



Submitted By: Chris Williams, Value Based Business Partner

Date Submitted: 31 March 2025



Planning Objective 2 – Financial Routemap

Executive Lead: Huw Thomas, Executive Director of Finance

Reporting Period: 2024/25

Overall status: On-track
Rationale for overall status:
 Significant progress in-year in respect of savings delivery, reduction in underlying deficit, achievement of Welsh Government Target Control Total. Plans emerging for more efficient service delivery through Clinical Services Plan, Annual Plan, etc. Emerging collaboration agenda with Swansea Bay University Health Board may accelerate efficiency and productivity gains, reduce commissioning frictional losses, etc.

Progress against planned outcomes / trajectories / milestones:

- Compendium of variation updated to reflect current areas of opportunity to explore for savings generation
- Changes to internal control processes adopted to reduce expenditure in key “waste” areas – agency and locum spend, recruitment to non-essential A&C posts etc
- Opportunities identified from previous variation modelling being addressed – eg changes in MIU provision, intensive care, bed provision, out of hospital care (hospital at home) etc
- Further engagement sessions with Board, Execs and clinical leadership to address next steps in
- Emerging collaboration framework with SBUHB has potential to accelerate efficiency and productivity agenda and is being actively explored through commissioning and fiancé teams

Activities completed in previous reporting period

- Refreshed compendium of variation
- Individual financial intelligence products in production, notably around end-of-life care and atlases of variation updates
- Revised / updated CHC and FNC benchmarking undertaken
- Value and Sustainability subgroup – mirroring that established at all-Wales level – undertaking detailed investigations into areas of financial opportunity

Activities planned for next milestone and reporting period

- Continue to undertake variation analysis to maintain list of variation / potential opportunities for efficiency, productivity, cost reduction
- Collaborate with SBUHB on developing a sub-regional assessment of demographic impacts, capacity modelling, opportunities to collaborate on joint solutions to respective financial challenges etc
- Revised approach to orthopaedic activity and cost sharing with SBUHB – moving away from outdated LTA arrangement to a bespoke / collaborative arrangement
- Assessment of impact of latest planning guidance from WG on financial performance, areas of investment / disinvestment therein

Any other Comments
Matters for information: None

Risks to delivery: Reliant on small team for certain aspects of financial planning and delivery – risks associated with recruitment / retention of staff, common across finance department

Any other comments: None



Submitted By: Peter Skitt, Clinical Care Service Director

Date Submitted: 4 April 2025



Planning Objective 3 – Urgent and Emergency Care

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: 2024/25

Overall status: On-track
Rationale for overall status:
 Majority of deliverables against the portfolio of work are complete, A minority remain behind due to resource, but mitigations are in place to address.

Progress against planned outcomes / trajectories / milestones:

- Please see next slide

- Activities completed in previous reporting period**
- Integrated Urgent Model Blueprint clinically developed and approved locally and nationally for implementation.
 - Clinically and Operationally co-produced ED/MIU Redirection Policy.
 - Funding secured for technology enabled care / remote monitoring pilots to test the proof of concept of the proposed Hospital@Home model
 - Successful board approval to procure E-flow or Eobs clinical system to deliver improvement across the health board
 - Seven-day Regional Clinical Streaming Hub pilot business case approved currently in operation
 - Single Point of contact for Health Board Clinical Streaming Hub model (in hours)
 - Optimal Model for Clinical Streaming Hubs developed and approved
 - ED / MIU Redirection Policy co-designed and principles approved
 - Clinical Advisory Group established for Six Goals Programme
 - EDQS action Group established, and plan developed
 - Discharge Toolkit developed and utilised across Health Board
 - A Hywel Dda Trusted Assessor Steering group has been established to provide a forum to share learning, monitor Trusted Assessor reports submitted to the Pathways of Care Delays (PoCD) group and regularly review and evaluate the Trusted Assessor models
 - Surgical SDEC operational in Glangwili Hospital
 - Criteria Led Discharge policy approved and being piloted across Health Board
 - CSH Hub and Out of Hours integration through the development of a 24/7 Single Point of Contact (utilisation of Consultant Connect

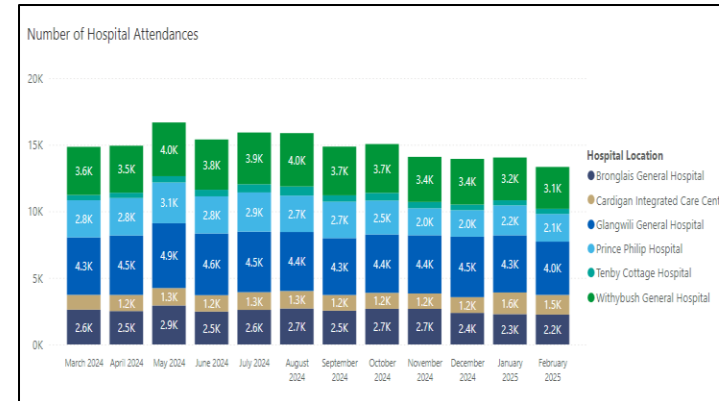
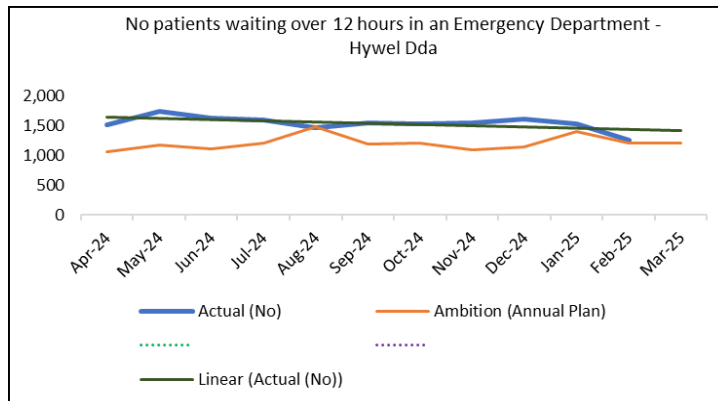
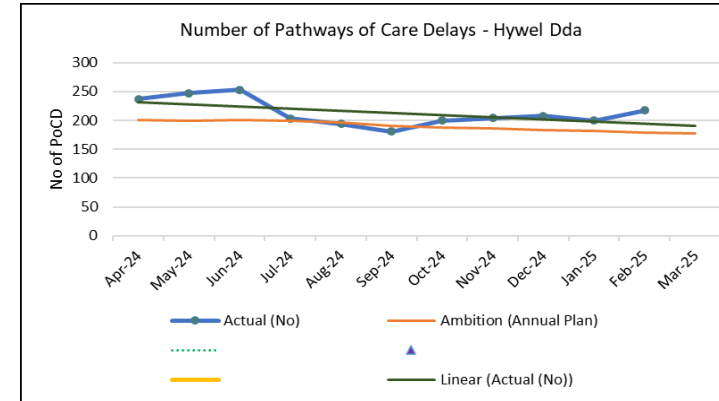
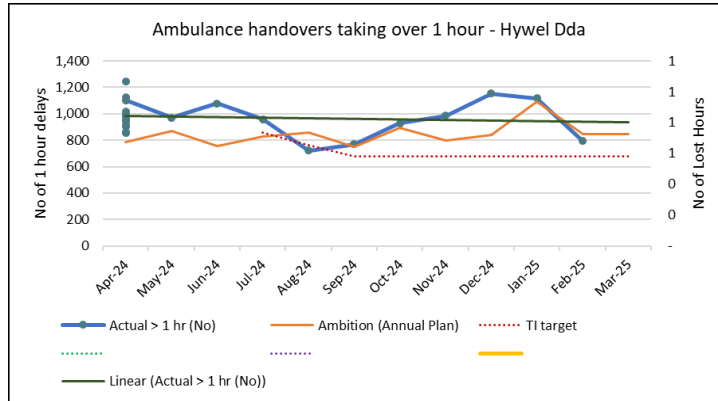
- Activities planned for next milestone and reporting period (Q1)**
- As per the Six Goals 25/26 Programme Plan

Any other Comments

Matters for information: Six Goals Programme Plan submitted to Welsh Government, Financial Plan submission due by the 16th of April 2025. UEC Redesign Workshop held on the 1st of April.

Risks to delivery: There is a risk that deliverables will not be met in Q1 for the Front Door Workstream. The Project Manager supporting the workstream is unlikely to return to work till June 25 and the workstream lead has little capacity to deliver work due to operational pressures.

PO 3: UEC - Programme Achievement/Impact 2024/2025



The core metrics are not yet meeting TI targets regularly basis and are over target at end-of-year actual positions. However, all show an improving position over the year, this is despite the challenges of increasing patient acuity, workforce fragility, and impact of financial saving plans within the Health Board. It is difficult to disaggregate the exact impact of individual projects and schemes aligned to the Programme, due to the complexities of their expected outcomes across the whole system and patient journey, but it is clear the improvement work being driven through the programme has contributed to this position.

Planning Objective 4 - Planned Care (including Diagnostics and Cancer)

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: March 2025

Overall status:

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

Progress against planned outcomes / trajectories / milestones

Planning objective to deliver:

Zero patients waiting > 104 weeks for total pathway within the exception of orthopaedics and ophthalmology
– exceeded PO by achieving zero 104 week+ waits in all specialties

Reduce total waits > 104 weeks to 1639
– exceeded PO by achieving zero 104 week+ waits

Reduce Stage 1 (new outpatient) waits > 52 weeks to 1500 (limited to Ophthalmology)
– exceeded PO by achieving zero 52 week + waits in all specialties

Reduce to Single Cancer Pathway backlog to 182 patients
– PO not achieved with 62 day+ backlog as of March 2025 totalling 489 patients (NB a significant proportion of patients are not expected to receive a positive diagnosis after investigations are completed)

Increase the number of patients receiving treatment on the SCP within 62 days to 75%
– PO not achieved as of February 2025 with performance improvement to 63.3% . Steady trend in improvement during Q3 & Q4, rising from 40% in September 2024 to 63.3% in February 2025 (highest performance ytd with performance above 60% TI de-escalation threshold forecast for March 2025).

Diagnostics - deliver the 8-week standard – PO not achieved with 4,851 breaches reported as of March 2025

Planning Objective 4 - Planned Care (including Diagnostics and Cancer)

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: March 2025

Activities completed in reporting period:

RTT 52/104-week delivery objectives:

- Continuing focus on effective waiting list management practices, outpatient pathway transformation, treating/booking in turn and improving theatre productivity optimisation
- Outpatient waiting list volume at lowest level since April 2020 & total waiting volume at lowest level since August 2022
- 70k+ patients managed via SoS/PIFU pathways
- IP/DC activity volumes expanded above pre-pandemic levels
- Effective and targeted use of additional recovery resources to support supplementary activity volumes via internal and independent sector solutions

Direct Access Diagnostics (max. 8 week wait): 4,851 patients waited > 8 weeks as of 31 March 2025:

- Breach pressure predominantly due to significant demand and capacity deficits in Radiology imaging pathways. Radiology breaches (4,587) account for 95% of this total.
- Cardiology breaches reduced to 150, exclusively reflecting the capacity deficit for MPS (myocardial perfusion scanning) investigations delivered by single handed clinician All Echocardiogram breaches were resolved.
- Reported Endoscopy breaches reduced to 72, exclusively reflecting the impact of Urology non-SCP flexible cystoscopy investigations which are delivered via the Endoscopy Units at Glangwili Hospital, Prince Philip Hospital and Bronglais Hospital.

Cancer Care (Single Cancer Pathway):

- Key delivery challenges reflects demand & capacity deficits within diagnostic (Radiology) pathway impacting Urology & GI tumour sites predominantly and workforce deficits in Dermatology pathway earlier in 2024 (now resolved).
- Recovery plans focused on sustainable solutions to imaging & related diagnostic capacity
- Delivery plans for 2025/26 designed to support further improvement towards 80% performance threshold by March 2026
- 62-day backlog (489 patients) remains above forecast level – although 44% (214 patients) are on the GI tumour pathway with the majority not expected to receive positive diagnoses

Planning Objective 5 – Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: 2024/25

Overall status: On-track

Rationale for overall status:

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Art therapy: In March, 52 breaches and special cause concerning variation, with increases for 5 consecutive months. One therapist covering the Health Board catchment, impacting capacity, although delivery is supported through groups where possible to mitigate this. A new art group for 8 clients will commence on 25 March 2025, running until June 2025, with a further group planned in September 2025. In line with Integrated Psychological Therapy Service (IPTS), all clients waiting on the Art Therapy wait list have been offered groups as part of ongoing waiting list management.

Child neurodevelopmental waits: In January 2025, the overarching metric is showing common cause variation, with 19.7% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 29%. Autism Spectrum Disorder (ASD) was 14.2%, and Attention Deficit Hyperactivity Disorder (ADHD) was 47.1%.

Adult neurodevelopmental waits: The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping capacity. An average of 116 referrals received per month during 2024 compared to 20 per month in 2016. Clinical posts to support ASD assessments have been recruited into and a skill mix has been introduced to teams to attract more interest in specialist roles and to promote a 'grow your own' culture.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing improving variation in the Integrated Psychological Therapies Service and Learning Disabilities with common cause variation in Adult Psychology. The overall trajectory for January 2025 was exceeded with compliance of 64.5% (target is 80%). Performance has dropped for the third consecutive month and by over 11% since October 2024. This is due to the scheduling of group sessions. Moving forward, the timetable for group interventions are being planned as 'rolling' groups rather than commencing and ending in blocks to prevent this dip in performance between groups.

Activities completed in previous reporting period

- 1. Plans for Inpatient Services including creation of a dedicated establishment to underpin Section 136 provision, have recently been discussed at the Value and Sustainability Board.
- 2. 111 Option 2 is operational 24/7 and its further development as a single point of assessment is being scoped.
- 3. A proposal for a revised Learning Disabilities service model and staffing structure has been approved and recruitment is commencing.

Activities planned for next milestone and reporting period

- 1 Deliver additional outsourced children's neurodevelopmental assessments
- 2 Commence pilot of rapid pathway for children's neurodevelopmental assessments
- 3 Review job plans and implementation of stepped care model in adult psychological therapies

Any other Comments

Matters for information: Temporary service change diverting routine mental health referrals from GPS to 111 option 2 in Ceredigion supported by board to facilitate timelier access to mental health assessment and reduce waiting times.

Risks to delivery: Continued risks relating to capacity due to workforce gaps, particularly in relation to medical workforce.