:

- Scope to align some variation opportunities with Health Board Strategic Themes and Welsh Government Annex 2 Planning Objectives. Particularly Place in respect of HD Strategic Themes and Operational Productivity within Annex 2.

Hywel Dda Strategic Themes

Theme 1: Place

Theme 2: People

Theme 3 Enablers

Theme 4: Quality, Outcomes and Value

Theme 5: Clinical Service Models

Annex 2 Thematic Areas

Operational Productivity & Efficiency - Urgent and Emergency Care

Operational Productivity - Planned Care

Workforce Productivity

Maximising Value for Money

Improving Value, Optimising Outcomes & Minimising Variation

- Intelligence split by Directorates where possible

Caveats:

- Analysis is wide-ranging, covering a variety of different data sources, some of the data enables the opportunity to be quantified, some does not.
- In light of using multiple data sources, the various opportunities overlap and there will be replication.
- Variation reflects a point in time depending on the data source, generally not current year insights, therefore won't yet reflect latest service changes and improvements.
- Opportunities won't directly translate to a saving, rather they frame opportunities for further investigation by Directorates.
- The Directorate is responsible for assessing whether there are actions that can be taken to either reduce identified variation, explain variation, or request further analysis.
- Includes a number of good practice guides such as Bevan Commission projects, GIRFT studies etc
- Data is predominantly comparing Hywel Dda to All Wales, so likely not comparing to optimal efficiency and performance, but a start point to frame opportunity for investigation.

Opportunities Framework

Example extract from the Compendium of Variation – selection of Unscheduled Care opportunities:

Source	Data Type	Type	Title	Scope	Quantification (£m unless otherwise stated)
Bespoke exercise	Hywel Dda Only	Admitted Patient Care	High resource consuming patients	100 most expensive Non Elective Patients Admitted patients in Hywel Dda in average costs per 100 patients £0.38m	£17.1m 0.38
Bevan Commission	All Wales	Admitted Patient Care	Bevan Commission - Exemplars - cohort 8	Eliminating WOORST(Waste Originating from Orthopaedic Surgery for Trauma), aims are to assess waste generated and suggest changes to reduce carbon footprint	Improvement / efficiency - enabler
Bevan Commission	All Wales	Various	Bevan Commission - Exemplars - cohort 8	Single point of referral / clinical pathway for complex lower limb wounds to streamline and meet NICE guidelines for triage within 24 hours, and move from paper to standardised electronic records of input, patients to be seen by the right people at the right time	Improvement / efficiency - enabler
Bevan Commission	All Wales	Emergency Dept	Bevan Commission - Exemplars - cohort 6	TOCALs MIU frailty screening	Improvement / efficiency - enabler
Bevan Commission	All Wales	Various	Bevan Commission - Exemplars - cohort 5	Reducing end of life admissions from care homes	Improvement / efficiency - enabler
Bevan Commission	All Wales	Emergency Dept	Bevan Commission - Exemplars -cohort 2	Community paramedics as alternative to A&E	Improvement / efficiency - enabler
NHS Executive VAULT	All Wales	Various	NHSW Finance Planning and Delivery - VAULT - Scalable learning	Bevan Commission - adopt and spread - Trauma Ambulatory Care Unit	Improvement / efficiency - enabler
Reference Costs	Hywel Dda Vs All Wales	Admitted Patient Care	High level cost comparison - PODs	Non elective short stays - variation to All Wales average £10.2m	10.2
Reference Costs	Hywel Dda Vs All Wales	Admitted Patient Care	High level cost comparison - PODs	Non elective stays - variation to All Wales average £28.1m	28.1
Reference Costs	Hywel Dda Vs All Wales	Admitted Patient Care	Length of stay comparison - non elective long stay	South Pembs Hospital - LOS 45.7 days compared to AWA of 9.4 = 36.3	Improvement / efficiency - enabler
Reference Costs	Hywel Dda Vs All Wales	Admitted Patient Care	Length of stay comparison - non elective long stay	Amman Valley Hospital - LOS 38.3 days compared to AWA of 9.4 = 28.9	Improvement / efficiency - enabler
Reference Costs	Hywel Dda Vs All Wales	Admitted Patient Care	Length of stay comparison - non elective long stay	Llandovery Hospital - LOS 35.2 days compared to AWA of 9.4 = 25.8	Improvement / efficiency - enabler

Compendium of variation example – high level comparison update

Most recent intelligence update received is in respect of All Wales Service Line Reporting data for 2023/24. Initial analysis of the data demonstrates a higher level of variation than the previous year.

	2022/23	2023/24	Change in Year	Change in Year
	£'000	£'000	£'000	%
Total Variation	49,349	72,331	22,982	47
Admitted patient care	36,185	46,477	10,292	28
Emergency departments	6,123	8,502	2,379	39
Community services	12,314	18,393	6,079	49

- Our **overall cost variation compared to the rest of Wales has increase from £49m to £72m**
- **Admitted patient care cost** increases compared to the rest of Wales account for over £10m of the £23m increase in our cost variation, and nearly £50m of the total variation
- **ED cost** variation has also increased to £8.5m more than the Welsh average
- **Community services cost** variation increased by 49% - to £18.4m above Welsh average

It's important to note that progress made through 2024/25 in cost reductions, for example in relation to nurse agency spend and critical care capacity reductions, won't be reflected in this analysis.

Compendium of variation example – expansion on admitted care variation

Cost Comparison	2022/23	2023/24	Change in Year	Change in Year
	£'000	£'000	£'000	%
Admitted Patient Care	36,185	46,477	10,292	28
Non Elective care	22,790	26,101	3,311	15
Elective care	6,010	11,378	5,368	89
Regular Day Attenders	4,471	4,624	153	3
Critical Care	-2,284	2,438	4,722	207
MHLD admitted patients	-72	1,677	1,749	2,429
Maternity HRG's	2,499	694	-1,805	-72
Non Elective Short Stay	2,771	-437	-3,208	-116

Non-elective care significantly higher variation (and increasing) - £26m of variation compared to All Wales

Elective care substantial increase in variation in year - 89% - standing at £11.3m more

Critical care has now swung from being on average cheaper to more expensive - £2.4m variation (prior to 24/25 saving)

Maternity care more closely aligned to average across Wales

Non-elective short stay variation reduced – now better than average

Activity Comparison

Non-elective care activity significantly below average, despite costing substantially more – unit cost is therefore key issue

Elective care activity above average

Critical care activity lower than average – with higher costs, a continuing issue

As expected given our demographic profile, maternity activity is lower than average

Average LoS is typically higher than RoW average

		Activity per 1,000 population		ALoS	
		2023/24	2022/23	2023/24	2022/23
Non Elective HRGs	HD	68.35	63.34	10.37	11.02
	RoW	74.72	71.33	9.15	9.75
Non Elective Short Stay	HD	125.42	108.60	0.56	1.00
	RoW	121.76	111.35	0.42	0.44
Elective HRGs	HD	125.51	103.66	0.37	1.16
	RoW	108.13	98.04	1.28	1.35
Critical Care	HD	4.45	4.94	5.46	6.05
	RoW	8.03	8.27	5.24	5.37
Maternity HRG's	HD	5.57	5.38	3.21	3.07
	RoW	6.83	6.73	3.83	3.90

Opportunities Framework: Hywel Dda Strategic Themes

<p>Theme 1: Place</p>	<ul style="list-style-type: none"> • Community strategy • Home based care strategy • Acute bed configuration and surge management 	<ul style="list-style-type: none"> - Non elective as well as elective pathways and admissions are one of the largest single areas of variation for the Health Board. Multiple, different aspects of this are listed on the Compendium. - Many of the individual areas of the Compendium are tied to increased flow, better cost effectiveness and reduced bed usage, and individual improvement areas noted through e.g. Bevan Exemplars. - Acute bed configuration is key enabler to translating better productivity / a home based care strategy into cashable savings.
<p>Theme 2: People</p>	<ul style="list-style-type: none"> • Nurse and medical rostering • International recruitment for hard to fill roles • Variable pay controls and removal of agency 	<ul style="list-style-type: none"> - The combined impact of these elements has enabled significant progress in stabilising the Nurse workforce within the Health Board already, plus robust controls in respect of variable pay have delivered a reduction in expenditure. The Medical Stabilisation Workstream is underway and striving to make similar improvements in respect of the Medical workforce.
<p>Theme 3 Enablers</p>	<ul style="list-style-type: none"> • Primary and secondary care prescribing reviews • Digital transformation • Procurement and cheaper alternatives 	<ul style="list-style-type: none"> - Primary and secondary prescribing reviews and strategies to reduce low value-adding dispensing, script switching etc led by Medicines Management are now embedded in Hywel Dda. - All Wales Value & Sustainability Medicines recommendations are captured in the Compendium. - Digital transformation is key to unlocking improved productivity and modernising service delivery. Work with CGI has identified a strategic programme of change to drive improvement, in addition to the national agenda. - Procurement issues identified in compendium are relatively low value in isolation, but in total are significant. SBUHB collaboration is likely to increase ability to drive further procurement savings
<p>Theme 4: Quality, Outcomes and Value</p>	<ul style="list-style-type: none"> • Services embedding prevention and inequalities • Continuing healthcare packages • Embedding value throughout pathways • MH & LD sustainable model and strategy 	<ul style="list-style-type: none"> - Prevention and inequalities are not directly included in the compendium, as it is very difficult to identify discrete areas of variation. Nevertheless, the Health Board through various initiatives such as the population health management group, is tackling specific issues around prevention and equality - Value from Health Pathways is being actively addressed through implementation of community health pathways IT developments and – through standardised and modernised referral mechanisms – is reducing variation.
<p>Theme 5: Clinical Service Models</p>	<ul style="list-style-type: none"> • Primary Care strategy including access • Out of Hours model to triage appropriately • Clinical Service Plans • Commissioning / Repatriation agreements 	<ul style="list-style-type: none"> - Primary care strategy is not directly linked to compendium, however primary care is a critical aspect of service delivery, and its resilience and capacity directly impacts on a number of areas of variation. - The Out of hours model can be directly linked to variation in costs of non-elective care – investment in out of hours care outside hospital is key aspect of reducing variation in comparative costs. - Clinical services plans are currently in development. These have the potential to reduce areas of variation, in both elective and non-elective care. - Commissioning arrangements have already delivered a level of savings, with further work in train for the new financial year. The Compendium does not contain specific areas relevant to commissioning.