



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **29/04/2025**
Time **9:30 AM - 12:30 PM**
Location **Ystwyth Boardroom/Microsoft Teams Meeting**

Finance and Performance Committee Meeting

29 April 2025

Agenda - 29 April 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 SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025

9:30 AM, 5 min

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 25 FEBRUARY 2025

9:35 AM, 5 min

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.5 FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

9:40 AM, 10 min

Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)

1.6 SUSTAINABLE RESOURCES COMMITTEE ANNUAL REPORT 2024/25

9:50 AM, 5 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2 TARGETED INTERVENTION

9:55 AM, 0 min

2.1 FINANCE TARGETED INTERVENTION ACTIONS

9:55 AM, 20 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

3 FINANCE

10:15 AM, 0 min

3.1 MONTH 12 2024/25 FINANCE REPORT

10:15 AM, 1 hr
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.2 PLANNING OBJECTIVES UPDATE REPORT

11:15 AM, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.3 PROCUREMENT SCRUTINY

11:25 AM, 10 min
Gemma Deverill (NWSSP - Procurement)

3.4 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, 15 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

5 FINANCIAL GOVERNANCE AND CONTROL ENVIRONMENT DEEP DIVES

11:50 AM, 0 min

5.1 DEEP DIVE: COMMISSIONED CARE

11:50 AM, 30 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

6 FOR APPROVAL

12:20 PM, 0 min

6.1 POLICY AND PROCEDURES

12:20 PM, 0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

6.2 BUSINESS CASES

12:20 PM, 0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

7 FOR INFORMATION

12:20 PM, 0 min

7.1 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

12:20 PM, 5 min

Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)

7.2 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

12:25 PM, 5 min

Michael Imperato (Hywel Dda UHB - Independent Board Member)

8 ANY OTHER BUSINESS

12:30 PM, 0 min

9 DATE OF NEXT MEETING

12:30 PM, 0 min

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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 SUSTAINABLE
RESOURCES COMMITTEE HELD ON 25
FEBRUARY 2025

*Michael Imperato
(Hywel Dda UHB -
Independent Board
Member)*

| For approval

Attachments

Unapproved Minutes Sustainable Resources Committee 25 February 2025

UNAPPROVED MINUTES OF THE SUSTAINABLE RESOURCES COMMITTEE MEETING

DATE OF MEETING: 9:30 AM, Tuesday 25 February 2025
VENUE: Ystwyth Boardroom/Microsoft Teams Meeting

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

IN ATTENDANCE: Bethan Andrews (Hywel Dda UHB - Service Delivery Manager) (VC) (part)
 Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning) (VC) (part)
 Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)
 Michelle Dunning (Hywel Dda UHB - Senior Project Manager - Value Based Health Care) (VC) (part)
 Sonia Hay (Hywel Dda UHB - General Manager Community & Primary Care - Pembrokeshire) (VC) (part)
 Mark Henwood (Hywel Dda UHB - Interim Medical Director)
 Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation) (VC) (part)
 Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)
 Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)
 Dana Scott (Hywel Dda UHB - Director of Midwifery & Professional Governance for Women & Children)
 Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)
 Jessica Svetz (Hywel Dda UHB - Service Delivery Manager Urgent and Intermediate Care) (VC) (part)
 Huw Thomas (Hywel Dda UHB - Director of Finance)
 Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
 Anthony Tracey (Hywel Dda UHB - Digital Director) (VC) (part)
 Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary) (VC)
 John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
SRC(25)1	WELCOME AND APOLOGIES	

Mr Winston Weir welcomed all to the Sustainable Resources Committee (SRC) meeting. Apologies had been received from:

- Mrs Sharon Daniel
- Mr James Severs

SRC(25)2 DECLARATION OF INTERESTS

There were no declarations of interest.

**SRC(25)3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE
HELD ON 17 DECEMBER 2024**

The minutes of the SRC held on 17 December 2024 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Sustainable Resources Committee meeting held on the 17 December 2024 were **APPROVED** as a correct record of proceedings.

**SRC(25)4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES
COMMITTEE HELD ON 17 DECEMBER 2024**

The Table of Actions from the SRC meeting held on 17 December 2024 was reviewed.

It was noted that the two actions relating to **SRC(24)154 ('Operational Risk Report')** were both outstanding and it was agreed that an update would be provided at the Finance and Performance Committee (FPC) meeting on 29 April 2025.

Decision: The Sustainable Resources Committee **REVIEWED, UPDATED** and **NOTED** the Table of Actions from the meeting held on 17 December 2024.

**SRC(25)5 SUSTAINABLE RESOURCES COMMITTEE SELF-
ASSESSMENT OF PERFORMANCE OUTCOME REPORT**

Mrs Joanne Wilson presented the SRC Self-Assessment of Performance Outcome Report to the Committee and advised that the report would be presented to the Board Meeting on 27 March 2025. Mrs Wilson advised that as a result of feedback requesting a greater focus on digital matters a new Digital, Data and Innovation Committee (DDIC) has been established from 1 April 2025 as part of the new Board Committee structure.

It was advised that as a result of feedback received from multiple Board Committees through the Committee Self-Assessment process that the revised Board Committee structure had been

developed with SRC and the Strategic Development and Operational Delivery Committee (SDODC) had been disestablished from 1 April 2025 and two new Board Committees had been established; the Finance and Performance Committee (FPC) and the Strategy and Planning Committee (SPC).

Decision: The Sustainable Resources Committee **CONSIDERED** the outputs from the Committee Self-Assessment process and **AGREED** the actions to be taken to improve its effectiveness.

SRC(25)6

FINANCE TARGETED INTERVENTION ACTIONS

Mr Shaun Ayres presented the Finance Targeted Intervention (TI) Actions update to SRC and advised that within the three TI criteria within the SRC remit provided overall assurance with the one alert previously raised relating to the Annual Plan demonstrating a substantial financial improvement trajectory to deliver as a minimum the Target Control Total (TCT) having been downgraded to an advise in recognition of material improvements in the 2024-25 financial trajectory, meeting the restated TCT for 2024/25 and the early identification of savings for 2025-26.

Mr Ayres believed that there were still questions over the recurrent savings and underspending directorates and advised that there were £19m of savings currently identified that were not classed as green or amber within the BRAG rating and believed that half of the identified savings were anticipated not to be fully realised. Mr Ayres believed that this was an improved position to the same stage at previous years.

There were no questions from members of the Committee.

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

SRC(25)7

FINANCE REPORT

Mr Huw Thomas presented the Finance Report to the Committee and advised that the Health Board was reporting a surplus of £0.3m in Month 10 2024/25 which was a favourable variance of £2.9m against the restated planned deficit of £2.6m. Mr Thomas advised of an improvement in the end-of-year forecasted deficit, from the restated planned deficit of £31.5m to £24.0m, a £4.0m improvement from the Month 9 position.

Mr Thomas advised that the challenge for the Health Board was a recurrent savings shortfall of £14m that resulted in the underlying deficit significantly exceeding the 2024/25 forecasted outturn. Mr Thomas advised that the impact carried forward from 2024/25 into the underlying deficit starting point for the 2025/26 Financial Plan

would include the 2024/25 outturn of £24.0m currently, the recurrent savings gap that was currently £14.0m, the underspending directorates that were not currently signalling an ongoing underspend that amounted to £7.4m and new funding challenges over and above the Welsh Government (WG) allocation that were anticipated to be approximately £10.0m.

Mr Thomas advised of the significant number of directorates that were escalated to Level 3 for the domain of Finance, Strategy and Planning and advised that a review of the internal escalation framework was being undertaken in readiness for the start of the new financial year, with proposals being drafted for Executive Team consideration for appropriate ways to ensure timely corrective action is taken for those directorates that are in distress for a prolonged period of time.

Mr Thomas advised that there was significant risk relating to the Health Board underspending against its Capital Resource Limit (CRL) due to the significant number of capital schemes that needed to be completed before the end of March. Mr Thomas advised that a new corporate risk had been created to reflect the risk of the underspend and that it was considered the greatest risk during the current financial year with the underlying deficit being considered the greatest risk in 2025/26.

Mr Thomas advised the Committee that WG had confirmed that the Health Board would receive strategic cash in line with its forecast deficit and advised that there had been a linkage between the cash allocation to the Health Board's TCT that would require consideration as part of the formulation of the Financial Plan.

Mr Andrew Spratt highlighted the NHS Wales Planning Framework 2025/26 that outlined WG's expectations of the Health Board that would be monitored and tracked from April 2025 and advised of the changes to the changes to the Health Board's reporting structures as part of the organisational change process.

In response to a question from Mr Maynard Davies on whether the TCT was fixed or could potentially be revised by WG, Mr Thomas advised that there was the possibility that WG could revise the Health Board's TCT as it has done for other health organisations in Wales. Mr Thomas advised that the medium-term goal was to reach a break-even position and that was the aim of the Health Board.

In response to a question from Mrs Delyth Raynsford on the impact of escalation, Mr Thomas believed that there was a normalisation of escalation within directorates who had been escalated over a period of time and felt that escalation had had the effect of disempowering line management responsibility and advised that the 2025/26 escalation framework would seek to reinforce line management responsibility and accountability. Mr Thomas advised that he was meeting with Board Committee

Chairs whose committees were responsible for scrutiny of areas in escalation and relevant Executive Directors to prepare a report for presentation to Board on 27 March 2025 for approval.

In response to a question from Mrs Raynsford on the increasing cost of secondary care drugs, Mr Thomas advised that the Clinical Director of Pharmacy and Medicines Management had been asked to produce an addendum to the Finance Report for Board on 27 March 2025 and advised that the increased drug costs related primarily to oncology and also within gastrointestinal and rheumatology drugs with reference to the patient impact through increased activity.

Mr Shaun Ayres left the meeting

In response to a question from Mrs Eleanor Marks on the impact on patients within escalated operational areas, Mr Carruthers believed that given the operational functions cover a significant level of spend within the organisation that it would be incongruous not to have higher levels of escalation within those operational areas given the Health Board's deficit position and believed that there had been a cultural change within the operational areas on financial management and advised that there had been an underspend within the operational areas in the last two months, although Mr Carruthers cautioned that these were reliant on non-recurrent underspends and more work was required to examine if the underspends could be transacted recurrently.

In response to a question from Mrs Marks on how the interim period during the operational change process would be managed and how directorates were working together on systemic matters that were not specific to one directorate, Mr Mark Henwood advised that the key to success was to foster an environment where people could work together across directorates and believed that recruitment to the operational management structure and the new operational structure that had been created. Mr Henwood believed that there was significant engagement needed to be undertaken in relation to clinical and medical leadership. Miss Jill Paterson believed that there was a commitment to integrated working within the new operational structures for whole system working.

Decision: The Sustainable Resources Committee:

- **RECOGNISED** that following Welsh Government funding received, the Health Board's Deficit plan is now £31.5m, which is the new Target Control, and the reported financial position has further improved to £24.0m in Month 10.
- **GAINED ASSURANCE** that with a year-to-date delivery of £21.0m against a planned deficit of £26.3m, the Health Board is now on a trajectory to achieve the revised financial position of £24.0m.
- **SCRUTINISED** the progress of savings actions to bridge the recurrent savings gap, of the Executive Team

commitment to identify £20.0m of recurrent savings by the end of December 2024, £19.0m has been identified to date with £12.0m being ideas.

- **SCRUTINISED** the Executive Delegated Officer portfolios which are overspending against their delegated budgets.
- **ACKNOWLEDGED** that an underlying deficit assessment is ongoing as part of the 2025/26 planning cycle, and that it is likely to be significantly higher compared to the 2024/25 forecast outturn due to the reliance in-year on non-recurrent actions and the lack of progress made in converting the same 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:
 - Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group;
 - Mitigating actions are being developed to address areas of overspend;
 - Appropriate mechanisms are in place to review and monitor the emerging Capital Resource Limit risk.
- **ACKNOWLEDGED** the Ministerial Enablers: Annex 2 requirements for 2025/26 and **DISCUSSED** if any reporting changes are required to ensure assurance can be taken in future committees.
- **ACKNOWLEDGED** the changes that will be made to financial management reporting hierarchies and accountability arrangements for the 2025/26 financial year following Executive Director and Chief Operating Officer portfolio changes.

SRC(25)8

FINANCIAL PLAN AND STRATEGY

Mr Weir introduced the Financial Plan and Strategy and following the discussion of the financial plan at the Board Seminar on 20 February 2025 invited Independent Members (IMs) present to share their reflections from the Board Seminar and the next steps for the financial plan and strategy.

Ms Michelle Dunning joined the meeting

Mrs Marks believed that the challenge was the replicate the non-recurrent savings that have been made on a recurrent basis and that the Clinical Services Plan (CSP) was an important factor in realising the recurrent savings.

Mr Davies believed that the financial constraints could not be disentangled from the plan and a significant impact on the ability to implement the plan related to the ability to recruit staff or upskill existing staff. Mr Davies believed that there were three distinct areas, where the Health Board had control over, where the Health Board had partial control or influence over and where the Health Board had no control over.

Mrs Raynsford believed that regional working was of importance given the level of dependency on the regional footprint in a number of service areas and believed that it was important to undertake a full impact assessment on the effect of removing the underspends from service areas in future years.

Mr Imperato believed that it was important to capture a measurement of productivity into the plan and that the pace of change through regional working needed to be examined.

Mr Weir questioned whether maintaining the directorate underspends at 75% of 2024/25 levels in the next financial year carried a risk to performance and that there was sufficient provision within the financial plan for the CSP and quality and safety issues and whether there was capacity within the organisation to make further savings and to realise existing identified savings.

Mr Thomas believed that the financial allocation for 2025/26 was a concern and that there was no indication that expected UK Government comprehensive spending review would precipitate any significant growth in public spending that would consequently spur significant growth of public expenditure by WG and a higher allocation for the Health Board coupled with less scope for efficiency savings within the organisation.

Mr Thomas highlighted changes that had been made to the financial plan since the Board Seminar and advised that while there was nominal impact of the changes on the overall totals the individual changes were presented to SRC to provide a fully up-to-date record. Mr Thomas highlighted the Financial Communications Plan that following the Committee's approval would form part of an actionable plan.

Mr Thomas advised that following the Committee's consideration, Accountability Letters would be issued to Executive Directors and Clinical Care Groups or Executive function Leads by 12 March 2025 for signing by 31 March 2025. Mr Thomas advised that the allocation of funding and the delegation of core budgets was subject to Board approval on 27 March 2025.

In response to the observations of Mr Davies on the Health Board's influence over savings opportunities, Mr Thomas believed that the £19m of savings opportunities that were within the Health Board's direct control needed to be converted into operational

plans and had been developed by the Health Board's operational teams and owned locally and it was for the Board to consider whether it had to appetite to progress. In response to the observations of Mr Imperato in relation to the pace of change, Mr Thomas believed that some of the proposals would require consultation with the Health Board's communities and that would be considered as part of the process of converting opportunities into implementable plans.

In response to the observations of Mrs Raynsford on regional working, Mr Thomas advised of the workings of the Regional Joint Committee (RJC) that had been established in addition to existing operational engagement between the Chief Operating Officers of both Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB). Mr Thomas further advised that for any schemes where non-recurrent savings were being made recurrent a full integrated impact assessment would be undertaken.

In response to the observation of Mrs Raynsford on investment choices, Mr Thomas advised that there was a formal process in place to approve local investment choices that would need to be approved by the Board if they were over £1m or approved by the Executive Team if under £1m and included with the Finance Report that was presented to the Board with timelines led by the relevant Directors and Directorates. Mrs Wilson advised that in relation to any non-recurrent underspends being proposed to be maintained recurrently would be required to be fully articulated in any report to be considered by the Board to ensure full openness and transparency and that all local investment decisions whether above or below the £1m threshold would be scrutinised by the new FPC.

Decision: The Sustainable Resources Committee:

- **NOTED** that the Health Board is proposing to submit an Annual Plan, set within a three-year context, not an IMTP, and has submitted an Accountable Officer letter.
- **CONSIDERED** the appropriateness of the principles, assumptions, approach, and modelling in the construction of the financial plan.
- **ACKNOWLEDGED** that an underlying deficit assessment, as presented, is significantly higher compared to the 2024/25 forecast outturn due to the reliance in-year on non-recurrent actions and the lack of progress made in converting the same to recurrent improvements.
- **ENDORSED** the Health Board's proposal to submit a financial plan in-line with the Target Control Total of £31.55m, linked to the maximum deficit it can expect to receive strategic cash support from Welsh Government.
- **APPROVED** the delegation of core budgets (excluding the 'local investments not yet approved') from the Accountable Officer (CEO) to Executive Directors and Clinical Care Groups / Executive Function leads so that Accountability

Letters can be issued by 12 March 2025, for signing by 31 March 2025.

- **ACKNOWLEDGED** that 'Local Investments Not Yet Approved' will be held in Central Reserves, profiled in equal twelfths unless otherwise stated, until a time when the Business Case is approved by an appropriate decision-making forum. Each month that goes by where approval has not been achieved, a non-recurrent saving will be transacted centrally releasing the budget that had been profiled for that month. Should no approval be achieved during the year, the investment will be removed so not to impact the underlying deficit carried into 2026/27.
- **SCRUTINISED** the progress of savings actions to bridge the recurrent savings target and minimise any conversion loss from idea phase to robust deliverable plan.
- **CONSIDERED** the aspirations as set out are sufficient to gain Board approval in March 2025 when the final version of the financial plan is submitted for approval.
- **ACKNOWLEDGED** the Welsh Government expectations set out within the criteria associated with the conditional funding and de-escalation criteria for targeted intervention.
- **NOTED** the outstanding confirmations related to values for LTA's, SLA's, JCC and NWSSP. Any updates will be made and transacted as a planning adjustment prior to 31 March 2025.
- **NOTED** the Financial Communications Plan.

SRC(25)9

VALUE BASED HEALTH CARE

Ms Michelle Dunning presented the Value Based Health Care (VBHC) update to the Committee and advised that the national Value and Sustainability Board had identified five high-value, high-impact areas for prioritisation that would be progressed by the Health Board. Ms Dunning advised that the five areas were:

- Diabetes
- Bone Health
- Trauma and Orthopaedic, hips and knees
- Trauma and Orthopaedic, shoulders and elbows
- Cardiovascular Disease

Ms Dunning believed that The Health Board approach to VBHC focused the development of sustainable healthcare by focusing resources on the outcomes that matter most to patients through the collection of Patient Reported Outcome Measurements (PROMs) with the opportunity to embed higher value approaches within the priority areas at all stages of their pathways.

Ms Dunning presented the progress within the five national priority pathways in addition to the work undertaken by the HDdUHB VBHC Team to support projects within the Health Board and

believed that the level of PROM responses received provided the opportunity for the VBHC Team to understand how patients experience their conditions and to provide insight into how services improve outcomes and believed that PROM data had informed changes to the delivery of services with opportunities to engage in a more structured conversation with patients to use the data within the planning of service delivery.

Ms Dunning advised that in addition to the core VBHC programme, the Health Board had initiated a Rapid Value Programme to focus on identifying and eliminating waste within pathways that worked within a 90-day cycle that undertook 10 projects per cycle.

Ms Dunning advised that there was a requirement on the Health Board to share PROM data to enable the comparison and benchmarking of different populations throughout Wales that necessitated a standardised PROM operational model to be developed. Ms Dunning advised that HDdUHB were the first Health Board in Wales to implement the 'Promptly Health' platform for managing the collection and harmonisation of patient-centred outcomes data in Wales and undertook an implementation plan to transition all existing PROM data collections across to the new platform. Ms Dunning advised that further work was required by Digital Health Care Wales (DHCW) to ensure that the platform is fully integrated with the national system to enable PROM collections to be triggered at all points along pathways and for patient-level visualisations to be available in the Welsh Clinical Portal.

Ms Dunning advised that future plans included updating and refocussing the VBHC Strategy based on the routine use of PROM data at the patient cohort and population level with the strategy with the strategy reflecting the national objective of evidencing impact of preventative approaches through the use of health coaching and lifestyle medicine.

Ms Dunning believed that to support future plans of the VBHC Team that a collaborating arrangement with the Swansea University VBHC Academy.

In response to a question from Mr Weir on what the three main achievements of the VBHC Team were, Ms Dunning believed that they were the progress made against the national pathways, the integration of systems across primary and secondary care and the integration of the system to enable easy access by clinicians to drive patient engagement.

In response to a question from Mr Weir on what alternative approaches were being taken to discharge medically fit patients from hospital through the Flow VBHC project, Ms Dunning believed that the project was investigating the the ability to support stroke patients into rehabilitation and the provision of additional

MD

support at home and undertook to provide further information to the Committee.

In response to a question from Mr Imperato on whether it was quantified what the financial savings were through the productivity gains of VBHC, Ms Dunning advised that the financial implications of VBHC projects was considered and believed that the Rapid Value Programme measured both productivity gains and cash releasing savings from VBHC activity. Mr Henwood believed that the concept of 'value' was linked to 'value for money' and that the Rapid Value Programme had not been established to save money and deliver financial savings with the delivery of improvements to patient care being the stated aim of the programme, it was anticipated that improved productivity would result in financial savings.

Mr Bruce Bolam advised that work had been undertaken between the Public Health directorate and the VBHC Team to address questions of productivity related to the preventative agenda and digital innovation to increase the reach and depth of the provision of lifestyle coaching support in areas such as smoking cessation, nutrition, alcohol reduction and physical activity promotion with benefits for patient care with significant gains possible with short-term improvements such as smoking cessation for preoperative care and post-operative care.

In response to a question from Mrs Raynsford on the programmes supported for children and young people's healthcare screening, Mr Bolam advised that there were a number of formalised screening programmes for infants with a number of screening programmes promoted through primary care and community care in schools and other social settings and advised that the most significant area of work currently being undertaken was in the child healthy weight pathway.

Decision: The Sustainable Resources Committee **RECEIVED ASSURANCE** from this report on the work of the Value Based Health Care Programme and that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

SRC(25)10

BALANCE SHEET REPORT

The Balance Sheet Report was presented to the Committee for information.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **NOTED** the Balance Sheet as at the end of Quarter 3 2024/25.

Mr Thomas presented the Corporate Risk Report to the Committee and advised that Risk 1843 ('Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position') would be updated to reflect the change of focus to the next financial year and that the revised risk would be presented to the first meeting of the Finance and Performance Committee on 29 April 2025.

There were no questions from members of the Committee.

Ms Bethan Andrews, Ms Sonia Hay and Ms Jessica Svetz joined the meeting.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of risks currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025;
- **RECEIVED ASSURANCE** that all identified controls are in place and working effectively;
- **RECEIVED 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
- **CHALLENGED** where assurances are inadequate.

Ms Sonia Hay introduced the Deep Dive into the Pembrokeshire Integrated System to the Committee and advised that the financial outturn position for the Pembrokeshire System was a predicted £345k underspend in 2024/25 consisting of the Pembrokeshire County predicted to show a £1.039m underspend with Worthybush Hospital (WGH) showing a predicted £694k overspend.

Ms Hay advised that the underspend within the Pembrokeshire County was mainly driven by nurse vacancies with a significant proportion of the Pembrokeshire County budget being on non-pay with continuing healthcare the greatest factor whereby care was purchased for patients within the community with a primary care health need.

Ms Hay advised that the WGH position also showed a level of vacancies however this was offset due to agency usage to balance the demand need.

Ms Bethan Andrews presented the WGH position of the Pembrokeshire Integrated System and where efforts had been made to reduce the variable spend with significant work undertaken to reduce the nursing variable spend element despite

a spike during winter due to a surge in activity within Accident and Emergency (A&E). Ms Andrews advised that there was a substantial saving within the medical agency spend and believed that this has enabled the provision of quality care despite a significant reduction in variable pay in 2024/25.

Ms Andrews advised that the Pembrokeshire System and WGH had undergone significant challenges in 2024/25 having reduced the in-patient bed occupancy by 25 influenced in part by the ongoing fire scheme works and reinforced autoclaved aerated concrete (RAAC) situation at WGH and planned enhancement of paediatric services in Pembrokeshire. This has enabled the ward models to be revisited to support more effective and efficient nursing and medical models. Ms Andrews advised that improvements to the frailty pathway had improved and would remain a focus in 2025/26.

Within the wider Pembrokeshire County, Ms Jessica Svetz advised that the Porth Preseli service providing a comprehensive service for adults who require support in the community through the provision of a single point of communication, coordination, and triage for all routine, intermediate, urgent and crisis referrals and requests with the Clinical Assessment to Care at Home (CATCH) multi-agency outreach team providing a 'Hospital@Home' approach to rural health care and a focus on increasing the Trusted Assessor capacity with local authorities to reduce assessment delays.

Ms Andrews advised that following challenging months in May and June 2024 there had been an improvement in the incidences of clostridium difficile (C.diff) at WGH through improved stewardship of antibiotic therapy with a Microbiologist and Antibiotic Pharmacist undertaking weekly rounds to review and discuss with clinicians. Ms Andrews advised that since WGH assumed responsibility for the management of Sunderland Ward at South Pembrokeshire Hospital (SPH) work had been undertaken in relation to continence products that had delivered significant improvements to the patient experience and produced a savings benefit. Ms Andrews believed that the Community Trial Without Catheters (TWOC) triage nurse post and community TWOC clinics had reduced the need for patients to stay in hospital for the removal of catheters and enabled quicker patient discharge.

Ms Hay advised of significant performance gains experienced within the Pembrokeshire System with the three areas measured by the Care Action Committee; the reduction of pathways of care delays, assessment delays and the number of bed days delayed by pathway of care delays, all being on an improved trajectory within the County.

Ms Hay advised that the next steps to be undertaken would be to maintain the current bed model at WGH through community developments, to undertake a deep dive into the capacity and

demand of the Emergency Department (ED) and reviewing the community capacity.

Ms Hay advised that the financial savings identified for 2025/26 was £1.998m of a £2.231m target with a further £386k identified as a run rate cash releasing savings indicating that the Pembrokeshire Integrated System was on target to deliver its savings in the next financial year.

In response to a question from Mr Weir on why the Pembrokeshire System was at Level 3 intervention for finance when it was delivering an underspend, Mr Thomas advised that the reason for the escalation was due to the recurrent savings not being delivered although there was assurance that that would be addressed in the next financial year and believed that the Pembrokeshire System could be deescalated next year as the recurrent savings were delivered.

In response to a question from Mrs Raynsford on what lessons could be learned in Pembrokeshire that could be shared with the other two counties within the Health Board, Ms Svetz believed that the Vanguard training conducted with the local authority, third sector and the Health Board enabled an integrated system approach.

Mrs Sharon Hughes and Mr Anthony Tracey joined the meeting.

In response to a question from Mrs Marks on what benefits had been experienced in ED, Ms Andrews believed that no improvement had been seen in ED with the same pressures being experienced within the ED with the Getting It Right First Time (GIRFT) report into the ED at WGH raising issues that were being addressed.

In response to a question from Mr Imperato on what progress had been seen in increasing the Trusted Assessor capacity with the local authority, Ms Svetz believed that there was a good foundation within the Trusted Assessor models and highlighted the mental capacity Trusted Assessor model in Pembrokeshire and the equipment Trusted Assessor scheme in Ceredigion and work was being undertaken to examine how the model could be replicated across the Hywel Dda region.

Ms Bethan Andrews, Ms Sonia Hay and Ms Jessica Svetz left the meeting.

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the Deep Dive into the Pembrokeshire Integrated System.

Mr Thomas presented the Procurement Update to the Committee and advised that there were two items for the Committee's consideration; to approve the award of the All-Wales Pulp Medical Products contract to Vernacare International Ltd., for the period 1 March 2025 to 28 February 2029, with an option to extend for a further twelve months and to approve the award of the external Maintenance Contract for two Combined Heat and Power Units (CHP), one located at Prince Philip Hospital (PPH) and one located at Withybush Hospital (WGH) for the period 1 April 2025 to 31 March 2033, with an option to extend for a further twelve months.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee scrutinised and recommend for Board to:

- **APPROVED** the award of the All-Wales Pulp Medical Products contract to Vernacare International Ltd., for the period 1 March 2025 to 28 February 2029, 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) and Welsh Government for approval.
- **APPROVED** the award of the external Maintenance Contract for 2 x Combined Heat & Power Units (CHP), one located at PPH, Llanelli and one located at WGH, Haverfordwest, for the period 1 April 2025 to 31 March 2033, 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) and Welsh Government for approval.

SRC(25)14

DECARBONISATION UPDATE

Mrs Sharon Hughes presented the Decarbonisation Update to the Committee and advised that following the restructuring of the Strategic Property and Environment Governance Structure, climate change mitigation and decarbonisation activity was being embedded into the broader organisational 'business as usual' activity across the Health Board.

Mrs Hughes advised that the Health Board's existing energy performance contract (EPC) with Centrica was approaching the end of its contract period with the new EPC being delivered by Vital Energi from April 2025 and that a number of grant applications had been submitted to fund heat deficiency schemes with the Health Board successfully obtained grant funding from UK Government to deliver heat network optimisation studies at PPH.

Mrs Hughes advised that the work to develop the private wire solar farm project near PPH to exploit carbon and financial savings from 2026/27) is being progressed with a capital bid to the

Targeted Estates Fund (TEF) having been prepared to support the scheme in addition to other energy efficiency schemes such as a replacement window scheme and additional electric vehicle (EV) car charging infrastructure.

Mrs Hughes provided an update on the estates rationalisation project and the provision of a new corporate headquarters at Picton Terrace, Carmarthen, that had received Board approval on 26 September 2024 with the project team continuing to deliver to the agreed project plan and timeline with the project remaining on target with £1.15m having been received to purchase the 125-year lease from WG.

Mr Thomas advised that the recommendation to approve the Decarbonisation Internal Audit Report action could not be approved by the Committee as it was an assurance committee and advised that the recommendation should be amended to 'note' the audit action.

CSO

Mrs Sharon Hughes left the meeting.

Decision: The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the actions/activity being progressed by the Decarbonisation Task Force Group as part of the Health Board Decarbonisation Delivery Plan.
- **ENDORSED** the revised structure in Appendix 1
- **NOTED** the audit action and agree to 'complete' the outstanding management action on AMAT.

SRC(25)15

PLANNING OBJECTIVES UPDATE REPORT

Mr Thomas presented the Planning Objectives (PO) update report to the Committee and advised that of the two POs that were aligned to SRC, PO2 Financial Recovery and Route Map and PO9 Digital Plan, PO2 was listed as being on-track with PO9 listed as complete.

Mr Thomas advised that following the UK Government's comprehensive spending review would provide an indication of the long-term funding allocation into WG would be with the Health Board being in a better position by September 2025 to have a route map that relates to the future income that it was likely to receive.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **RECEIVED ASSURANCE** on the progress of Planning Objectives PO2 (Financial Recovery and Route Map) and PO9 (Digital Plan) 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.

SRC(25)16

WELSH HEALTH CIRCULARS

Mr Thomas presented the Welsh Health Circulars (WHCs) to provide an update on progress in relation to the implementation of WHCs which come under the remit of SRC.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of WHCs currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVED 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.

SRC(25)17

CONSULTANCY REVIEW

Mr Thomas presented the Consultancy Review monitoring the consultancy usage and spend at HDdUHB and advised that the Health Board had awarded two consultancy contracts between 1 November 2024 and 31 December 2024, to Opinion Research Services (ONS) for consultation and engagement consultancy services and the Huw Irwin Associates to provide quality assurance consultancy services.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** and **DISCUSSED** the consultancy spend and usage.
- **RECEIVED ASSURANCE** regarding the monitoring of consultancy usage and spend in HDdUHB.

SRC(25)18

MINISTERIAL DIRECTIONS

Mr Thomas presented the Ministerial Directions (MD) to provide the Committee with a status update and assurance that all NHS Non-Statutory Instruments (NSIs), otherwise known as MDs received from WG have been implemented and adopted by HDdUHB.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** the re-alignment of risks currently reportable to Strategic Delivery and Operational Delivery Committee (SDODC) in line with revised governance arrangements as approved by Board at its meeting in January 2025; and
- **RECEIVED ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 November 2024 and 31 January 2025.

SRC(25)19

DIGITAL MATERNITY CYMRU BUSINESS CASE

Mr Anthony Tracey presented the Digital Maternity Cymru Business Case to the Committee and advised that the process had been expedited due to the an unsuccessful all-Wales procurement exercise for a digital maternity system with Health Boards tasked with developing their own business cases for local digital maternity solutions and securing an appropriate solution with WG requesting that each Health Board in Wales undertake a local business case for the procurement of a digital maternity system for implementation in 2026.

Mr Tracey advised that the need for the new digital maternity service was to improve the quality and safety of maternity care and believed that the benefit of moving to a single supplier across Wales would enable patients to be seamlessly transferred between health organisations within Wales.

Mr Tracey advised that WG was providing £350k of revenue funding and £100k of capital funding to offset some of the costs outlined within the business case.

Mr Tracey advised that currently maternity services were still paper-based. Ms Dana Scott advised that two other Health Boards in Wales had already resolved to procure the same Digital Maternity Cymru System to enable wider integration with other Health Boards within Wales that would enable a real-time record of the care delivered negating the need for patients to have to carry their physical notes with the digital system enabling patients to have access through an app through which they can view their records and raise any questions that they have regarding any test results. Ms Scott believed that within a large, mainly rural Health Board such as HDdUHB this approach would reduce the amount of travel required for patients, enable early consultation and identify patients who need to be placed on specific pathways at an earlier stage. Ms Scott advised that the app enabled greater access to health promotion and health protection advice linked to the most up-to-date evidence-based advice that patients were able to access.

Ms Scott advised that WG had made a commitment to patients to have a digital maternity system in place by March 2026. In response to a question from Mr Weir on remote connectivity, Ms Scott advised that the advantage of the proposed system was it negated the need for face-to-face consultations and the physical location of the patient and consult was academic.

In response to a question from Mr Davies on compatibility with a comparable digital maternity system within SBUHB, Mr Tracey advised that the Health Board was seeking to undertake a joint procurement exercise with SBUHB with conversations with the Procurement Team at SBUHB already having been undertaken with the view to the HDdUHB Procurement Team running the joint procurement exercise, with the previous All-Wales specification being utilised.

In response to a question from Mr Davies on whether the Health Board had a necessary capital available above the WG funding provided for the new system, Mr Thomas advised that the Health Board had not currently identified the estimated £80k however it was necessary to progress the business case for Board approval on 27 March 2025 otherwise the Health Board would lose the WG funding. Mr Thomas expressed his dissatisfaction at the limited time that the Health Board had been given to develop the business case that had limited the opportunity to engage and fully develop the business case.

In response to a question from Mr Davies on whether there was any opportunity to work with the Health Board's Digital Strategic Partner, Mr Tracey advised that the the Health Board's Digital Strategic Partner would be used for the adoption and project management of the Digital Maternity Cymru system.

Mrs Wilson advised that following discussions at Executive Team, given the uncertainty over the source of the additional revenue capital would require the Chair of SRC to undertake a Chair's Action once Mr Thomas had had the opportunity to identify the source of the funding in response to the Executive Team not wishing to approve the business case with a funding gap. Mrs Wilson also advised that there was a need to map the use of CGI Ltd. as the Health Board's Digital Strategic Partner to ensure good governance procedures were adhered to as requested by the Board.

In response to a question from Mr Davies on integration with the NHS Wales app, Mr Tracey confirmed that the benefit of having a unified digital system in Wales was that the NHS Wales App Team only had one system within which it needed to integrate with.

Decision: The Sustainable Resources Committee:

- **NOTED** to the contents of the report.
- **PROVIDED** any comments on the business case.

- **SUPPORTED** the business case to be reviewed through the committee structure and subsequently presented to the Board for approval.
- **SUPPORTED** following approval the project team will be appointed to execute the DMC Programme for the 2025/2026 period.
- **SUPPORTED** the funding gap in Year 1 - 2025/2026 which is £48,359 in capital funding and £80,487 in revenue funding
- **SUPPORTED** regional discussions with Swansea Bay to ensure the seamless transition of patients between the organisations, by procuring a regional single instance.

SRC(25)20

INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE

Mr Tracey presented the Information Governance Sub-Committee (IGSC) Update to the Committee and advised that the sub-committee had approved changes to the Unauthorised Access to Patient Records Procedure and the Written Control Documentation Policy for onward approval by SRC.

Mr Tracey provided an update on Clinical Coding and advised that the clinical coding was still below the national targets however was showing an improving trajectory due to the recruitment of new trainee coders coming to the end of their training programme that also enabled those providing the training to return to their full-time coding duties.

Mr Tracey advised that the sub-committee wished to assure SRC that work was continuing around corporate and medical records management storage with a number of records removed from an external source to an internal records facility to reduce the Health Board's reliance on external suppliers.

Decision: The Sustainable Resources Committee:

- **NOTED** the report and **RECEIVED ASSURANCE** from the actions and oversight of the Sub-Committee.
- **APPROVED** an update of Procedure 773 Unauthorised Access to Patient Records – Reporting and Escalation Procedure
- **APPROVED** an update of Policy 190 Written Control Documentation Policy.

SRC(25)21

DIGITAL OVERSIGHT GROUP UPDATE

Mr Tracey advised that there was no Digital Oversight Group Update as the Group had not met since the previous update provided to SRC and that the Board had approved the disestablishment of the Digital Oversight Group from 1 April 2025 with the remit of the group transferring to the new Digital, Data and Innovation Committee (DDIC).

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the verbal Digital Oversight Group Update.

SRC(25)22

DIGITAL INCLUSION

Mr Tracey presented the Digital Inclusion Update to the Committee to outline the work of the Digital Team in relation to digital skills and confidence improvement of Health Board staff. Mr Tracey advised that a number of projects had been implemented within the last 12 months with key programmes of work relating to patient flow, eObservations and electronic prescribing and medicines administration (EPMA) whose adoption was reliant on staff having the appropriate level of digital skills and confidence to use the systems.

Mr Tracey advised that a digital inclusion seminar had been held in January 2025 with Health Board staff and third sector partners on how improvements could be made in digital accessibility for Health Board patients and advised that the development of a new patient services centre to improve digital literacy and to improve accessibility for those using Health Board service such as sending letters to patients through the hybrid print and post system in braille or large font for visually impaired patients.

In response to a question from Mr Weir on the capacity of the Digital Inclusion Team, Mr Tracey advised that there were currently two members of staff employed within the Digital Inclusion Team supported by 100 digital inclusion champions across the Health Board with an additional member of staff currently on maternity leave.

In response to a question from Mr Weir on partnership working with the Health Board's constituent local authorities, Mr Tracey advised that work had been undertaken with Ceredigion County Council with work being undertaken with Carmarthenshire County Council around Delta Wellbeing with Pembrokeshire County Council having participated within the regional Digital Steering Group.

Decision: The Sustainable Resources Committee:

- **NOTED** progress made within the programme.
- **NOTED** the challenges and risks highlighted to the programme.
- **PROVIDED** any recommendations it sees appropriate to enrich the programme.

SRC(25)23

INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Month 10 2024/25 Integrated Performance Assurance Report (IPAR) to the Committee.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **DISCUSSED** the SRC measures from the Integrated Performance Assurance Report and **ADVISED** of any issues that need to be escalated to the March 2025 Board meeting.

SRC(25)24

ALL-WALES CAPITAL PROGRAMME 2024/25 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Mr Thomas presented the All-Wales Capital Programme, the 2024/25 Capital Resource Limit (CRL) and Capital Financial Management Update to the Committee and advised of the risk of underspending the Health Board's CRL with a significant increase in the Health Board's capital spend in Months 11 and 12 of 2024/25 to achieve the Health Board's CRL.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- NOTED the Capital Resource Limit for 2024/25
- NOTED the capital risks being managed
- NOTED the project updates.

SRC(25)25

NWSSP PERFORMANCE REPORT Q3 2024/25

Mr Thomas presented the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Q3 2024/25.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 3 2024/25 that services provided are being delivered to expected standards.
- **NOTED** the work being developed regarding outcome measures reporting.

SRC(25)26

SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN

Mr Weir presented the SRC Annual Work Plan for 2024/25 to the Committee for review. There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee **NOTED** the Committee Work Plan 2024/25.

SRC(25)27

ANY OTHER BUSINESS

Mr Weir paid tribute to Mrs Raynsford for her contribution to the Committee as this was Mrs Raynsford's last SRC meeting before the end of her term of office as an IM.

Mr Thomas noted that this was the last meeting of SRC before the revised Board Committee structure was implemented and thanked Mrs Raynsford for her service to the Committee and to Mr Weir on his last meeting as Chair of SRC.

SRC(25)28

DATE OF NEXT MEETING

The next meeting of the successor Committee to SRC, the Finance and Performance Committee will be held on Tuesday 29 April 2025.

UNAPPROVED

1.4

9:35 AM, 5 Mins

1.4 - TABLE OF ACTIONS FROM
SUSTAINABLE RESOURCES COMMITTEE
HELD ON 25 FEBRUARY 2025

*Michael Imperato
(Hywel Dda UHB -
Independent Board
Member)*

| For approval

Attachments

[Draft SRC Table of Actions 25 February 2025.pdf](#)

**TABLE OF ACTIONS FROM
SUSTAINABLE RESOURCES COMMITTEE (SRC) MEETING HELD ON 25 FEBRUARY 2025**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SRC(24)154	OPERATIONAL RISK REPORT To discuss the health and safety and quality impact of Risk 1530 ('Risk of overspend against site budget due to staffing cost pressures and increase in demand for homecare drugs insulin and CPAP (Continuous Positive Airway Pressure) devices (USC: Prince Philip Hospital (PPH)').	AC	25 February 2025 29 April 2025	Action Complete. The cost pressures identified in relation to these issues have been funded as part of budget setting for next year. The Carmarthenshire System Service Group have been asked to review the risk for this year now funding has been allocated.
SRC(24)154	OPERATIONAL RISK REPORT To discuss and update Risk 1854 ('Risk to the ability to meet financial saving targets due to operational challenges (Scheduled Care)').	AC	25 February 2025 29 April 2025	Action Complete. The new Planned and Specialist Care Clinical Group will take on the oversight for the delivery of savings in Scheduled Care which are escalated to level 3 for savings delivery on our internal escalation framework. The Clinical Care Group Service Director will review the risk as part of the Care Group Savings Delivery Plan review and risk assessment to reflect 2025/26.
SRC(25)9	VALUE BASED HEALTH CARE To provide additional information on the project to support the discharge of medically fit stroke patients and their rehabilitation and provision of additional home support.	MD	29 April 2025	Action Complete. Additional information circulated on 17 April 2025.
SRC(25)14	DECARBONISATION UPDATE	CSO	26 February 2025	Action Complete. Recommendation changed within the minutes.

	To amend the recommendation to “approve” to “note” the action in relation to the Decarbonisation Final Internal Audit Report.			
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Key to Names

WW Winston Weir
MD Michelle Dunning
CSO Committee Services Officer

HT Huw Thomas

AC Andrew Carruthers

JW Joanne Wilson

DRAFT

1.5

9:40 AM, 10 Mins

**1.5 - FINANCE AND PERFORMANCE
COMMITTEE TERMS OF REFERENCE**

***Charlotte Wilmshurst
(Hywel Dda Health
Board - Assistant
Director of
Assurance and Risk)***

| For approval

Attachments

[Finance and Performance Committee Terms of Reference FPC 29 April 2025.pdf](#)

[Finance and Performance Committee Terms of Reference v2.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Performance Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

Cefndir / Background

As part of the revised governance arrangements from 1 April 2025, at Board on 30 January 2025, the establishment of Finance and Performance Committee was approved.

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

Asesiad / Assessment

The Finance and Performance Committee Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed since Board approval on 30 January 2025, and one minor change and amendment to terms has been made. This is clearly marked on Appendix 1 and relates to the following:

Section	What has changed?	Why?
3.1.16	Operational Responsibilities - Section removed.	The following section 'Seek assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data

		accuracy are addressed' has been transferred to the Digital, Data and Innovation Committee.
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The refreshed Targeted Intervention areas relating to finance, performance and outcomes, will be added to the terms of reference once finalised by Welsh Government.

Argymhelliad / Recommendation

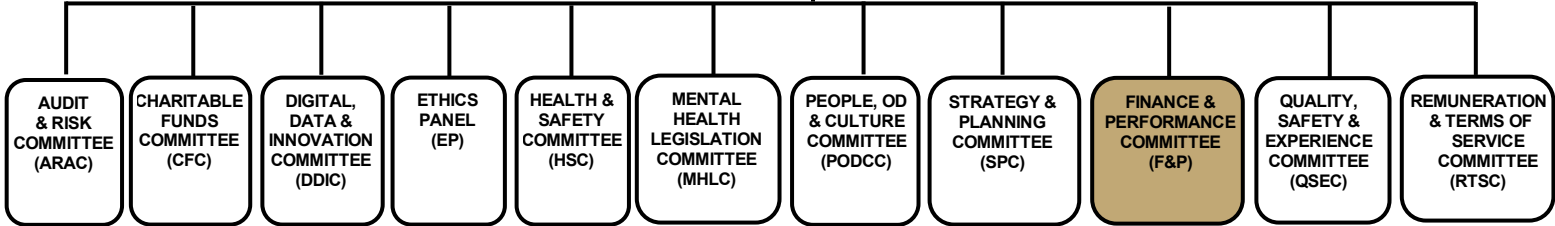
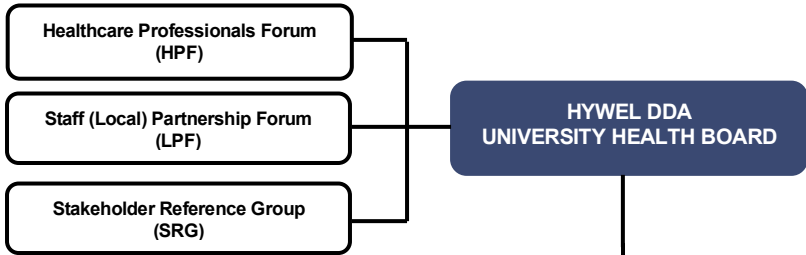
The Finance and Performance Committee are asked to approve the Finance and Performance Committee's Terms of Reference for onward ratification by the Board on 29 May 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: 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)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not 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:	Standing Orders
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:	Director of Corporate Governance/Board Secretary Executive Director of Finance

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
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



TERMS OF REFERENCE

FINANCE AND PERFORMANCE COMMITTEE

Version	Issued to:	Date	Comments
V1	Board	30/01/2025	Approved
V2	Finance and Performance Committee	29/04/2025	For Approval

FINANCE AND PERFORMANCE COMMITTEE

1. Constitution

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

2. Principal Duties

- 2.1 The purpose of the Finance and Performance Committee is to provide *advice* and *assurance* to the Board on the following:
- 2.1.1 The financial performance and delivery against Health Board financial plans and objectives and
- give early warning of potential performance issues,
 - make recommendations for action to continuously improve the financial position of the organisation,
 - focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.
- 2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern.

3. Operational Responsibilities

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board:
- 3.1.1.1 Workforce
 - 3.1.1.2 Non-pay and procurement
 - 3.1.1.3 Medicines value and sustainability
 - 3.1.1.4 Commissioned care
 - 3.1.1.5 Clinical variation and service configuration

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

- 3.1.13.1 Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
- 3.1.13.2 Ensuring that robust processes are followed; and
- 3.1.13.3 Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.
- 3.1.14 Subject to the Board's direction and approval, develop and regularly review the performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 3.1.15 Seek assurance on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery.
- ~~Seek assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.~~
- 3.1.17 Seek assurance on delivery against all Planning Objectives (Appendix 2) aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.18 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
- 3.1.19 Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.20 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities

(including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.21 Review and approve financial procedures on behalf of the Health Board.

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

4. Membership

4.1 The membership of the Committee shall comprise:

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

4.2 The following should attend Committee meetings:

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

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

5. Quorum and Attendance

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

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

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

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

- 5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

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

7. In Committee

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

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

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

10. Reporting

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

10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

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

11. Secretarial Support

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

12. Review Date

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

Appendix 1 – Targeted Intervention areas relating to financial intervention and focus

(To be added once confirmed)

Appendix 2 Finance and Performance Committee Planning Objectives 2025/26

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

1.6

9:50 AM, 5 Mins

1.6 - SUSTAINABLE RESOURCES
COMMITTEE ANNUAL REPORT 2024/25

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For approval

Attachments

[Sustainable Resources Committee Annual Report 2024-25.pdf](#)

SUSTAINABLE RESOURCES COMMITTEE

ANNUAL REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Sustainable Resources Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes; and
- Its Board Development Programme, as part of an overall Organisation Development framework.

Chairs Reflections

2025/26 was a very demanding year for the committee with its fundamental duty to provide more detailed oversight of the financial sustainability of the Health Board. The Health Board has been in Targeted Intervention from the Welsh Government (WG) so there has been greater external scrutiny of the financial governance and sustainability. I think the committee and the organisation has done as much as it could to keep a focus on the immediate financial position as well as the steps towards financial stability.

The Committee met 6 times and an extra-ordinary meeting in November 2024. The committee made minor change to its Terms of Reference and continued to provide assurance oversight of:

- The identification and delivery of savings
- Scrutiny of financial reporting
- Procurement function and procurement of various services
- Review of the financial aspects of business cases
- Scrutiny of financial reporting
- Procurement function and procurement of various services
- Review of the cash liquidity of the organisation
- The adoption of a strategic partner for digital development
- Information governance
- Decarbonisation programme and initiatives
- Deep Dives into financial aspects of Health Board spending

During the year, the committee learned from its deep dives into prescribing and drug costs, value based healthcare, the Pembrokeshire system, the Carmarthenshire system, continuing healthcare, procurement and service agreements. These brought many insights to the committee and provided those parts of the organisation an attention to the financial focus of the Health Board.

The committee would be unable to do this without the excellent support from the Director of Finance and his senior team, the Procurement lead, the Decarbonisation lead, the Chief Operating Officer, the Director of Primary Care and the Director of Nursing, Quality and Patient Experience.

On a personal note, I am grateful to the input from my Independent Member colleagues who have provided constructive enquiry, assurance and scrutiny. I am also very grateful to the support from the Corporate Governance Team in preparing the papers, agendas, following up on the actions in the most professional way. The committee has been able to provide assurance where it is possible to the Board.

I have chaired the committee since June 2021 and this year has been the most challenging though most rewarding in terms of the Health Board's achievement of its control total with WG. The organisation has managed to deliver £30m savings, a watershed for the organisation. This achievement has been a remarkable team effort for Executives and their teams.

It has been an engaging journey for myself and the Health Board.

Diolch, gyda phob dymuniad da

Thank you with warm wishes

Winston

2. Terms of Reference and Workplan

The Terms of Reference for the Sustainable Resources Committee is reviewed on an annual basis or following any significant changes. The Terms of Reference were last reviewed on 27 August 2024.

[Sustainable Resources Committee Terms of Reference](#)

The Sustainable Resources Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Sustainable Resources Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Sustainable Resources Committee Workplan 2024/25](#)

3. Sub-Committees

The Information Governance Sub-Committee reported into the Sustainable Resources Committee with its own terms of reference and workplan for the year.

The Information Governance Sub-Committee's Terms of Reference were last reviewed on 27 February 2024. From 1 April 2025, the Information Governance Sub-Committee reports into the new Digital, Data and Innovation Committee.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Digital, Data and Innovation Committee on 22 April 2025 reporting on activity throughout the year.

The Digital Oversight Group reported into the Sustainable Resources Committee with its own terms of reference and workplan for the year.

The Sub-Committee's Terms of Reference were last reviewed on 24 October 2023.

The Digital Oversight Group did not meet during the latter half of 2024/25 and was formally disestablished from 1 April 2025, and has therefore not produced an annual report.

The Decarbonisation Task Force Group reported into the Sustainable Resources Committee with its own terms of reference and workplan for the year.

The Sub-Committee's Terms of Reference were last reviewed on 29 August 2023.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Finance and Performance Committee on 29 April 2025 reporting on activity throughout the year.

The Decarbonisation Task Force Group was disestablished from 1 April 2025.

4. Table of attendance

Membership	30 Apr 2024	25 Jun 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (Extra.)	17 Dec 2024	25 Feb 2024
Winston Weir Independent Member (Finance)	✓	✓	✓	✓	✓	✓	✓
Maynard Davies Independent Member (I.T.)	✓	✓	✓	✓		✓	✓
Delyth Raynsford Independent Member (Community)	✓	✓	✓	✓		✓	✓
Eleanor Marks (Independent Member/Health Board Vice Chair)	✓	✓	✓	✓	✓	✓	✓
Michael Imperato Independent Member (Legal)	✓	✓		✓	✓	✓	✓
In Attendance	30 Apr 2024	25 Jun 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (Extra.)	17 Dec 2024	25 Feb 2024
Huw Thomas Director of Finance	✓	✓	✓	✓	✓	✓	✓
Andrew Carruthers Chief Operating Officer	✓		✓	✓	✓	✓	✓
Jill Paterson Director of Primary Care, Community and Long Term Care	✓	✓	✓	✓		✓	✓
Joanne Wilson Director of Corporate Governance/Board Secretary	✓	✓	✓	✓	✓	✓	✓
Sharon Daniel* Director of Nursing, Quality and Patient Experience	✓	✓		✓	✓	✓	
Mark Henwood* Interim Medical Director			✓				✓
James Severs*							

Director of Allied Health Professions and Health Science							
Meeting quorate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

The quorum for meetings of the Sustainable Resources Committee consists of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members, which must include the Director of Finance and a Clinical Executive Director.

The Clinical Executive Directors are indicated with an asterisk (*) in the table of attendance (above) with one of the three Clinical Executive Directors required to be present for the Sustainable Resources Committee to be quorate.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

- **Finance Report** – in Month 2 2024/25, the Committee had concerns regarding the levels of expenditure, identified in the Finance Report, through the Unscheduled Care systems and Emergency Departments and spending on Premium Doctor and Medical Agency and concerns over the savings delivery against the savings target of £32.4m.

In Month 6 2024/25, risks remained that the Health Board would not meet its £64m annual deficit forecast, with key risks relating to pressures to the cost of primary care and secondary care drugs, medical locum expenditure and continuing healthcare costs. The Finance Report identified that three Directorates (Operations Directorate, Planning Directorate and Nursing Directorate) were adversely performing against their core budgets and requested that mitigating plans were presented to the Committee to recover the overspend position in-year to provide assurance.

In Month 10 2024/25, whilst it was noted in February 2025 that the savings delivery was an improving trend, of the £30.9m savings delivery projected, there was a recurrent savings shortfall of £14.0m, resulting in the underlying deficit significantly exceeding the 2024/25 forecast outturn.

- **Healthcare Contracting and Commissioning** - following the cessation of the provision of the non-drug allergy service on 1 November 2023, the Health

Board had been unable to source an alternative arrangement. In the interim, referring clinicians were able to utilise the 'prior approval' route with the majority of the 35 allergy referrals since November 2023 being made to the University Hospital Birmingham.

- **Corporate Risk Register** - Risk 1842 on the Corporate Risk Register identified that the cash consequences of the Health Board's deficit could not be covered due to the significant level of the deficit without WG support, of which there was no assurance to the Health Board that that support could be provided.
- **Finance Targeted Intervention Actions** - in August 2024, the Committee had concerns over the level of assurance given over the 100-Day Cycle within the Finance Targeted Intervention Actions in terms of pace and delivery and the lack of any recurrent savings plan from Mental Health and Learning Disabilities Services and requested a robust response from the Board Seminar held on 11 September 2024 to assess the deliverability of proposed schemes and the prioritisation of resources needed to provide greater assurance over the deliverability of schemes that are progressed.

In October 2024, the Committee alerted the Board that the Health Board did not, at the time, have a line of sight to meeting its Target Control Total of £44.8m, and that the WG letter dated 3 October 2024 contained a specific expectation for the Health Board to provide a financial road map by January 2025 on how the Health Board planned to meet its Target Control Total. Assurance was requested at the next meeting of the Committee through the Finance Targeted Intervention Update.

- **Pentre Awel Development** - the Committee had concerns over the financial commitment necessary to progress the Pentre Awel Development and wished to be assured that plans were in place to mitigate any revenue cost implications as much as possible and to extract as much benefit to the Health Board from the development as was possible.
- **Financial Plan and Strategy** – in December 2024, there were concerns that there was a significant gap to meeting the commitment made by the Executive Team to identify £20m of recurrent savings for 2025/26 by the end of December 2024 identified in the Financial Plan and Strategy and that the risk to delivery of savings in 2025/26 was higher than the previous year due to the more easily achievable savings having been realised ahead of the more challenging savings schemes being identified and delivered.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

- **Finance Report** - in April 2024, the Committee advised that further deep dives into areas such as medical locum expenditure and other workforce issues, specifically relating to medical and nursing staffing were required to be able to provide the Committee with a greater level of assurance. A deep dive into nursing workforce issues was undertaken at the 25 June 2025

Sustainable Resources Committee meeting and a deep dive into medical workforce issues was undertaken at the 27 August 2025 and the Committee received assurance from the processes in place to oversee and manage nursing and medical workforce issues.

In Month 2 2024/25 it was identified that there was a reliance on non-recurrent savings with the implications for the Health Board's underlying deficit. Levels of nursing agency usage was considered of sufficient concern, although having shown an improving trend, the Health Board was still spending £12m per year on nursing agency, which was considered as part of the deep dive into nursing workforce issues where the Committee scrutinised the work undertaken to reduce the levels of nursing agency usage within the Health Board through recruitment into substantive posts, use of 'Grow Our Own' and Internationally Educated Nurses and through the Stabilisation Work Programme and the pilot Enhanced Agency Escalation Process being rolled out in July 2024.

In December 2024, the Health Board had received a conditionally recurrent additional financial allocation of £26m from WG.

In February 2025 the Committee assured the Board that the in-year forecast deficit had improved from the Month 9 2024/25 position of £28.0m by a further £4.0m to £24.0m, which was itself an improvement from the Health Board's Target Control Total of £31.5m. WG had confirmed that the Health Board would receive strategic cash in line with its forecast deficit and working capital balances.

- **Deep Dive: Savings Plan** – in April 2024, the Board were advised that progress on the implementation of the Health Board's Annual Plan and Savings Plan would be reviewed at the June 2024 Sustainable Resources Committee meeting to assess the de-risking of savings schemes to produce fully identified savings schemes to assist the delivery of the Plan. At that point, the Board were advised that there was not a clear line of sight to the £64m deficit target or to the lower £44.8m WG Target Control Total.
- **Healthcare Contracting and Commissioning Update** – it was advised that contracts with Swansea Bay University Health Board for Orthopaedic/Spinal Elective and Day Case Activity and with Velindre Cancer Centre had not been signed ahead of the 30 June 2024 deadline, although both were subject to active negotiations to enable the contracts to be signed to ensure best value for Hywel Dda University Health Board.
- **Information Governance Sub-Committee Update Report** – the Health Board had not met the WG target for the '*percentage of episodes clinically coded within one reporting month post-episode discharge end-date*' between November 2023 and February 2024 due to the reduction in the number of trained coders. Four new clinical coders had been appointed to the vacancies

within the Clinical Coding Team, however, the subsequent 12 months were anticipated to be a challenge until the new recruits are fully trained.

- **Deep Dive into the Medical Workforce Issues** - the Committee advised the Board on the progress made and the need for further financial intelligence on the finance implications and the need for pacing in the response to the findings.
- **Digital Cellular Pathology Business Justification Case** – this was recommended to Board for approval as a cost-neutral business case whose savings and productivity gains would offset the initial cost of the initial investment with cash-releasing savings from the second year of the scheme.
- **Digital Transformation Strategic Partner** - following a robust tendering process it was recommended to Board to approve the award of the contract to CGI IT UK LTD to be the Health Board’s digital transformation strategic partner to provide support to the Health Board to improve its pace and digital services delivery capability. The contract would be awarded on a zero-commitment basis to a maximum annual amount of £7.5m for a period of 10 years.
- **Value Based Health Care Update** – whilst assurance was taken from the work of the Value Based Health Care Programme and its responsive to the priorities of the Health Board in addition to the nationally agreed pathways, there was opportunity to explore a regional approach to Value Based Health Care with Swansea Bay University Health Board through the Regional Joint Committee.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

- **Finance Report** - the financial position as of Month 12 2023/24, the draft unaudited end-of-year financial position against the Annual Plan, was noted and assurance was received from the financial forecasting of the Finance Directorate with a minor underspend against the Health Board’s Capital Resource Limit. The Health Board’s cash position was broadly in balance and had not been overdrawn at any point with a cash deficit being managed with WG support.

The Month 8 2024/25 Finance Report provided assurance that there has been an improvement in the Health Board’s in-year run-rate over the past three consecutive months and that there has been an improvement in the Health Board’s forecast position in Month 8 2024/25 from £64m to £31.5m, relating to additional funding received from WG with further information included in the Month 9 2024/25 Finance Report to be presented to Board.

The Month 10 2024/25 Finance Report identified that the in-year forecast deficit had improved from the Month 9 2024/25 position of £28.0m by a further £4.0m to £24.0m, which was itself an improvement from the Health Board’s

Target Control Total of £31.5m. WG confirmed that the Health Board would receive strategic cash in line with its forecast deficit and working capital balances. There was an approved Cash Management Strategy in place and the Health Board recognised that as the forecast deficit changed in Month 10 2024/25, the strategic cash would reflect, as a maximum, the current forecast deficit.

- **Core Delivery Group and Financial Control Group Update** – Assurance was provided from the Core Delivery Group and that the recruitment of Internationally Educated Nurses at Withybush Hospital would release a cash saving of £2.08m from 2025/26, and the recruitment of substantive nursing positions to replace agency nurses would result in a saving of £680k.
- **Healthcare Contracting and Commissioning** – the mitigating actions detailed in the Healthcare Contracting and Commissioning Report provided assurance, particularly around the proposal to rebase the Long Term Arrangement contract with Velindre Cancer Centre and the working arrangements of the Service Level Agreement with Swansea Bay University Health Board around the Dual Energy X-Ray Absorptiometry scanning and reporting provided by Swansea Bay University Health Board.
- **Deep Dive: Nursing Workforce Issues** provided assurance of the processes that are in place on the scope and scale of analysis being undertaken to inform nursing workforce planning to manage clinical demands affecting the future demands on nursing workforce and development of action plans to address areas of concern.
- **Corporate Risk Report** – assurance was received that actions taken have enabled the Health Board to reduce the risk level relating to the ability to access paper patient records in a timely manner due to existing records management infrastructure. Assurance was also provided on the unchanged risk relating to cyber-security despite the recent concerns over the aggressive targeting of UK NHS systems.
- **Welsh Government, Picton Terrace Development** – discussions relating to the fit-out costs of the development with WG provided assurance that savings would be made through the rationalising of the Health Board’s estate released by the Picton Terrace Development and the Committee agreed to recommend to the Board the signing of the lease under seal by the Chair and the Chief Executive.
- **Patient Flow and eObs Full Business Case** – assurance was received from the robustness of the Full Business Case and the benefits that could be realised through the implementation of the system and was recommended to the Board for approval, pending the successful resolution of a funding model to address the investment requirement in initial years until the savings begin to be realised through bridging funding.
- **Deep Dive into Medicines Value and Sustainability** – strong assurance was received on medicines management initiatives to ensure the cost effectiveness and the quality and efficiency of primary care and secondary care prescribing.

- **Targeted Improvement Update Report** – the improved grip and control on variable expenditure and improvements to the Health Board’s accountability arrangements provided assurance.

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Sustainable Resources Committee.

- For the Sustainable Resources Committee this involved the completion of a short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee’s inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee’s impact
 - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 25 February 2025:

[Sustainable Resources Committee Self-Assessment Outcome Report 2024/25](#)

The Committee will receive an update on progress at the mid-year point.

7. Conclusion

The Committee is satisfied that it operated effectively and in line with the Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

Following a revision to the Health Board’s governance arrangements, the Sustainable Resources Committee was disestablished from 1 April 2025 and that this is the last annual review report for the Sustainable Resources Committee.

2 - TARGETED INTERVENTION

2.1

9:55 AM, 20 Mins

2.1 - FINANCE TARGETED INTERVENTION
ACTIONS

*Shaun Ayres (Hywel
Dda UHB - Director
of Delivery)*

| For assurance

Attachments

[Targeted Intervention Update FPC 29 April 2025.pdf](#)

[FPC TI Tracker April 2025.pdf](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Targeted Intervention Update

Finance and Performance Committee 29 April 2025

This report has been prepared in accordance with the current NHS Wales oversight, escalation and de-escalation framework for 2024/25 (Level 4 - Targeted Intervention). It also reflects the recent Welsh Government assessment that has de-escalated us to Level 3 (Enhanced Monitoring) for performance and outcomes in Planned Care and CAMHS, and for Governance and Leadership, in recognition of the demonstrable improvements we have delivered in these domains. While Welsh Government has shared draft de-escalation criteria for 2025/26, these remain under negotiation and have not yet been formally adopted; consequently, our analysis and recommendations adhere strictly to the extant 2024/25 framework to ensure consistency and continuity.

For 2024/25 the Health Board has delivered a forecast deficit of £24.1m, outperforming the revised Target Control Total of £31.5m by circa £7.4m. This achievement has been underpinned by international nurse recruitment, enhanced rostering, medicines-management savings and targeted operational improvements across both primary and secondary care services. However, £17.6m of this improvement is non recurrent, exposing us to a material sustainability risk unless converted into recurrent schemes within the 2025/26 Annual Plan. Welsh Government has challenged our plan on the basis that our 2025/26 projection would revert to a larger deficit, highlighting a divergence in expectations that must be reconciled through robust scenario modelling and de-risking actions.

The tracker appended to this pack provides a full, criterion by criterion evidence base. The summary below focuses on:

- Savings Sustainability - the urgent need to convert non recurrent gains (£17.6m) into recurrent schemes, in line with emerging 2025/26 requirements for a clear, confidence rated savings pipeline.
- Financial Trajectory - the necessity to demonstrate an improving in year position towards breakeven by 2027/28, with explicit milestones and risk adjusted modelling delivered by the end of April. However, this is likely to require a longer period of time to ensure it is robust and aligns with the strategic direction of the Health Board.
- Capacity and Performance Pressures - sustained improvement in diagnostic services (notably non cardiac MRI and endoscopy), Urgent and Emergency Care pathways and the Single Cancer Pathway to meet tightened compliance thresholds.
- Governance and Planning Alignment - how existing workstreams, such as, the strategic refresh, Clinical Services Plan etc will be embedded to meet longer term financial sustainability expectation without creating parallel programmes or competing demands.

This introduction sets the scene for balanced oversight, recognising both the good practice that has earned de-escalation in key areas and the critical actions required to sustain and build upon our progress.

Criterion 1: Robust Financial Governance and Control Environment (Status: Advise)



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Overview and Key Issues

The Health Board has strengthened its financial governance, significantly improved controls and achieving a forecast deficit of £24.1m for 2024/25, better than the Welsh Government's revised target of £31.5m. Key actions such as international nurse recruitment and enhanced rostering have reduced reliance on costly agency staff. However, around £17.6m of these savings are non-recurrent, posing ongoing risks. Further improvements in medical staffing controls are necessary, alongside clear planning to deliver financial balance by 2027/28.

Actions Underway

- Established robust financial oversight through regular Directorate escalation meetings and the weekly Financial Control Sub-Group.
- Enhanced reporting mechanisms, including detailed monthly financial performance reports to Board and Sustainable Resources Committee/Finance and Performance Committee.
- Disseminated a detailed budget management control framework to Directorates to strengthen accountability.

Next Steps

- Develop additional recurrent savings plans for sustainable financial performance in the 2025/26 Annual Plan.
- Implement medical staffing controls, reflecting existing nursing frameworks.
- Comprehensive review and enhancement of contract management arrangements.
- Clearly outline strategic options, scenario modelling, and risks to achieve in-year financial balance by 2027/28.

Risks and Mitigations

The primary risk remains the significant reliance on non-recurrent savings. Continued stringent monitoring, structured governance oversight, and targeted intervention will mitigate this risk and support sustained financial balance improvements.

Criterion 2: Delivery of Targeted Intervention Action Plan (Status: Advise)



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Overview and Key Issues

The Health Board has demonstrated substantial progress against the Targeted Intervention Action Plan, significantly improving the year-end deficit forecast from an initial £74.7m to approximately £24.1m. This improvement has been driven by additional Welsh Government funding, savings initiatives, and operational efficiencies in primary care and medicines expenditure. Despite this positive trajectory, the reliance on £17.6m of non-recurrent savings presents ongoing risks for future financial stability and sustainability.

Actions Underway

- Successful implementation of international nurse recruitment and enhanced rostering practices, reducing agency costs.
- Ongoing dialogue with NHS Executive Finance, Performance & Delivery Team to validate and sustain financial improvements.
- Identification and on-going saving initiatives.

Next Steps

- Embed operational improvements to sustain financial performance and enhance recurrent efficiency gains.
- Ensure learning from the compendium of variation directly informs planning and delivery of the 2025/26 Annual Plan.

Risks and Mitigations

The principal risk remains the reliance on non-recurrent savings. This is being actively managed through continuous validation of savings opportunities, structured oversight by the Value and Sustainability Group, and ongoing external engagement with NHS Executive colleagues.

Criterion 3: Annual Plan Approval and Financial Trajectory (Status: Advise)



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Overview and Key Issues

The Health Board has successfully delivered substantial financial improvements for 2024/25, forecasting a year-end deficit of £24.1m, well below the revised target control total (TCT) of £31.5m. Early planning for 2025/26 has identified around £17.0m of the required £19.0m recurrent savings. However, historical attrition rates highlight risks that further savings initiatives will be necessary to fully achieve planned targets. Welsh Government feedback has specifically highlighted the need for an improved trajectory demonstrating a clear pathway to financial balance by 2027/28.

Actions Underway

- Robust monitoring through structured governance processes, including the Financial Control Sub-Group and Value and Sustainability Group.
- Development of additional recurrent savings plans to mitigate potential savings attrition.
- Preparation of a detailed financial trajectory and comprehensive response addressing Welsh Government feedback by 30 April 2025.

Next Steps

- Identify and validate additional recurrent savings opportunities to ensure sustainability.
- Provide clear scenario modelling and risk analysis of strategic options for further financial improvement.
- Ensure clear alignment of financial improvement trajectory with strategic objectives outlined in the wider planning framework.

Risks and Mitigations

Primary risks are associated with achieving the necessary recurrent savings targets. These are managed through structured financial governance oversight, proactive identification of additional savings, and detailed strategic planning and scenario modelling to achieve long-term financial sustainability

Criterion 13: 60% SCP Performance Maintained (Status: Alert)



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Overview and Key Issues

Single Cancer Pathway (SCP) performance improved notably, achieving 63.5% compliance in February 2025, surpassing the 60% target. However, sustained performance over three consecutive months has not yet been demonstrated. Key issues remain concentrated in Urology and Lower GI specialties, accounting for approximately 45% of breaches, exacerbated by ongoing diagnostic capacity constraints in MRI and endoscopy (surveillance) due to workforce shortages and infrastructure limitations.

Actions Underway

- Implementation of additional theatre sessions and dedicated clinics targeting backlog reductions, especially in Urology and Lower GI.
- Expansion of diagnostic capacity through mobile MRI units and outsourced imaging and endoscopy services.
- Enhanced pathway management with fortnightly tumour-site operational huddles for proactive breach mitigation.
- Active recruitment and collaboration with independent providers to address critical workforce gaps.

Next Steps

- Maintain and enhance diagnostic capacity initiatives to stabilise performance above 60%.
- Embed workforce solutions and operational practices sustainably to address specialty-specific capacity constraints.

Risks and Mitigations

The primary risks involve sustaining diagnostic and clinical workforce availability, alongside capital resource limitations. Mitigation includes targeted workforce strategies, outsourced diagnostic support, and structured operational oversight to ensure robust, sustained SCP compliance.

Criterion 18: R1 Ophthalmology Patient Pathways (Status: Alert)



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Overview and Key Issues

Current performance in R1 ophthalmology pathways is significantly below target, with only 34.6% of patients waiting within 25% of their target date, against the required 65%. This represents a substantial deterioration from the previous baseline (45%), driven primarily by capacity constraints and rising demand pressures within ophthalmology services. Moreover, the revised 2025/26 for Targeted Intervention (subject to ratification) is likely to be 68%.

Actions Underway

- Extended evening and weekend ophthalmology clinics, particularly targeting high-demand areas like intravitreal therapy (IVT).
- Recruitment and training of non-medical injectors to increase service throughput.
- Expansion of community optometry pathways to alleviate hospital outpatient demand.
- Prioritised investment in essential ophthalmology equipment to enhance clinical throughput and operational efficiency.

Next Steps

- Further consolidation and reconfiguration of ophthalmology services in line with the Clinical Services Plan (CSP).
- Accelerate implementation of capacity-enhancing initiatives, particularly in workforce development and infrastructure improvements.

Risks and Mitigations

The key risk is ongoing capacity and workforce constraints. Mitigations include targeted workforce expansion, community service integration, and strategic infrastructure investments, underpinned by structured operational oversight.

Criterion 19: Diagnostic Waits – NOUS and Non-cardiac MRI (Status: Advise)



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Overview and Key Issues

Diagnostic performance remains mixed, with Non-obstetric Ultrasound (NOUS) slightly below the 80% target at 78.9%, and Non-cardiac MRI significantly below at 49.8%. MRI performance has notably deteriorated due to persistent capacity constraints and escalating demand pressures.

Actions Underway

- Extended scanning sessions, including evening and weekend provision, focused specifically on MRI capacity.
- Continued use of independent sector providers to manage immediate MRI backlogs.
- Implementation of a detailed Radiology Improvement Plan addressing equipment upgrades and staffing levels.
- Regional collaboration under the ARCH framework to enhance overall diagnostic imaging capacity.

Next Steps

- Accelerate workforce recruitment and stabilisation, particularly targeting radiographers and radiologists via the annual plan investment
- Prioritise capital investments to modernise diagnostic infrastructure and equipment, improving service efficiency.

Risks and Mitigations

Key risks are associated with staffing shortages and ageing diagnostic infrastructure. Mitigations include proactive workforce planning, targeted capital investment, and sustained outsourcing arrangements to manage capacity in the short term.

Criterion 22: Therapy Waiting Times (Status: Advise)



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Overview and Key Issues

Current therapy performance is at 79.2%, below the 85% target for patients waiting less than 14 weeks. Despite improvement from the baseline (75%), ongoing variability remains due to workforce pressures and capacity limitations, particularly within physiotherapy, occupational therapy, and speech & language therapy services.

Actions Underway

- Expansion of therapy services into weekends and evenings to manage high demand effectively.
- Increased utilisation of virtual appointments and group therapy models to optimise capacity.
- Focused recruitment and targeted use of agency staff to address critical workforce gaps.
- Comprehensive analysis of demand and capacity to inform targeted operational improvements.

Next Steps

- Accelerate workforce stabilisation through targeted recruitment and retention initiatives.
- Further expansion and embedding of digital and group-based therapy models.
- Complete and Implement specific recommendations from the ongoing detailed demand and capacity review.

Risks and Mitigations

The primary risks are workforce stability and maintaining consistent service capacity. Mitigation strategies include proactive recruitment and retention, enhanced utilisation of virtual therapies, and structured operational oversight to sustain performance improvements.

Criterion 24: Ambulance Handovers Over One Hour (Status: Alert)



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The Health Board has not met the target of reducing ambulance handovers over one hour by at least 11% for three consecutive months. March 2025 recorded 988 delayed handovers, an increase from the October to December 2023 baseline average of 964. Despite some month-on-month variation, performance has remained broadly static and significantly above the target threshold of 680.

Actions Underway

- Implementation of a 7-day Regional Clinical Streaming Hub to reduce inappropriate Emergency Department (ED) attendances and support front-door deflection.
- Expansion of Same Day Emergency Care (SDEC) and acute frailty assessment services to improve flow and reduce admissions.
- Embedding of the Optimal Hospital Flow Framework, including Red2Green and Discharge-to-Recover-and-Assess (D2RA) models.
- Continued adherence to the regional Ambulance Handover Guidance with operational audit and escalation procedures.

Next Steps

- Maintain targeted actions through urgent and emergency care governance forums, supported by weekly and monthly trajectory reviews.
- Scale successful models across all acute sites and continue collaborative work with ambulance services to address systemic barriers.

Risks and Mitigations

Key risks include limited discharge capacity, workforce constraints, and inconsistent implementation across sites. These are mitigated through robust site-level escalation protocols, 7-day discharge planning, and strategic alignment with regional partners to drive sustainable reductions.

Criterion 25: Patients Waiting Over 12 Hours in ED (Status: Alert)



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Overview and Key Issues

Current performance stands at 8.9% of patients waiting over 12 hours in ED, slightly improved from the baseline of 9% but still above the 7% target. Performance has varied significantly, reflecting ongoing operational pressures, increased demand, and constraints in patient flow and discharge processes.

Actions Underway

- Continued embedding of the Optimal Hospital Flow Framework, with Red2Green protocols and proactive discharge management.
- Expansion of SDEC models across all sites to reduce avoidable ED admissions.
- Development and implementation of integrated clinical streaming and front-door frailty assessment services to rapidly manage patient pathways.

Next Steps

- Strengthen and sustain flow improvement initiatives across all hospital sites.
- Further enhance SDEC services and integrated frailty pathways.
- Reinforce proactive seasonal demand management strategies and discharge pathways.

Risks and Mitigations

Primary risks include sustained high demand, workforce and constrained discharge capacity. Mitigation strategies involve structured discharge planning, targeted operational management, and continuous oversight through established governance arrangements.

Criterion 26: Median Time from ED Arrival to Clinical Assessment (Status: Alert)



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Overview and Key Issues

Median assessment time in ED currently stands at 76 minutes, exceeding the target of 60 minutes. Although recent improvements have been observed, assessment times remain consistently above the required threshold, primarily driven by high demand, workforce pressures, and suboptimal patient flow within ED settings.

Actions Underway

- Further implementation and refinement of integrated clinical streaming hubs to divert non-urgent cases and optimise ED capacity.
- Strengthened ED triage processes through consistent application of Emergency Department Quality Standards (EDQS).
- Expansion of SDEC units to improve front-door efficiency and reduce initial assessment delays.
- Continuous embedding of the Optimal Hospital Flow Framework to improve inpatient capacity utilisation and discharge efficiency.

Next Steps

- Accelerate implementation of ED improvement actions and triage protocol enhancements.
- Maintain proactive demand and flow management strategies to sustain recent performance gains and achieve target compliance.

Risks and Mitigations

Primary risks include ongoing workforce limitations and variable patient demand. Mitigations include targeted staffing initiatives, structured triage enhancements, and robust governance oversight to ensure consistent delivery of improved clinical assessment times.

Criterion 27: Delayed Pathways of Care (Status: Alert)



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Overview and Key Issues

Performance in delayed pathways of care remains above the targeted reduction, with March 2025 showing 218 delays, exceeding the baseline (October to December 2023 average) of 203. Despite monthly fluctuations, there has been no sustained improvement towards achieving the target of 174 delays, highlighting ongoing challenges around patient discharge processes and community capacity constraints.

Actions Underway

- Continued embedding of the Optimal Hospital Flow Framework, including D2RA and Red2Green approaches.
- Expanded use of the Trusted Assessor model to streamline discharge decisions across health and social care partners.
- Strengthened multi-agency cooperation to enhance community-based support and expedite safe discharge pathways.
- Regular structured reviews and targeted multidisciplinary management of patients with prolonged stays.

Next Steps

- Intensify implementation of targeted discharge and community response initiatives.
- Further develop regional partnerships to ensure integrated and timely discharge planning, especially during peak demand periods.

Risks and Mitigations

The key risks include workforce shortages, inconsistent community support capacity, and persistent demand pressures. Mitigations involve structured discharge oversight, improved inter-agency collaboration, and dedicated resource allocation to support robust and sustainable discharge pathways.

Conclusion



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In conclusion, the Health Board has made good strides under the extant 2024/25 framework, delivering a forecast deficit of £24.1m that was £7.4m below the revised Target Control Total and strengthening our governance, control and operational frameworks. Our performance improvements have been acknowledged through de-escalation to Level 3 for Planned Care, CAMHS, Governance and Leadership, reflecting effective leadership, robust project management and targeted clinical improvements in those areas. These successes demonstrate our capacity to embed good practice and drive enhancement across multiple domains simultaneously.

Nevertheless, our position remains vulnerable in several respects. The predominant risk is the heavy reliance on £17.6m of non-recurrent savings, which must be converted into recurrent schemes to avoid a widened deficit in 2025/26. Equally, persistent capacity constraints in diagnostics, cancer pathways, emergency care and therapy services continue to challenge performance against national standards, requiring accelerated capital investment, workforce development and refined operational protocols.

To address these imperatives and align with the forthcoming 2025/26 de-escalation criteria and without introducing new, competing programmes we will need to:

1. Convert Non-Recurrent Savings - By the end of Quarter 1 2025/26, validate and secure delivery confidence for at least £19.0m of recurrent savings through existing directorate workstreams and the Value and Sustainability Group pipeline.
2. Deliver Robust Scenario Modelling - Utilise existing forums and programmes to undertake a scoping and modelling exercise in Q1 2025/26, integrating assumptions from the strategic refresh and Clinical Services Plan to produce a risk adjusted financial trajectory towards breakeven by 2027/28, complete with clear governance escalation triggers.
3. Leverage Existing Programmes - Adapt current structures and governance forums, Clinical Services Plan delivery groups and strategic refresh groups to fulfil new modelling, planning and reporting requirements, thereby avoiding duplication and maximising resource efficiency.
4. Sustain and Enhance Capacity Investments - Prioritise targeted capital and workforce initiatives in non-cardiac MRI, endoscopy, SCP specialties, Urgent and Emergency Care streaming models and community therapy innovations, ensuring sustained compliance with tightened performance thresholds. Whilst balancing points 1-3 respectively.
5. Prepare for Formal 25/26 Targeted Intervention Framework Adoption – Align committees and outputs with the revised TI criteria to guarantee a consist and smooth transition once the 2025/26 framework is ratified. demonstrating our commitment to sustainable financial balance, quality improvement and strategic alignment with the Mid and West Wal



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Criteria	Action	Committee	Apr 25	Status	Status Change	Status Change Date	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk	
1	The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.	FPC		Advise			Huw Thomas	<p>The Health Board has maintained robust financial governance and strengthened its financial control environment, which includes rigorous oversight via Directorate escalation meetings, the weekly Financial Control Sub Group (FCSG), targeted recruitment controls, and regular reporting structures. This robust oversight framework has underpinned substantial progress, resulting in a year-end forecast deficit of £24.1m, outperforming the revised target control total (TCT) of £31.5m set for 2024/25. Significant strides have been made in reducing reliance on high-cost nursing agency staff, driven by successful international recruitment initiatives and enhanced rostering practices.</p> <p>However, critical risks remain, primarily due to the substantial proportion of non-recurrent savings contributing to the improved financial position. With approximately £17.6m of savings being non-recurrent in 2024/25, the underlying deficit is anticipated to rise to approximately £51.1m without sustained action. Further improvements in the management of medical staffing costs and contract governance are necessary to align with the rigour already demonstrated in nursing controls. These areas have been clearly identified as essential components of the ongoing and future planning cycles to sustain financial improvement.</p> <p>Additionally, feedback from Welsh Government explicitly highlights the imperative to improve upon the 2024/25 TCT and demonstrate a clear route to in-year financial balance by 2027/28. This feedback reinforces the need for further strategic and operational planning efforts and enhanced confidence in savings delivery.</p>	<p>1. Escalation meetings are now in place across the six domains, with finance included as a core element.</p> <p>2. The Financial Control Sub Group meets on a weekly basis and scrutinises all recruitment activity for new roles or A&C roles; agency appointments and non-pay procurement activity across all areas in escalation.</p> <p>3. Finance reports are provided to ET based on: a. Day one flash reports b. Day 5 forecast positions, and c. Monthly finance reports to Board/SRC</p> <p>4. The Value and Sustainability Group and IQPPD meetings provides Executive oversight.</p> <p>5. A budget manager control framework has been issued to Directorates.</p>	<p>To ensure continued robust governance and financial control, the Health Board will need to consider a number of options including but not limited to:</p> <p>Strengthen Sustainability of Savings - Develop robust recurrent savings plans to replace current non-recurrent underspends, clearly identifying and prioritising sustainable efficiency opportunities for the 2025/26 Annual Plan.</p> <p>Enhance Medical Staffing Control - Expedite the rollout and implementation of control frameworks and systems (such as Allocate and rate card systems) that rigorously manage medical staffing expenditure, mirroring the approach successfully applied to nursing staff.</p> <p>Improve Contract Management - Immediately undertake a comprehensive review of existing contract management arrangements, ensuring robust monitoring, negotiation, and cost management frameworks are implemented to mitigate ongoing overspend risks.</p> <p>Derisk and Improve Financial Position - Clearly articulate the choices and options available to further improve upon the currently planned position for 2025/26, with a transparent analysis of the implications and impacts of each option. Provide detailed scenario modelling and risk assessments, ensuring any identified risks to achieving financial balance are managed effectively.</p> <p>Map Route to Balance - Develop and submit a clear, evidenced-based trajectory towards achieving an in-year financial balance by 2027/28, responding directly to Welsh Government's specified requirements by 30th April 2025. Align this trajectory clearly within the strategic and planning objectives outlined in the wider Health Board strategic planning framework. Furthermore, consider whether the route to balance has a clear alignment to the Strategic Refresh or CSP 2?</p>	<p>1. Rostering and control arrangements for nurse staffing.</p> <p>2. Rollout of systems of control for medical staffing.</p> <p>3. Contract management arrangements need strengthening.</p>		1843	
2	Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	FPC		Advise			Huw Thomas	<p>The Health Board has made significant progress in delivering the Targeted Intervention Action Plan, leading to an improved financial position for 2024/25. The current year-end forecast deficit is circa £24.1m, marking a substantial reduction from the Month 4 forecast of £74.7m, a positive variance of £50.5m. This improvement was primarily driven by additional conditional funding from Welsh Government (£32.4m), identification and delivery of savings plans (£9.8m), improved financial performance in primary care (£4.9m), reduced medicines expenditure (£1.2m), and use of central reserves (£4.7m).</p> <p>Successful initiatives such as international nurse recruitment and better rostering practices have contributed to reduced spending on agency staffing. Additionally, the use of the compendium of variation and thematic savings programmes has assisted in identifying key savings opportunities and achieving better financial control.</p> <p>Despite these improvements, there is ongoing reliance on non-recurrent savings (£17.6m in 2024/25), which presents a challenge for future financial stability. Converting these savings into recurrent efficiencies will be essential for sustaining improvement and meeting the Welsh Government's expectation to demonstrate a clear pathway towards financial balance by 2027/28.</p>	No further comment at this stage. Planning activity for 2025/26 is underway which is taking the learning from the compendium of variation to determine areas of greater value opportunity to drive next year's plan.	Delivery is being monitored through ongoing dialogue between Finance and the NHS Exec FP&D Team.	Further action on embedding the improvements needed in performance based on operational changes.	Directorate escalation reports, monthly run-rate data, and updates on the compendium of variation feed into the Value & Sustainability Group and IQPPD. These bodies, alongside the Sustainable Resources Committee, provide structured oversight of both the in-year recovery plan and pipeline schemes for the next financial year. External validation also continues through ongoing dialogues with the NHS Executive.	1843	
3	Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	FPC		Advise	Alert		Huw Thomas	<p>Health Board has achieved substantial financial improvement in 2024/25, forecasting a year-end deficit of £24.1m, well below the revised target control total (TCT) of £31.5m. Significant early progress has been made in planning for 2025/26, with approximately £17.0m of the £19.0m recurrent savings requirement already identified. However, the historical attrition rates of identified savings plans, potentially up to 50%, indicates a likely need for additional savings schemes to fully achieve planned targets.</p> <p>While the Welsh Government's letter dated 11 April 2025 highlights concerns regarding a projected deterioration in financial position from the current £24.1m deficit to the planned TCT of £31.5m for 2025/26, the Health Board notes that the relevant TI criterion explicitly requires an Annual Plan approved by the Board demonstrating "a substantial financial improvement trajectory to deliver, as a minimum, the target control total." On that basis, the current Annual Plan does clearly meet the minimum expectation defined by the TI framework, albeit recognising the identified risks and concerns raised by Welsh Government.</p> <p>To adjust the status to "Alert" at this stage would constitute a shift in expectations beyond those initially set within the TI criteria. Therefore, maintaining this criterion as "Advise" is considered appropriate, clearly acknowledging both the improvement trajectory and the risks associated with delivering the full recurrent savings requirement. However, a number of actions will need to be undertaken to satisfy the response required to Welsh Government.</p>		To ensure continued alignment with TI expectations and to explicitly address Welsh Government concerns, the Health Board will:	<p>Address Savings Delivery Risks - Identify, review and where feasible develop additional recurrent savings opportunities beyond the current identified plans to mitigate potential attrition risk.</p> <p>Clarify Financial Improvement Options - Set out a comprehensive assessment of additional financial improvement options available to further reduce risks and deliver improved financial outcomes, clearly detailing impacts, risks, and mitigation strategies.</p> <p>Develop Financial Route Map - Provide a detailed financial trajectory demonstrating how in-year financial balance by 2027/28 will be achieved, explicitly responding to the requirement set by Welsh Government.</p> <p>Convert Non-Recurrent Savings - Outline clearly the actions planned to convert current non-recurrent savings into recurrent efficiencies within future planning cycles.</p> <p>Maintain Strong Financial Governance - Ensure regular and structured oversight through the Finance and Performance Committee (FPC), Financial Control Sub Group (FCSG), and Value & Sustainability Group (V&SG), to closely monitor progress against planned savings.</p> <p>Welsh Government Response - Prepare a detailed response addressing all concerns outlined in the Welsh Government letter by the 30th April 2025 deadline, clearly setting out the Health Board's position, justification, and actions being taken to mitigate risks and deliver the financial improvement trajectory.</p>		Monthly finance reports submitted to the SRC, supplemented by weekly FCSG reviews of emerging pressures and savings schemes, confirm consistency in the Health Board's financial outcomes, clearly detailing impacts, risks, and mitigation strategies. Directorate escalation summaries further support the conclusion that operational teams are integrating financial targets with clinical and workforce planning. In addition, the Health Board's compendium of variation has helped identify opportunities with the highest potential return, aligning them more closely with the overall financial strategy.	1843
13	60% performance maintained for 3 months against the SCP target.	FPC		Alert	Yes		Andrew Carruthers	<p>Current Status Update Single Cancer Pathway (SCP) performance has improved notably, reaching 63.5% in February 2025, exceeding the target of 60%. This marks a significant improvement from 56% in November 2024 and indicates effective implementation of targeted recovery measures.</p> <p>Analytical Insights and Issues - Despite surpassing the 60% performance target in February, this criterion requires sustained achievement over three consecutive months, which has not yet been demonstrated. - Urology and Lower GI specialties remain significant contributors to overall breaches, representing approximately 45% of total breaches. - Constraints remain evident in diagnostic capacity, notably endoscopy and MRI, largely driven by workforce shortages, estate limitations, and pathway complexity across multiple sites. - Ongoing recruitment challenges and capital resource limitations pose potential risks to maintaining consistent performance above the 60% threshold.</p>		Targeted Backlog Reduction: Continuation and intensification of additional theatre sessions and dedicated clinics, particularly for high-pressure tumour sites such as Urology and Lower GI. Diagnostics Expansion - Expansion of diagnostic capacity through increased utilisation of mobile MRI units and further outsourcing of imaging and endoscopy services. Enhanced Pathway Coordination - Fortnightly tumour-site operational huddles and immediate escalation procedures to mitigate potential breaches. Recruitment and Workforce Stabilisation - Active recruitment campaigns and partnerships with independent sector providers to address critical staffing gaps, particularly in diagnostic specialisms.			1350	
14	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	FPC		Advise			Andrew Carruthers	<p>The Health Board successfully achieved the target of 100% of patients seen within 52 weeks for stage 1 outpatient waits as of March 2025, demonstrating significant progress from previous levels (around 95-96%). This marks a critical milestone, indicating effective operational strategies and targeted interventions.</p> <p>Analytical Insights and Issues: - The remaining challenges are primarily concentrated within specific specialties such as ENT, Rheumatology, Neurology, and Dermatology. Sustaining this achievement is dependent on consistent capacity management in these high-demand areas. - Risks include potential fluctuations in referral volumes, unforeseen workforce availability issues, and the sustainability of using recovery funding for specialty clinics. - While the immediate target has been achieved, the ongoing risk remains moderate due to potential variability in demand and staffing levels. Vigilant operational management and resource planning are essential to sustaining the achievement of zero breaches over consecutive months.</p>		<p>Capacity Enhancement - Continued prioritisation and targeted funding allocations for weekend and evening outpatient clinics in high-pressure specialties.</p> <p>Virtual Consultations - Expanding virtual outpatient appointments where clinically appropriate to maximise capacity and ensure continuity of care.</p> <p>Administrative Validation - Regular and systematic administrative validation to identify and remove patients who no longer require appointments, thus maintaining an accurate and manageable waiting list.</p> <p>Focused Specialty Clinics - Sustained emphasis on specialties with historical capacity deficits, utilising recovery funds and independent sector partnerships as required to maintain compliance.</p>			1843	
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	FPC		Advise			Andrew Carruthers	<p>The Health Board has achieved the target of zero breaches for open pathways waiting more than 104 weeks as of March 2025, reflecting substantial operational improvements from previous performance levels (approximately 98%).</p> <p>Analytical Insights and Issues: - Achieving zero breaches required extensive utilisation of independent sector capacity, notably for Orthopaedics and Ophthalmology. - The remaining challenge centres around sustaining this performance, particularly within complex cases in Trauma & Orthopaedics, Ophthalmology, ENT, and Urology. - The ongoing reliance on outsourcing is not financially viable in the long term and presents a key risk to sustainability. - Workforce availability and theatre capacity remain potential constraints affecting future performance stability.</p>	WG monies	<p>Continuous Validation - Ongoing daily validation of waiting lists to prioritise near-breach cases, ensuring immediate attention to potential breaches.</p> <p>Capacity Expansion - Continued strategic use of evening and weekend sessions across high-demand specialties, supplemented by Regional and/or independent sector partnerships.</p> <p>Sustainability Planning - Development of a comprehensive internal capacity plan and securing workforce resilience to reduce reliance on outsourcing.</p> <p>Operational Efficiency - Enhancing theatre utilisation through rigorous scheduling, performance monitoring, and implementation of lean operational processes.</p>			1843	
16	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	FPC		Assure			Andrew Carruthers	<p>Performance has consistently exceeded the target, maintaining levels around 84-85%. The most recent validated figures demonstrate robust and sustained compliance, achieving 86.9% in September 2024.</p> <p>Analytical Insights and Issues: - Consistent performance above the 80% threshold reflects effective operational management and proactive interventions. - Slight variations continue to be observed due to workforce availability and clinic utilisation rates, particularly in high-demand specialties. - Administrative validation and efficient management of outpatient pathways have contributed significantly to maintaining high performance levels.</p>		<p>Regular Validation - Continued rigorous validation of waiting lists to swiftly address minor fluctuations and maintain accurate patient data.</p> <p>Capacity Management - Persistent use of additional weekend and evening clinics, particularly targeted at specialties with high patient demand.</p> <p>Virtual Appointments - Expanding the use of virtual consultations to optimise outpatient capacity and accessibility, reducing the pressure on physical clinic spaces.</p> <p>Proactive Monitoring - Implementing a robust monitoring framework that triggers immediate escalation and remedial action if performance approaches the 80% threshold.</p>			1843	
17	15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	FPC		Alert			Andrew Carruthers	<p>The target aims for a sustained 15% month-on-month reduction from the November 2023 baseline of 15,419 patients, resulting in a final target position of 9,469 or fewer delayed patients.</p> <p>Analytical Insights (Numeric) - Current position (March 2025) - 16,504 patients, representing an increase of 1,085 patients (7%) from the November 2023 baseline of 15,419. - Required position - To reach the target of 9,469 patients, a reduction of 7,035 patients (approximately 43%) from the current backlog is required. - Trend Analysis - From November 2023 to March 2025 (17 months), delayed follow-ups have consistently ranged between approximately 15,400 and 16,900 patients, with a variance of 1,500 patients around the baseline. This demonstrates no sustained reduction toward the target. - Performance Gap - As of March 2025, the backlog remains significantly above the target, with a gap of approximately 74% compared to the 9,469 patient goal.</p>		<p>Clinical Validation and Specialty-Specific Clinics - Enhanced validation processes targeting high-backlog specialties. Continued implementation of Clinical Initiation Notices (CIN) guidance to prioritise and reallocate long-standing follow-up patients onto alternative clinical pathways.</p> <p>Virtual Appointments and Administrative Efficiencies - Expansion of virtual outpatient appointment models and strengthened automation in administrative processes to improve scheduling efficiency and reduce unnecessary appointments.</p> <p>Extended Clinic Capacity - Increasing utilisation of weekend and evening follow-up clinics, specifically prioritising the longest waiting patients to expedite backlog clearance.</p> <p>Follow-up Management Plans - Directorates tasked to deliver robust follow-up management plans aligned with validation outcomes to support sustained reductions in follow-up delays.</p>			1843 (C)	
18	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	FPC		Alert			Andrew Carruthers	<p>This criterion aims for at least 65% of R1 ophthalmology patients to be waiting no longer than 25% beyond their target date, sustained across three consecutive months.</p> <p>Analytical Insights (Numeric) - Current position (March 2025) - Performance is currently at approximately 34.6%, a substantial decline from the baseline figure of 45%. - Required position - To achieve compliance, performance must improve by approximately 30.4 percentage points from the current position of 34.6% to meet the 65% target. - Trend Analysis - From November 2023 (44.0%) to March 2025 (34.6%), performance has steadily deteriorated, with incremental monthly reductions rather than improvements, indicating increasing pressures in service delivery and ongoing capacity constraints. - Performance Gap - The latest performance is significantly below the target, highlighting a persistent gap of 46.8% between current achievement and the desired goal of 65%.</p>		<p>Enhanced Capacity Initiatives - Continued delivery and expansion of weekend and evening ophthalmology clinics, particularly targeting high-demand areas such as intravitreal therapy (IVT) injections for glaucoma and macular degeneration. Additional recruitment and training of non-medical injectors to reduce clinician workload pressures and increase patient throughput.</p> <p>Community Optometry Engagement - Further expansion and integration of community optometry schemes to support patient pathways outside of hospital settings, reducing hospital outpatient demand pressures.</p> <p>Investment in Equipment and Infrastructure - Upgrades to essential ophthalmology equipment (slit lamps, scanners, lasers) identified as critical in the Annual Plan, to maximise efficiency and clinical throughput at scale.</p> <p>Service Consolidation and Efficiency - Evaluation of potential service reconfiguration options under the Clinical Services Plan (CSP) to consolidate and optimise ophthalmology provision across sites, reducing service duplication and fragmentation.</p>			1664 (C)	

19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>Focusing specifically on Non-obstetric Ultrasound (NOUS) and Non-cardiac MRI as key diagnostic indicators:</p> <p>Current position (March 2025)</p> <ul style="list-style-type: none"> -NOUS - 78.9% of patients waiting less than 8 weeks (slightly below the 80% target, though showing recent improvement). -Non-cardiac MRI - 49.8% of patients waiting less than 8 weeks (significantly below the 80% target, representing ongoing challenges). <p>Required position</p> <ul style="list-style-type: none"> -NOUS - A marginal improvement (since Feb) of 1.1 percentage points is required to achieve the 80% target. -Non-cardiac MRI - A substantial improvement of 30.2 percentage points is required to meet the 80% target. <p>Trend Analysis</p> <ul style="list-style-type: none"> -NOUS - The performance has fluctuated over recent months, ranging between approximately 57% to 85.9%, suggesting variable capacity pressures but recent positive trajectory towards the target. -Non-cardiac MRI - Performance has deteriorated significantly over time from peaks around 84.3% (July 2023) to the latest figure of 49.8%, indicating worsening capacity constraints and demand pressures. <p>Performance Gap</p> <ul style="list-style-type: none"> -NOUS - Performance is near-target with a relatively minor gap (approximately 1.4% below target), indicating realistic achievement in the short term, but concerns around sustainability. -Non-cardiac MRI - There is a considerable performance gap of approximately 37.8% relative to the required 80% compliance. 	<p>Enhanced Diagnostic Capacity - Expansion of extended-hour scanning sessions, including evenings and weekends, across radiology modalities with a specific focus on MRI capacity constraints. Continued outsourcing arrangements with independent sector providers for MRI scans and reporting to manage immediate capacity deficits.</p> <p>Strategic Capacity Review and Investment - Delivery of a dedicated Radiology Improvement Plan, detailed in the IQFPD update, addressing fundamental issues of staffing levels and the prioritisation of capital investment to address ageing diagnostic equipment infrastructure.</p> <p>Workforce Stabilisation and Development - Proactive recruitment and training initiatives to stabilise radiology workforce, particularly radiographers and radiologists, to sustainably address diagnostic imaging backlogs and manage ongoing demand growth.</p> <p>Regional Collaboration - Utilisation of ARCH regional collaboration mechanisms, as highlighted in the Annual Plan, to support improved diagnostic pathways, capacity optimisation, and strategic investments to increase overall imaging capability.</p>			1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>This criterion aims for at least 80% of patients awaiting diagnostic endoscopy procedures to be seen within an 8-week timeframe, sustained over three consecutive months.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Performance currently stands at 91.7%, demonstrating substantial improvement and surpassing the target of 80%. - Required position - The current performance already exceeds the target, with an 11.7 percentage point surplus above the 80% required compliance level. - Trend Analysis - There has been significant and sustained improvement since November 2023 (26.9%), with performance progressively increasing each month thereafter. Particularly notable is the improvement from December 2024 (64%) onwards, culminating in the current peak performance of 91.7%. - Performance Gap - As of March 2025, performance exceeds the target by a margin of 14.7%, indicating robust compliance with this criterion. 1 more month above 80% and this criterion will be satisfied 	<p>Actions and Mitigations (Updated from IQFPD Report & Annual Plan)</p> <p>Enhanced Endoscopy Capacity - Continued deployment of mobile endoscopy units at high-pressure sites to manage demand surges and maintain throughput. Sustained and regular utilisation of additional evening and weekend endoscopy sessions to manage capacity efficiently and ensure target compliance.</p> <p>Workforce Optimisation - Active recruitment and retention strategies for both consultant endoscopists and nurse endoscopists, supported by ongoing training programmes to ensure stable service delivery and maintain the improved trajectory.</p> <p>Outsourcing Partnerships - Continued use of independent sector providers for routine or lower-complexity endoscopy procedures to maintain internal capacity for urgent and higher-risk patient cases.</p> <p>Operational Standardisation - Implementation of standardised booking and triage processes, particularly targeting urgent and suspected cancer cases, to ensure efficient and clinically prioritised utilisation of available endoscopy capacity.</p>			1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	As set out in Criterion 19.				797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	FPC	Advise		Andrew Carruthers	<p>This criterion requires achieving and maintaining performance where 85% of patients awaiting therapy services (excluding Audiology and Weight Management) experience waits below 14 weeks over three consecutive months.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Performance is at 79.2%, an improvement from the original baseline of 75%, but still below the required target of 85%. - Required position - To achieve compliance, a further improvement of 5.8 percentage points is required from the current performance of 79.2%. - Trend Analysis - Performance has fluctuated, showing an initial positive trajectory in early to mid-2024, peaking at 87.8% (March 2024), followed by a decline to a recent low of 74.6% (July 2024). Recent months have demonstrated gradual recovery to the current position of 79.2%, yet still short of the target. - Performance Gap - Currently, there is a performance gap of approximately 6.8% against the 85% compliance goal, indicating the necessity for targeted interventions to secure consistent improvement. 	<p>Actions and Mitigations (Updated from IQFPD Report & Annual Plan)</p> <p>Expansion of Service Delivery - Continued extension of therapy service provision through weekend and evening sessions, particularly targeting physiotherapy, occupational therapy, and speech & language therapy, which experience significant demand pressures.</p> <p>Digital and Group-Based Solutions - Accelerated implementation and expansion of virtual appointments and group-based therapy sessions, effectively utilising digital platforms to maximise therapist capacity and reduce individual appointment backlog.</p> <p>Workforce Capacity and Stability - Robust recruitment and retention initiatives focused on therapy professions, particularly physiotherapy and podiatry, to stabilise and strengthen service delivery. This includes proactive recruitment of Band 5 therapists and selective use of agency staffing to bridge immediate gaps.</p> <p>Demand and Capacity Analysis - Completion and implementation of a detailed "deep dive" review into therapy service demand and capacity (as indicated in the IQFPD report), forming the foundation for targeted improvement actions and informed workforce planning.</p>			1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	FPC	Alert		Andrew Carruthers	<p>This criterion requires achieving and maintaining an 11% continuous reduction in ambulance handovers taking longer than one hour, sustained over three consecutive months, relative to the Oct-Dec 2023 baseline average of 964 monthly delays, resulting in a target of 680 or fewer monthly delays.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - 988 ambulance handovers took over one hour, an increase of 24 delays (approximately 2.5%) compared to the baseline average of 964. - Required position - To reach compliance, a reduction of 308 handover delays (approximately 31.2%) from the current monthly position of 988 is required to achieve the target of 680 or fewer delays. - Trend Analysis - Over the period from November 2023 to March 2025, monthly ambulance handover delays have varied significantly, reaching a peak of 1,245 (January 2024). Although there has been some month-to-month fluctuation, performance remains broadly static with recent months showing a moderate improvement but still significantly above the targeted reduction. - Performance Gap - The current monthly performance stands approximately 45.3% above the target of 680 delays, clearly highlighting significant operational challenges in reducing delays sustainably. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Clinical Streaming and Front-Door Optimisation - Implementation and evaluation of a 7-day Regional Clinical Streaming Hub designed to redirect appropriate patients away from EDs, thus directly reducing front-door pressures and ambulance handover delays.</p> <p>Acute Frailty and SDEC Expansion - Rapid expansion and embedding of Same Day Emergency Care (SDEC) services and acute front-door frailty assessment units to streamline patient flow, reduce unnecessary admissions, and free ambulance resources promptly.</p> <p>Optimal Hospital Flow Framework - Ongoing embedding and refinement of the Optimal Hospital Flow Framework, including initiatives such as the Red2Green and Discharge-to-Recover-and-Assess (D2RA) approaches, to ensure continuous patient flow and timely discharge practices.</p> <p>Regional Ambulance Handover Guidance Adherence - Continued rigorous adherence to the Ambulance Patient Handover Guidance through operational audits, proactive management of delays, and integrated working with ambulance services and ED staff.</p> <p>Trajectory and Monitoring - Routinely weekly and monthly monitoring via established Urgent and Emergency Care governance frameworks and updates to all committees including the Finance and Performance Committee</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	FPC	Alert		Andrew Carruthers	<p>This criterion aims for continuous improvement in reducing the proportion of patients waiting over 12 hours in Emergency Departments (EDs), achieving and maintaining a maximum threshold of 7% at each site and across the Health Board.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - The latest performance is at 8.9%, slightly improved from the 9% baseline but remaining above the required target of 7%. - Required position - To achieve compliance, an additional improvement of 1.9 percentage points is needed from the current position of 8.9% to reach the 7% threshold. - Trend Analysis - Over the period from November 2023 (9%) to March 2025 (8.9%), performance has fluctuated significantly, reaching a peak of 12.8% in February 2025. Although recent data indicates some improvement, the position has remained consistently above target. - Performance Gap - Currently, performance remains 1.9 percentage points above the target threshold of 7%, indicating ongoing operational pressures and the need for sustained intervention. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Emergency Department Flow Improvement - Further implementation and embedding of the Optimal Hospital Flow Framework, including daily Red2Green protocols, afternoon huddles, effective board rounds, and robust discharge planning, to ensure consistent patient flow through ED.</p> <p>Same Day Emergency Care (SDEC) Expansion - Continued expansion and refinement of Same Day Emergency Care models across all hospital sites to reduce unnecessary ED admissions and enhance rapid patient turnover.</p> <p>Winter and High-Demand Response Planning - Robust and proactive seasonal planning, supported by dedicated funding allocations to maintain enhanced 7-day discharge practices and strengthen community-based care pathways, thereby reducing ED congestion and prolonged waits.</p> <p>Clinical Streaming and Front-Door Frailty Services - Ongoing development of integrated clinical streaming hubs and front-door frailty assessment units at all acute sites to promptly redirect patients to the most appropriate clinical pathways, improving ED flow and significantly reducing waits.</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	FPC	Alert		Andrew Carruthers	<p>This criterion aims to achieve and maintain a median time of no greater than 60 minutes from patient arrival at the Emergency Department (ED) to assessment by a clinical decision maker.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - Median assessment time stands at 76 minutes, exceeding the 60-minute target by 16 minutes. - Required position - A reduction of 16 minutes (approximately 21%) from the current median assessment time of 76 minutes is required to meet the target threshold of 60 minutes or less. - Trend Analysis - The median assessment time has fluctuated significantly between November 2023 and March 2025, reaching a peak of 89 minutes in December 2024. Although recent data indicate a moderate improvement, performance has consistently remained above the required target. - Performance Gap - Currently, the median time exceeds the targeted threshold by approximately 27%, highlighting significant operational challenges in achieving timely clinical assessment consistently. 	<p>Actions and Mitigations (Updated from IQFPD Report & Six Goals Health Board Plan)</p> <p>Clinical Streaming and Front-Door Initiatives - Further implementation of integrated clinical streaming hubs to ensure rapid redirection of appropriate patients away from ED, optimising ED capacity and reducing delays to clinical assessment.</p> <p>ED Improvement and Triage Protocols - Strengthening ED triage and assessment processes, including the embedding of routine safety huddles, enhanced triage protocols, and consistent application of the Emergency Department Quality Standards (EDQS) toolkit.</p> <p>Enhanced Same Day Emergency Care (SDEC) Provision - Continued enhancement of Same Day Emergency Care units across all hospital sites, directly reducing front-door pressures and enabling swifter clinical decision-making by managing patient flow more effectively.</p> <p>Optimal Hospital Flow and Patient Management - Sustained application of the Optimal Hospital Flow Framework, including proactive discharge management practices, robust criteria-led discharge protocols, and targeted initiatives to ensure effective utilisation of inpatient capacity, thus reducing ED congestion and clinical assessment delays.</p>			1027 (C) 1210 (D) 1115 (D) 750 (D)
27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	FPC	Alert		Andrew Carruthers	<p>This criterion aims for a sustained 5% continuous monthly reduction in delayed pathways of care from the baseline average of 203 (Oct-Dec 2023), targeting a position of 174 or fewer delays, maintained consistently.</p> <p>Analytical Insights (Numeric)</p> <ul style="list-style-type: none"> - Current position (March 2025) - The latest reported figure is 218 delayed pathways of care, an increase of 15 delays (approximately 7.4%) from the baseline of 203. - Required position - A reduction of 44 delayed pathways (approximately 20.2%) is required from the current position to meet the target of 174 or fewer. - Trend Analysis - Between November 2023 (227 delays) and March 2025 (218 delays), performance has demonstrated variability, fluctuating between a high of 253 delays (June 2024) and a low of 191 (December 2024). Despite some monthly fluctuations, there has not been a sustained downward trajectory towards meeting the target. - Performance Gap - Currently, delayed pathways exceed the required target by approximately 25.3%, clearly highlighting ongoing challenges and the need for further operational improvements. 	<p>Optimal Hospital Flow and Discharge Framework - Enhanced implementation and embedding of the Optimal Hospital Flow Framework (Red2Green, Discharge-to-Recover-and-Assess (D2RA)) to ensure effective identification and timely management of discharge-ready patients, thus reducing delays in discharge pathways.</p> <p>Trusted Assessor Model and Integrated Working - Continued utilisation and expansion of Trusted Assessor schemes and improved multi-agency cooperation between Health Board, Local Authorities, and community care providers to expedite discharge processes and minimise unnecessary delays.</p> <p>Community-Based Response and Winter Resilience Initiatives - Sustained deployment of community-based support measures (e.g., falls response, reablement services) and dedicated funding for enhanced discharge practices, particularly during high-demand periods, to manage demand effectively and minimise pathway delays.</p> <p>Regular Targeted Review - Ongoing weekly reviews of long-stay patients and targeted management of the longest-stay cases through focused multi-disciplinary approaches ("Big Room" sessions and similar structured forums) to facilitate rapid discharge and pathway improvement.</p>			1027 (C) 1078 (D) 1231 (D) 572 (D) 695 (S)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	FPC	Assure		Andrew Carruthers	This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	FPC	Assure		Andrew Carruthers	Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	FPC	Assure		Andrew Carruthers	This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.				No risk identified

3 - FINANCE

3.1

10:15 AM, 60 Mins

3.1 - MONTH 12 2024/25 FINANCE REPORT

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For assurance

Attachments

[Finance Report M12 2024-25 FPC 29 April 2025.pdf](#)

[Appendix 1 M12 2024-25 Finance Performance Report.pdf](#)

[Appendix 2 Accountability Letter Update.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – Month 12 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive 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 Health Board approved a budget on 28 March 2024 for the purposes of delegating budgets across the organisation. This represented a planned deficit of £64.0m, after the delivery of £32.4m of necessary savings.

It was recognised by the Board 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 (HSCEY) Group in Welsh Government (WG) to advise them of this action.

In a letter dated 2 December 2024, the Director General for HSCEY wrote to the Health Board's Chief Executive confirming additional in-year financial allocations and a revised Target Control Total (TCT).

This resulted in the Health Board's planned deficit improving from £64.0m to £31.55m, with the TCT also becoming £31.55m from the previous expectation of £44.8m.

Delivery of the restated planned deficit of £31.55m would meet the revised expectation set by WG, resulting in the Health Board's financial plan being acceptable on an in-year basis. It should be recognised a deficit plan continues to remain a 'novel and contentious action' by not delivering against the Board's statutory duty to financially breakeven across a three-year period.

£2.6m is the new monthly planned deficit, which was the equivalent of £5.3m prior to funding being received.

Asesiad / Assessment

Unaudited Financial Position

- The Health Board is reporting an in-month financial position in Month 12 of an overspend of £3.4m, £0.8m deterioration against the restated planned deficit of £2.6m.
- The unaudited year-end financial position is a £24.1m deficit. Whilst the year-end accounts process is underway, with the draft set of accounts to be submitted to WG by 2 May 2025, this figure is subject to audit scrutiny and sign-off.
- The following table summarises the key drivers, with full analysis included within the Financial Performance Report in **Appendix 1**.

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

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.

Mitigating Recurrent Savings Shortfall

- There has been significant effort in the last quarter to fully identify the £32.4m savings target, with £32.9m being identified, of which £31.5m has been actually delivered on an in-year basis, leaving an under delivery against identified plans of £1.4m, and £0.9m adrift of the savings target set within the annual plan.
- Whilst savings delivery is an improving trend, of the £31.5m delivery projection, there is a recurrent savings shortfall of £14.3m, resulting in the underlying deficit significantly exceeding the 2024/25 outturn of £24.1m.
- The 2025/26 Annual Plan has now been submitted to WG with a recurrent savings delivery requirement of £19.0m plus a non-recurrent saving delivery of £25.4m. Initial feedback from WG is that the financial plan is not supportable without demonstrating an improving trajectory.
- 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 services for conversion into recurrent savings, as well as further action to improve upon the TCT.

Financial Underlying Deficit

- The Underlying deficit has been reviewed and assessed as part of the 2025/26 Annual Plan deliberations.
- As has been reported to the Board and Sustainable Resources Committee (SRC) throughout the financial year 2024/25, there is an ongoing significant challenge in reducing the Health Board's underlying deficit. Whilst progress in-year has been improving, a lot of actions have been non-recurrent in nature.
- £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 identified in the 2025/26 Annual Plan will be delivered.
- The carried forward impact from 2024/25 into the underlying deficit starting point for the 2025/26 financial plan includes the 2024/25 outturn of £24.1m, adjusted for recurrent savings gap of £13.0m, underspending directorates that are not currently signalling an ongoing underspend of £7.3m and an additional £6.7m as a result of increases in 2024/25 macro and growth modelling over planned values. This means that the brought forward underlying Deficit into 2025/26 will be £51.1m, before the financial impact of 2025/26 is included. This does not support the organisations required trajectory to achieve financial breakeven as part of the conditional recurrent funding criteria by 2027/28.

Level 3 Escalated Directorates

For the domain of Finance, Strategy and Planning, the following directorates have been escalated to Level 3 (no assurance) for five 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:

- Carmarthenshire Integrated System
- Pembrokeshire Integrated System
- Mental Health and Learning Disabilities
- Facilities
- Medicines Management
- Pathology
- Planned Care
- Women's and Children
- Therapies and Health Sciences
- Director of Operations

A review of the internal escalation framework is being undertaken in readiness for the start of the new financial year, with proposals being drafted for Executive Team consideration for appropriate ways to ensure timely corrective action is taken for those directorates that are in distress for a prolonged period of time, recognising limited improvement has been experienced during 2024/25.

Notable movements: No movements made from Month 11.

Directorate Status by Month	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Bronglais Hospital	3	3	3	3	3	2	2	2	2	1	1	1
Cancer & Oncology	1	1	2	3	3	2	2	2	3	3	3	3
Carmarthenshire County	3	3	3	3	3	3	3	3	3	3	3	3
Ceredigion County	3	3	2	3	3	3	3	3	3	1	1	1
Corporate Services	1	1	1	1	1	1	1	1	1	1	1	1
Director of Finance	1	1	1	1	1	1	1	1	1	1	1	1
Director of Nursing	1	1	1	2	2	3	3	2	3	2	2	2
Director of Operations	1	1	1	2	2	3	3	3	3	3	3	3
Director of Public Health	1	1	1	1	1	1	1	1	1	1	1	1
Director of Strategy and Planning	1	1	1	2	2	3	1	1	2	2	1	1
Director of Therapies and Health Sciences	2	2	3	3	3	3	3	3	3	3	3	3
Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1	1	1
Facilities	2	2	3	3	3	2	3	3	3	3	3	3
Glangwili Hospital	3	3	3	3	3	3	3	3	3	3	3	3
Medical Directorate	1	1	1	1	1	1	1	1	1	1	1	1
Medicines Management	1	1	3	3	3	3	3	3	3	3	3	3
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3	3	3	3
Pathology	2	2	3	3	3	3	3	3	3	3	3	3
Pembrokeshire County	3	3	3	3	3	3	3	3	3	3	3	3
Planned Care (incl. Audiology and Endoscopy)	3	3	2	3	3	3	3	3	3	3	3	3
Primary Care	2	2	2	2	2	2	3	1	1	1	1	1
Primary Care Management	1	1	2	2	2	2	3	1	1	1	1	1
Prince Philip Hospital	3	3	3	3	3	3	3	3	3	3	3	3
Radiology	3	3	3	3	3	2	2	2	3	3	3	3
Withybush Hospital	2	2	3	3	3	3	3	3	3	3	3	3
Women & Children	3	3	3	3	3	3	3	3	3	3	3	3

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.

Financial Performance

- The Chief Operating Officer (£1.1m), Director of Therapies and Health Sciences (£0.2m) and Director of Nursing (£0.3m) portfolios are adversely performing against core budgets, offset by all other directorates under-spending against core budgets, when factoring in over/under delivery against expected savings scheme benefits.
- The projected under-delivery against identified savings plans of £1.4m is linked, in the main, to bed plans within Withybush General Hospital.

Agency and Variable Pay Sustainability

- Managing medical rotas and variable pay has been a critical focus for the Health Board, with Bronglais Hospital (BGH) and Mental Health and Learning Disabilities (MHL) continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters.
- Medical rate card proposals are continuing to be discussed with the Local Medical Committees (LMC) and exit strategies for reliance on premium cover are required.
- A key enabling component of the plan is the Allocate adoption across the all patient facing medical staff. Whilst plans are progressing around variable pay, E-rostering, this is pending the Allocate implementation and business process adoptions to ensure sustainable staffing levels are achieved without the reliance on agency.

- Contained within ‘Ministerial Enablers: Annex 2’, specific requirements are set out for the Health Board to take further action to reduce the amount it spends on variable pay and agency, and has set out the following mandate:
 - 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.
- A Financial Control Sub-Group decision has been taken to allow a non-direct engagement medical agency worker (off-contract) to support a hard to fill position in a fragile service on a six-month basis. This will require a justification as part of the Ministerial Enablers: Annex 2, should costs be incurred during 2025/26.

Current Status of Budget Delegation Accountability Letters for the 2025/26 Financial Plan

- 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 Accountable Officer for the Health Board (Chief Executive) to Executive Directors and Clinical Care Group or Executive Function Leads, with a deadline for return of 31 March 2025.
- An escalation approach is planned in three stages, with the first being complete, for the signed responses that are outstanding:
 - Corporate Reporting to send a reminder once the deadline has passed, this reminder was sent on 1 April 2025
 - Executive Director of Finance to send a second reminder after the summary status has been shared through a Formal Executive Team meeting
 - Chief Executive to arrange a meeting as a final review of why a signed response has not been received, before papers are due for the Public Board meeting on 29 May 2025, in which an update will be given
- **Appendix 2** details the status of the Executive Director and the Clinical Care Group or Executive Function leads responses as of Monday 14 April 2025.
- In summary, the number of letters sent, and responses received is as per the following table:

Approval Status Update	Number of letters sent	Number of letters approved
Executive Director	9	5
Clinical Care Group / Executive Function Leads	21	10
Total	30	15

Financial Outlook 2025/26

Included within Appendix 1 is an update surrounding the opportunities and savings that are being progressed as part of the 2025/26 Financial Plan.

Assure (to note)

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

Cash

The receipt of WG strategic cash of £24.0m together with working capital balances meant that the Health Board was able to pay all its creditors in March 2025.

Capital

The Health Board has underspent against the Capital Resource Limit (CRL) by £85k and has therefore met its statutory duty.

Grip And Control Measures

- An internal escalation framework has been agreed and implemented. Escalation meetings have been undertaken for all escalated directorates. These directorates have received a clear message over the need to deliver financial recovery plans for their core budgets, and to convert savings opportunities into deliverable plans.
- Whilst the process and monitoring of the internal escalation framework can be assured, the Board is advised in the Alert section of those directorates that do not deliver the outcomes required.
- Grip and control measures covering recruitment, training and procurement, overseen through the Financial Control Subgroup, chaired by the Director of Finance are providing scrutiny to current vacancies, with a sense of control starting to permeate across the organisation, resulting in improvements to the financial bottom line in recent months.
- Further controls implemented and now in place include:
 - The cessation of any planned Nurse and Healthcare agency for all service areas with the exception of Bronglais General Hospital, who will cease from March 2025;
 - Cessation of Admin and Clerical variable pay, including additional hours, overtime, and bank requests;
 - Exceptional requests will only be approved via an application to the Financial Control Subgroup.
 - Further work is ongoing with regards to Medical, as referenced in the Alert section.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **NOTE** 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.
- **SCRUTINISE** the Executive Delegated Officer portfolios which have overspent against their delegated budgets.
- **ACKNOWLEDGE** 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.
- **SEEK 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).
- **SEEK 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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>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:</p> <p style="padding-left: 40px;">3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers;</p> <p style="padding-left: 40px;">3.1.5.2 Performance against the savings requirement;</p> <p style="padding-left: 40px;">3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	<p>1843 (score 10) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2024/25 due to significant deficit position.</p> <p>2000 (score 12) Risk of the Health Board significantly underspending in excess of its statutory Capital Resource Limit for 2024/25.</p>
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	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 Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili 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 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.



GIG
CYMRU
NHS
WALES








Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Financial Performance Report

Month 12 2024/25

Finance and Performance Committee 20 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.

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.

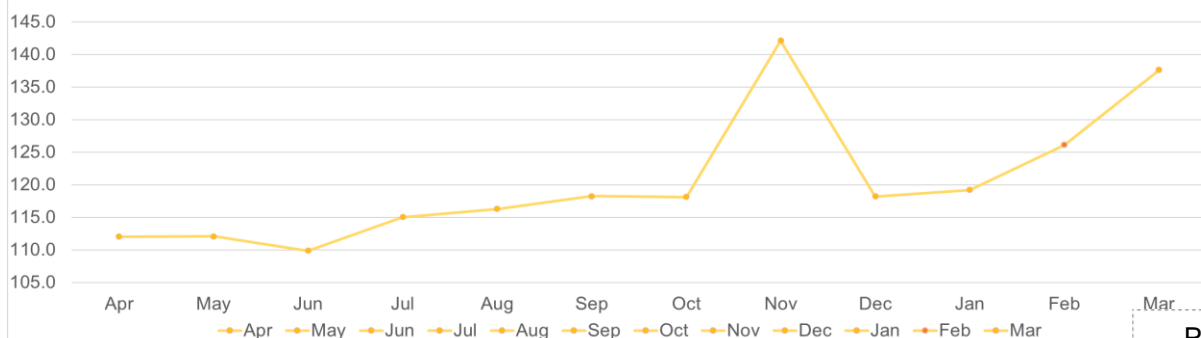
Driver (£'m)	Prior Month End of Year Forecast	Unaudited End of Year Position	Movement in Forecast
Restated Planned Deficit	31.5	31.5	0.0
Unidentified Savings Gap	(0.5)	(0.5)	0.0
Under / (Over) Delivery of Savings Schemes	1.4	1.4	0.0
Core Operational Variation	(8.4)	(8.3)	0.1
Gross Forecast	24.0	24.1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

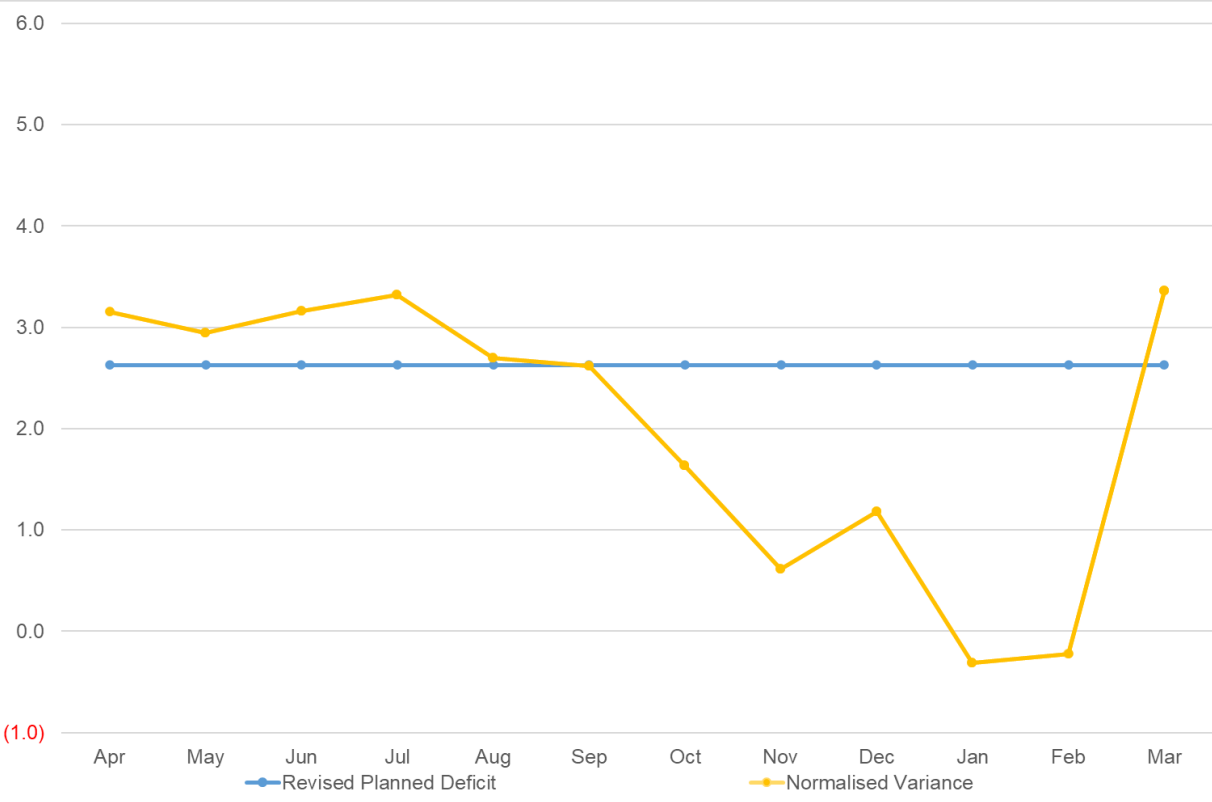
Key Performance Commentary

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

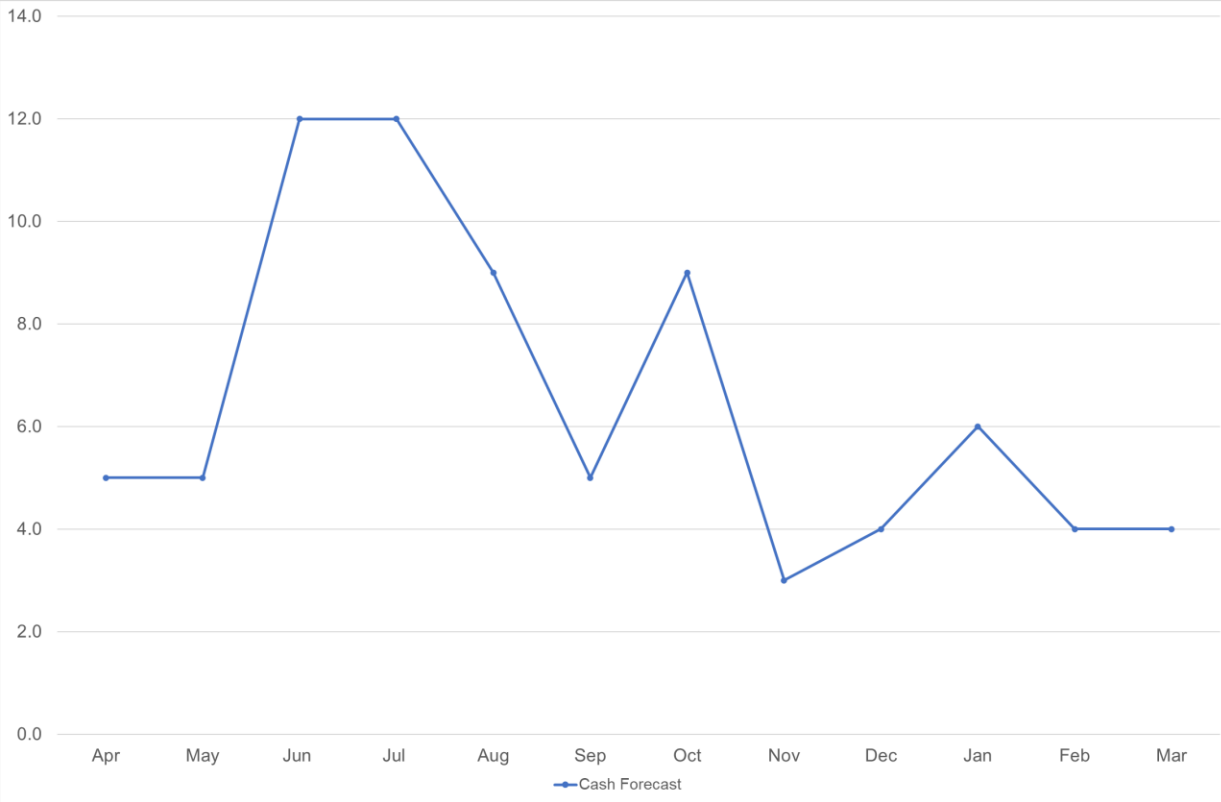
Unaudited Revenue Deficit Trajectory (£'m)

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

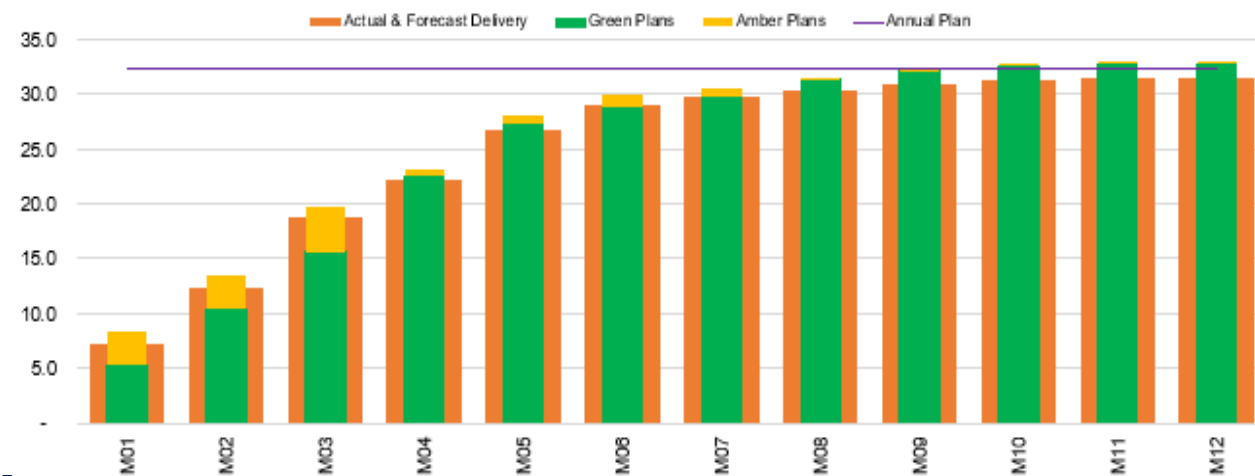


Recurrent Delivery
£18.1m

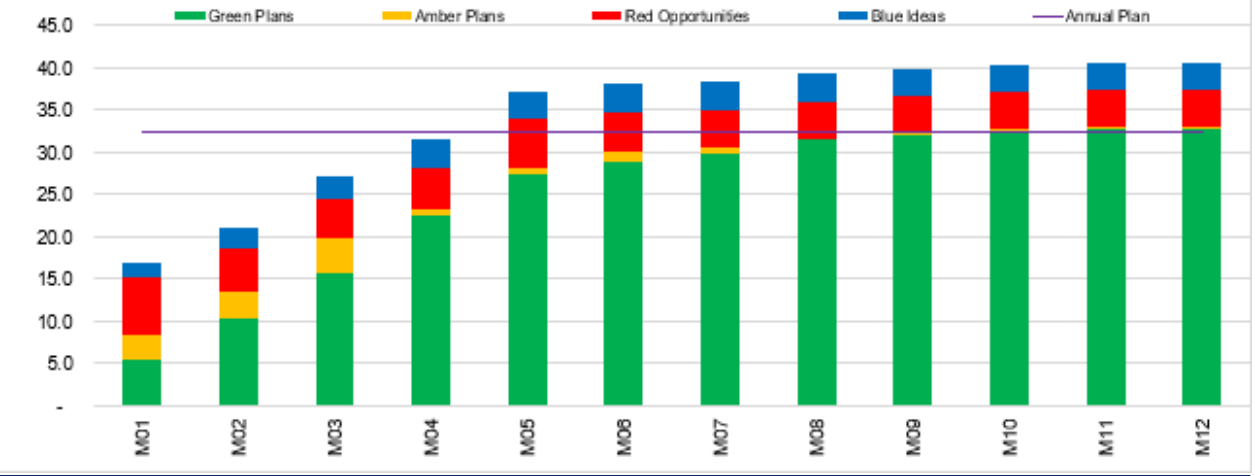


Recurrent Shortfall
£14.3m

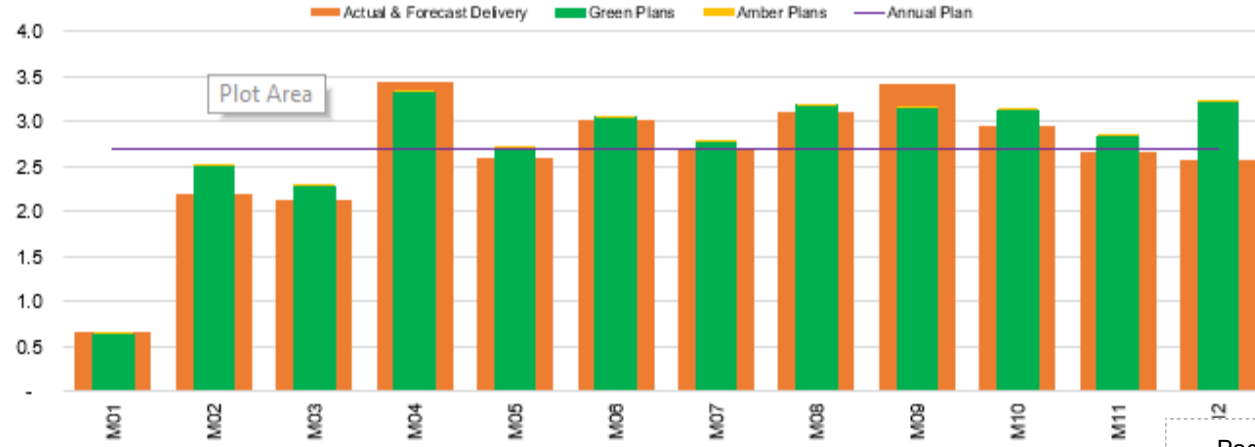
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



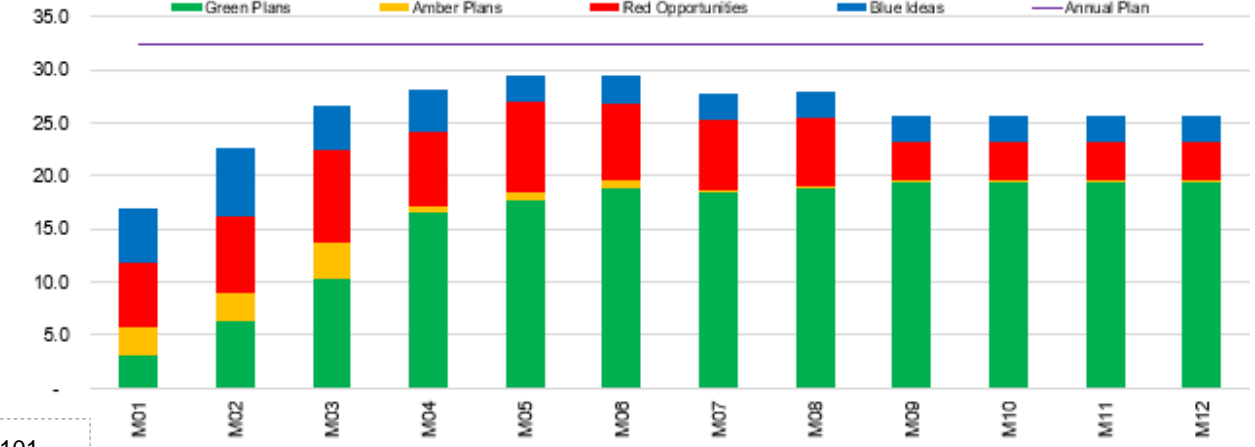
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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	

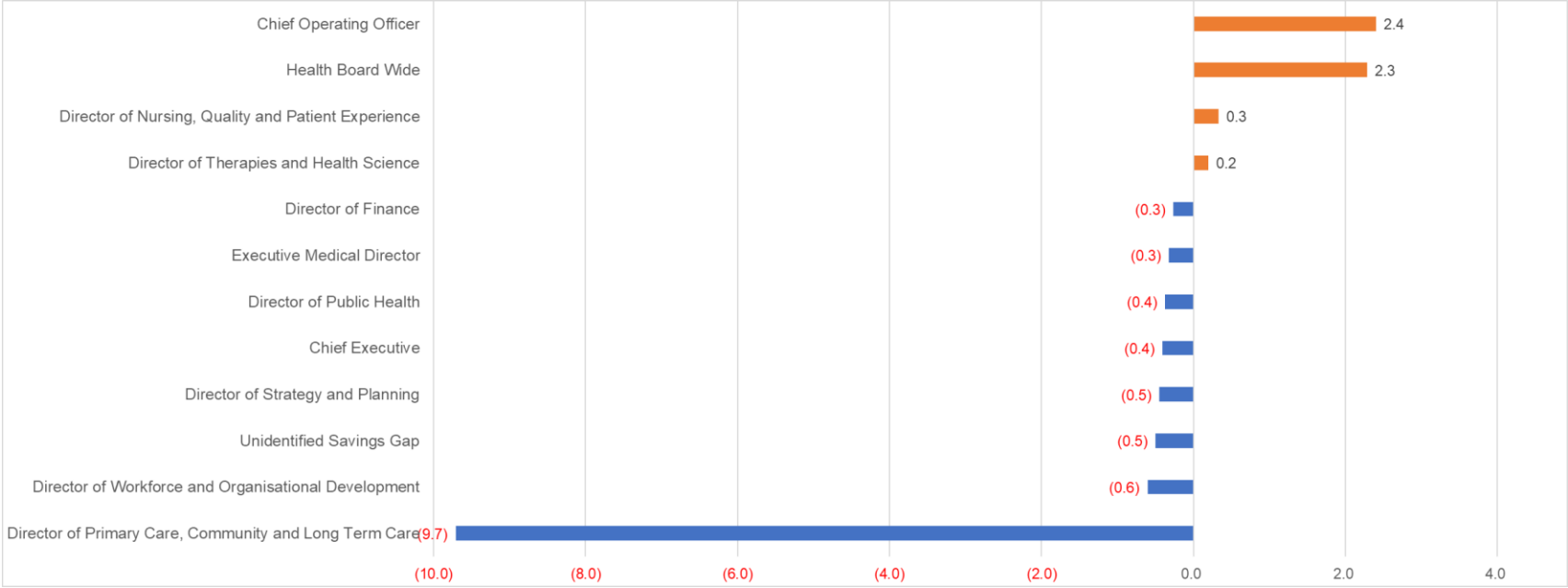
Revenue Position (2 of 3): Unaudited End of Year Revenue Position

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)

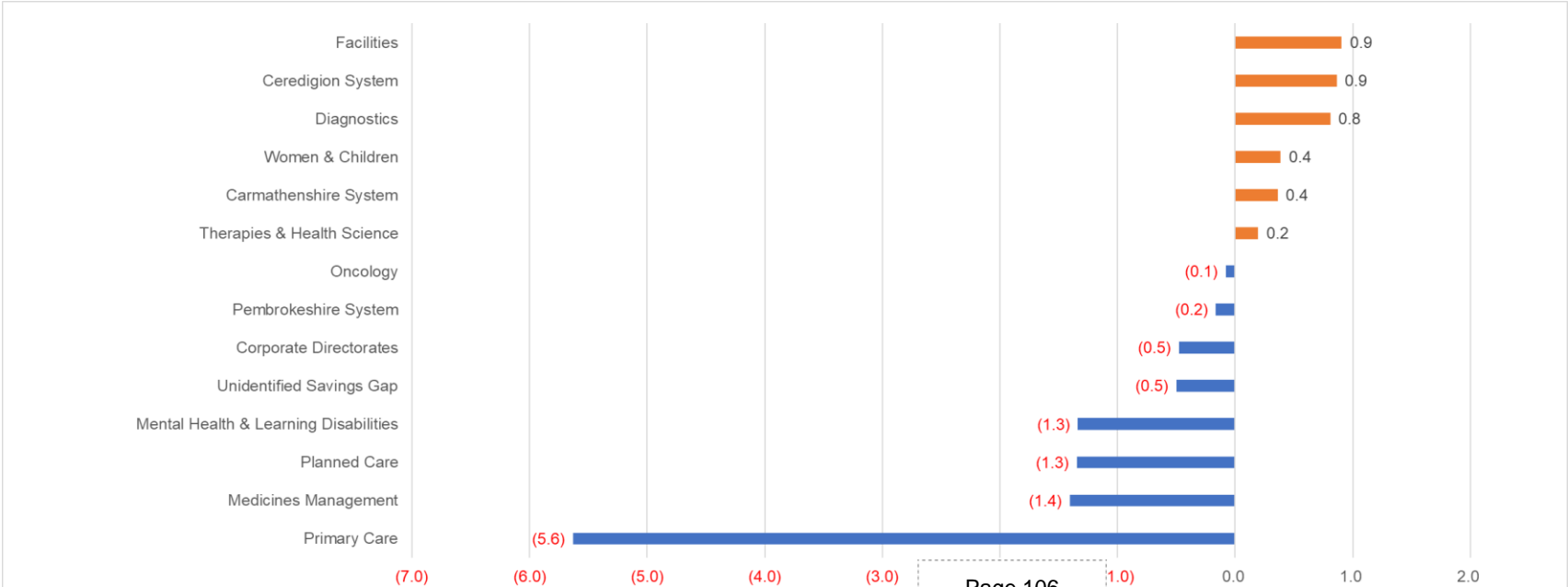
Delegated Officer Performance

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

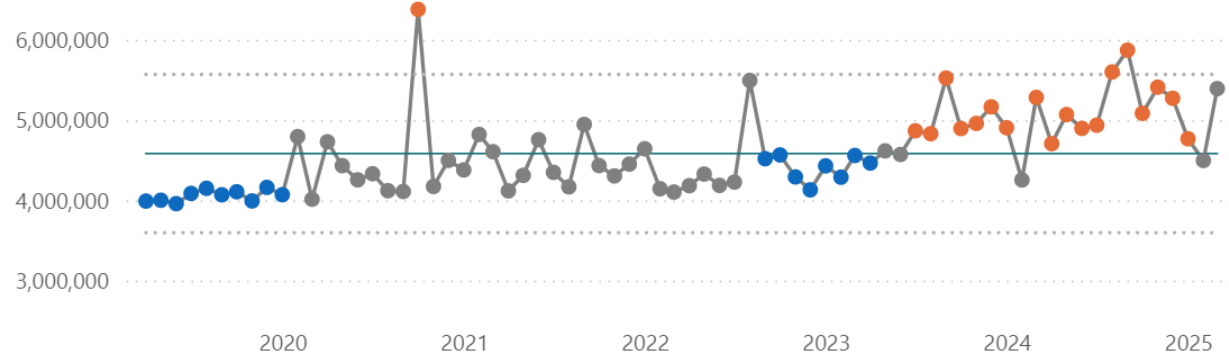
- 1. Underlying Deficit Impact of Non-Recurrent Savings and Underspend** - The underlying deficit will deteriorate by the recurrent savings shortfall and non-recurrent underspends. £17.6m of savings delivery in 2024/25 is non-recurrent, largely linked to underspending directorates, and will therefore 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.

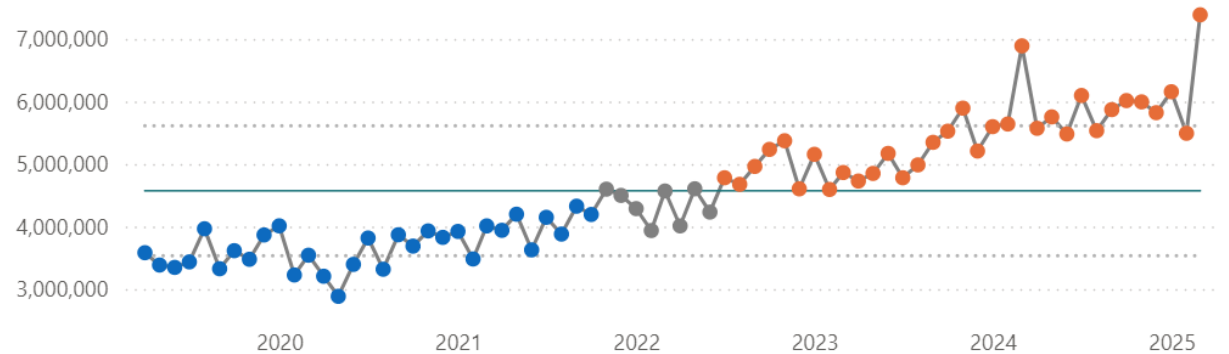


In month increased costs as a result of back dated client reviews in Ceredigion alongside purchase of Mental Health & Learning Disabilities assessment packages.

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.

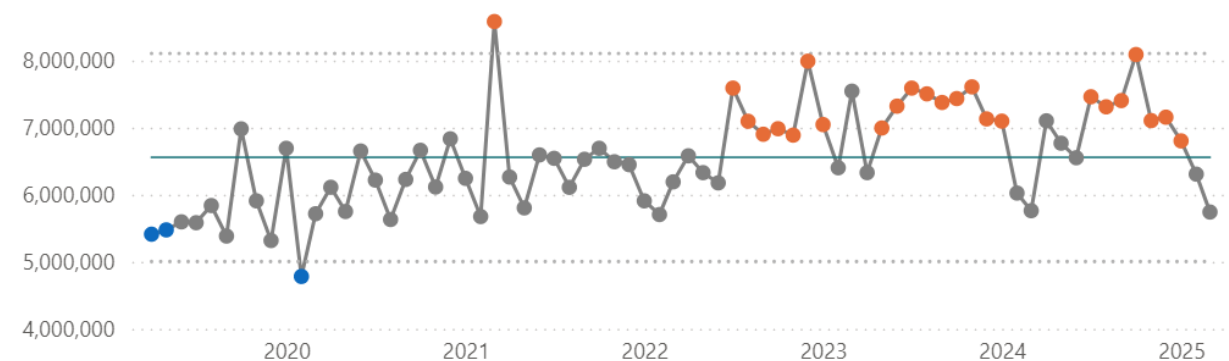


Increase in Oncology price per patient alongside Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Witybush.

Primary Care Prescribing Expenditure (£'m)

This indicator is showing expected (common cause) variation.

Expected performance is between £5.0m and £8.1m.

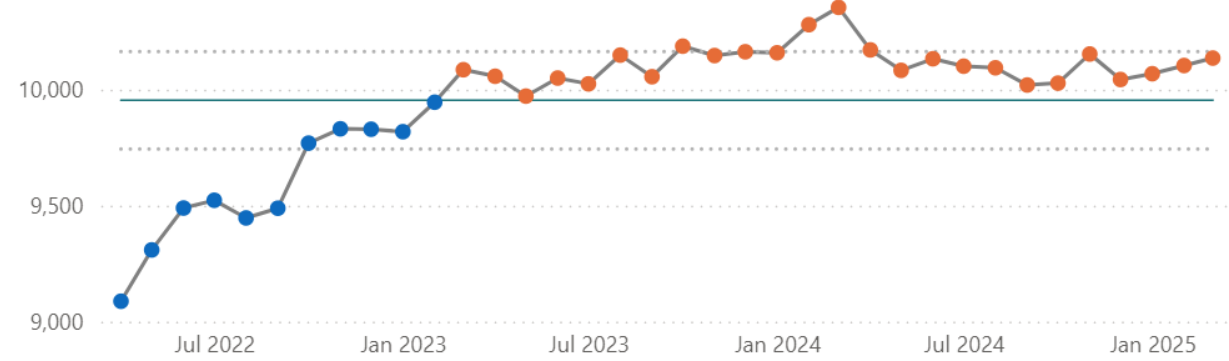


Primary Care price impact of the January Prescribing Audit Report which has been transacted in-month.

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.

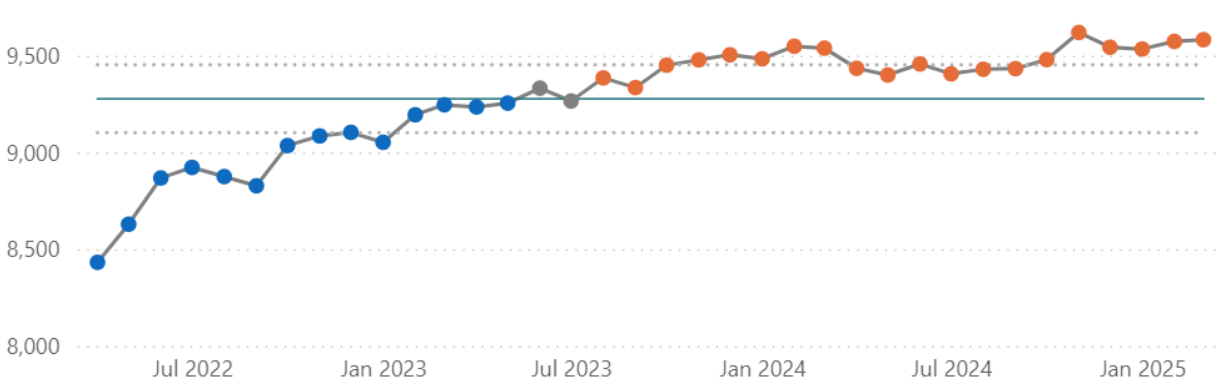


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

Appendix: Key Analysis (2 of 7)

Substantive (WTE)

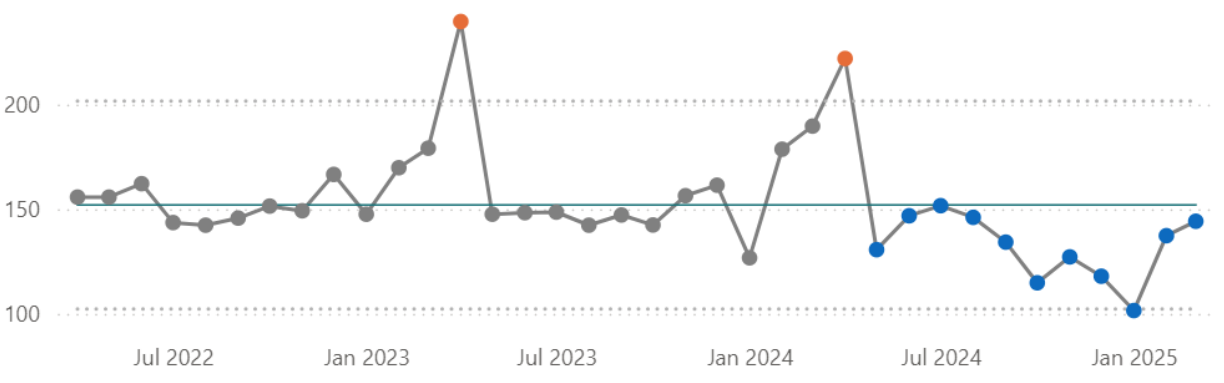
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,102 and 9,452



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)

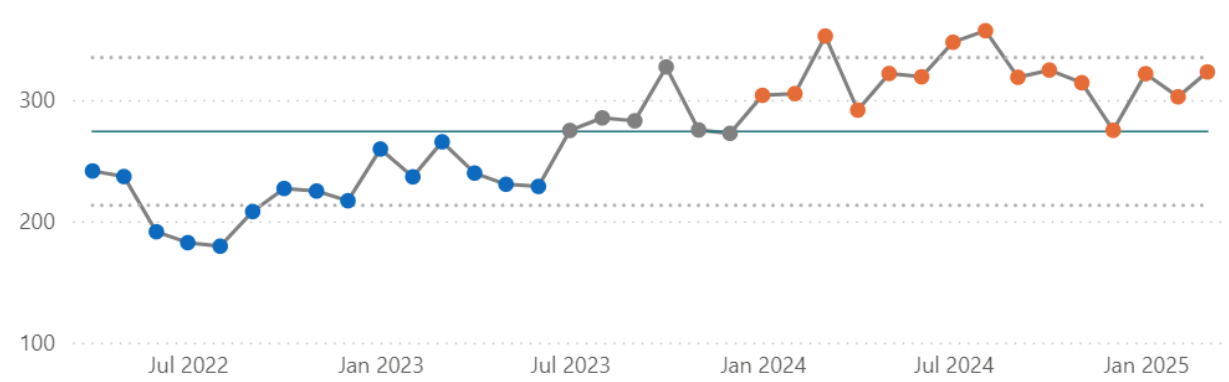
The latest data is showing improvement. Expected performance is between 102 and 202.



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

Bank (WTE)

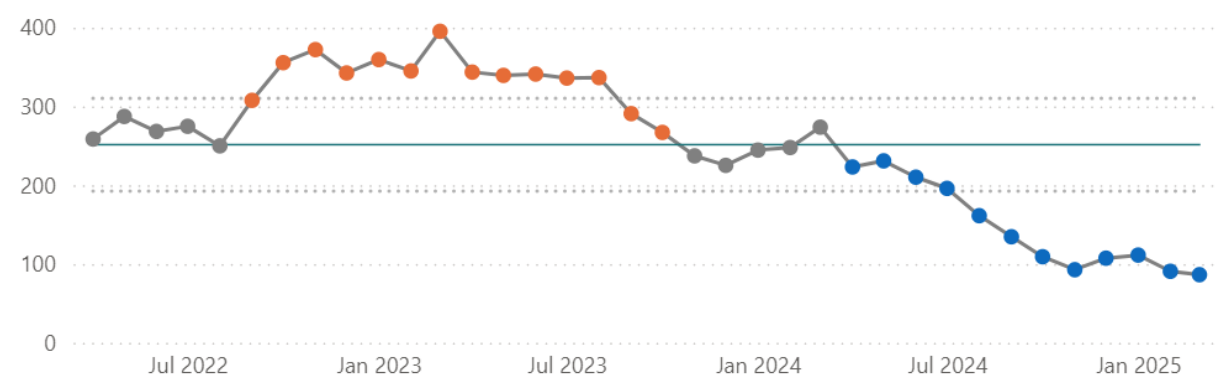
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 213 and 335.



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.



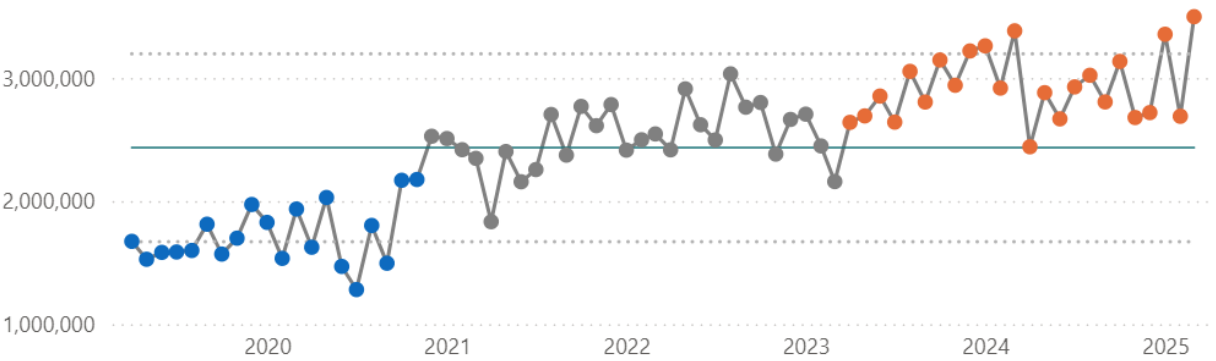
The WTE used in month was 86, this is the lowest level seen since the implementation of te.

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.

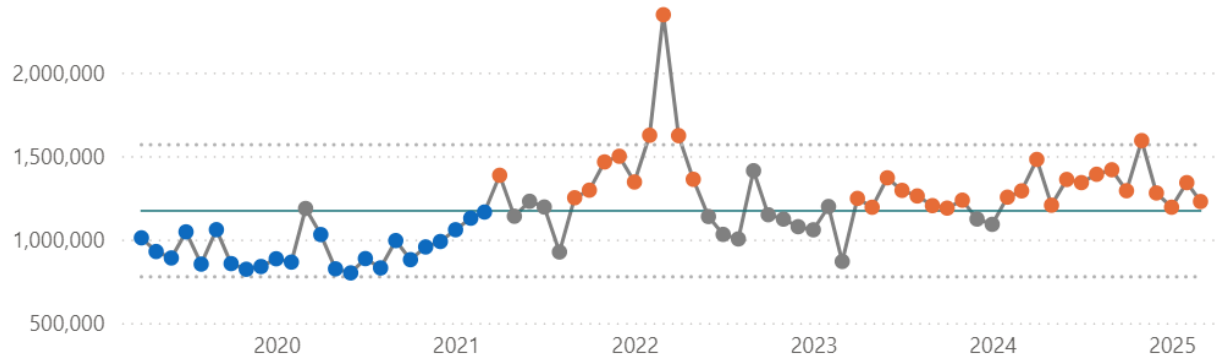


Paediatrics, Obstetrics and Gynaecology increased locum usage with additional shifts. Withyush Hospital requirement to cover gaps in the roster within Accident & Emergency.

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.

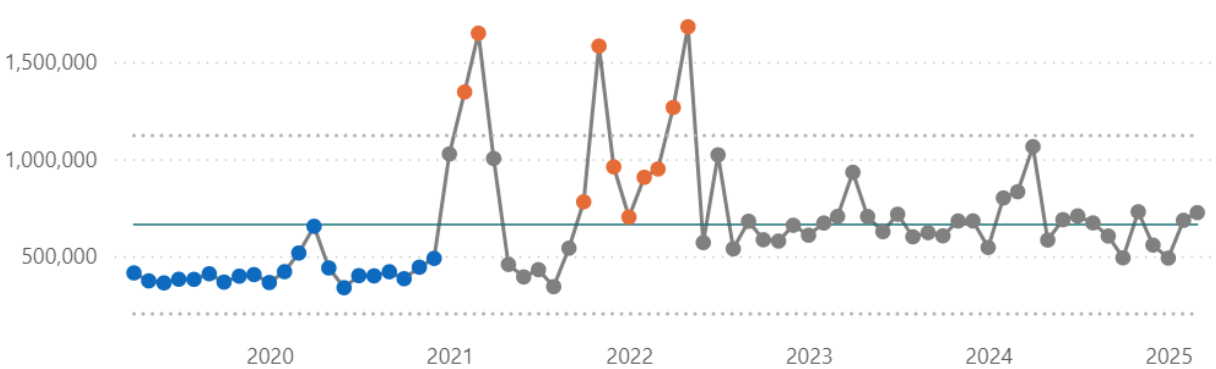


Whilst there is not a concerning statistical trend yet, the most recent months have shown a steady rise in bank usage

Overtime Expenditure (£'m)

This indicator is showing expected (common cause) variation.

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

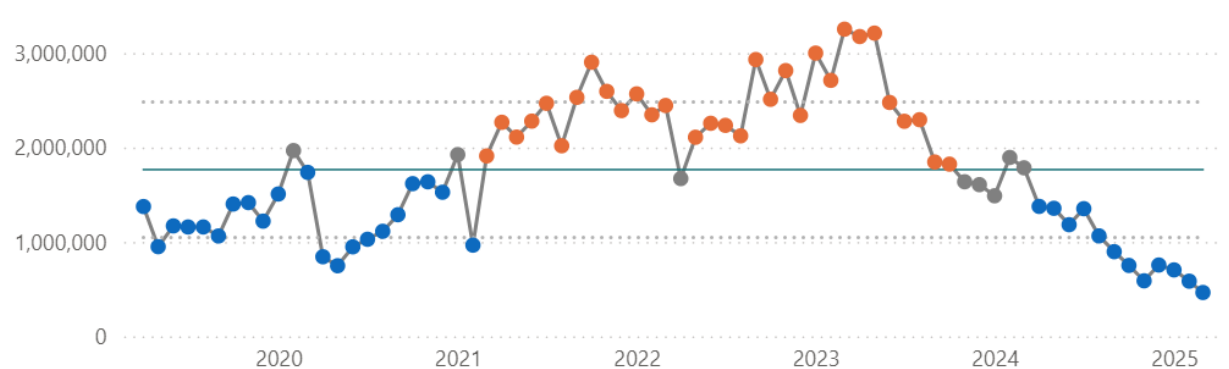


Whilst there was not a concerning statistical trend yet, the recent months have shown a steady decrease in overtime usage.

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 rescheduled 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)

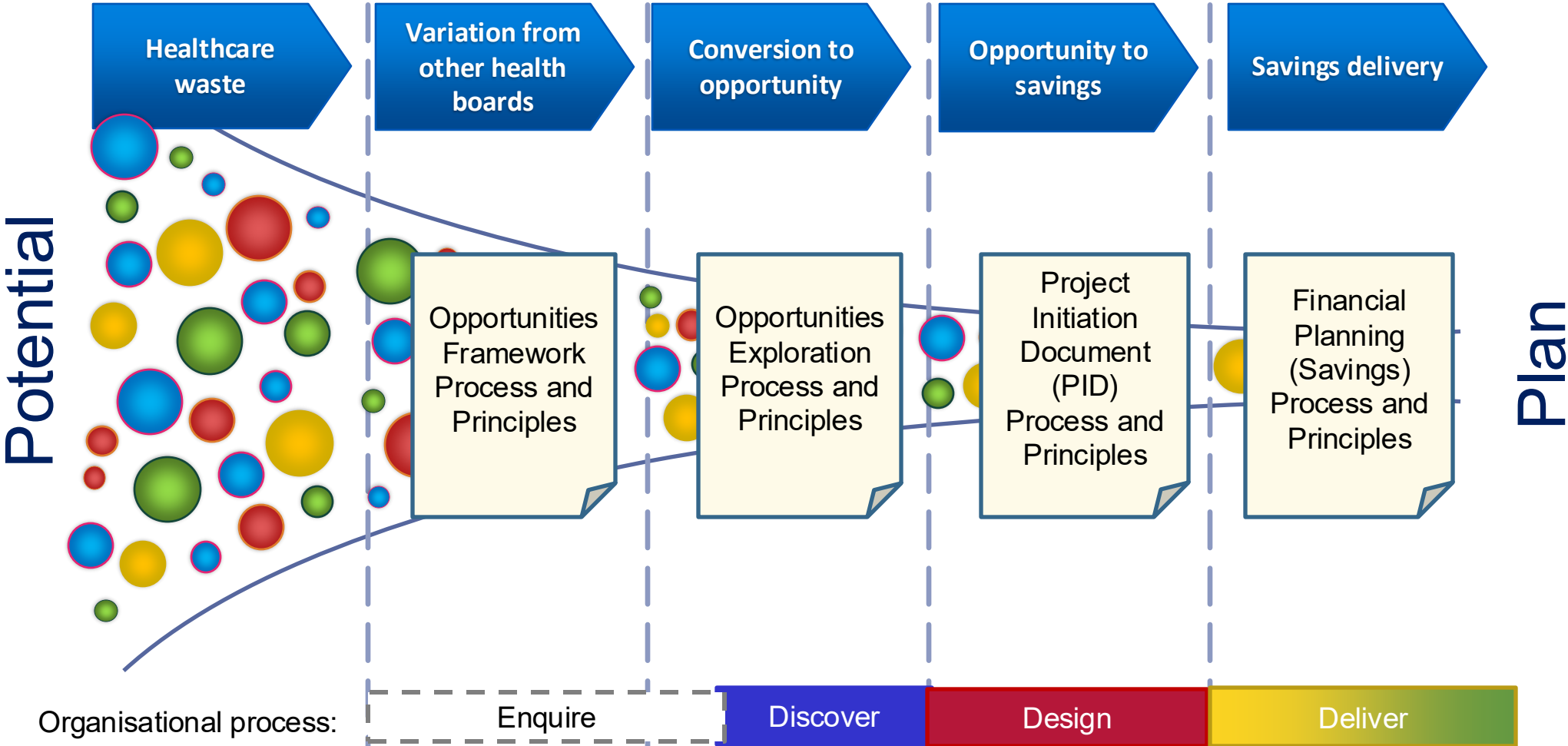
DIRECTORATE	PAY				NON PAY				INCOME	Grand Total
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING, MIDWIFERY AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY	INCOME	
CHIEF EXECUTIVE	(24)					(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			0					2,630		2,630
UNIDENTIFIED SAVINGS GAP								(530)		(530)
Grand Total	(312)	(147)		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)	264	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.



GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Accountability Letter

Approval Status Update

Finance and Performance Committee 29 April 2025

Accountability Letters – Approval Status Update

- Following the approval gained at the Sustainable Resources Committee on 25 February 2025, budget delegation accountability letters for the 2025/26 financial plan 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.
- A reminder was sent on 1 April 2025 from the Corporate Reporting team in Finance, to those where a signed response had not been received.
- The following slides summarise the status of the Executive Director and the Clinical Care Group / Executive Function leads responses as at Monday 14 April 2025.
- An escalation approach is planned in three stages, with the first being complete, for the signed responses that are outstanding:
 1. Corporate Reporting to send a reminder once the deadline has passed
 2. Executive Director of Finance to send a second reminder after the summary status has been shared through a Formal Executive Team meeting
 3. Chief Executive to arrange a meeting as a final review of why a signed response has not been received, before papers are due for the Public Board meeting on 29 May 2025, in which an update will be given

Executive Director Approval Status Update

Executive Director	Delegation	Status Update
Chief Executive	Phil Kloer	No onward delegation as Accountable Officer for Health Board
Executive Medical Director	Mark Henwood	Signed 18 March 2025
Chief Operating Officer	Andrew Carruthers	Response on the 02 April 2025 – signed response will not be given until sighted on their delegated officers' approval status
Executive Director of Allied Health Professions and Health Sciences	James Severs	No response
Executive Director of Finance	Huw Thomas	Signed 31 March 2025
Executive Director of Public Health	Ardiana Gjini	Signed 31 March 2025
Executive Director of Strategy and Planning	Lee Davies	Response on the 07 April 2025 – to be signed for non-LTA budgets, with LTA discussions ongoing to understand contract commitments. Response imminent
Executive Director of Nursing, Quality and Patient Experience	Sharon Daniel	No response
Executive Director of Workforce and Organisational Development	Lisa Gostling	Signed 14 April 2025
Health Board Wide Elements	Huw Thomas	Signed 31 March 2025

Clinical Care Group / Executive Function Approval Status Update (1 of 2)

Executive Director	CCG / Executive Function	Delegation	Status Update
Chief Executive	Chief Executive (excluding Health Board Deficit and Savings)	Jo Wilson	Response on 01 April 2025 – not in a position to approve until budget changes are actioned – finance to update
Executive Medical Director	Executive Medical Director	Carly Hill / John Evans	Carly Hill signed 01 April 2025. Re-issued to John Evans on 11 April 2025
Chief Operating Officer	Community and Integrated Medicine	Peter Skitt	Signed 07 April 2025
	Planned and Specialist Care	Paula Goode	No response
	Operational Allied Health and Health Sciences	Sara Quarrie	Response on 24 March 2025 – need further work with Finance to understand the detailed budgets – ongoing
	Primary Care, Community Strategy and Long-Term Care	Jill Paterson	Response on 01 April 2025 – requested detailed budget information, which has been provided
	Mental Health and Learning Disabilities	Liz Carroll	Signed 31 March 2025
	Estates and Facilities	TBC	Chief Operating Officer to advise on delegation once known, but virement to be created to Executive Director of Allied Health Professions and Health Sciences
	Chief Operating Officer Management	Gareth Cottrell	Response on 07 April 2025 – requested editable version of the letter, which was sent on 08 April 2025

Clinical Care Group / Executive Function Approval Status Update (2 of 2)

Executive Director	CCG / Executive Function	Delegation	Status Update
Executive Director of Allied Health Professions and Health Sciences	Executive Director of Allied Health Professions and Health Sciences	Jo Bradburn	No response
Executive Director of Finance	Finance	Andrew Spratt	Signed 18 March 2025
	Digital	Anthony Tracey	Response imminent
Executive Director of Public Health	Executive Director of Public Health	Bruce Bolam	Signed 03 April 2025
Executive Director of Strategy and Planning	Strategy and Planning	Shaun Ayres	Response imminent
	LTA's with Other NHS Providers	Shaun Ayres	Response imminent
Executive Director of Nursing, Quality and Patient Experience	Executive Director of Nursing, Quality and Patient Experience	Janice Cole-Williams	Awaiting updated delegation from Executive Director of Nursing
Executive Director of Workforce and Organisational Development	Executive Director of Workforce and Organisational Development	Steve Morgan	Updated delegation from Executive Director of Workforce to re-issue
Health Board Wide Elements	Central Capital	Rhian Davies	Signed 25 March 2025
	Central Contracting	Sian Jenkins	Signed 24 March 2025
	Central Financing	Rhian Davies	Signed 25 March 2025
	Central Income	Sian Jenkins	Signed 24 March 2025
	Central Reserves	Andrew Spratt	Signed 18 March 2025

3.2

11:15 AM, 10 Mins

3.2 - PLANNING OBJECTIVES UPDATE REPORT

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For assurance

Attachments

[Planning Objectives Update Report FPC 29 April 2025.pdf](#)

[Annex 1 Planning Objectives Highlight Report.pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 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

This paper provides the Finance and Performance Committee (FPC) with an update on the Planning Objectives aligned to it as part of the 2024/25 Annual Plan with regards both specifically for Quarter 4 2024/25 but also for 2024/25 as a whole.

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 (previously aligned to the Sustainable Resources Committee)
- **Planning Objective 3:** Urgent and Emergency Care (previously aligned to the Strategic Development and Operational Delivery Committee)
- **Planning Objective 4:** Planned Care including cancer and diagnostics (previously aligned to the Strategic Development and Operational Delivery Committee)

- **Planning Objective 5: Mental Health and Learning Disabilities** (previously aligned to the Strategic Development and Operational Delivery Committee)

Asesiad / Assessment

The overarching status of the four Planning Objectives aligned to FPC are as per the table below:

Planning Objective	Executive Lead	Quarter 4 Status
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	<ul style="list-style-type: none"> • RTT – Complete • Diagnostics – Behind • Cancer – On-track
5: Mental Health and Learning Disabilities	Director of Operations	On-track

Highlight reports are included in **Annex 1** with regards to both quarter 4 of 2024/25; and 2024/25 as a whole, where applicable.

As noted in the January 2025 Board Paper, the actions and milestones for 2025/26 will continue to be tracked through Planning Objectives and regularly reported to the appropriate committee. Each Planning Objective will also support delivery across the Efficiency, Productivity and Value themes - people, place, enablers, quality, value and outcomes, and clinical service models.

Further, as noted in the Annual Plan for 2025/26 that following the revision of our purpose statement and strategic objectives, the Planning Objectives will be refreshed through quarter one, aligned to Chief Executive and Executive Director objective setting. Additional areas to be considered as part of this include the strategic refresh and a focus on transforming 'customer' service.

Argymhelliad / Recommendation

The 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

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

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)

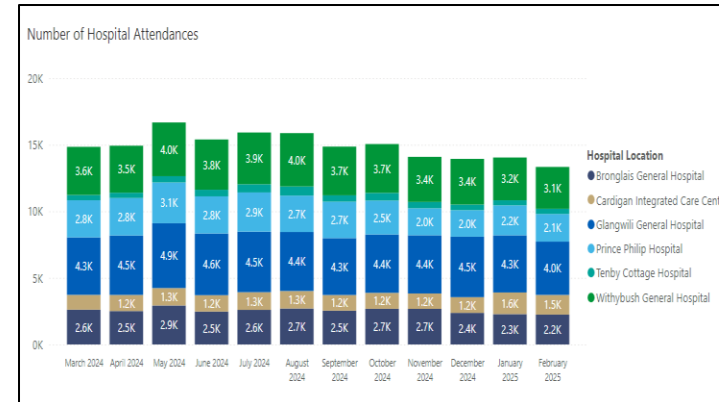
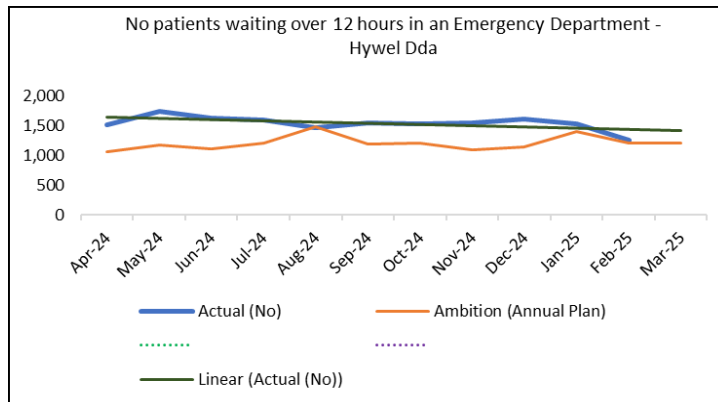
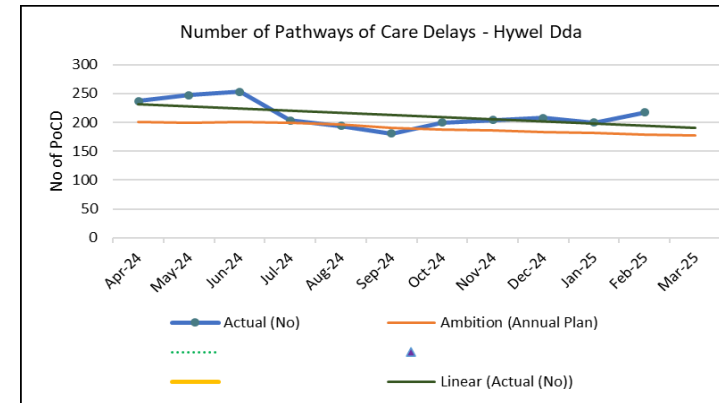
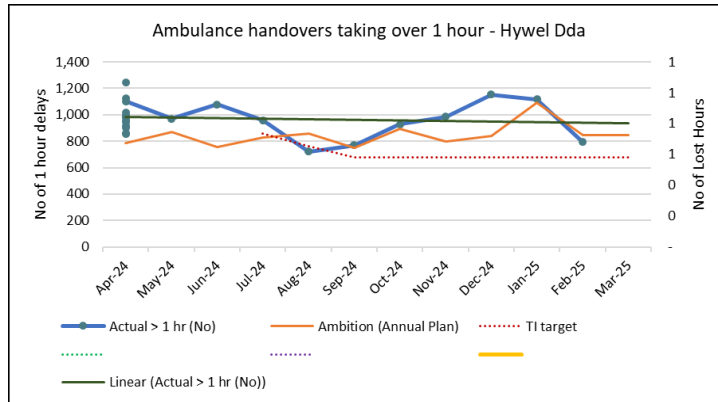
- As per the Six Goals 25/26 Programme Plan

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 workforce.

3.3

11:25 AM, 10 Mins

3.3 - PROCUREMENT SCRUTINY

Gemma Deverill
(NWSSP -
Procurement)

| For assurance

Attachments

[Procurement Report FPC 29 April 2025.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Procurement Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas - Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Katharine Fletcher – 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 Finance and Performance Committee (FPC) of the outcome of the procurement exercises which have been undertaken on behalf of Hywel Dda University Health Board (HDdUHB):

1. Outsourcing of Ophthalmology Services (Stage 4 - Cataracts)

In line with Welsh Government (WG) 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. Outsourcing of Ophthalmology Services (Stage 4 - Cataracts)

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)
1 July 2025 – 31 March 2026 with an option to extend for a further twelve months to 31 March 2027.	TBC – this will be confirmed post-FPC and will be included within the Board paper.	£N/A	£3,000,000.00	£6,000,000.00

Asesiad / Assessment

Tender Process

1. Outsourcing of Ophthalmology Services (Stage 4 - Cataracts)

HDdUHB Scheduled Care Directorate are seeking to award a contract to appoint a one suitably qualified provider to deliver an Outsourced Ophthalmology solution for cataracts procedures. The Health Board have been allocated funding this year to deliver the upon WG targets with regards to referral to treatment times (RTT) and reducing waiting list initiatives (WLI).

WG are committed to reducing RTT; RTT is the time taken from referral by a GP to hospital for treatment, and includes time spent waiting for any hospital appointments, tests, scans, and other procedures that may be needed. WG RTT targets include that 95% of patients referred for planned care should be seen within 26 weeks, and 100% seen within 36 weeks.

A mini competition is in process utilising the NHS Wales's Framework Agreement for Outsourcing/Insourcing of Clinical, Surgical & Diagnostic Services (OJEU ref PRO-OJEULT-50776) under Lot 1a Outsourcing.

The contract term is expected to be from the 1 July 2025 and will run for an initial nine-month period to the 31 March 2026 with an option to extend for a further one year to the 31 March 2027 with a total contract budget (including extensions) of £6,000,000.00. Please note this is a zero-commitment contract, service levels and Key Performance Indicators (KPIs) will be established within the mini competition documents and agreed with the successful provider to be reported on monthly.

Argymhelliad / Recommendation

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

- **APPROVE** the award of Outsourcing of Ophthalmology Services (Stage 4 - Cataracts) to (provider to be confirmed prior to Board) 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).

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 Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	Not Applicable

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

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
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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

3.4

11:35 AM, 0 Mins

3.4 - 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 April 2025 Finance Performance Committee \(Final\).pdf](#)



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 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, 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 spend against the 2024/25 Capital Resource Limit (CRL)
- Note the project updates

Cefndir / Background

This report provides an update on the CRL for 2024/25.

Asesiad / Assessment

The final CRL for 2024/25 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
International Financial Reporting Standards (IFRS) 16 Leases	1.522
Total	42.759

In addition to the above the following were available for use:

- £0.555m of value added tax (VAT) recovery is available for use following completion of the review of the 2023/24 programme.
- £0.793m release of a VAT provision made for the Bronllais Hospital (BGH) Front of House Scheme following a decision by His Majesty's Revenue & Customs.
- £0.540m following a review of aged accruals on the Balance Sheet.

These have been utilised to address some of the Health Board's backlog estates and medical / digital equipment replacement. Items funded include the purchase of replacement Windows 10 devices which are becoming end of life, three tissue processors and the replacement of the roof over the Outpatients Department at Withybush Hospital (WGH).

Since the previous report, the following changes to the CRL have been made:

Scheme	£m	Description
Estates Funding Advisory Board	(0.227)	Scheme slippage identified
Backlog Maintenance 24/25	(0.605)	Scheme slippage identified
Year End Funding – October 2024	(0.443)	Scheme slippage identified
Aberystwyth Sexual Assault Referral Centre	0.213	Accelerated spend in 2024/25, scheme completing in 2025/26
Discretionary Capital Programme	1.062	This represents the net effect of the above four scheme variances. Spend has been accelerated on DCP schemes to offset the above slippages. 2025/26 DCP will be reduced to compensate for this.
Year End Funding – February 2025	0.446	Replacement medical devices
Year End Digital Funding – February 2025	0.130	CCTV cameras
IFRS 16 – Pentre Awel	(1.174)	Funding requirement for lease element of Pentre Awel, now in 2025/26
IFRS 16 allocations	0.771	
	0.173	

In addition to the resource allocated through the CRL and the net book value of disposals, the Health Board is able to make capital purchases through donations.

Allocation	£m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
Donations	2.758
International Financial Reporting Standards (IFRS) 16 leases	1.522
Total Resource Available	45.517

The un-audited Capital Expenditure position for 2024/25 is detailed in the table below:

Scheme	Un-audited Spend 2024/25 £m
AWCP	
EFAB - Infrastructure	2.888
EFAB – Fire	1.123

Withybush RAAC fees and works	5.198
Glangwili Fire Enforcement Phase 1	8.030
Glangwili Fire Enforcement Phase 2 - Fees	0.066
Cross Hands Health and Wellbeing Centre	0.208
BGH Digital Radiology X-Ray works	0.258
Diagnostic Equipment 2024-25	2.400
Backlog Maintenance 2024-25	2.593
DPIF - RISP	0.201
Fishguard Health and Wellbeing Centre	0.077
Year End Funding – October 2024	0.954
Aberystwyth Sexual Assault Referral Centre	0.987
Block C, Picton Terrace, Carmarthen	1.347
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.486
Diagnostic and Medical Equipment 2024-25	3.924
Glangwili Laundry Hub – Transfer from NWSSP	0.080
Digital Equipment – December 2024-25	0.483
Transfer from PHW for refurbishment of molecular laboratory	0.093
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007
Year End Funding – January 2025	1.386
Year End Funding – January 2025 – Digital	0.600
Year End Funding – February 2025	0.446
Year End Digital Funding – February 2025	0.141
Carmarthen Hwb	0.282
Sub-total AWCP	34.258
Discretionary	
Digital	1.619
Equipment	1.537
Statutory Compliance	0.439
Estates	2.195
Other	1.104
Sub-total Discretionary	6.894
Donated & Granted Assets	2.758
IFRS 16	
New and renewed leases	1.522
Sub-total IFRS 16	1.522
TOTAL	45.432

Against the resource available, the unaudited expenditure position for the year is an underspend of £0.085m

The revenue implication of this spend is detailed in **Appendix 1**.

Equipment Vested/Bonded at Year-End

As previously reported, there was a requirement to vest some items of equipment. These are detailed below:

Item of equipment	£m
WGH Fluoroscopy Machines	0.443
Electronic Prescribing and Medicines Administration Carts	0.388

Bronglais General Hospital Generator	0.509
Central Stations	0.211
Arjo Baths	0.018
Total	1.569

Capital Scheme Updates (Schemes greater than £1m)

Cross Hands Health and Wellbeing Centre (HWBC)

Following recent Welsh Government (WG) correspondence, the Health Board is reviewing the Full Business Case, which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints by WG in September 2023.

WGH Reinforced Autoclaved Aerated Concrete (RAAC) Works

Extensive work has been undertaken at WGH to make safe the roof following surveys assessing the extent of RAAC used in its original construction. £12.8m has been awarded by WG to undertake the works. Works required to six of the affected wards were completed by March 2024. The remaining works completed in March 2025.

BGH Chemotherapy Day Unit

Work on a new Chemotherapy Day Unit at BGH commenced in May 2024. The scheme will remodel part of the existing floor area and repurpose accommodation to ensure the needs of staff and patients are met to deliver a modern and welcoming facility. The majority of the scheme has been funded via charitable funds with a £0.32m contribution from the Health Board's discretionary capital programme.

The new Unit is due to open in May 2025.

Aberystwyth Sexual Assault Referral Centre (SARC)

Following WG approval of the business case for the Aberystwyth SARC, £3.354m funding has been provided with work starting in January 2025 and due to complete in 2025/26.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the draft year end outturn against the CRL for 2024/25, subject to audit.
- **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:

3.1.3 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 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 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 Termiau: Glossary of Terms:	Explanation of terms is included in the main body of the report.
Partion / 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.
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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 2024/25:

Scheme	Total £'m	Additional £'m	Costs included in current budgets (replacement) £'m
AWCP			
Estates Funding Advisory Board (EFAB) - Infrastructure	0.00	0.00	0.00
EFAB - Fire	0.00	0.00	0.00
EFAB - Decarbonisation	0.00	0.00	0.00
Withybush - RAAC Fees and Works	Future ongoing survey and other costs not yet known		
GGH Fire Enforcement Phase 1	0.00	0.00	0.00
GGH Fire Enforcement works – Phase 2 - Fees	0.00	0.00	0.00
Cross Hands Health and Wellbeing Centre	See Capital Scheme Updates (Schemes greater than £1m) section		
BGH Digital Radiology X-Ray works	0.00	0.00	0.00
Diagnostic Equipment 2024-25	0.13	0.00	0.13
Backlog Maintenance 2024-25	0.00	0.00	0.00
DPIF – RISP	0.00	0.00	0.00
Fishguard Health and Wellbeing Centre	Business case under development – revenue consequences of project not yet known		
Year End Funding – October 2024	0.05	0.00	0.05
Aberystwyth Sexual Assault Referral Centre	0.00	0.00	0.00
Picton Terrace	Occupation expected to generate efficiencies of at least £200k through rationalisation of freehold and leasehold estate.		
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.00	0.00	0.00
Diagnostic and Medical Equipment 2024-25	0.39	0.00	0.39
Glangwili Laundry hub - Transfer from NWSSP	0.00	0.00	0.00
Digital Equipment - December 2024-25	0.00	0.00	0.00
Transfer from PHW for refurbishment of molecular laboratory	0.00	0.00	0.00
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.00	0.00	0.00
Year End Funding – January 2025	0.09	0.00	0.09
Year End Funding – January - Digital - 2025	0.00	0.00	0.00
Year end Funding February 2025	0.01	0.00	0.01
Year End Digital Funding – February 2025	0.00	0.00	0.00
Carmarthen Hwb	0.00	0.00	0.00
Sub-total AWCP	0.67	0.00	0.67
Discretionary/receipts			
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	0.75	0.00	0.85

The above table shows the total revenue costs as a consequence of capital expenditure in 2024/25 as £0.75m. Total additional costs are estimated at £0.00m and costs assumed to be included in current revenue budgets, as they are equipment replacements, totals £0.75m.

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

11:35 AM, 0 Mins

4 - PERFORMANCE

4.1

11:35 AM, 15 Mins

4.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

| For assurance

Attachments

[IPAR M12 2024-25 FPC 29 April 2025.pdf](#)

[M12 2024-25 IPAR Overview.pdf](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 12 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance in association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Executive 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 12, 2024/25 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. The dashboard can be accessed via the Integrated Performance Assurance Report Dashboard as of 31 March 2025. Ahead of the Board meeting, the dashboard will also be made available via our [internet site](#).

If assistance is required in navigating the IPAR overview or IPAR dashboard, please contact the Performance Team - GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In February 2024, Welsh Government (WG) published the [2024/25 NHS Wales Performance Framework](#). The framework outlines the Ministerial priorities for this financial year, along with key targets.

WG published the [2025/26 NHS Wales Performance Framework](#) in January 2025. Amendments from the 2024/25 framework are:

- Audiology metric split into adult patient waits >14 weeks and children >6 weeks.
- Removed from Framework - Percentage of calls ended following WAST telephone assessment (Hear and Treat).

- Removed from Framework but continued to be reported in the IPAR dashboard - Number of patients waiting more than 52 weeks for referral to treatment.
- Qualitative reports have been removed from the Framework.

Asesiad / Assessment

We have adopted the '3As Assessment' approach to highlight either an alert, advise or assure status for each of our key performance measures. Please refer to the latest Integrated Performance Assurance Report Dashboard for data and charts for all performance measures.

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.

Staff Engagement – the overall score for staff engagement is showing concerning variation at 72.1%. This is below the mean of 73% since monthly staff surveys began. Concerning variation is also reported for the response to 'I am proud to tell people I work for Hywel Dda'. Strategies to help build staff engagement and instigate feelings of pride from working for Hywel Dda include staff recognition and appreciation programmes, promoting a positive and supportive work environment, providing professional development, opportunities for growth and leadership programmes such as LEAP (Leadership Engagement with Awesome People).

Diagnostics Waits 8 Weeks and Over – Whilst breaches reduced by 19% (1,166 patients) in March 2025, total breaches remained high at 4,851 patients and the trajectory of 0 was not met. Breaches recorded were at the lowest level reported since July 2024. Performance is showing expected (common cause) variation, largely driven by continuing challenges in Radiology:

- Radiology: 4,587 breaches in March 2025. However, concerning variation remains present on the SPC chart. Breaches are driven by waits for CT, MRI and Non-Obstetric Ultrasound Scan (NOUS). Demand is currently exceeding capacity for timely investigations and reporting. Available resource capacity is being prioritised for cancer and inpatient demand. Welsh Government recovery funding utilised in February 2025 to increase capacity. NOUS insourcing commenced. Locum Radiographers recruited for CT, planned to continue until substantive posts are filled. Mobile MRI solution extended into the new financial year subject to funding. Several agreed actions to increase capacity will remain in place for Q1 of the new financial year 2025/2026 to further reduce breaches.
- Endoscopy: 72 breaches in March 2025. Improving variation is showing on the SPC chart. The TI goal of reducing the number of patients waiting less than 8 weeks has been met for this and last month. Short term sickness and gaps in the nursing establishment caused staffing challenges. 8-week target of zero breaches in gastroenterology and respiratory patients in March 2025 was achieved. However, there were 72 breaches within urology, demand exceeding capacity for cystoscopy diagnostics and cancer patients currently prioritised. A proposal has been submitted by urology to increase capacity to overcome the urgent suspected cancer cystoscopy backlog and release capacity for urgent and routine patients. Recurrent investment has been included in the Annual Plan to uplift endoscopy nursing establishment at Glangwili hospital.

- Cardiology: 150 breaches in March 2025, breaches relate to Radiology Cardiac Myocardial Perfusion Imaging. Improving variation is showing on the SPC chart. Targeted action in place to recover Radiology Cardiac Myocardial Perfusion Imaging breaches by end of April 2025.

Therapies Waits 14 Weeks and Over – Latest performance shows concerning variation, with 2,216 breaches at the end of March 2025, a deterioration following 3 months of reduced breaches. Driving this position are physiotherapy and podiatry which account for almost 80% of the total breaches.

- Physiotherapy: 1,192 breaches in March 2025. Demand is greater than current capacity and increasing. Staff recruitment is challenging in Carmarthenshire; however, a wider targeted workforce campaign has been successful. A total of six whole time equivalent posts and four bank posts have been recruited into and will come into post incrementally over the next five months. In addition to this, agency recruitment is underway with limited success due to short term nature of contracts and accommodation pressures to support recovery until June 2025.
- Podiatry: 570 breaches in March 2025, mainly within Pembrokeshire. Performance is impacted by chronic vascular/diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and an in-depth roll out of patient telephone triage in Pembrokeshire.
- Occupational therapy: 322 breaches in March 2025. Majority of breaches in paediatrics due to backlog, new patient demand versus capacity. A focus on prioritising caseloads continues and recruitment is underway to address staffing vacancies.
- Art therapy: 49 breaches in March 2025. One therapist covers the whole of the Health Board, impacting capacity, although delivery is supported through groups where possible to mitigate this. A new art group for 8 clients will commence on 25th March 2025, running until June 2025, with a further group planned in September 2025. In line with Integrated Psychological Therapy Service (IPTTS), all clients waiting on the Art Therapy wait list have been offered groups as part of the ongoing waiting list management.

Services are undertaking demand and capacity modelling to improve reliability of trajectories and increase understanding of demand pressures. Short term measures have been put in place including approval for agency staff and over-recruitment to newly qualified graduates across disciplines, additional triage mechanisms, skill mix of workforce, and increased scrutiny of waiting time performance. These actions are expected to reduce breach volumes, but trajectories are volatile due to impact of any changes of workforce availability.

Audiology Adult Hearing Aid Waits 14 Weeks and Over – 1,862 breaches in March 2025 (concerning variation). Issues include a large backlog coupled with workforce deficits, significant short-term and long-term sickness, staff vacancies and supporting revised ENT rotas due to an increase in the ENT consultant team without an increase in Audiology staffing levels. The fragile status of the Audiology service is under review. Actions underway include regular monitoring of the clinic template, a move to Patient Initiated Follow Ups (PIFU) to replace face to face appointments and release capacity, a review of capacity and demand and seeking approval to advertise current staff vacancies.

Child Neurodevelopmental Waits - in February 2025, the overarching metric is showing expected (common cause) variation, with 21.8% having a neurodevelopmental assessment within 26 weeks, missing trajectory of 30%. Autism Spectrum Disorder (ASD) was 15%, and Attention Deficit Hyperactivity Disorder (ADHD) was 53%.

Although the 26-week target for ADHD assessments is showing improving variation, an increase in referrals from 28 per month in 2023/24 to 56 in 2024/25 outweighs the capacity within the service of 40 per month. To increase capacity, we are seeking funding streams to support the purchase of additional Quantitative Behavioural (QB) tests and recruitment to support these whilst colleagues in Carmarthenshire County Council are currently testing the suitability of 'The Portsmouth Model' as an alternative to QB testing. ASD performance has been consistently below 20% since September 2022 and continues to show concerning variation, with demand far outstripping our capacity to assess patients for ASD. We had an average of 116 referrals per month in 2024 compared to 20 per month in 2016. Through process mapping of systems and pathways, we have now streamlined the assessment process further to increase capacity within services with refined Referral and Triage processes to improve efficiency and reduce time to assessment.

Psychological Therapy – in February 2025, the overarching metric is showing concerning variation, with a decline in performance for the fourth consecutive month and by over 11% since October 2024. However, performance continues to exceed the trajectory of 60% in February 2025 with compliance of 63.8%. The decline in performance is due to the scheduling of group sessions. Moving forward, the Integrated Psychological Therapies Service is scheduling the sessions as 'rolling' groups rather than commencing and ending groups in blocks to prevent a dip in performance between groups. Learning disabilities psychological therapy is now showing improving variation.

Ambulance Red Calls Responses < 8 mins - 51.7% in March 2025, target is 65%. Performance is showing expected (common cause) variation Mitigation of risks via weekly reviews of WAST resource escalation action plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

Ambulance Handovers

- The number of handovers taking longer than 1 hour in March 2025 increased to 988 and overall performance shows concerning variation and the trajectory of 846 was not met. Prince Philip Hospital (PPH) and Witherby Hospital (WGH) are driving any improvement, whilst Bronglais Hospital (BGH) and Glangwili Hospital (GGH) are still showing concerning variation.
- Handovers taking more than 4 hours during March were 343. Performance is showing expected (common cause) variation overall and all sites are showing expected (common cause) variation.
- Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

4 Hour and 12 Hour A&E/MIU Patient Delays

- No significant change in March for overarching Health Board performance position. Concerning performance trends continue for patients spending less than 4 hours in A&E/MIU (68.8%) or those spending longer than 12 hours (1,412).

- The percentage performance of patients seen within 4 hours is slowly starting to increase since December 2024, but this trend will need to be sustained across all sites.
- Since the MIU model was changed in October 2024, Prince Philip Hospital (PPH) continues to meet the 4-hour target (95%), is showing improving variation and continues to meet trajectory for 12-hour patient delays, with zero reported in March. The Targeted Intervention (TI) de-escalation goal to reduce the percentage of patients waiting over 12 hours to no more than 7% has been met at PPH.
- Risk mitigation actions: Glangwili Teifi Trauma Ambulatory Care (TTAC) pilot underway on Teifi Ward to receive Orthopaedic expected or ambulatory (not requiring a hospital stay) patients. Same Day Emergency Care (SDEC) units continue to support and be developed. Boarding protocol in place and the wards will take patients from the ED prior to the discharge patient leaving the ward. Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review.

Ophthalmology – In February 2025, 986 out of 1,693 (58.2%) high-risk (R1) patients attended appointments within 25% delay to their clinically assigned target date* and performance shows concerning variation (Target = 95%). The main issues that continue to impact R1 performance include staffing challenges that are compounded by the requirement to deliver services across eight different sites across the health board, which reduces efficiencies and clinical oversight from Consultant leads. Work is ongoing to address these issues including a review of service capacity across the health board, investment in staffing, regional working and staff development through training.

*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

Staff Sickness – 12-month rolling sickness remains high at 6.6% in March 2025. Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The Workforce teams have been assisting service areas, in particular Estates and Facilities and Unscheduled Care, to undertake deep dives into the absence data and have supported the implementation of targeted and bespoke action plans with the services for each specific area of concern.

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.

Cancer – In February 2025 performance increased to 63.5% with 244 patients starting treatment within 62 days of suspicion out of a total of 353 patients, exceeding to trajectory of 62% and meeting the TI goal of 60% for the first time. This is the highest number of patients being treated within target since 2022 and the highest performance since August 2021. Fragility in Radiology remains a key risk to performance however, resources for increased Radiology CT imaging capacity will remain in place for 2025/26. Expected performance in March is 65%.

Pathway of Care Delays

Performance is showing improving variation. Census count discharge delays increased during March 2025 to 218, and the total number of days delayed for our non-mental health patients increased in March, 8,110 days vs 7,847 February. Assessment delays remain the largest proportion of delays. The Trusted Assessor model is developing, in particular to support delays due to mental health capacity. Deep dives into Allied Health Professional delays are taking place. Mental health patients with length of delay over 90 days have concise discharge plans in place.

Planned Care – 16,504 patients waiting for a follow up were delayed over 100% of their target date in March 2025. The TI de-escalation criteria to reduce the position to 9,469 and maintain for 3 months has not been met. Whilst the HB currently has the lowest volume of patients delayed by 100% of all HBs which provide secondary care services, relevant specialties are continuing a detailed review of Clinical Implementation Network (CIN) guidance to further support improvement plans including proposals to prioritise long-standing follow up patients to alternative pathways. Full application of the CIN guidance to the historical cohort of follow-up patients will be required to enable compliance with the target improvement required.

Healthcare Associated Infections

Cumulative *S. aureus* and *C. difficile* case numbers are higher than the previous financial year (2023/24), however, *E. coli* cases reduced.

- *C. difficile* infections – In month cases are showing expected (common cause) variation in March. 184 cumulative cases within the Health Board this financial year compared to 182 reported in 2023/24 and the cumulative population rate per 100,000 was 47.78. The TI de-escalation goal of reducing hospital onset cases by 25% was met in March (6). An improvement group has been established with the Deputy Medical Director chairing. Continued use of DiffX and HPV disinfection, review of practices, hand hygiene audits, environmental audits and *C. difficile* transmission teaching provided to mitigate risks. A targeted estates funding bid for further HPV machines was successful and due May 2025. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.
- *E. coli* infections - In month cases are showing expected (common cause) variation in March. 380 cumulative cases compare to 387 in previous year and the cumulative population rate per 100,000 was 98.68. The TI de-escalation goal of reducing hospital onset cases by 25% was not met in March (8). Continued education of staff around catheter and device care. Continued profiling of aseptic non-touch technique e-learning and practical assessment reviews. Continued integration of infection prevention nurses in public health in prevention regarding health promotion. Assurance meetings are held monthly on each site to review each hospital onset.
- *S. aureus* infections – in month cases are showing expected (common cause) variation in March. 133 cumulative cases compare to 110 in the previous year and the cumulative population rate per 100,000 reduced to 34.54. The TI de-escalation goal of reducing hospital onset cases by 25% was not met in March (4). Peripheral vascular catheter bundle compliance monitored, with continued education and emphasis on devices being removed at the earliest opportunity. Hand hygiene actively promoted and audited. Assurance meetings are held monthly on each site to review each hospital onset.

Mental health – all part 1a and 1b measures for adults and children met target and trajectory in February 2025 with the exception of children and young people in receipt of secondary mental health services who had a valid care and treatment plan at 89.3% (target 90%).

Adult interventions starting within 28 days following assessment is showing expected (common cause) variation and adult residents in receipt of secondary mental health services who have a valid care and treatment plan is showing concerning variation with a deterioration for the sixth consecutive month despite remaining at above the target.

The Targeted Intervention de-escalation goals of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan, continues to be met.

Assure (to note)

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

Planned Care – Latest performance shows improving variation, and we achieved our ambitions to have no patients waiting longer than 2 years for treatment and no patients waiting longer than 1 year for a new outpatient appointment. As at 31st March 2025, we recorded:

- Zero new outpatient waits over 52 weeks, a reduction for the ninth consecutive month. Breaches are at their lowest point since March 2020 and the TI de-escalation goal for 100% of patients to wait less than 52 weeks has been met for the first time.
- Zero Referral to Treatment (RTT) waits over 104 weeks, a reduction for five consecutive months. Breaches are at their lowest point since December 2020 and the TI de-escalation goal for 100% of patients to wait less than 104 weeks has been met for the first time.
- 12,202 RTT waits over 52 weeks, the lowest since December 2020. 86.9% of patients waited less than 52 weeks for RTT and the TI de-escalation criteria of 80% continues to be met.

Personal Appraisal Development Review Within 12 Months: is showing improving variation. In March 2025, 83.74% compliance was achieved (target 85%). Continuous improvement has been made since our lowest compliance of 62% in April 2022.

Triangulating our data: March 2025

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month continues to decrease since November 2024 (March 2025: 129). There was an increase in both patient falls (217) and medication errors (102) for the first time since November 2024. We continue to have significant numbers of high and extreme risks on the risk register with 468 this month. The number of new complaints received decreased for the second consecutive month to 102 in March 2025. The number of new infection cases increased to 73, only 11 of which were C. difficile. The majority of new cases were E. coli (39) and S. aureus (9)
- Workforce – In month, staff sickness reduced slightly to 5.77% and long-term sickness to 3.80%. There was a small decrease in short term sickness 1.95%. Note: the sickness metric reported in the alert section of this SBAR includes 12 month rolling data. During March nursing and midwifery agency usage continued to reduce, with 47.69 whole time equivalents (WTE), lowest rate recorded.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	129	314	129	
Patient falls	190	302	217	
Medication errors	71	151	102	
Pressure damage developing or worsening during care	73	216	79	
New complaints by month received (ward level not available)	103	220	103	
Number of high and extreme risks (health board & directorate only)	381	492	468	
Infections: new cases	53	84	73	
Infections: C. difficile cases	9	23	11	
Workforce				
Number of staff/contractor related incidents	100	212	111	
Sickness - short term	1.7%	2.8%	2.0%	
Sickness - long term	3.3%	4.9%	3.8%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	7.9%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	91.53	379.79	91.53	
Bank (WTE)	212.99	352.85	309.01	

Escalation: March 2025

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy & Planning, Fragile Services and Performance and Outcomes. The escalation assessment criteria can be found in **Appendix A**.

As part of the new Our Performance Improving Framework, escalation levels will be assigned at the new Clinical Care Group level from our Month 1 2025/26 IPAR report from May onwards.

Escalation overview

March 2025

KEY

1 Reasonable assurance 2 Limited assurance 3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	3	1	n/a
	Facilities	2	3	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	1	2	3	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	2	1	2	3	3	3
	Planned Care (incl. Audiology and Endoscopy)	2	3	2	3	3	3
	Bronglais Hospital	2	1	2	1	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	2	1	2	3	1	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	3	3	2	3	2	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	1	1	3
	Pembrokeshire County	2	1	1	3	1	3
	Primary Care	2	2	2	1	2	3
	Primary Care Management	1	1	2	1	1	n/a
	Medicines Management	1	1	2	3	2	n/a
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	2	1	2	n/a
	Director of Nursing	1	1	2	2	1	3
	Director of Public Health	1	2	2	1	1	2
	Director of Strategy and Planning	1	2	1	1	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	3	1	1	1	n/a
	Corporate Services	1	1	2	1	1	n/a

Escalation changes from February to March 2025

Domain	Escalated up ↑	Escalated down ↓
Quality	Women & Children (now L3)	-
Governance	Public Health (now L2)	Bronglais Hospital (now L1) Withybush Hospital (now L1) Primary Care (now L2) Medicines Management (now L1)
Workforce	-	Pembrokeshire County (now L1)
Finance, Strategy and Planning	-	-
Fragile Services	-	-
Performance & Outcomes	-	-

Our five directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Planned Care, Glangwili Hospital, Estates and Facilities and Women and Children. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues.

Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Women and Children

The Women and Children directorate have been escalated in the quality domain, now giving them level 3 escalation in 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	3	↑	56% escalation assurance (down from 65% last month). Areas for improvement: incident management, complaint management.
Governance	3	3	↔	Audit and inspection recommendations and Welsh Health Circulars need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness and turnover, PADRs, overdue pay progressions and job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	2	↔	Temporary service change agreed by Board for Bronglais paediatrics. Ability to implement national guidelines for maternity, obstetric and neonatal care identified
Performance and Outcomes	3	3	↔	ADHD and HPV vaccine performance continue to be below target.

Mental Health and Learning Disabilities

Since August 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across 4 of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	3	3	↔	55% escalation assurance (down from 60% last month). Overdue HIW and peer review actions need to be addressed. Incidents and complaints need to be managed more efficiently.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales.
Workforce	2	2	↔	High levels of sickness and turnover, overdue pay progressions and job planning compliance need to be addressed.
Finance, Strategy & Planning	3	3	↔	Recurrent savings needs to be identified.
Fragile Services	2	2	↔	Robust plan needed for ASD and inpatient services.
Performance and Outcomes	3	3	↔	ASD performance continues to be significantly below target.

Planned Care

The Planned Care directorate are on level 3 escalation overall for 4 domains for the sixth consecutive month, however following achievement of the 0 breach targets in March 2025, 2 measures within the performance domain have been de-escalated to level 1 i.e. patients waiting over 52 weeks for a new outpatient appointment and waits over 104 weeks from referral to treatment.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	2	↔	68% escalation assurance (from 73% last month). Areas to address: incidents open over 120 days, complaints open over 30 days.
Governance	3	3	↔	Audit and inspection recommendations and Welsh Health Circulars need to be implemented within timescales.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, mandatory training, staff turnover, overdue pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Delivery needed of 5% recurrent savings and a balanced position in year.
Fragile Services	3	3	↔	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH & GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Delivery plan and milestones needed to achieve R1 eye care and delayed follow-up appointments targets.

Glangwili Hospital

No significant change for the third consecutive month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	3	3	↔	57% escalation assurance (59% last month). Areas for improvement: incident management, complaint management and timely investigation and learning demonstrated from pressure damage
Governance	1	1	↔	
Workforce	2	2	↔	Improved compliance needed for sickness, turnover, outstanding pay progressions and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	3	3	↔	A&E staffing: plan needed for more resilient medical staffing.

Performance and Outcomes	3	3	↔	Improvements needed in ambulance handover delays and reducing the number of patients waiting over 12 hours in A&E.
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Facilities and Estates

No significant change for the third consecutive month, the directorate is in level 3 escalation for 4 out of the 6 domains.

Escalation domain	Feb 25	Mar 25	Change	Notes
Quality	2	2	↔	Concerns regarding cleaning standards and demonstration of consideration of quality in decision making.
Governance	3	3	↔	Audit and inspection recommendations need to be implemented within timescales. Governance arrangements need to be strengthened within the directorate.
Workforce	3	3	↔	Improvements needed for sickness, turnover and pay progressions.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Consistent cleaning audits need to be undertaken across all sites and targets achieved, particularly in high-risk areas.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** the IPAR – Month 12 2024/2025 report and to **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

	<p>experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.</p> <p>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.</p>
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
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 Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy:	Finance, Performance, internal Escalation process

Parties / Committees consulted prior to Finance and Performance Committee:	
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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:	Yes
Gyfrinachedd: Privacy:	Not Applicable

**Cydraddoldeb:
Equality:**

Not Applicable

Appendix A: Escalation Criteria

	Quality	Governance	Workforce	Finance, Strategy & Planning	Fragile Services	Performance & Outcomes
	Director of Nursing	Director of Corporate Governance	Director of Workforce and OD	Director of Finance Director of Strategic Planning	Director of Strategic Planning Director of Nursing	Director of Operations
Level 1	Reasonable assurance that there are no significant concerns within the directorate.					
Level 2	Limited assurance that the directorate:					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/CIW 7. Quality and Equality Impact assessments (where applicable) 	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Risks 2. Audits / inspections / WHCs / Ministerial Directions 3. Board / Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable) 	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADR 4. Turnover 5. Mandatory training 6. Career development 7. Rosters & job plans 	<p>Will:</p> <ol style="list-style-type: none"> 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. 3. Has a triangulated plan to operate services effectively for the year. 	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the trajectory missed for over 2 months.</p>
Level 3	No assurance that the directorate:					
	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Incidents 2. Concerns 3. Complaints 4. Medical Examiner 5. Duty of Candour 6. HIW/CIW 7. Quality and Equality Impact assessments (where applicable) 	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Risks 2. Audits / inspections / WHCs / Ministerial Directions 3. Board / Committee actions 4. FoI and corporate correspondence 5. Policies (where applicable) 6. Quality governance 	<p>Is managing the following issues appropriately, in terms of the scale, significance, timeliness and quality of response:</p> <ol style="list-style-type: none"> 1. Bullying and harassment, difficult working relationships or complaints 2. Sickness 3. PADR 4. Turnover 5. Mandatory training 6. Career development 7. Rosters & job plans 	<p>Will:</p> <ol style="list-style-type: none"> 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. 3. Has a triangulated plan to operate services effectively for the year. 	<p>Will manage the risk of a service failure occurring within the next six months through robust mitigating plans.</p>	<p>Will achieve target performance, with the target and improvement trajectory being consistently missed.</p>



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2025

For further details see the 'System measures' section of the latest [IPAR dashboard](#).



This document summarises performance against our key improvement measures for 2024/25. 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 March 2025](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Feb 2025	75%	64%	●	■	◆
Delayed discharges	Number of Pathways of Care delayed discharges	Mar 2025	n/a	218	●	N/a	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Mar 2025	0	4,851	●	■	N/a
Finance	Financial in month deficit	Mar 2025	n/a	£3,360,000	●	N/a	◆
Infections	E. coli: Number of confirmed cases (in-month)	Mar 2025	21	40	●	■	N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Mar 2025	6	9	●	■	N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Mar 2025	8	11	●	■	N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Feb 2025	80%	63.8%	●	■	◆
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Feb 2025	80%	21.8%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Feb 2025	80%	97.7%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Feb 2025	80%	96.3%	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2025	0	0	●	■	N/a
Planned care	Patients waiting 104 weeks+ RTT	Mar 2025	0	0	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Mar 2025	0	12,202	●	■	N/a
Planned care	Follow-up appts - delayed >100%	Mar 2025	0	16,504	●	■	N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Feb 2025	95%	58.2%	●	■	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Mar 2025	0	2,216	●	■	◆
Urgent and emergency care	% Ambulance red call responses < 8 mins	Mar 2025	65%	51.7%	●	■	N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2025	0	988	●	■	◆
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Mar 2025	0	343	●	■	N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Mar 2025	95%	68.8%	●	■	N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2025	0	1,412	●	■	◆
Workforce	% staff PADRs in the previous 12 months	Mar 2025	85%	83.7%	●	■	N/a

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

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

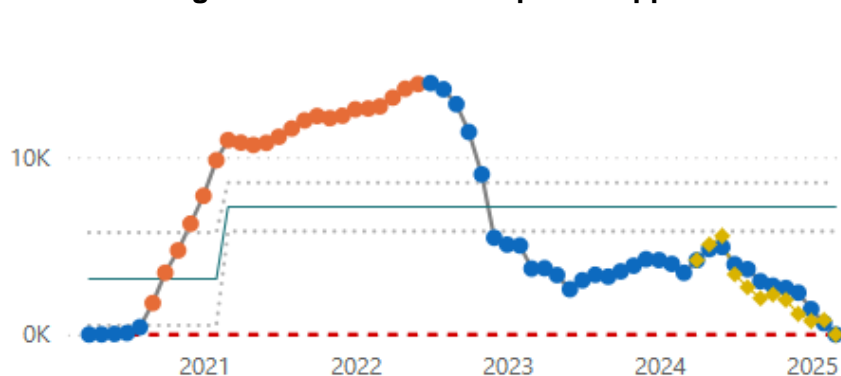
Statistical process control (SPC) charts

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Key

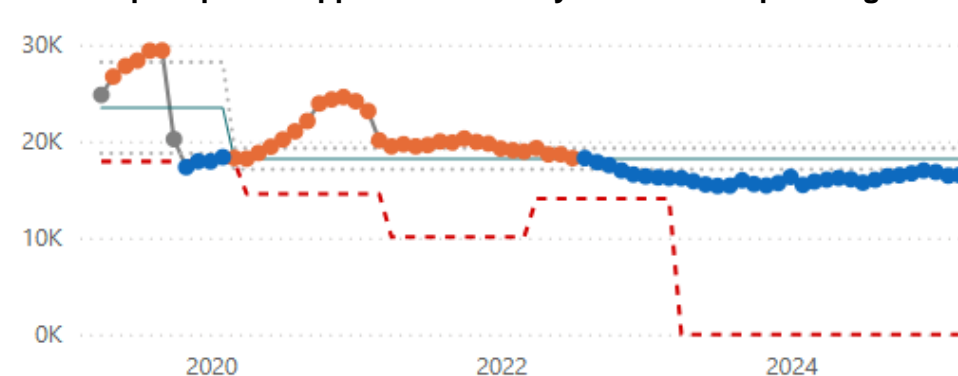
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Zero breaches recorded at the end of March 2025. The national target has been achieved for the first time in 5 years.

Follow up outpatient appointments delayed over 100% past target date



Latest performance (March 2025: 16,504) shows improving variation and the position has remained static across 2024/25.

Key challenges / issues

- 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).
- No patients are now waiting beyond 52 weeks for their first outpatient appointment, a large reduction from the peak in 2024/25 (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).
- The Health Board actively manages and triages referrals which has resulted in no waiting list growth.
- Outpatient waiting volumes are at their lowest since April 2021.
- Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.
- Since June 2024 there has been a 16% reduction in 36-week breaches for Referral to Treatment (RTT) and a 55% reduction in 36-week new outpatient breaches – positive indications for further recovery in future years.

Key actions / initiatives

- The Health Board has achieved the target of no patients waiting over 52 weeks for their first outpatient appointment. This has been achieved by utilising specialty specific operational plans and Welsh Government recovery monies.
- Continue to manage demand via targeted validation, referral management, robust clinical triage and the 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.
- 25/26 Demand and capacity plans have been developed and will be used by all Planned Care services to work towards achieving no patients waiting over 36 weeks for their first outpatient attendance across key specialties to maximise capacity and forecast accurately.

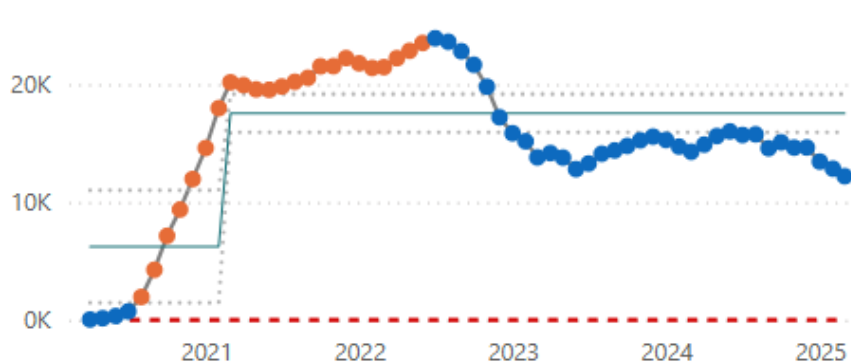
Due date

- Ongoing
- Ongoing
- Ongoing
- Ongoing
- Ongoing

Key

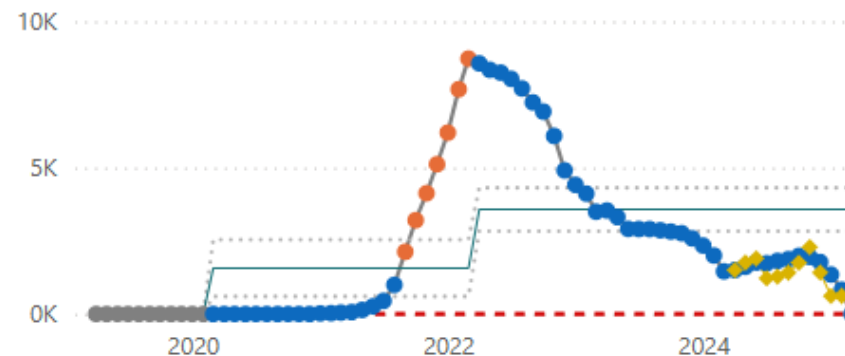
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest performance shows improving variation. Breaches at the end of March 2025 (12,202) are at the lowest point since December 2020.

Patients waiting over 104 weeks from referral to treatment



Zero breaches recorded at the end of March 2025. The national target has been achieved for the first time since December 2020.

Key challenges / issues

- Ongoing acute hospital site pressures can adversely affect elective 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:
 - 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.
 - Vascular regional capacity issues

Key actions / initiatives

- Continue to manage 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)).
- 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.
- Demand and capacity plans have been developed and continue to be regularly in use across key specialties to maximise available capacity and forecast accurately.
- 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.

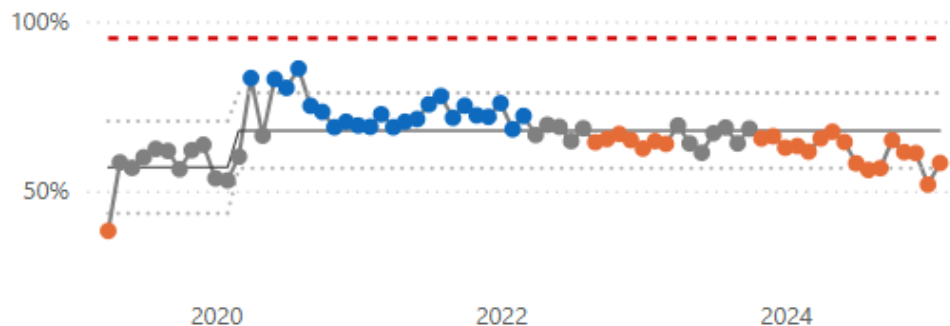
Due date

- Ongoing
- Ongoing
- Ongoing
- Ongoing

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 is showing concerning variation. In February 2025, 986 out of 1,693 (58.2%) high-risk (R1) patients attended appointments within 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

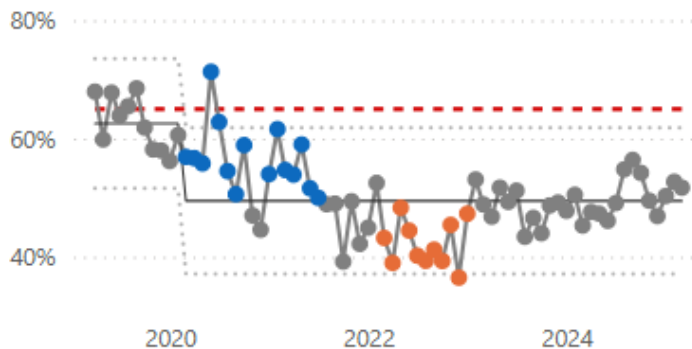


In February 2025, 6,203 out of 17,944 (35%) high-risk (R1) patients were waiting within a 25% delay to their clinically assigned target date (Target = 95%).

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> Limited capacity in key sites due to ageing estates and restricted space, leading to delivery out of eight sites. Workforce challenges compounded by the need to work out of eight sites. Working out of eight sites reduces efficiencies and reduces clinical oversight from Consultant leads. Competing priorities between Ministerial Measures and Eye Care Measures due to limited capacity and reduced workforce. Specialist staffing groups unable to work to the top of their licence as they do not have access to Consultant oversight and do not have time to do additional training due to travel time and current delivery model. Lack of local training for specialist staffing groups, restricts staff development. 	<ul style="list-style-type: none"> Clinical Services Plan looks at reducing delivery out of eight sites and ensuring capacity needed is secured out of fewer sites. This ensures Consultant overview of clinics and theatres and better efficiencies within the service. Clinical Implementation Network (CIN) guidance is being utilised to manage patient cohorts with the use of See on Symptoms (SoS) / Patient Initiated Follow Up (PIFU) where appropriate Regional solutions are looking at two consultant vacancies being regional positions to support R1 sub-specialties through a regional working space. Eye Care Measures Situation, Background, Assessment, and Recommendation (SBAR) has been submitted for consideration by the Board and detailed in the Planned Care Annual Plan with significant investment in both staffing and Intravitreal drugs needed to improve R1 delivery. Additional staffing identified in Eye Care Measures SBAR will allow for staff 	<p>31/03/2027</p> <p>30/09/2025</p> <p>31/10/2025</p> <p>30/04/2025</p> <p>31/10/2025</p>

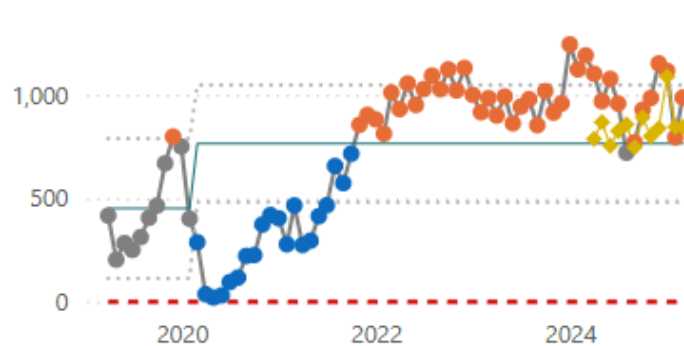
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Life threatening (red) call responses taking over 8 minutes



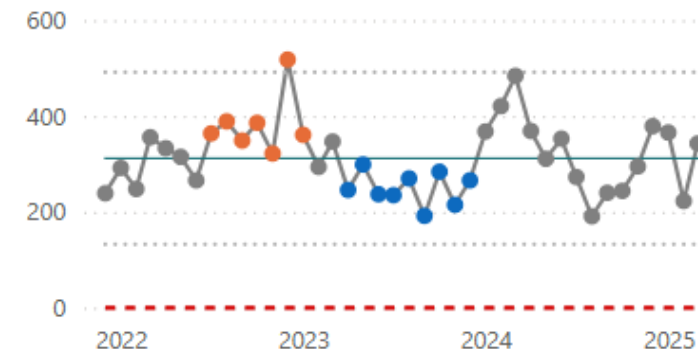
Latest data is showing expected (common cause) variation, 367 red calls met, out of a total of 710 responses, 51.7% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 988 handovers > 1 hour out of a total of 1,943, 51%. The trajectory of 846 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 343 handovers > 4 hour out of a total of 1,943, 18%.

Key challenges / issues – red calls

- 46.64% of missed red calls for March 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.
- 49.72% of missed red calls for March 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area for March 2025 on average has been below forecast.
- Hospital delays in offloading WAST ambulance crews, 3,307 hours lost at the 4 acute Hywel Dda hospital sites during March 2025.
- There have been 77 immediate release requests in March 2025 with an acceptance rate of 78.21%.

Key actions / initiatives – red calls

- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts
- 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
- Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of Emergency Department – positive feedback from clinicians. Consultant connect is being in the process of being updated.
- 111 press 2 assisting WAST clinicians to support the management of mental health patients
- 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
- WAST resourcing reviews and targeted overtime allocation

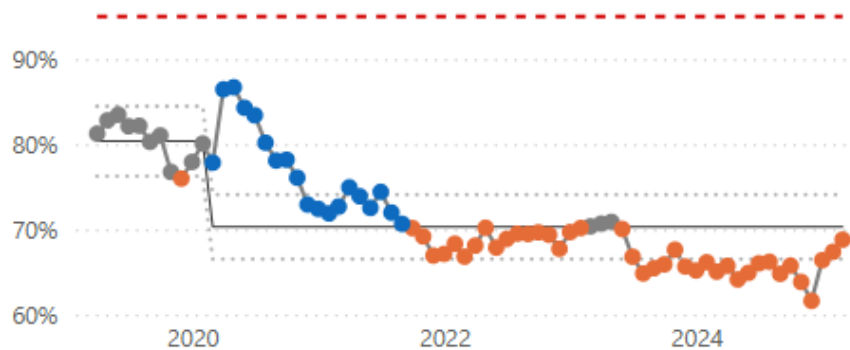
Due date

- Weekly ongoing
- Daily – Hourly ongoing
- Weekly ongoing
- Now completed
- Weekly ongoing
- Weekly review – ongoing

Key

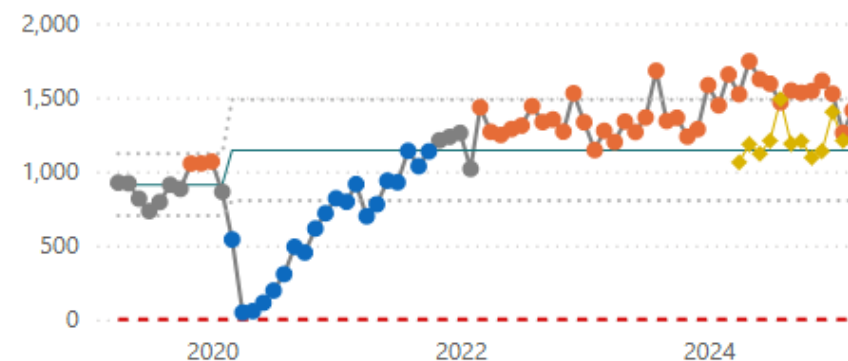
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



69% reported for March, 4,930 breaches out of 15,813 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,412 breaches out of 15,813 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 1,208 was not met

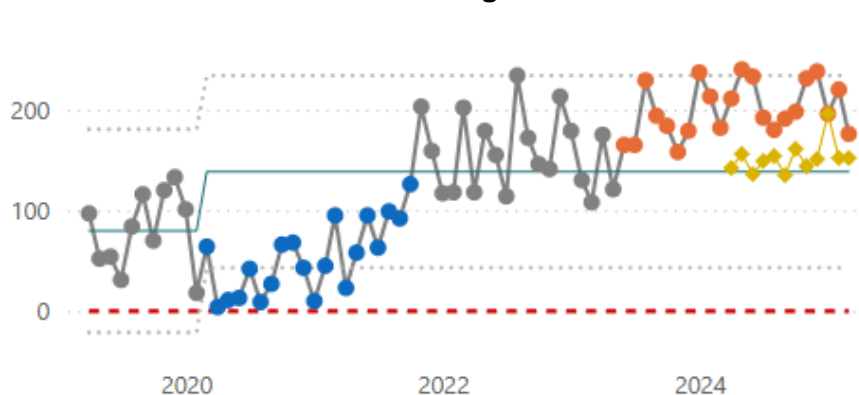
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronglais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

Key

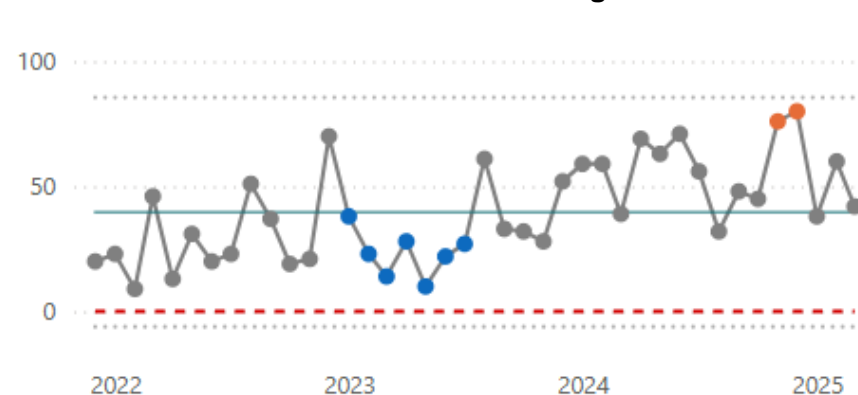
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 176 handovers >1 hours reported out of a total of 363 handovers, 48%. The trajectory of 152 was met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 42 handovers >4 hours were reported out of 363 total handovers 12%.

Key challenges / issues

- Emergency department capacity pressures continue. March saw a 13% increase in attenders compared to month previous, but a reduction in ambulance attendances from 14 to 11 per day and an improvement in lost hours from 1.9 to 1.5 per conveyance. Emergency department surge is maximised with patients routinely cared for in corridor areas to manage demand. Pressure is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased. Recovery and de-escalation is impacted by the combination of all of these factors.
- The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Patients with higher levels of acuity are admitted to the unit, requiring additional medical support. Flow out from this unit has become constrained in relation to non-availability of social care capacity and is currently subject to a review of its utility.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

- NHS Executive action plan in situ to support actions designed to improve patient flow across the site. Feedback from recent visit was positive with acknowledgement that there have been improvements, but further work required including:
- Review of nursing staff establishment within Emergency and Urgent Care in line with the nurse staffing act, with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances. Planned meeting to be rearranged by the Nursing Directorate.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model. Detailed proposal now to be worked up/costed for consideration re long-term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance
- *Getting it Right First Time* (GIRFT) follow up visit held, 30.01.25 Action plan has been agreed.

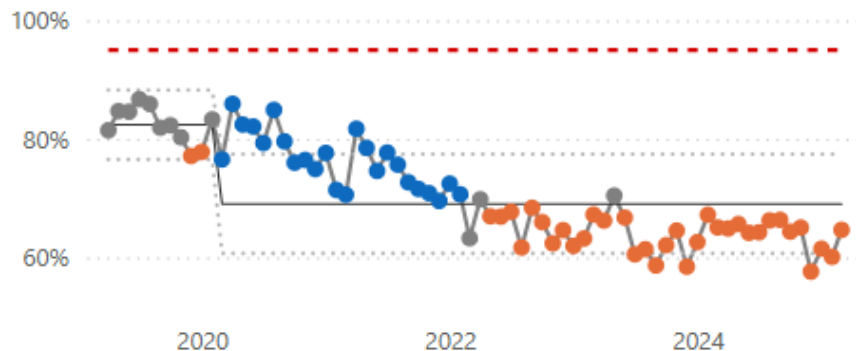
Due date

- 31/03/25
- 30/04/25
- 30/04/25
- 31/03/25

Key

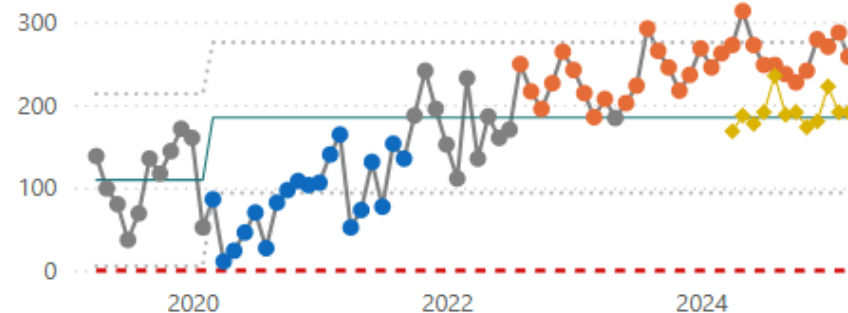
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for March, 891 breaches out of 2,522 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E

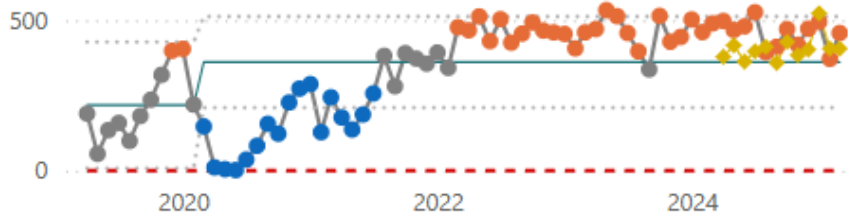


258 breaches out of 2,522 new attendances, 10%. The chart is showing a concerning performance trend. The trajectory of 191 was not met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible. • The position is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays • Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED. • Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base. 	<ul style="list-style-type: none"> • NHS Executive action plan in situ to support actions designed to improve patient flow across the site. Feedback from recent visit was positive with acknowledgement that there have been improvements, but further work required including: • Review of nursing staff establishment within Emergency and Urgent Care in line with the nurse staffing act, with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances. Planned meeting to be rearranged by the Nursing Directorate. • A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model. Detailed proposal now to be worked up/costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance • <i>Getting it Right First Time</i> (GIRFT) follow up visit held, 30.01.25 Action plan has 	<p>31/03/25</p> <p>31/03/25</p> <p>30/04/25</p> <p>31/03/25</p>

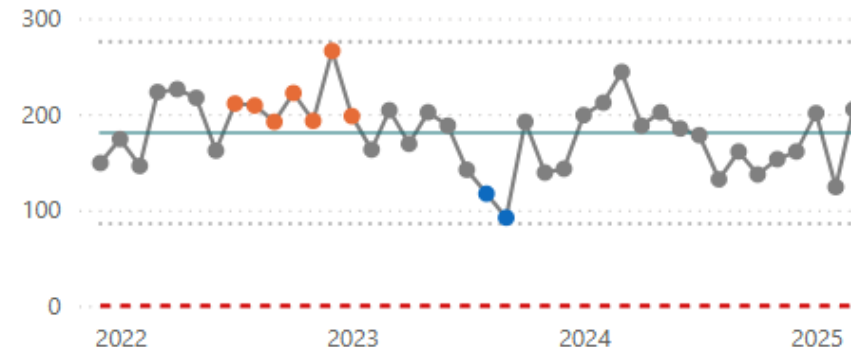
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 458 handovers >1 hours reported out of a total of 755 handovers, 61%. The trajectory of 406 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 205 handovers >4 hours reported out of a total of 755 handovers, 27%.

Key challenges / issues

- Urgent remedial flooring works have had an impact on space available to surge department for ambulance handover. This has impacted major bays and surge areas (around doctors desk).
- Ambulance handover >1 hour performance has deteriorated, although daily average ambulance handover numbers have been reduced each month, compared to December. Some high numbers of daily ambulance arrivals reported, in excess of 30.
- Flow remains challenging with high acuity of patients and complex discharge needs.

Key actions / initiatives

- Flooring works due for completion by end of April.
- Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department.
- Twice daily health board calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.
- Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible.
- Delta rapid response and British Red Cross working at front door to facilitate charge with home support.

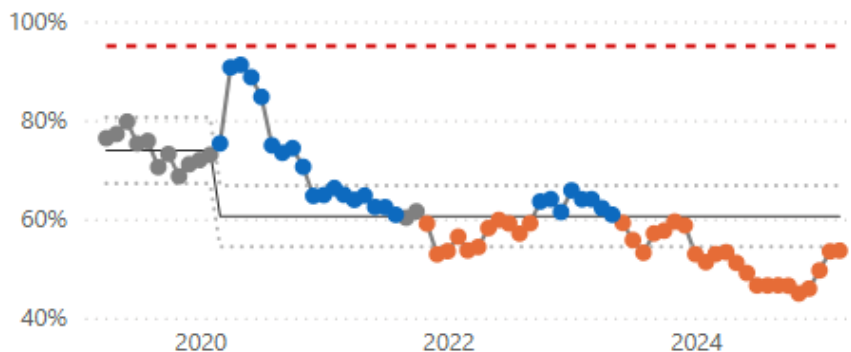
Due date

- 30/04/25
- Daily
- Daily
- Ongoing
- Daily

Key

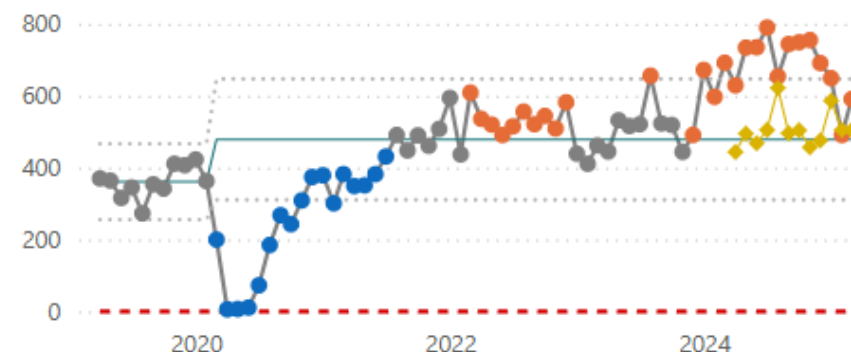
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



54% reported for March, 2,214 breaches out of 4,772 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



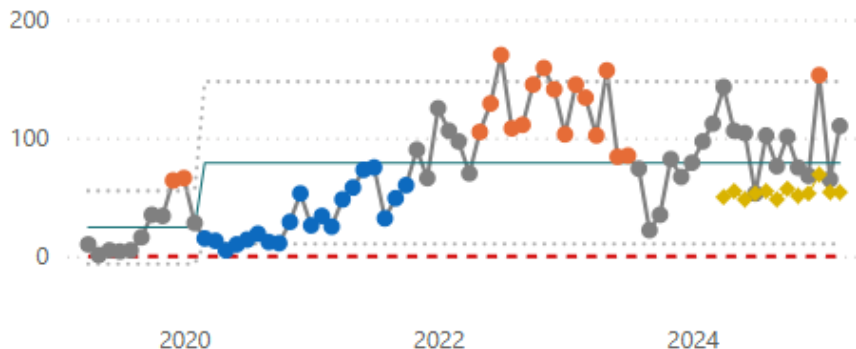
591 breaches out of 4,772 new attendances, 12%. Chart is showing concerning performance trend. The trajectory of 505 was not met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> 4 hour performance has remained relatively static in March. However, significant increase in attendances in comparison to February. Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making. 12 hour performance remains relatively static due to patient flow through the hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave. Boarding protocol on ward areas at extreme risk has continued since January with often x 4 patients boarding on Clinical Decision Unit each day. All ward areas currently at full surge capacity. 	<ul style="list-style-type: none"> Medical Same Day Emergency Care (SDEC) continued to support medically expected cohort of patients within staffing hours. Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding. Teifi's Trauma Ambulatory Care (TTAC) pilot underway on Teifi Ward to receive Orthopaedic expected/ ambulatory patients. Review due end of April. Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients. 	<p>Monthly review</p> <p>Monthly review</p> <p>30/04/25</p> <p>Ongoing weekly.</p>

Key

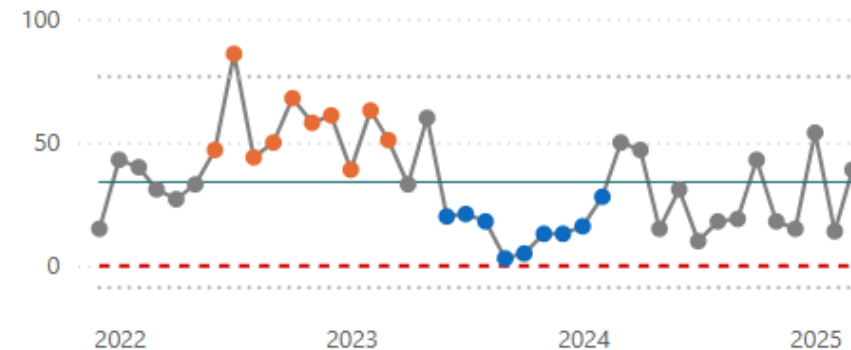
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 110 handovers >1 hours reported out of a total of 230 handovers, 48%. The trajectory of 54 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 39 handovers >4 hours reported out of a total of 230 handovers, 17%.

Key challenges / issues

- Increase in ambulance demand in March resulting in a higher number breaching >1 hour target.
- The challenge remains with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers.
- Challenges also remain with infection control issues with various bays closing with a temporary closure of a ward area resulting in closed beds.
- Across Carmarthenshire - Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave

Key actions / initiatives

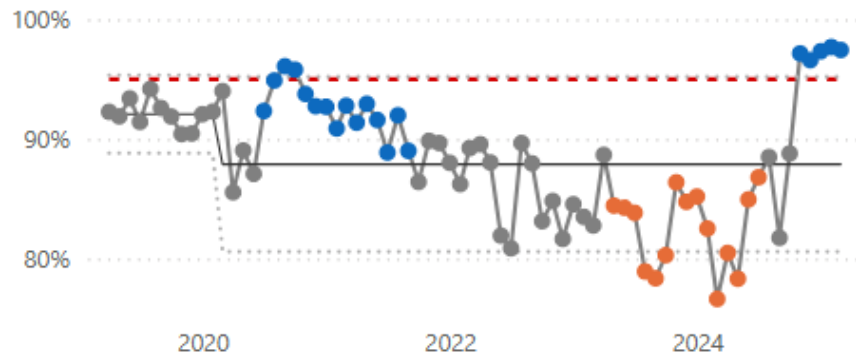
- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- Front door model (which has designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service has commenced.
- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- MDU (Medical Day Unit) options for co-location of accommodation being worked through in advance of Pentre Awel opening (a designated therapies facilities where patients can receive treatment outside an acute setting).

Due date

- 31/05/25
- 30/04/25
- 31/05/25
- 31/10/25

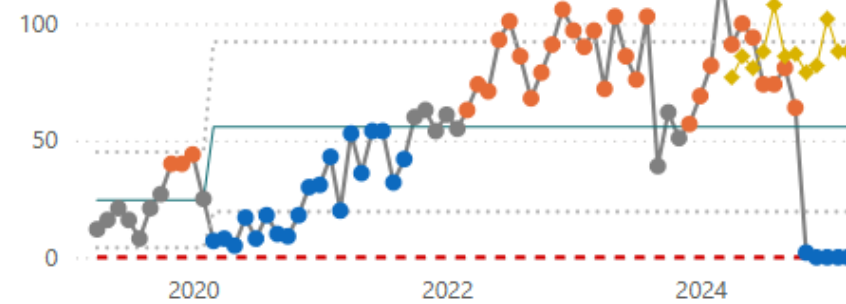
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Patients waiting less than 4 hours in MIU



97% reported for March, 65 breaches out of 2,550 new attendances. Chart is showing improving variation performance trend and the 95% target was achieved.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,550 new attendances. Chart is showing improving performance trend. The trajectory of 88 was met and the target (0 breaches) was achieved.

Key challenges / issues | **Key actions / initiatives** | **Due date**

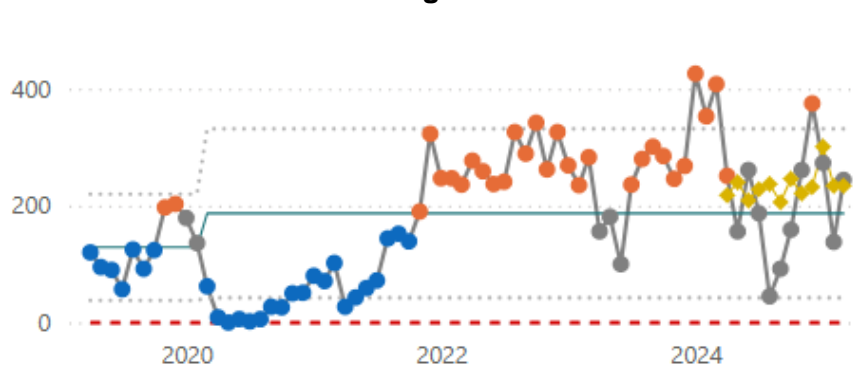
- The Minor Injury Unit (MIU) new patient attendances increased in March with 23% of patients presenting with a major complaint. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breaches significantly.
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.

- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to support early discharges and follow up review. 31/05/25
- Further use of virtual ward for community and Medical SDEC. Consultant connect in use within Medical SDEC for streaming. 31/05/25
- Working with community colleagues on early discharge planning. 31/05/25

Key

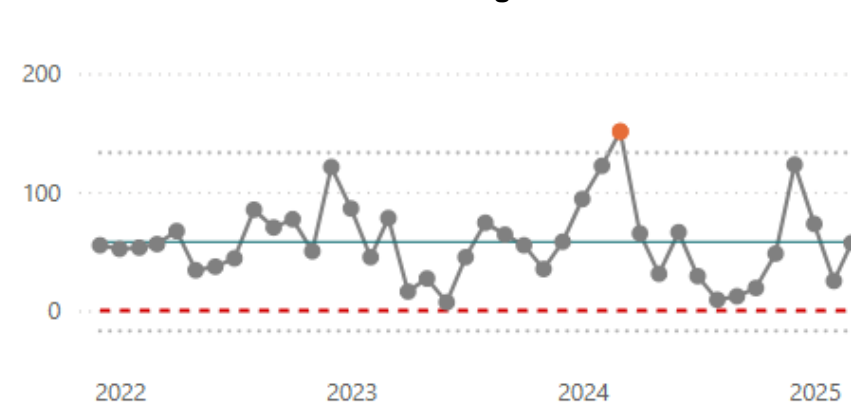
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing common cause (expected) variation. 244 handovers >1 hours reported out of a total of 595 handovers, 41%. The trajectory of 234 was narrowly missed.

Ambulance handovers taking over 4 hours



Latest data is showing common cause (expected) variation. 57 handovers >4 hours reported out of a total of 595 handovers, 10%.

Key challenges / issues

- There had been an improvement in our 1 and 4 hour handover performance, as stated above, trajectory was narrowly missed.
- In the last week of March WGH had some estate works within the department that has reduced the capacity to surge.
- Post “Getting It Right First Time” (GIRFT) report, we had some imitate action to reduce the risk within the department. Therefore, we reduced the ability to surge further into the department.
- We have also seen an escalation of attendance to ED, with an increase of ambulance conveyance.

Key actions / initiatives

- 2nd trolley now available in our Rapid Assessment and Treatment (RATS)/ ambulance bay
- Estates work due to finish on the 9th of April 2025
- RED Ambulance immediate release plan in place, Amber ambulance immediate release will be honoured and will be accommodated when safe to do so within the risk level within the department. All declined immediate releases will be investigated.
- Boarding policy in place, all ward/units adhering to policy
- Advanced Paramedic Practitioner and Integrated Commissioning multi-disciplinary team to review ambulance stack and conveyance avoidance where possible within the clinical screening hub.
- We have twice daily safety huddles to review performance and safety plus a daily huddle in ED at 12:30.

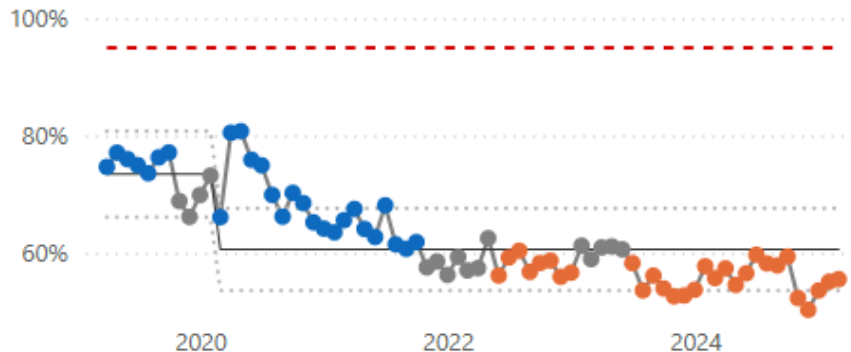
Due date

- Completed
- 09/04/25
- Completed
- Completed.
- Completed
- Completed.

Key

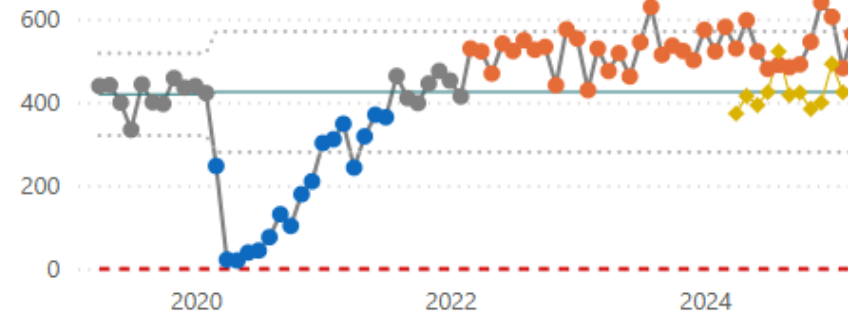
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



56% reported for March, 1,674 breaches out of 3,766 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E



563 breaches out of 3,766 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 424 was not met.

Key challenges / issues

- We have seen an increase of attendances this month, 595 in March compared to 489 in February, in creasing daily average from 17.4 to 19.1.
- The 4 hour patient waits in ED has deteriorated in line with the demand. However, there is a slight improvement in the 12 hours waits in ED.
- The hospital remains in high escalation. Patient acuity remains high.
- Our clinically optimise patient numbers remains high, with our length of stay over 7 days remaining over 100 patients, which unbalances the capacity and demand of the site.
- Unable to de-surge our assessment units, this does slow down the patients flow throughout the site

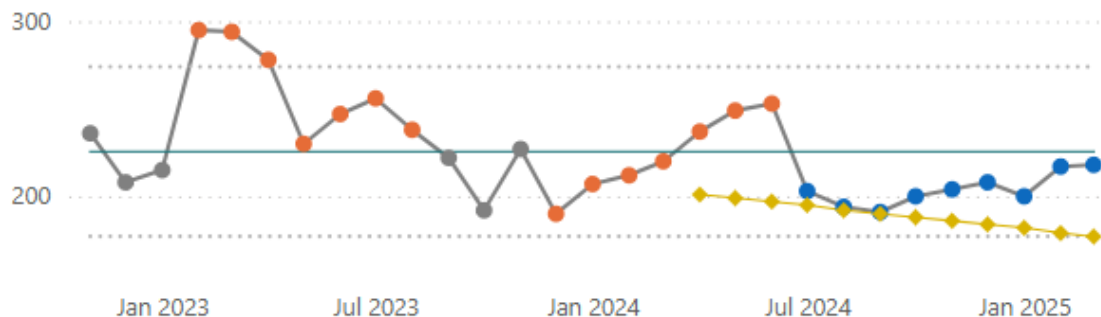
Key actions / initiatives

- Need to optimise the frailty pathway
- To have direct referrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the Care of the Elderly (COTE) team from the start of the patients journey in hospital.
- To map out 7 day working for the streaming hub, which may include SDEC.
- Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance.

Due date

- 02/06/25
- 26/05/25
- 06/10/25
- Ongoing

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

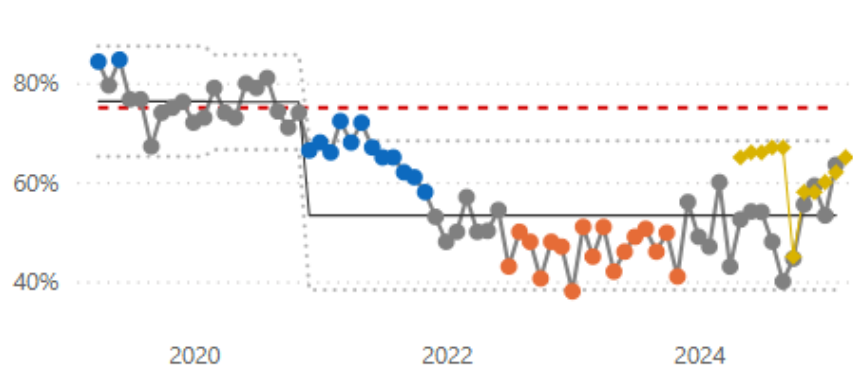


- Number of census count delays increased in March with 218 patients and chart shows improving variation. The trajectory of 177 was not met.
- The total days delayed for non-mental health increased in March, 8,110 days vs 7,847 February. Mental Health and learning disability delays increased, 945 days in March vs 699 in February.
- 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
<p>Non-mental health: There has been a significant increase in delays around mental capacity, (28 delays in March compared to 16 in February) and associated days delayed of 720 days.</p> <p>Increased days delayed due to Allied Health Professional (AHP) assessments (412 days) and Elderly Mental Ill nursing availability (379 days). 4 ongoing court of protection delays totalling 856 days.</p> <p>Ongoing challenges: nursing assessments (19 delays, 582 days), residential home availability (15 delays, 827 days), and new home care packages (19 delays, 749 days).</p>	<p>Develop Trusted Assessor models to support improvements in PoCD especially around mental health capacity.</p> <p>Deep dive into health delays relating to AHP and nursing availability.</p> <p>Develop internal standards for timely health assessments relating to PoCD</p> <p>Ongoing work to support appropriate timely Discharge to Recover and Assess (D2RA) Allocation, to support discharge planning</p>	<p>30/06/25</p> <p>31/05/25</p> <p>31/07/25</p> <p>31/07/25</p>
<p>Mental Health The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for March 2025, has deteriorated to 18, this figure includes one discharge, and four new patients identified as PoCD eligible since January 2025.</p>	<p>The position in respect of patients who have a length of stay over the 90-day threshold for Mental Health has improved, as 16 patients are below that threshold, however two patients above 90 days have significant delays with one over 200 days and the other 300 days. Both patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. Over 70% of patients identified as PoCD are in-patients on the older adult wards.</p>	<p>31/05/25</p>

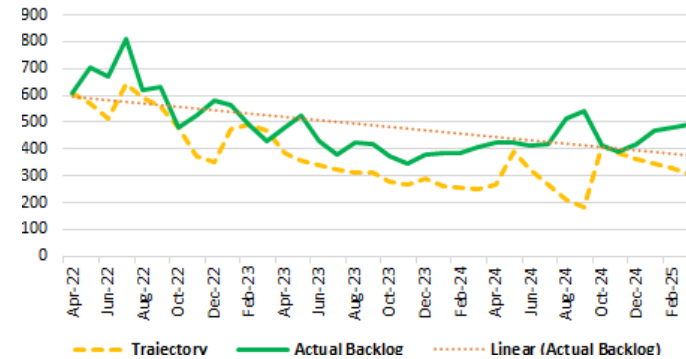
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

% single cancer pathway patients starting treatment within 62 days



In February 2025, 63.5% of patients (244 out of 353) started treatment within 62 days from referral exceeding the trajectory of 62%. The highest number of patients waiting over 62 days continues to be for the Urology pathway (175 in February).

Number of single cancer pathway patients waiting over 62 days

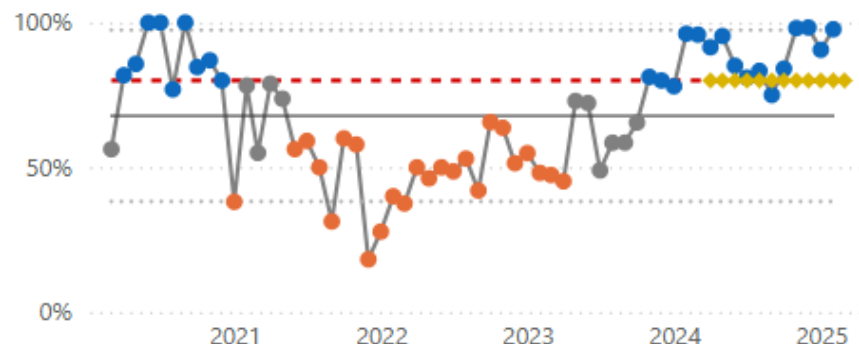


In March 2025 there were 489 patients waiting over 62 days to start treatment against the trajectory of 309.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway Fragility in Radiology remains a key risk to delivery. Recurrent investment in Radiology provisionally agreed for 2025/26 February performance was 63.5% back in line with prediction of 62%. Performance trajectory on track for 65% by March 2025.</p>	<p>Diagnostics: Additional resources prioritised for 6 additional sessions per week for CT scanning and reporting will remain in place for 2025/26.</p>	<p>31/03/26</p>
<p>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.</p>	<p>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.</p>	<p>30/06/25</p>
	<p>Skin: Recovery plan in place until May 2025 to reduce overall volume by 160 patients.</p>	<p>31/05/25</p>
	<p>Focus on Gynaecology recovery: Clinically led action plan in place, recovery actions developed and monitored via weekly focus group with NHS Exec including full implementation of a One Stop model for p... bleeding (PMB) hysterectomy to be implemented 1st May 2025.</p>	<p>01/05/25</p>

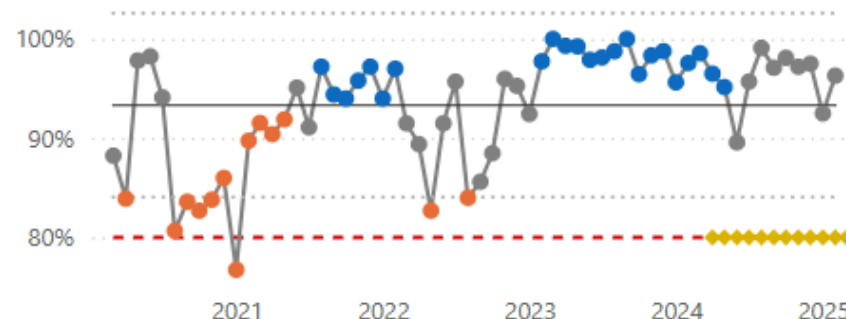
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance of 97.7% is showing special cause improving variation and the trajectory and target of 80% were both met.

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



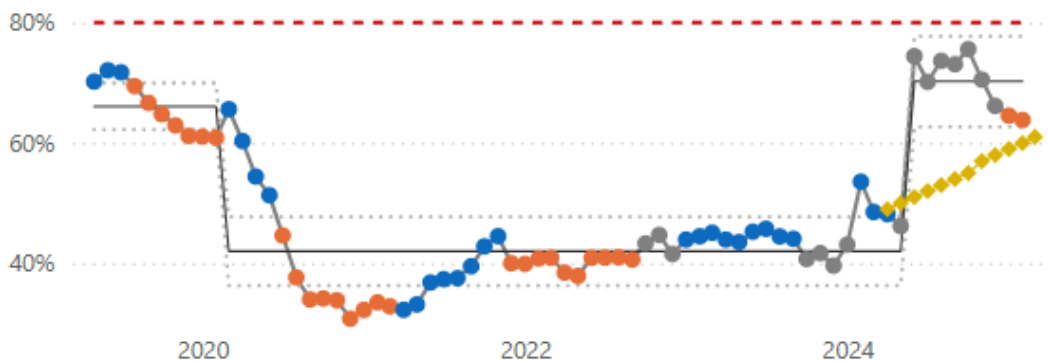
Latest performance of 96.3% is showing common cause variation and the trajectory and target of 80% were both met.

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 43 of 44 interventions commenced within target in February. There are some workforce challenges expected, with increased maternity leave (3 staff in one team) and long-term sickness.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): Continue to achieve compliance above the 80% target despite the workforce challenges.</p>	30/04/25
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Estates access continues to be challenging across the three counties. LPMHSS referrals have stabilised over the past quarter following an increase in referrals in the previous quarter. Staff sickness has decreased after experiencing a higher-than-average sickness rate which impacted on service provision in November and December. However, we had higher than average annual leave through March.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Staff endeavour to ensure compliance with the measure targets with group interventions now underway to support compliance. The Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.</p>	30/04/25

Key

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

% adults waiting <26 weeks to start a psychological therapy



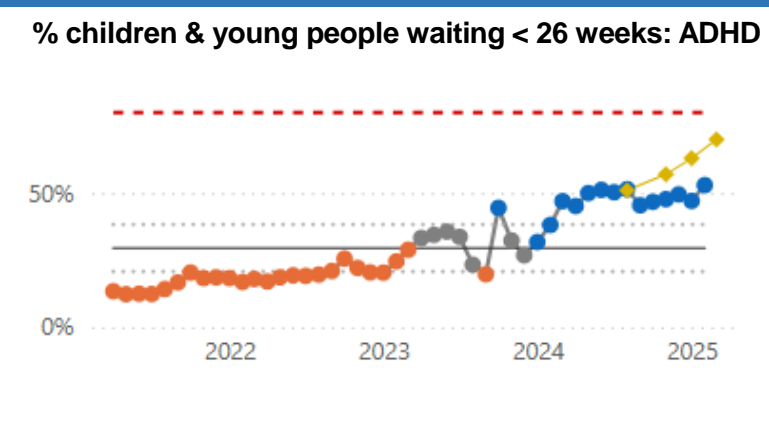
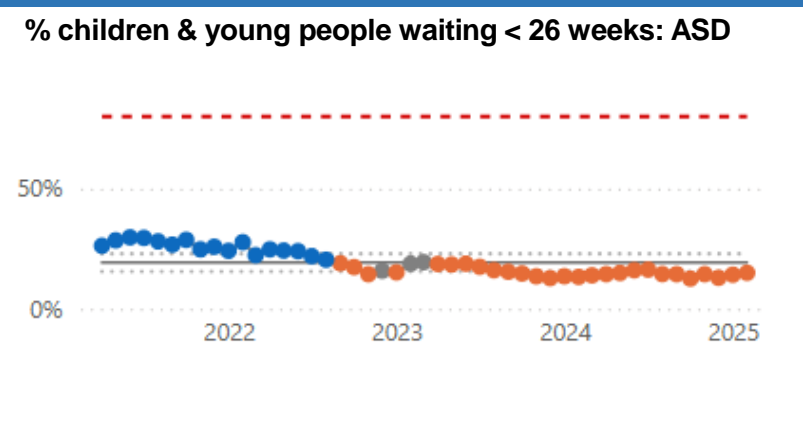
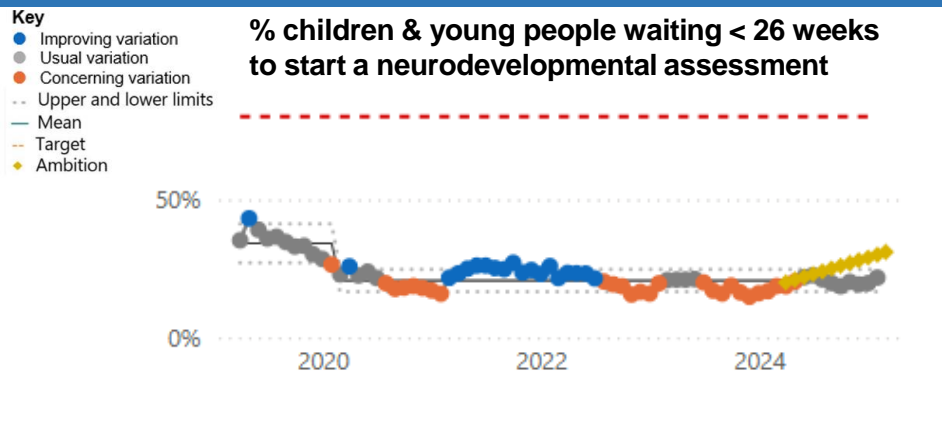
Performance in February of 63.8% shows improving variation and the trajectory of 60% was met.

- 418 out of 626 (66.8%) patients started an integrated psychological therapy;
- 5 out of 13 (38.5%) started an adult psychology assessment;
- 30 out 76 (39.5%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTs): The drop in compliance directly links to the time between the end of the last round of groups to the commencement of the current round. New groups are now being run as rolling programmes to reduce the time lag between groups ending and new groups commencing.</p>	<p>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. We have received a small amount of financial support from Welsh Government to support access to groups which will have a positive impact on the trajectory.</p>	<p>30/04/25</p>
<p>Adult Psychology: The Adult Psychology Mental Health workforce is difficult to recruit into. A large geographical area can mean that access is limited in some areas given small staffing numbers. Additional clinical time has, however, recently been made accessible to the service.</p>	<p>Adult Psychology: Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting.</p>	<p>30/04/25</p>
<p>Learning disabilities: We have ongoing long-term sickness within the workforce, alongside a number of complex cases/court of protection cases which are taking precedent in allocating new cases. The number of referrals has increased by 50% over the past five years, without an equivalent increase in workforce, as well as an increase in the severity and complexity of work that the service now undertakes.</p>	<p>Learning disabilities: Three posts have recently been approved through the vacancy panel and we are hoping to recruit to these as soon as possible.</p>	<p>30/04/25</p>

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)

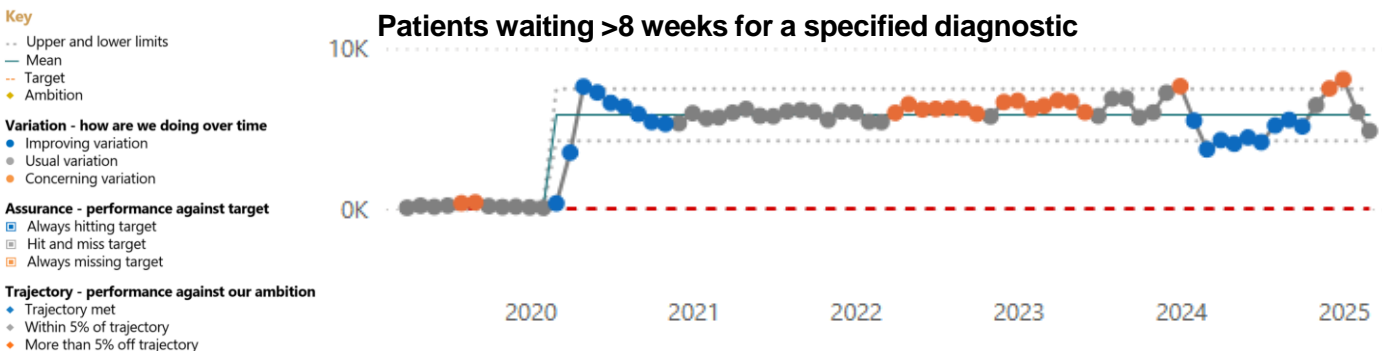


The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in February 2025 of 21.8%, shows common cause variation and the trajectory of 30% was not met. Performance is driven by ASD, where 541 of 3,599 (15%) patients had an ASD assessment < 26 weeks. 411 out of 776 (53%) patients had an ADHD assessment < 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,658 with the longest wait times 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024.</p>	<p>ASD: Process mapping of systems and pathways to improve efficiency and reduce time to assessment. The assessment process has been stream-lined further to increase capacity within services with refined Referral and Triage processes. Robust caseload allocation and monitoring is in place with extensive data validation of existing waiting list. Additional monies of £312,000 awarded by WG secured 182 additional assessments by March 2025 with a further 392 assessments outsourced using slippage funds in February and March 2025.</p>	<p>31/03/26</p> <p>Ongoing</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): The significant uplift in demand on the ADHD service continues. In the last two years the service has seen a 100% increase in referrals. In 2023/24, referrals averaged approximately 28 per month whilst in 2024/25 the average monthly referral rate was 56. Increase in demand outweighs the capacity within the service of 40 per month. We would need to increase core capacity significantly to achieve the target of 80% of children and young people waiting less than 26 weeks. 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 Witherby General Hospital.</p>	<p>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 HCSW staff 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 that, if successful, would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to flexibly manage clinic capacity and match demand through rigorous job planning.</p>	<p>31/03/27</p> <p>Ongoing</p> <p>Ongoing</p> <p>30/06/25</p> <p>Ongoing</p>

Diagnostic waits over 8 weeks

(Ministerial priority)



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	March 2025	4,851	●	□	◆
Radiology		4,587	●	□	n/a
Cardiology		150	●	□	n/a
Endoscopy		72	●	□	n/a
Phys measure		29	●	□	n/a
Imaging		13	●	□	n/a
Neurophysiology		0	●	□	n/a

Latest performance of 4,851 is showing common cause variation and the trajectory target of 0 was not met.

Key challenges / issues	Key actions / initiatives	Due date
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Endoscopy:

- Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the nursing establishment.
- On-going capital replacement programme for old/fragile equipment.
- Demand exceeding Capacity for Flexible Cystoscopy diagnostics in the Urology Service.
- Cancer patients prioritised to achieve the reduction in Urgent Suspect Cancer Flexible Cystoscopy diagnostic pathway.

Endoscopy:

- Continue to achieve compliance with the 8-week target for gastroenterology and respiratory patient cohorts.
- An investment proposal has been submitted to the Board for decision to invest in an uplift in the endoscopy nursing establishment at GGH to maintain baseline core capacity. If approval is granted, recruitment of 2.88 whole time equivalents (WTE) B5 and 0.33 WTE B3 will need to commence.
- Additional funding proposal submitted to increase capacity to overcome the urgent suspected cancer (USC) Flexible Cystoscopy backlog. This will release additional capacity for Urgent and Routine patients.
- Deep dive into Urology diagnostics commenced.

31/05/25
31/07/25
01/05/25
09/05/25

Radiology:

- Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
- In March 2025 Radiology received 1,971 urgent suspected cancer requests, 84 more than in February 2025. 14,100 requests were received in total, which is 693 more than in February 2025. Resulting in a reduction in performance in month compared to the previous month.

Radiology:

- Welsh Government recovery funding has allowed planning of additional capacity in: NOUS via insourcing commenced in February and will continue into the new financial year. CT: CT locum Radiographers started in GGH on 15/02 and will continue until substantive appointments are made. MRI- staffed MRI mobile solution 09/01/25 to 03/04/25. This has been extended into the new financial year.
- Business case for workforce investment was approved by HDdUHB board.
- Several actions which increased capacity and contributed to reductions in 8 week waiting list will remain in place at least for Q1 of the 2025-2026 financial year.

30/06/25
30/06/25
30/06/25

Cardiology:

- Anticipated zero breach position in Cardiac Physiology diagnostics achieved at end of March 2025.
- As anticipated/escalated, 150 Radiology Cardiac Myocardial Perfusion Imaging breaches at end of March 2025.

Cardiology:

- Targeted actions to maintain zero breach position in Cardiac Physiology diagnostics at end of April 2025.
- Targeted actions to recover breach position in Radiology Cardiac Myocardial Perfusion Imaging at end of

31/04/25
31/04/25

Therapy waits over 14 weeks

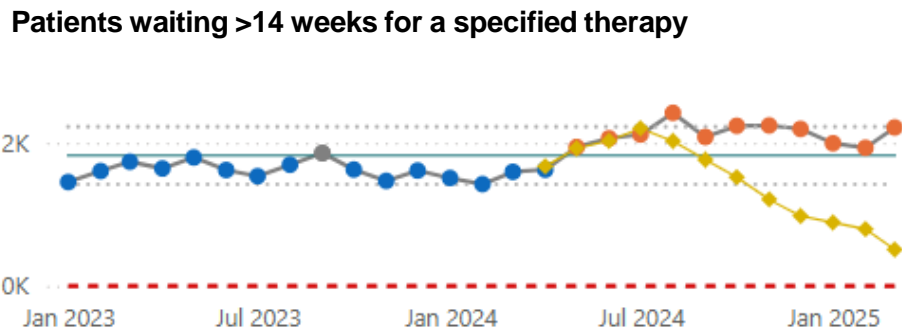
(Ministerial priority)

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



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All	March 2025	2,216	●	□	◆	68%
Physiotherapy		1,192	●	□	◆	97.7%
Podiatry		570	●	□	◆	92.1%
OT		322	●	□	◆	19.5%
Dietetics		78	●	□	◆	67.9%
Art therapy		49	●	□	◆	n/a
SALT		5	●	□	◆	100%

Latest performance shows concerning variation, with 2,216 breaches at the end of March 2025, a deterioration following 3 months of reducing breaches. Driving this position are physiotherapy and podiatry which account for almost 80% of the total breaches.

Key challenges / issues	Key actions / initiatives	Due date
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Physiotherapy:

- 93% 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.
- There is limited agency availability to cover substantive vacancies.

Physiotherapy:

- Targeted band 5 recruitment campaign has been successful with 6 whole time equivalent (WTE) posts offered (Friday 4th April 2025) to support a range of specialty areas, including MSK. These post holders will come into post incrementally over the next 5 months (the majority will be graduating in September 2025).
- Recruitment campaign for band 5 bank staff successful with 4 out of 5 posts offered, now available to work. The final post is anticipated soon.
- Development of standard operating procedure for telephone triage initiative.
- Recruit 7 WTE agency to support recovery until end of June 2025 across acute/community/MSK services. 3.4 WTE agency secured in MSK to cover funded establishment vacancies.

Occupational Therapy (OT):

- Highest number of breaches in paediatrics due to the current backlog and ongoing management of current new demand.
- Our focus remains on prioritising all case-loads and recruitment of additional staff to address capacity shortfalls.

Occupational Therapy:

- Our performance and actions for improvement continue to be reviewed weekly via the Therapies weekly performance meeting.
- We are onboarding band 6 occupational therapist in April 2025 through core recruitment processes.
- Exploring opportunities to increase the numbers of clinic and group sessions offered.

Podiatry:

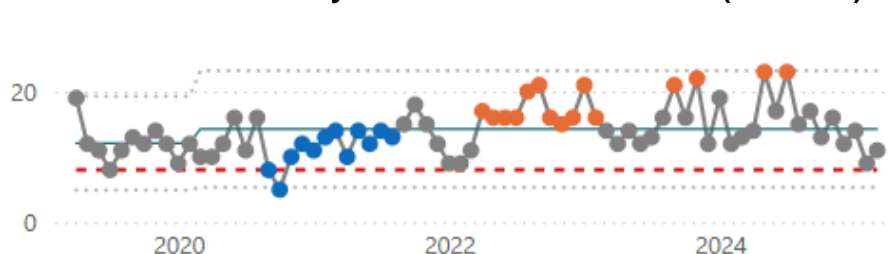
- Impacted by recruitment issues due to reduction in whole time equivalent (WTE) staffing position during 2024/25.
- Increased chronic vascular / diabetic foot pathology demand.
- There has been an increase in breaches in March 2025 to 570. This has occurred mainly in Pembrokeshire County.

Podiatry:

- Actions to address include further in depth roll out of patient phone triage in Pembrokeshire County, constant staff skill mixing, recruitment to vacancies up to full WTE levels and waiting list management including open access clinics and additional clinics.
- Podiatry and Orthotics reduced effectively by 2 WTE in 2024/25 with subsequent performance deterioration. A [redacted] now been reached to recruit to full WTE staffing levels.

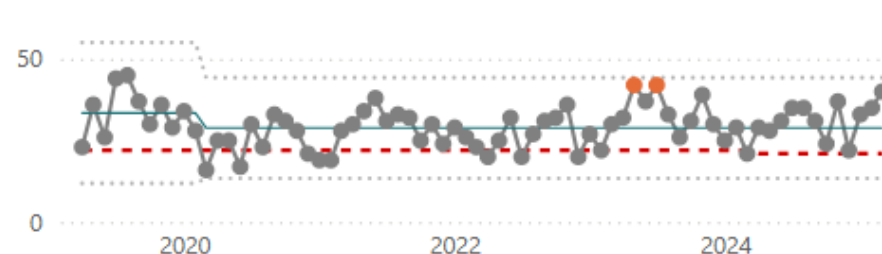
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

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



Latest performance of 11 cases in March 2025 is showing common cause variation

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

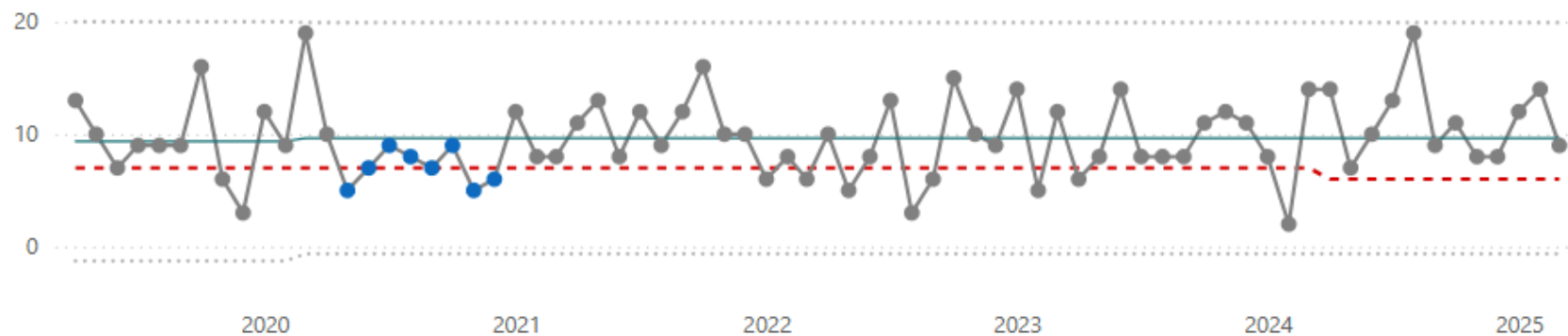


Latest performance of 40 cases in March 2025 is showing common cause variation. However, cases have increased for the third consecutive month.

Key challenges / issues	Key actions / initiatives	Due date
<p>C.difficile:</p> <ul style="list-style-type: none"> • Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data. Fluctuation is seen within the data set but with an overall downward trajectory. • Within HD, we have concerns regarding cases of cross infection of C.diff within PPH and GGH • 8 Hospital onset (HO) cases were recorded in January, with a reduction of 4 in February; however, this increased to 6 in March. 	<p>C.difficile:</p> <ul style="list-style-type: none"> • C.difficile infection (CDI) Improvement Group established with Deputy Medical Director chairing. • Continued use of DiffX and Human Papillomavirus (HPV) disinfection, working collaborative with hotel facilities and estates. Deep cleaning of Prince Philip Hospital with HPV included. • Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly • Additional scrutiny of community cases ongoing with managed practices involved • Reviewing and embedding existing Infection prevention control (IPC) practices • Targeted Estates Fund bid for further HPV machines successful 	<p>Ongoing</p> <p>31/05/25</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>31/05/25</p>
<p>E.coli:</p> <ul style="list-style-type: none"> • December 2024 to March 2025 has seen a consistent increase in cases across hospital and community. • A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last financial year 	<p>E.coli:</p> <ul style="list-style-type: none"> • Continued education of staff around catheter and device care • To continue to profile Aseptic non-touch technique (ANTT) E-learning and practical assessment review for Electronic staff record (ESR) • Work continues with the integrated infection prevention nurses in public health in 	<p>Ongoing</p> <p>30/06/25</p> <p>Ongoing</p>

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

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



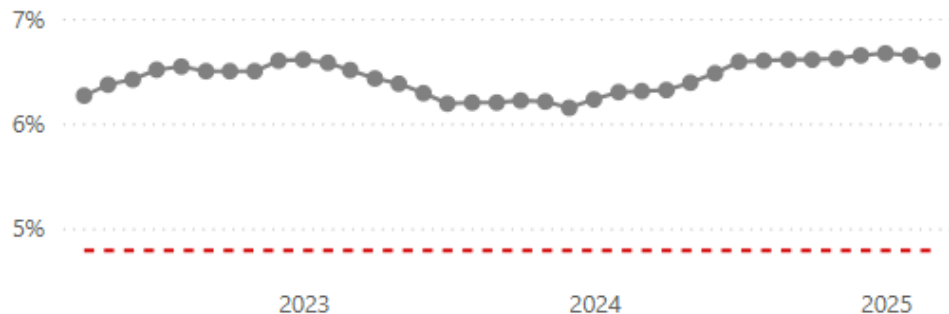
Latest performance of 9 cases in March 2025 is showing common cause variation

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> S.aureus cases in Hywel Dda have followed the all-Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all-Wales trend. Most cases continue to be that of community onset rather than hospital onset. S. aureus figures have increased overall for 24/25 compared to the previous financial year in Hywel Dda. 	<ul style="list-style-type: none"> ANTT compliance for E-learning at 80% Review of ANTT practical component and assessing feasibility to make this mandatory on ESR Bare below the elbow and hand hygiene actively promoted by the IPC team Targeted work ongoing in WGH to review devices and provide additional learning 	<p>31/03/25</p> <p>30/06/25</p> <p>Ongoing</p> <p>30/04/25</p>

Key

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

% staff sickness rate (12 months rolling)



In March 2025, the rolling 12-month staff sickness wabsence rate as 6.60%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	In-month %	R12m %
Glangwili Hotel services	136 staff	(13.0%)	14.8%
Prince Philip Hotel Services	71 staff	(5.0%)	13.8%
Prince Philip Acute Response	62 staff	(7.2%)	12.9%
Withybush Hotel Services	145 staff	(9.5%)	12.8%

Key challenges / issues

Conditions impacting absence rates include:

Anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board (30.5% February). We have seen a marked increase in the number of stress risk assessments completed to help managers understand the issues.

Absence due to cold, cough, flu (10.7%) remains the second highest sickness reason.

The number of absences recorded as unknown/unclassified appears to be on the increase, 4.1% in February 2025 from 1.5% in January, which will need active management going forward.

Targeted support for sickness absence:

Ongoing focused support from the Workforce (WF) 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.

Key actions / initiatives

Temporary redeployment guidance: changed to a flow chart to complement any All Wales Policy on redeployment and temporary redeployment. Awaiting feedback and to be embedded in the policies portal to support the All Wales Attendance At Work Policy. Work ongoing to develop the Skills training analysis to be embedded in the redeployment/temporary redeployment process.

Passport for reasonable adjustments to be rolled out. Awaiting feedback.

Bite size training sessions: developed to focus on single elements of the absence management process. To date, 9 individual training sessions have been drafted and reviewed by the Senior WF team.

Stress risk assessments are a key component woven through each aspect of the Bite Size training modules to ensure managers understand and actively support & manage any work-related stress issues.

Designated support: A program of works has been developed focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support. This will continue in collaboration and WF teams and Senior managers form the Directorates.

Due date

25/04/25
(revised)

25/04/25
(revised)

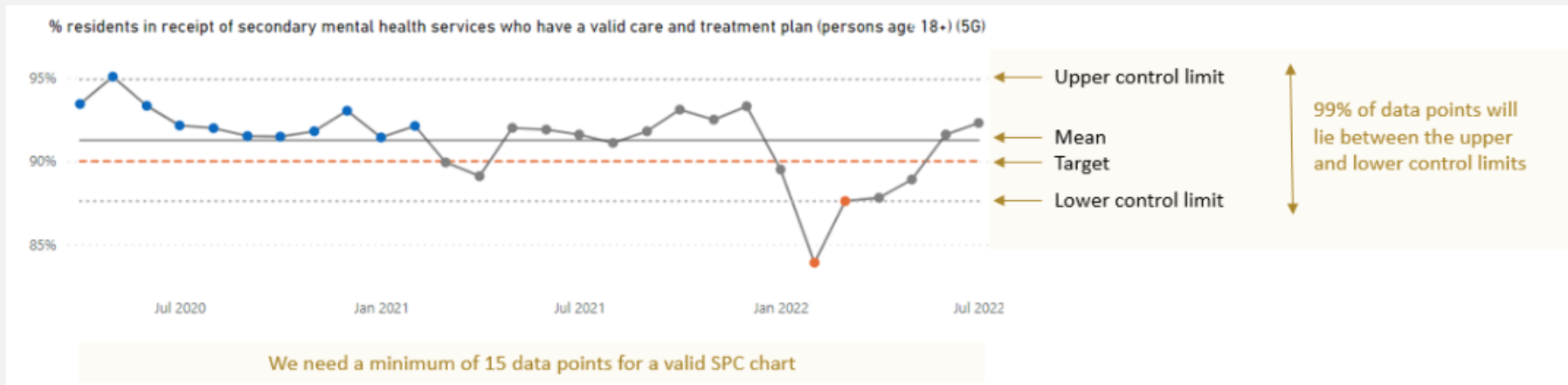
Complete

Business as usual

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.

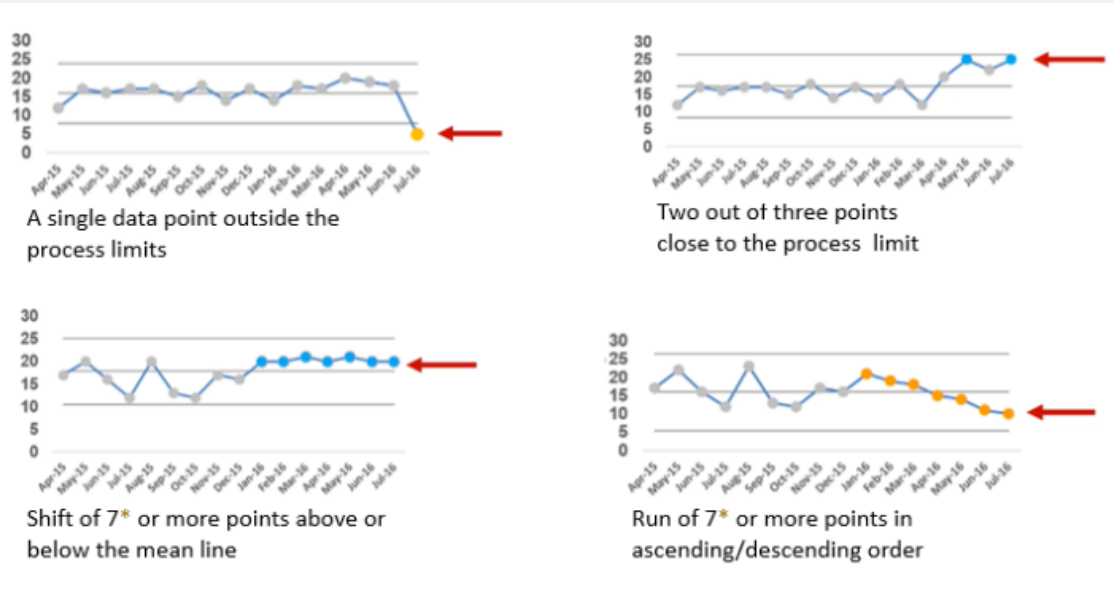
Anatomy of a SPC chart



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 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		

5 - FINANCIAL GOVERNANCE AND
CONTROL ENVIRONMENT DEEP DIVES

5.1

11:50 AM, 30 Mins

5.1 - DEEP DIVE: COMMISSIONED CARE

*Jill Paterson (Hywel
Dda Health Board -
Director of Primary
Care, Community
and Long Term Care)*

| For assurance

Attachments

[Deep Dive Commissioned Care FPC 29 April 2025.pdf](#)



**Continuing NHS Health Care and Funded Nursing Care
Finance and Performance Committee, 29 April 2025**

- 
- **Background to continuing NHS healthcare and funded nursing care**
 - **Some recent volume and cost information**
 - **The current year and the future outlook**
 - **Potential areas for developments**

Please Note:

Mental Health and Learning Disability Continuing Health Care

- The previous Sustainable Resources Committee has undertaken a “deep dive” into Mental Health and Learning Disability Continuing Health Care previously
- This Deep Dive therefore focusses mainly on general Continuing Health Care and Complex Care Continuing Health Care

What is Continuing NHS Healthcare (CHC)?

- CHC is a package of care arranged and paid for by the NHS if the individual is assessed as having a primary health need
- Provided in a range of settings, the majority are funded in either a nursing home or in the community with domiciliary support
- Eligibility Criteria – must have complex, intense or unpredictable health needs and is not based on diagnosis
- Assessed using complex need assessment (“Decision Support Tool”) - using a “domain” approach
- Multiple criteria assessed to build up a picture of the individual and their needs
- Not means-tested and is demand-led
- Health Board commissions the majority of CHC within local nursing homes – but also (depending on need) from outside the Health Board’s geographic area

What is Funded Nursing Care (FNC)?

- FNC refers to the NHS funding of Registered Nursing care within a nursing home
- Paid at a flat rate to reimburse the home for costs of nursing care and continence products
- Rate is agreed at an All-Wales level, uplifted annually based on NHS nurse pay award and CPI

Sustainability of Sector

- The aging population means there will be an increasing demand for care and support
- The complexity of needs will continue to grow as the number of people living with dementia and co-morbidities increases
- Care Home Providers have expressed concerns regarding the cost-of-living crisis
- Recruitment and retention of staff is a challenge for the sector
- Since 2022, there has been 3 home closures and 1 home de-registered nursing (147 nursing/residential beds lost)
- The Health Board and Local Authorities are exploring alternative options of nursing care for the future

Nursing Homes within the Hywel Dda area

- Currently 21 Nursing Homes (1063 beds) providing nursing and residential care
- 4 Specialist Nursing Homes
- Currently commissioning 977 individuals in Nursing Homes - 594 CHC, 297 FNC & 86 Section 117

Carmarthenshire		Pembrokeshire		Ceredigion	
Blaenos	38	Meadows	59	Plas Cwmcynfelin	53
Allt Y Mynydd	44	Fairfield	43	Brondesbury Lodge	32
Hafan y Coed	107	Ashdale	43		
Plas y Dderwen	69	Belmont Court	29		
Affalon	46	Brooklands	40		
Parc Wern	59	Park House Cou	97		
Cartreff Annwyl Fan	70	Parc y Llyn	50		
Glasfryn	24	Rickeston Mill	28		
Ty Mair	74	Williamston	34		
		Woodfield	24		

Age Range of Nursing Residents



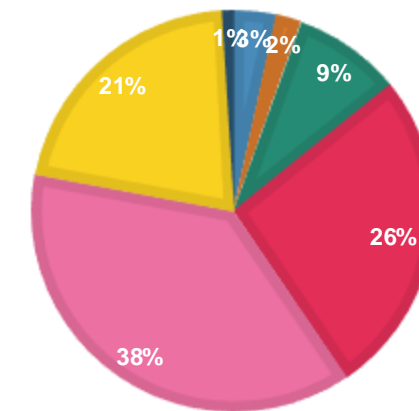
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- 64% of residents are aged between 70 – 89, 21% are aged over 90, with 1% aged 100+
- Adults with complex mental health issues are living into old age presenting with significant challenges
- Demands continue for High-Cost placements at a high cost

AGE RANGE OF NURSING HOME RESIDENTS

■ Under 55 ■ 55-59 ■ 60-69 ■ 70-79 ■ 80-89 ■ 90-99 ■ 100+



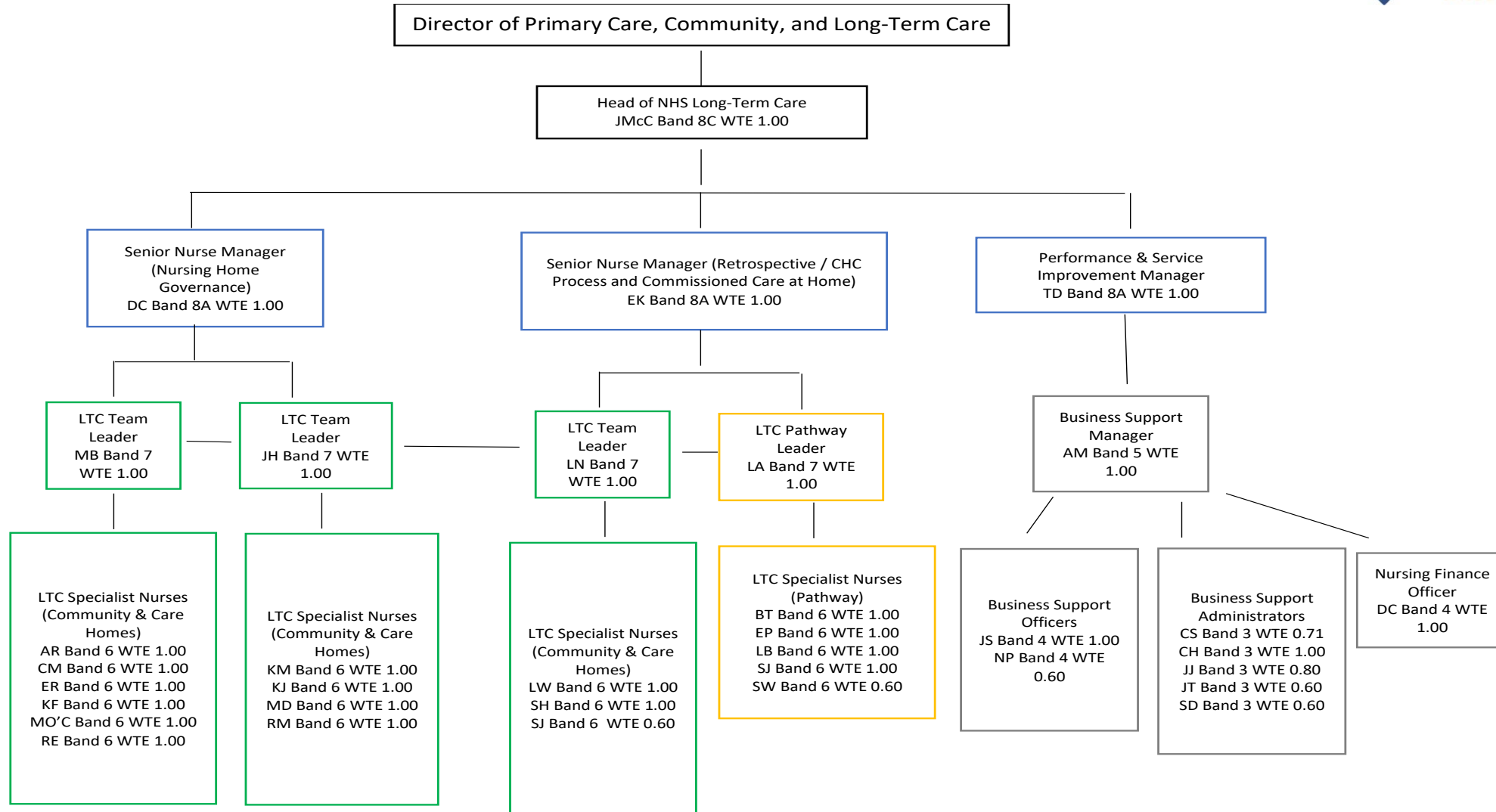
Projected increase in the number of people with severe dementia over the next decade*

	2020	2025	2030	Increase (number)	Increase (%)
Carmarthenshire	1,912	2,306	2,697	785	41.1%
Ceredigion	789	942	1,076	287	36.5%
Pembrokeshire	1,407	1,720	2,030	622	44.2%
West Wales	4,107	4,968	5,802	1,695	41.3%

Source: Social Care Wales Population Projection Platform, Daffodil Cymru

*This will include a small number of younger people with dementia

Team Structure – Long Term Care



N.B. Each LTCSN also has a Link-Worker responsibility to our Commissioned Nursing Homes.

Assessment and Governance



- MDT undertake assessment and make decision
- Assessment is quality-assured



- Approval for commissioning secured
- Most appropriate provider selected, cost of package agreed etc



- Regular review undertaken by Long Term Care Team – ensures individual still meets criteria for CHC and the care meets assessed needs



- Quality monitoring undertaken every three months – visits to placements, discussion with providers etc

Costs and Volumes of Packages – How we compare across Wales

- NHS Wales Executive (Financial Planning and Delivery) undertook two All-Wales benchmarking exercises in 2019/20 and 2020/21
- Tables and charts on following pages are from their summary outputs from the exercise
- Hywel Dda University Health Board (HDdUHB) viewed as being in top quartile for cost and activity performance
 - low average cost of a package of care
 - low cost per head of population
 - average patient numbers relatively low
- **However, there are a number of issues with the benchmarking previously undertaken with NHS Wales Executive Financial Planning and Delivery (FP&D)**
 - Is now three years old
 - Concerns over some aspects of the data and calculations – such as no allowance for relative demography
 - Average costs not reliable as a measure of cost efficiency, given significant range of costs based on individual patient characteristics, acuity, etc.
- Nevertheless, is the only currently available source of comparative data

Costs and Volumes of Packages – how we compare across Wales

Work with Powys Teaching Health Board (PTHB)

- Colleagues in PTHB have approached HDdUHB with a view to learning from our management and cost performance
- By having significantly more service input, aim to provide more reliable and robust cost and activity comparisons
- Developing a more in-depth approach to benchmarking to reflect management and oversight arrangements, staffing, decision making, governance, etc.
- Viewed as a testbed for refining and improving methodology before rolling out across rest of Wales

Costs and Volumes of Packages – how we compare across Wales

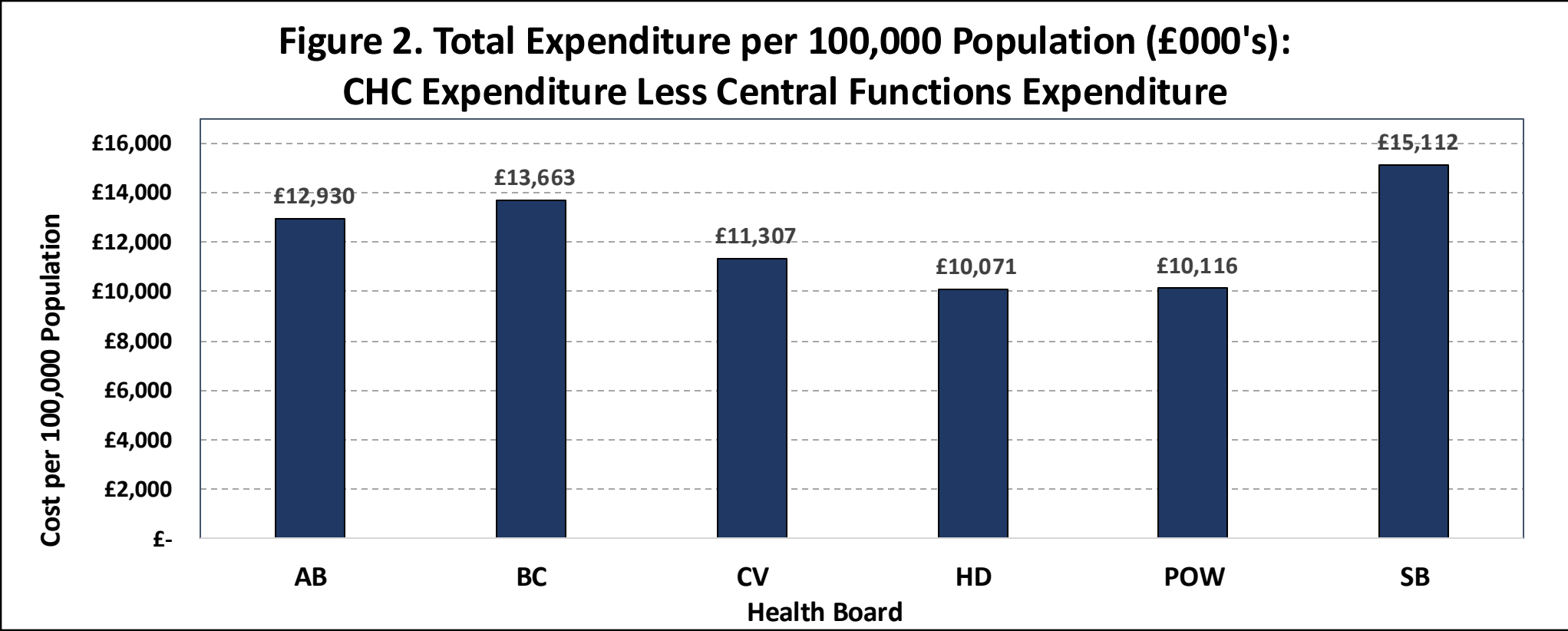
Patient Cost		Cost by Health Board (£'000)						All-Wales Total Cost & Mean Metric	National LQ	National Median	National UQ	National Quartile			
		AB	BC	CV	HD	POW	SB					1	2	3	4
Total	COST	£ 99,045	£ 116,424	£ 71,262	£ 52,239	£ 17,083	£ 67,247	£ 423,300							
	POPULATION	598,194	703,361	504,497	389,719	133,030	390,949	2,719,750							
	AVERAGE PATIENT NUMBERS	1,889	2,481	1,770	1,231	437	1,451	1,543							
	COST PER 100,000 POPULATION	£ 16,557	£ 16,552	£ 14,125	£ 13,404	£ 12,842	£ 17,201	£ 15,564	£ 13,264	£ 15,339	£ 16,718				
	COST PER HEAD OF POPULATION	£ 0.17	£ 0.17	£ 0.14	£ 0.13	£ 0.13	£ 0.17	£ 0.16	£ 0.13	£ 0.15	£ 0.17				
	MEAN COST PER PATIENT	£ 52	£ 47	£ 40	£ 42	£ 39	£ 46	£ 46	£ 40	£ 44	£ 48				

Patient Cost		Outsourced Expenditure per 100,000 Population (£'000)						All-Wales Total Cost & Mean Metric	National LQ	National Median	National UQ	National Quartile			
		AB	BC	CV	HD	POW	SB					1	2	3	4
Total	COST	£ 77,346	£ 96,101	£ 57,045	£ 39,248	£ 13,458	£ 59,081	£ 342,278							
	COST PER 100,000 POPULATION	£ 12,930	£ 13,663	£ 11,307	£ 10,071	£ 10,116	£ 15,112	£ 12,585	£ 10,105	£ 12,119	£ 14,025				
	COST PER HEAD OF POPULATION	£ 0.13	£ 0.14	£ 0.11	£ 0.10	£ 0.10	£ 0.15	£ 0.13	£ 0	£ 0	£ 0				
	MEAN COST PER PATIENT	£ 41	£ 39	£ 32	£ 32	£ 31	£ 41	£ 37	£ 32	£ 35	£ 41				

Overall picture from the benchmarking is that we spend a relatively low amount on CHC – at both individual patient level but also at the population level

Costs and Volumes of Packages – how we compare across Wales

**Figure 2. Total Expenditure per 100,000 Population (£000's):
CHC Expenditure Less Central Functions Expenditure**



Costs and Volumes of Packages – how we compare across Wales

Patient Cost		Patient Numbers per 100,000 Population					All-Wales Mean	
		AB	BC	CV	HD	POW		SB
Complex Care	AVERAGE PATIENT NUMBER	365	641	347	220	84	302	326
	PER 100,000 POPULATION	61	91	69	56	63	77	70
EMI	AVERAGE PATIENT NUMBER	282	420	50	198	67	99	186
	PER 100,000 POPULATION	47	60	10	51	50	25	40
FNC	AVERAGE PATIENT NUMBER	847	907	928	295	198	703	646
	PER 100,000 POPULATION	142	129	184	76	149	180	143
Total	AVERAGE PATIENT NUMBER	1,494	1,968	1,325	713	349	1,104	1,159
	PER 100,000 POPULATION	250	280	263	183	262	282	253

National I LQ	National Median	National UQ	National Quartile			
			1	2	3	4
60	66	81				
21	49	53				
116	145	181				

Patient Cost		Expenditure per Individual Package (£'000)					All-Wales Total Cost & Mean Metric
		AB	BC	CV	HD	POW	

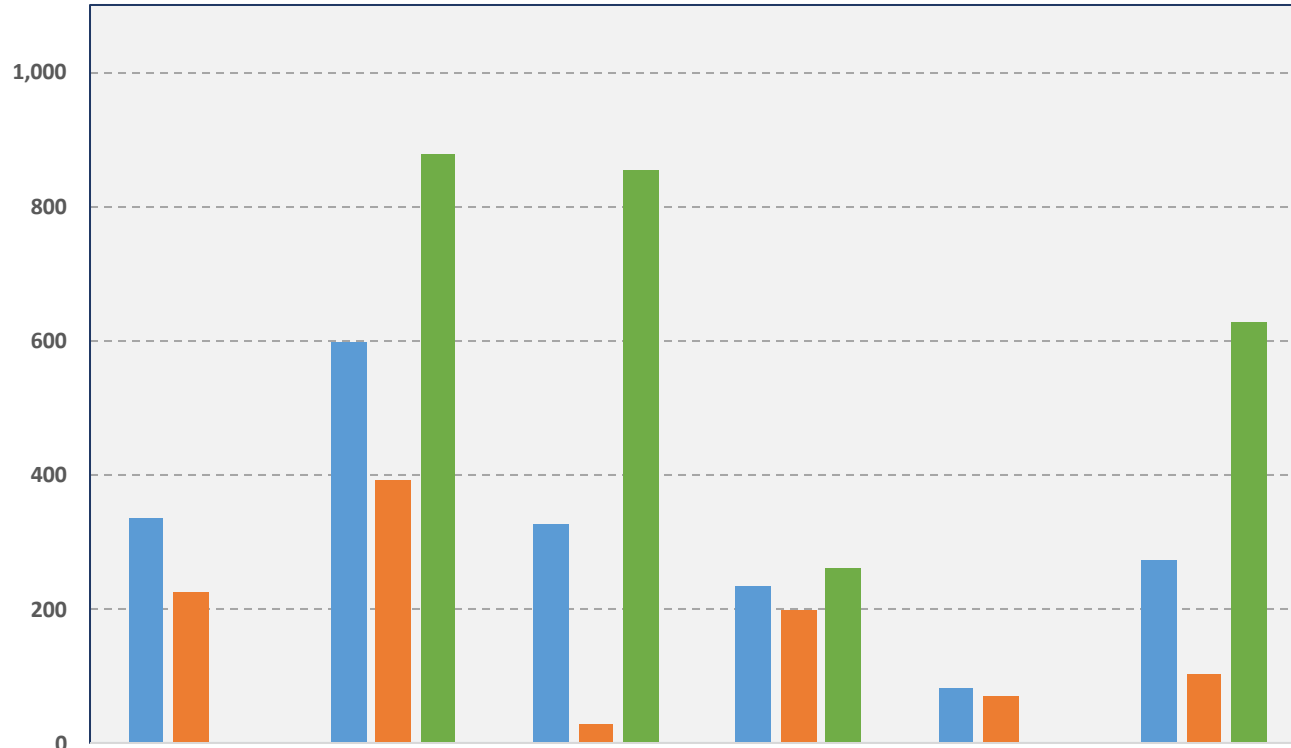
National LQ	National Median	National UQ	National Quartile			
			1	2	3	4

Total	COST	£ 95,391	£ 113,251	£ 69,336	£ 46,589	£ 16,035	£ 63,445	£ 404,048
	TOTAL PACKAGES	980	2,388	1,665	1,271	245	1,366	1,319
	COST PER PACKAGE	£ 97	£ 47	£ 42	£ 37	£ 65	£ 46	£ 51
	PACKAGE COST PER 100,000 POPULATION	£ 16.27	£ 6.74	£ 8.25	£ 9.41	£ 49.20	£ 11.88	£ 17
	COST AT ALL-WALES MEAN	£ 50,027	£ 121,903	£ 84,996	£ 64,882	£ 12,507	£ 69,732	£ 404,048
	REVISED PACKAGE COST PER 100,000 POPULATION	£ 9	£ 7	£ 10	£ 13	£ 38	£ 13	£ 15

£ 40	£ 47	£ 73				
£ 8	£ 11	£ 25				
£ 8	£ 12	£ 19				

Costs and Volumes of Packages – how we compare across Wales

Figure 14. Total Individual Packages

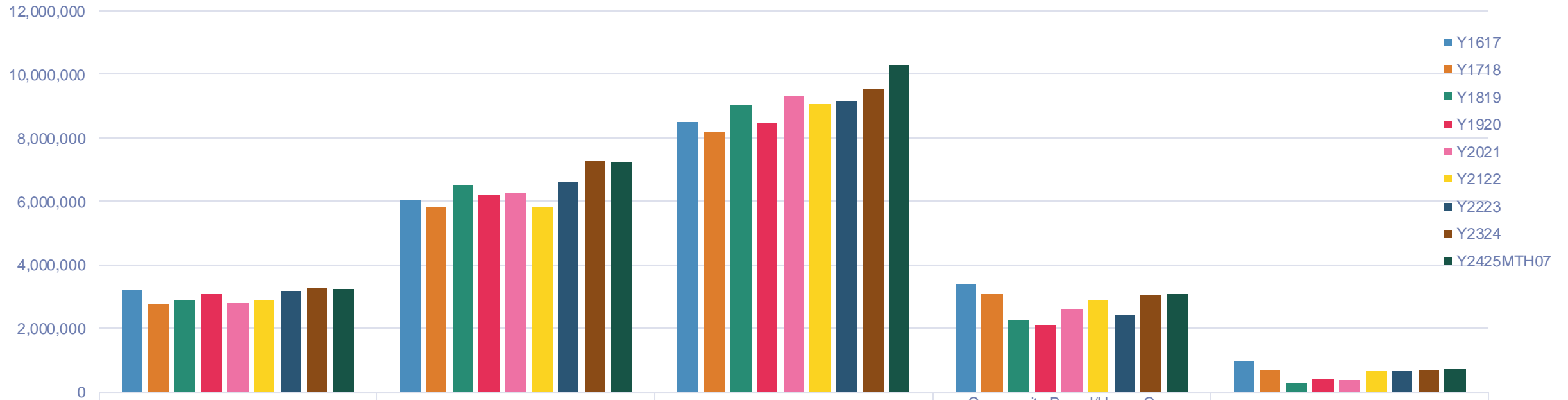


Note that the cost and volume of individual packages contains data that is of questionable value

Nevertheless, it is used to inform some of the All-Wales comparisons used by WG and FP&D and is currently being reviewed and revised by PTHB and HDdUHB

	AB	BC	CV	HD	POW	SB
Complex Care	337	598	327	235	84	272
EMI	226	392	30	199	71	103
FNC	0	878	856	262	0	628

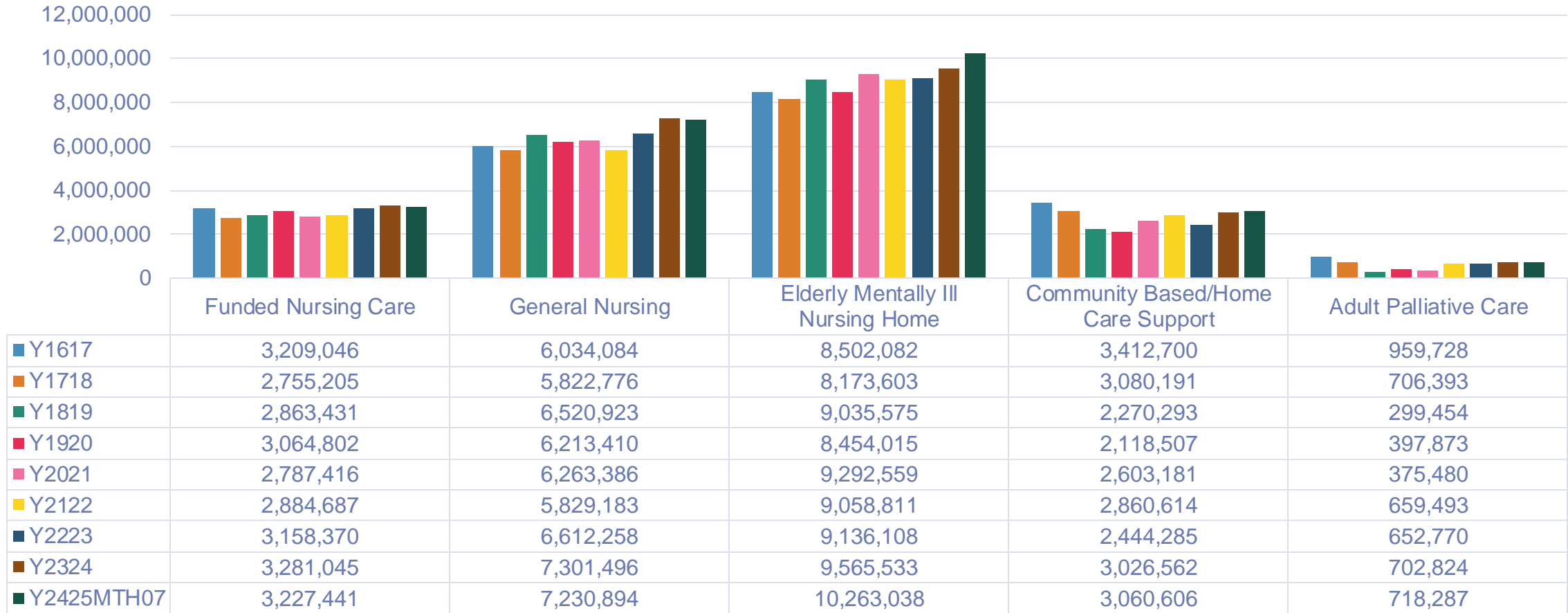
Costs of Packages - Recent Trends



	Funded Nursing Care	General Nursing	Elderly Mentally Ill Nursing Home	Community Based/Home Care Support	Adult Palliative Care
■ Y1617	3,209,046	6,034,084	8,502,082	3,412,700	959,728
■ Y1718	2,755,205	5,822,776	8,173,603	3,080,191	706,393
■ Y1819	2,863,431	6,520,923	9,035,575	2,270,293	299,454
■ Y1920	3,064,802	6,213,410	8,454,015	2,118,507	397,873
■ Y2021	2,787,416	6,263,386	9,292,559	2,603,181	375,480
■ Y2122	2,884,687	5,829,183	9,058,811	2,860,614	659,493
■ Y2223	3,158,370	6,612,258	9,136,108	2,444,285	652,770
■ Y2324	3,281,045	7,301,496	9,565,533	3,026,562	702,824
■ Y2425MTH07	3,227,441	7,230,894	10,263,038	3,060,606	718,287

Volume of Packages – Recent Trends

CHC Active Packages by Criteria



Costs and Volumes of Packages – Future Outlook

The short to medium-term outlook

- **UK Government Budget and macroeconomic factors**
 - Impact of Employer NI – both threshold and rate
 - Impact of increase in National Living Wage
 - Impact of potential increase in Real Living Wage
 - Non-pay inflation
 - 2025/26 impact likely to be significant
 - around 7% - 8% cost pressure for providers
 - All-Wales group established to assess cost impacts for Health Boards

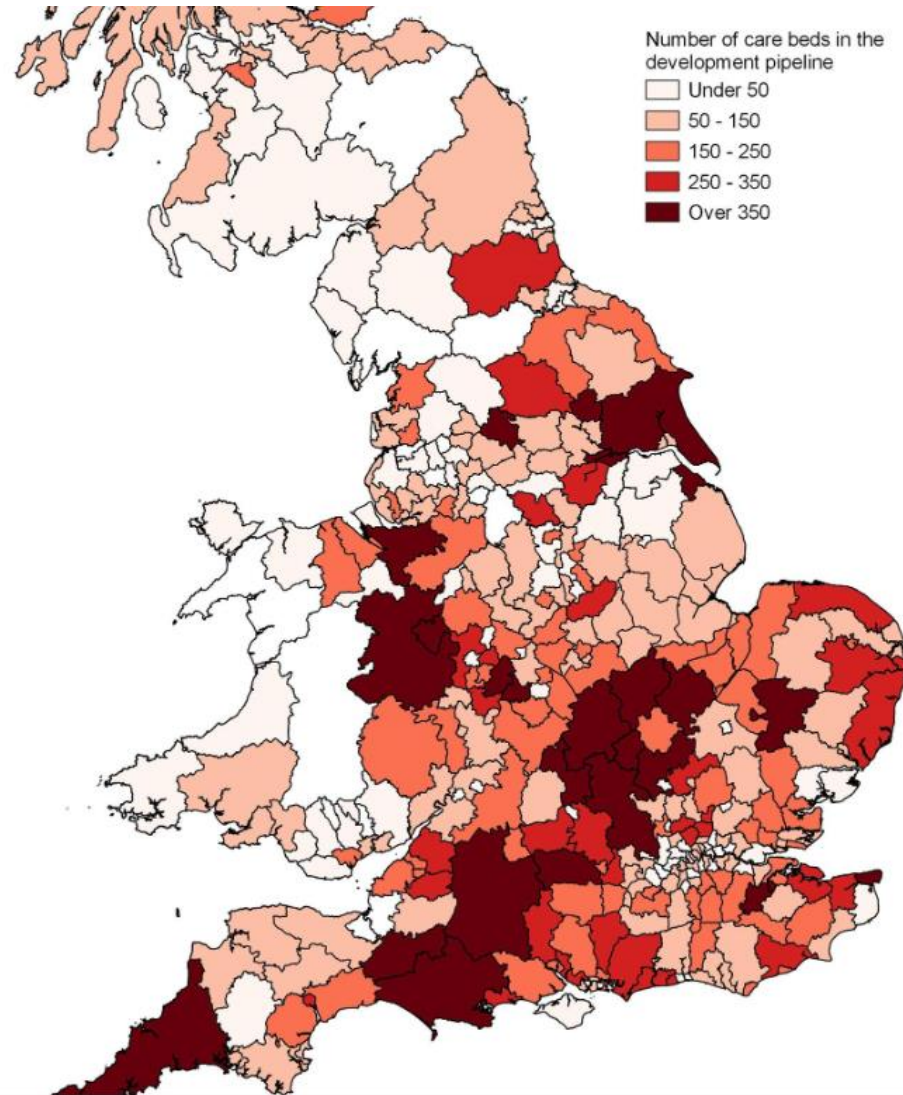
- **Well-rehearsed issues over recruitment, retention, oversight, etc.**

Costs and Volumes of Packages – Future Outlook

The medium to long term outlook

- **Aggregation and consolidation**
 - Owner-managers reducing, national groups / hedge fund-owned care groups now becoming dominant
 - Altered dynamic – more business-minded
- **Impact of demographic change, and advances in medical technology**
 - Anticipated increase of 3%-4% per year in demand for nursing care
- **Impact of shortfalls in local authority funding for social care**
 - overall sector sustainability
 - ability to invest, return on capital

Costs and Volumes of Packages – Future Outlook



- Demand in HDdUHB inflated by number of retirees and over 85s
- Development of new nursing home capacity potentially constrained by low return on investment
- Debt markets – interest rates may fall in future years, potentially unlocking capital accessibility
- Impact felt at acute hospital level if insufficient nursing home capacity
- National Planning Policy frameworks seeking to address long-term shortfall
- But issue will be felt with increasing intensity over coming 5 – 10 years before new developments on stream

Source: Savills care / nursing home anticipated developments

Potential Areas for Development

- ***Enhanced coordination amongst Health Boards who use same providers***
 - Initially Powys, but also Swansea – then wider?
- ***Strategic commissioning***
 - Identifying current and projecting future demand, assessing current and future capacity needs, then working with Local Authorities, providers, etc. to address likely gaps
 - Developing the marketplace – or being prepared to enter it if there are gaps?
 - Mental Health and Learning Disabilities commissioned care also incorporated in the overall strategic picture
- ***Links with NHS Executive / Commission Collaborative***
 - Number of areas of development proposed, including potential investment in modernised data systems
 - Recent change in emphasis to a more joined-up approach eg on fee setting, collaborating
- ***Different approach to financial forecasting and management***
 - Statistical process control methodology
 - Reduced burden on finance teams on basic tasks, to concentrate instead on supporting service developments

6

12:20 PM, 0 Mins

6 - FOR APPROVAL

6.1

12:20 PM, 0 Mins

6.1 - POLICY AND PROCEDURES

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

- No Financial Procedures for approval

| For approval

6.2

12:20 PM, 0 Mins

6.2 - BUSINESS CASES

*Huw Thomas (Hywel
Dda UHB - Director
of Finance)*

- No Business Cases for approval

| For approval

7 - FOR INFORMATION

7.1

12:20 PM, 5 Mins

7.1 - JCC PLANNING, PERFORMANCE AND
FINANCE SUB-COMMITTEE REPORTS

*Charlotte Wilmshurst
(Hywel Dda Health
Board - Assistant
Director of
Assurance and Risk)*

| For information

Attachments

[JCC Planning, Performance and Finance Sub-Committee 18 March 2025 Highlight Report.pdf](#)

Agenda Item

5.2.3

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	18/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Corporate Governance
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.
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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 sub-committee at its meeting on 11 February 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	<ul style="list-style-type: none"> The Chair and Members discussed the Terms of Reference and the adequacy of requiring only two lay members for quorum. Members agreed to review after six months to assess the effectiveness of the sub-committee.
Advise	<ul style="list-style-type: none"> The Chair welcomed members and attendees to the first JCC Planning, Performance and Finance (PPF) sub-committee meeting. The Terms of Reference and Forward Work Plan were presented. Members noted the inclusion of a HB CEO as a member rather than an attendee. Concerns were highlighted in relation to the quoracy arrangements as highlighted above. Further work on the forward work plan will be undertaken to ensure alignment with the JCC meetings and the annual plan of business and useful suggestions and feedback was provided.
Assure	<ul style="list-style-type: none"> Members were informed about the approach to risk and noted that by April 2025, risks related to planning, performance and finance would be reported to this sub-committee for review and assurance. A presentation was shared which provided members with an update on developing the Integrated Medium-Term Plan (IMTP). Members received an overview of the financial modelling scenarios as requested by the JCC at its January 2025 meeting. An assessment against the three scenarios was provided. While the JCC was in transition, an annual plan was being considered in place of a three-year rolling IMTP. The interim Chief Commissioner also provided members with an update on the submission of an Accountable Officer letter. The Month 9 Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> £4.8 million overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.7 million; The risk of not receiving anticipated income for activity in NHS England was highlighted but Welsh Government (WG) had confirmed funding of £8.8 million to offset the costs related to this,

	<p>alleviating this financial risk for the current year. This funding does not alter the forecast year-end overspend position of £5.7 million.</p> <ul style="list-style-type: none"> The JCC Performance Report for Month 8 was received. The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework and performance report is under development for 2025/2026.
Inform	<ul style="list-style-type: none"> Members noted updates on Implementation of Legacy Plans for Quarter 3. It was noted that this report would also be shared with WG for assurance on delivery. Members noted the WG Strategic Development and Planning Guidance for 2025/2028. The national requirements and areas of JCC responsibility were highlighted as well as the importance of aligning with the planning framework.
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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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

12:25 PM, 5 Mins

7.2 - FINANCE AND PERFORMANCE
COMMITTEE WORK PLAN 2025/26

*Michael Imperato
(Hywel Dda UHB -
Independent Board
Member)*

| For information

Attachments

[Finance and Performance Committee Work Plan 2025-26.pdf](#)

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: <ul style="list-style-type: none"> 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				✓		✓	
Financial Recovery and Route Map (PO 2)	HT	HT		✓		✓		✓	
Urgent and Emergency Care (PO 3)	HT	HT							
Planned Care (inc. Diagnostics and Cancer) (PO 4)	HT	HT							
Mental Health and Learning Disabilities (PO 5)	HT	HT							
Monitoring Welsh Health Circulars (under the remit of FPC)	Relevant EDs	RW		✓		✓		✓	
Ministerial Directions (as and when required)	Relevant EDs	RW	✓	✓	✓	✓	✓	✓	
Financial Governance and Control Environment Deep Dives (3.1.1)									
Workforce	LG	LG							
Non-pay and procurement	HT	HT							
Medicines value and sustainability	JP	JP							
Commissioned Care	JP	JP	✓						
Performance									

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
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)		
Ophthalmology performance: Getting It Right First Time (GIRFT) (update on progress to address outstanding recommendations)	AC	SHi/VC		✓					
Discharge to Assess (D2A)	JP			✓					
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 - ANY OTHER BUSINESS

9 - DATE OF NEXT MEETING

- Thursday 26 June 2025; 09:30 - 12:30