2025/26 Financial Performance Report
Finance and Performance Committee

Month 10 January 2025/26

Contents

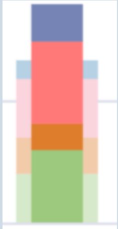
Key

Risk Assessment and key performance indicator RAG criteria:

Alert		Lack of confidence in current actions to resolve issue; engagement, action or intervention required.
Advise		Areas of concern with current actions; assurance taken but close monitoring needed as early warning of potential serious issue.
Assure		Confidence that actions are robust and sufficient; routine monitoring only.

Savings BRAG and visual guide:

Current Month	Prior Month	Savings Blue, Red, Amber and Green Schemes (BRAG)
		A potential saving has been identified but is not yet scoped or developed. No detailed plan exists.
		Scheme is under consideration and initial scoping has started, but it is not yet fully developed or approved.
		Scheme has a clear plan, with actions and timelines defined, but delivery is not yet certain (medium risk).
		Implemented or near completion; savings delivery highly confident.



Revenue vs plan variance matrix report RAG indicator criteria:

Matrix Appendices RAG	In-Month Matrix	YTD Matrix	EOY Matrix
Large Positive Variance	>100,000	In-Month range x No. Months	In-Month range annualised
Moderate Positive Variance	50,000 – 99,999	In-Month range x No. Months	In-Month range annualised
Moderate Negative Variance	(99,999) – (50,000)	In-Month range x No. Months	In-Month range annualised
Large Negative Variance	<(100,000)	In-Month range x No. Months	In-Month range annualised

Position Overview – Executive Summary

The Health Board's Annual Planned Deficit is £30.0m with an Annual Savings Target of £46.4m. The reported end of year financial position remains at £22.1m in line with the revised Target Control Total, with prior mitigating actions of £2.4m now identified.

Financial Management

The in-month financial position is a deficit of £1.3m, which is an improvement against the £2.5m in-month deficit plan due to a core operational underspend of £(1.4)m. The savings target of £3.9m has been under identified by £0.2m; the £3.7m savings identified have been fully delivered in-month.

Key Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Year to Date variance to breakeven	Prior Month End of Year forecast to breakeven	End of Year forecast to breakeven
Planned Deficit	**2.5**	**2.5**	**25.0**	**30.0**	**30.0**
Unidentified / (Identified) savings gap / (improvement)	(0.6)	0.2	(5.2)	(3.4)	(3.9)
Under / (Over) delivery of savings schemes	0.0	0.0	0.3	0.3	0.3
Core operational variation	1.0	(1.4)	(4.0)	(2.4)	(4.3)
Gross Forecast	**2.9**	**1.3**	**16.1**	**24.5**	**22.1**
Future Mitigating Actions	0.0	0.0	0.0	(2.4)	0.0
Reported Position	**2.9**	**1.3**	**16.1**	**22.1**	**22.1**

Key Measures

BRAG based on Plan £30.0m (Risk rating = Impact x Likelihood)

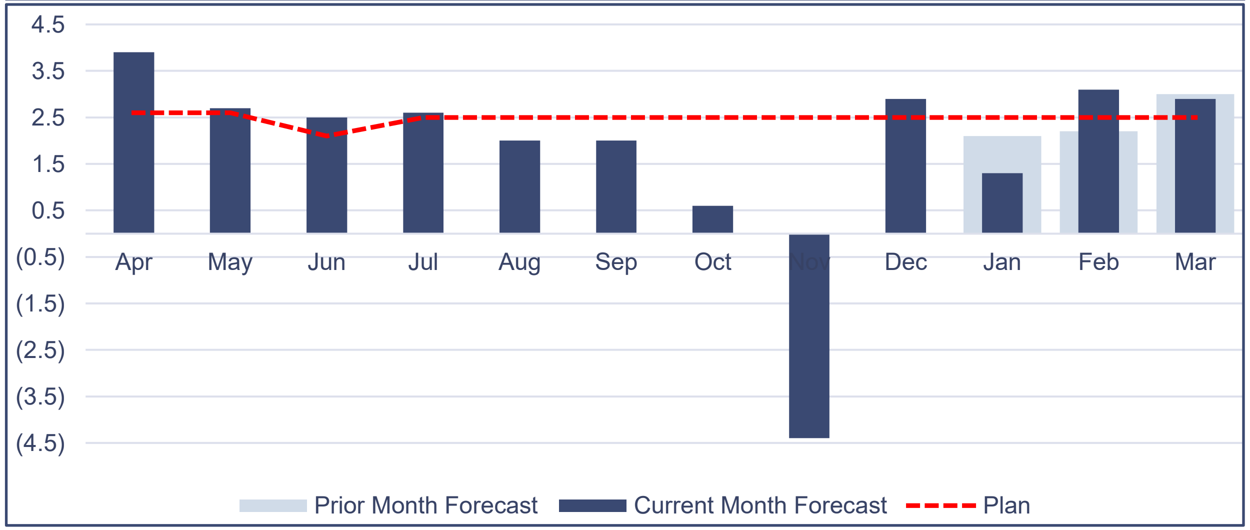
Measure	Risk	Commentary
Core Operational Variation	**Risk #2086** 5 x 3 = 15	The in-month core underspend of £(1.4)m is largely driven by a reduction in Oncology drugs price, Estates utilities reduction in expenditure following realignment of expenditure in line with NWSSP schedule and lower vaccinations uptake than plan.
Cash		A strategic cash request of £22.1m has been approved by Welsh Government, this has been forecasted to be received in March 2026.
Savings		Of the annual savings target of £46.4m, £50.3m has been identified on an in-year basis resulting in a £(3.9)m over-identification, however £50.0m are forecast to deliver, leaving a £(3.6)m savings delivery overachievement. Run rate management of year-to-date savings of £1.0m are now in the savings forecast to deliver in future months.
Capital	**Risk #2204** 3 x 4 = 12	Delivery against the capital programme remains at a medium risk. Due to the significant amount of expenditure forecast for the two remaining months of the year, there is a underspend to the Capital Resource Limit, in addition to risk of underspends against All Wales funded schemes including, Carmarthen Hwb £0.2m, Aseptic Unit £0.15m and Gamma Camera Upgrade £0.2m. Close monitoring of these risks will be necessary with reallocation of funds where required.
Underlying Deficit	**Risk #1199** 5 x 5 = 25	£18.4m of recurrent full year effect schemes have been identified, with recurrent funding for Real Living Wage £(2.3)m and Bank £(0.4)m being confirmed, offset by the National Insurance shortfall in funding £2.0m, resulting in an underlying deficit of £58.4m. This does not support the organisations required trajectory to achieve financial breakeven by 2027/28. In addition, there are a number of unavoidable demand led pressures which need to be considered as part of the current planning cycle.

Position Overview – Change from Prior Month

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Key Driver (£'m)	Prior Month Reported Position	Current Month Reported Position	Movement
Planned Deficit	**2.5**	**2.5**	**0.0**
Savings gap / (improvement)	(0.6)	0.2	0.8
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	1.0	(1.4)	(2.4)
Gross Forecast	**2.9**	**1.3**	**(1.6)**
Future Mitigating Actions	0.0	0.0	0.0
Reported Net Position	**2.9**	**1.3**	**(1.6)**

In-Month Revenue Deficit Trajectory (£'m)



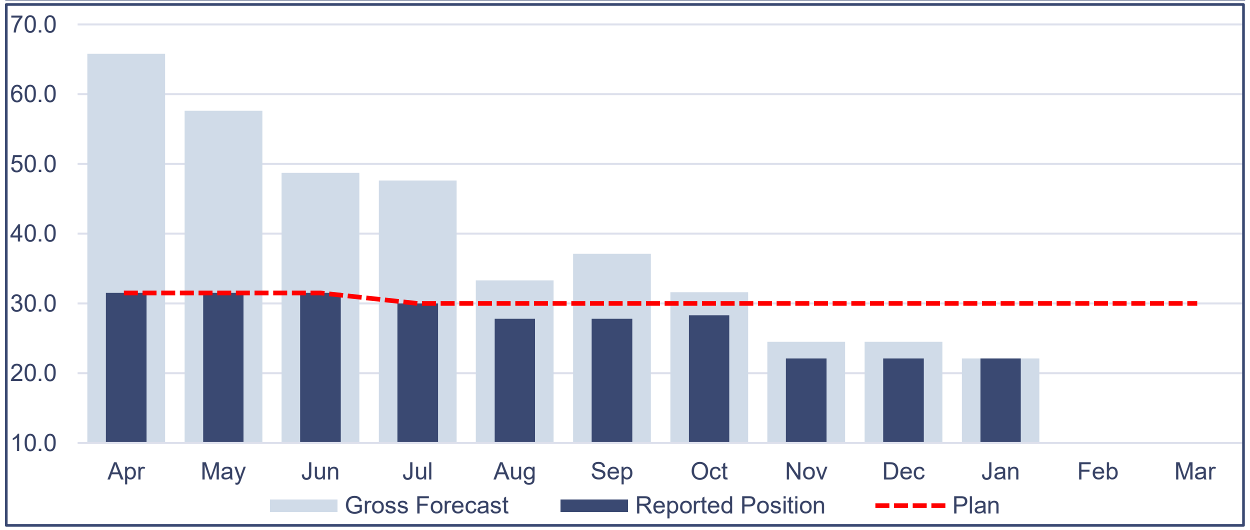
Unidentified Savings Gap (£'m)	Change
Continuing Healthcare accountancy gain saving in prior month	0.9
Additional pay underspend savings identified in-month	(0.1)
Movement in Unidentified Savings Gap	**0.8**

Core Operational Variation (£'m)	Change
Pharmacy & Medicines Management latest prescribing report	(0.7)
Medical locum retrospective backdated claims	(0.5)
Estates & Facilities Utilities gas realignment of end of year costs	(0.3)
Community & Integrated Medicine infection prevention control disposables	(0.2)
Primary Care Community Pharmacy year to date contract uplift	0.4
Mental Health Continuing Healthcare year to date funding to cover costs	0.4
Prior Month Impacts	**(0.9)**
Cancer Oncology Drugs reduction in costs against planning assumptions	(0.6)
Estates & Facilities year to date Profit Share income alignment	(0.3)
Workforce Certificate of Sponsorship reduction in expenditure	(0.3)
Public Health lower vaccinations uptake of Health Protection programmes	(0.3)
Current Month Impacts	**(1.5)**
Movement in Core Operational Variation	**(2.4)**

Position Overview – Change from Prior Forecast

Key Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement
Planned Deficit	**30.0**	**30.0**	**0.0**
Savings gap / (improvement)	(3.4)	(3.9)	(0.5)
Under / (Over) delivery of savings schemes	0.3	0.3	0.0
Core Operational Variation	(2.4)	(4.3)	(1.9)
Gross Forecast	**24.5**	**22.1**	**(2.4)**
Future Mitigating Actions	(2.4)	0.0	2.4
Reported Net Position	**22.1**	**22.1**	**0.0**

End of Year Revenue Deficit Trajectory (£'m)



Unidentified Savings Gap (£'m)	Change
Additional in-month underspend savings identified	(0.5)
Movement in Unidentified Savings Gap	**(0.5)**

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

Core Operational Variation (£'m)	Change
Primary Care GMS contract uplifts lower than anticipated in-year	(1.1)
Estates & Facilities Utilities reduction in NWSSP forecast expenditure	(0.5)
Workforce Certificate of Sponsorship reduction in expenditure	(0.4)
Estates & Facilities Profit Share income increase	(0.2)
Continuing Healthcare backdated high-cost Local Authority package	0.3
Movement in Core Operational Variation	**(1.9)**

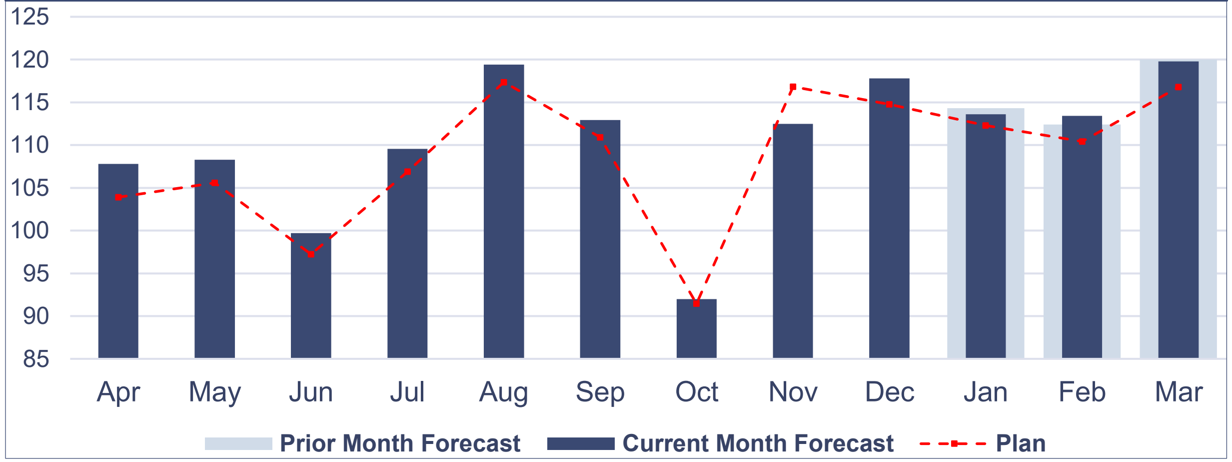
Actionable Insights – Top Priority Alerts

Action / Decision	Description	Owner	Status	Due Date
Shift Supply and Demand	Demand-led pressures and absence pressures have led to an increasing number of shifts being requested but market supply has not fulfilled the demand across Medical and Nursing agency in Withybush, Bronglais and Glangwili and Pathology. Further increases are anticipated following the opening of surge beds in January and approved recruitment plans in Bronglais Emergency Department. This is a risk to the start of the new financial year.	Executive Directors, CCG Directors	Increased shift demand not wholly available with market supply.	**Overdue**
Reactive savings planning and underspend conversion Conversion of remaining schemes to Green	Further to the initial amber savings scheme created in M5 of £6.0m, £1.0m remains as a balance covering M11-M12. The underspend conversion rate in month is £0.9m.	Executive Directors and Deputies	Recognition to convert Amber scheme to Green based on evidenced track record	**Overdue**
Confirmation of Non-Recurrent savings conversion required as part of 26/29 Financial Plan	Consistent with the principles agreed at Executive Team, each Executive Director and delegated budget holder is asked to confirm agreement with the total projected non-recurrent savings in FY26/27. Without justification for nonagreement, alternative rebuttable proposals are required.	Executive Directors and Deputies	Under urgent review in conjunction with Finance Business Controllers	**13 February 2026**
Medical pay Additional cover at premium costs	Continuing use of additional medical cover, including premium locum and agency in BGH, Planned Care and Mental Health.	Medical Director	Urgent update required on Medical Stabilisation	**Overdue**
Nurse agency usage Additional cover at premium costs	A 11% increase due to ongoing breaches within roster management outside of our standard operating procedure.	CIM CCG Director and Nursing	Further controls required to mitigate increased spending and clinical variation	**Overdue**

Financial Summary

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£113.4m	£1,093.9m	£1,327.1m	16.9%	0.8%	£1,312.6m
Variance to Plan **£(1.2)m**	Variance to Plan **£(8.9)m**	Variance to Plan **£(7.9)m**	2022-23 Outturn **£1,135m***	2024-25 Outturn **£1,317m***	Risk / (Opp) **£(14.4)m**

Net Income and Expenditure (Before Allocations) (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay	**58.0**	**58.9**	**57.0**	**570.9**	**685.0**	**685.7**		**(0.7)**
Administration and Estates	11.7	12.2	11.6	116.0	139.2	139.1		0.1
Allied Health, Scientists and Other	7.2	7.3	7.2	71.6	85.9	85.9		(0.1)
Medical and Dental	13.4	13.9	13.0	133.2	159.8	160.1		(0.3)
Nursing, Midwifery and Clinical Support	25.7	25.5	25.2	250.2	300.2	300.6		(0.4)
Non Pay	**61.6**	**66.1**	**63.8**	**587.8**	**705.3**	**721.5**		**(16.2)**
Clinical Services and Supplies	4.4	4.8	4.5	43.0	51.6	51.7		(0.1)
Commissioned Healthcare Services	36.9	38.1	36.5	358.4	430.1	431.4		(1.4)
Drugs and Prescribing	11.7	13.8	13.3	122.7	147.2	149.8		(2.6)
Other Non-Pay	8.6	9.3	9.4	63.7	76.4	88.6		(12.2)
Income	**(7.0)**	**(7.2)**	**(7.3)**	**(64.8)**	**(77.7)**	**(80.2)**		**2.5**
Net Income and Expenditure	**112.5**	**117.8**	**113.4**	**1,093.9**	**1,312.6**	**1,327.1**		**(14.4)**
Allocations	**116.9**	**114.9**	**112.1**	**1,077.7**	**1,293.3**	**1,305.0**		**11.7**
Reported Position	**(4.4)**	**2.9**	**1.3**	**16.1**	**19.3**	**22.1**		**(2.8)**

Key Information

Month 3, June, amortisation of capital expenditure reduced circa £8.0m. Month 5, August, 2025-26 pay award expenditure, including year-to-date backpay circa £9.0m. Month 7, October, amortisation of capital expenditure reduced circa £16.2m and drugs expenditure reduced by £6.1m relating to Aseptic Unit System accountancy gain savings. Month 9, December, Primary Care drugs increase in price including an uptake of Mounjaro drugs, and year-to-date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift costs in line with funding. Month 12, March, £6.0m increase for Depreciation and Amortisation Impairment.

Month 10, January, reduction in Medical and Dental relating to reduction in retrospective claims from prior month and reduction in Medical Additional Duty Hours. Reduction in Commissioned Healthcare Services relating to reduction in Psychiatric Intensive Care Unit beds within Mental Health due to less patient demand, reduction in Continuing Healthcare utilisation and number of packages within Community and Integrated Medicine, and year-to-date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift included in prior month. Oncology drugs price reduction of 19% from planned levels and Public Health reduction in vaccination update.

***Outturn adjusted for Notional Pension costs 2024-25 c£40.3m, 2022-23 c£22.0m.**

Financial Summary – Key Drivers vs Plan

In-Month

Reported Position	Savings Identification Gap	Savings Delivery Gap	Core Operational Variation
£1.3m	**£0.2m**	**£0.0m**	**£(1.4)m**
Planned Deficit **£2.5m** Prior Month Forecast **£2.1m**	Savings Target **£3.9m** Total Identified **£3.7m**	Savings Delivery **£3.7m** Prior Month Delivery **£4.5m**	Prior Month Variation **£1.0m**

Year to Date

Reported Position	Savings Identification Gap	Savings Delivery Gap	Core Operational Variation
£16.1m	**£(5.2)m**	**£0.3m**	**£(4.0)m**
Planned Deficit **£25.0m**	Savings Target **£38.6m** Total Identified **£43.8m**	Savings Delivery **£43.5m** Prior Month Delivery **£39.8m**	Prior Month Variation **£(2.6)m**

End of Year

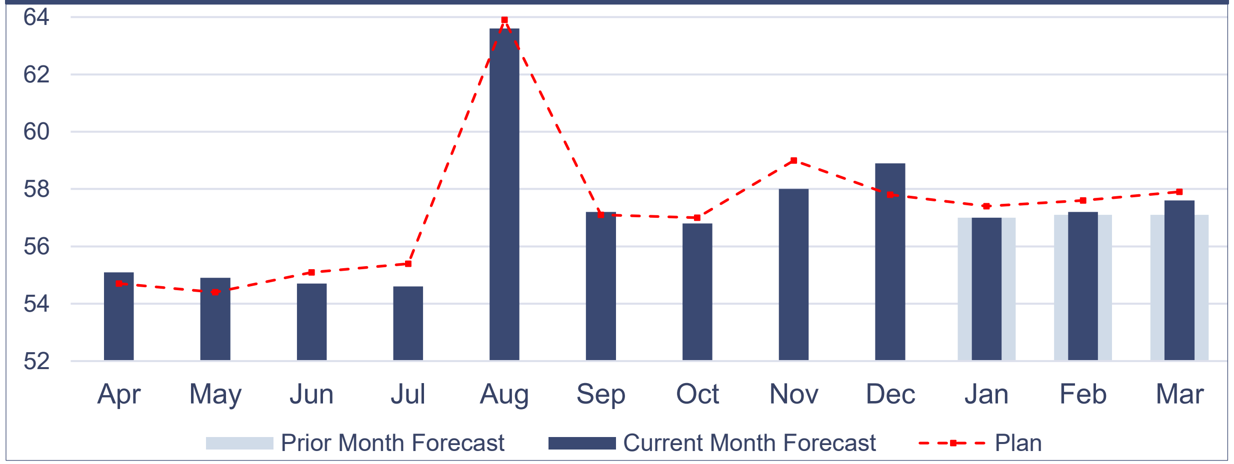
Reported Position	Savings Identification Gap	Savings Delivery Gap	Core Operational Variation
£22.1m	**£(3.9)m**	**£0.3m**	**£(4.3)m**
Planned Deficit = £30.0m Prior Annual Forecast = £22.1m	Savings Target = £46.4m Total Identified = £50.3m	Savings Delivery = £50.0m Prior Month Delivery = £49.5m	Prior Month Variation = £(2.4)m

Gross Forecast	Net Risks / (Opportunities)	Capital Position	Underlying Deficit
£22.1m	**£1.8m**	**£42.1m**	**£58.4m**
Prior Gross Forecast = £24.5m Mitigating Actions = £0.0m	Prior Month = £1.6m	Annual Plan = £42.1m Prior Annual Forecast = £38.6m	Annual Plan = £58.5m Recognised as Unsustainable

Total Pay Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£57.0m	£570.9m	£685.7m	25.7%	7.9%	£685.0m
Variance to Plan **£(0.4)m**	Variance to Plan **£(0.9)m**	Variance to Plan **£(1.6)m**	2022-23 Outturn **£545.6m***	2024-25 Outturn **£635.5m***	Risk / (Opp) **£(0.7)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Substantive	**52.9**	**52.8**	**52.3**	**518.9**	**622.6**	**623.3**		**(0.7)**
Administration and Estates	11.3	11.8	11.3	112.6	135.1	135.0		0.1
Allied Health, Scientists and Other	7.0	7.0	7.0	68.9	82.7	82.8		(0.1)
Medical and Dental	10.9	10.8	10.8	107.4	128.8	129.0		(0.2)
Nursing, Midwifery and Clinical Support	23.6	23.2	23.3	230.0	276.0	276.6		(0.5)
Variable	**4.3**	**5.0**	**3.6**	**43.6**	**52.3**	**52.1**		**0.2**
Administration and Estates	0.3	0.4	0.3	3.4	4.1	4.1		(0.0)
Allied Health, Scientists and Other	0.2	0.2	0.1	1.5	1.8	1.8		0.0
Medical and Dental	2.1	2.5	1.6	22.1	26.5	26.4		0.1
Nursing, Midwifery and Clinical Support	1.7	1.9	1.6	16.6	19.9	19.8		0.1
Agency (Premium)	**0.8**	**1.2**	**1.1**	**8.4**	**10.1**	**10.3**		**(0.2)**
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	0.1	0.1	0.1	1.2	1.4	1.4		0.0
Medical and Dental	0.4	0.6	0.6	3.7	4.4	4.7		(0.3)
Nursing, Midwifery and Clinical Support	0.4	0.4	0.3	3.5	4.3	4.2		0.0
Total Expenditure	**58.0**	**58.9**	**57.0**	**570.9**	**685.0**	**685.7**		**(0.7)**
Plan	**59.0**	**57.8**	**57.4**	**571.8**	**686.2**	**687.3**		
Variance to Plan	**(1.0)**	**1.1**	**(0.4)**	**(0.9)**	**(1.1)**	**(1.6)**		

Key Information

Month 5, August, 2025-26 pay award expenditure inclusive of year to date backpay circa £9.0m, with subsequent months consequentially increasing.

Month 8, November, includes year to date recognition of additional band 2 to 3 pay award and re-banding uplift expenditure £0.6m.

Month 9, December, variable & premium pay cost increases across both Medical and Dental and Nursing owing to recovery performance backlog within Scheduled Care, inclusive of arrears payments alongside an increased requirement for sickness cover.

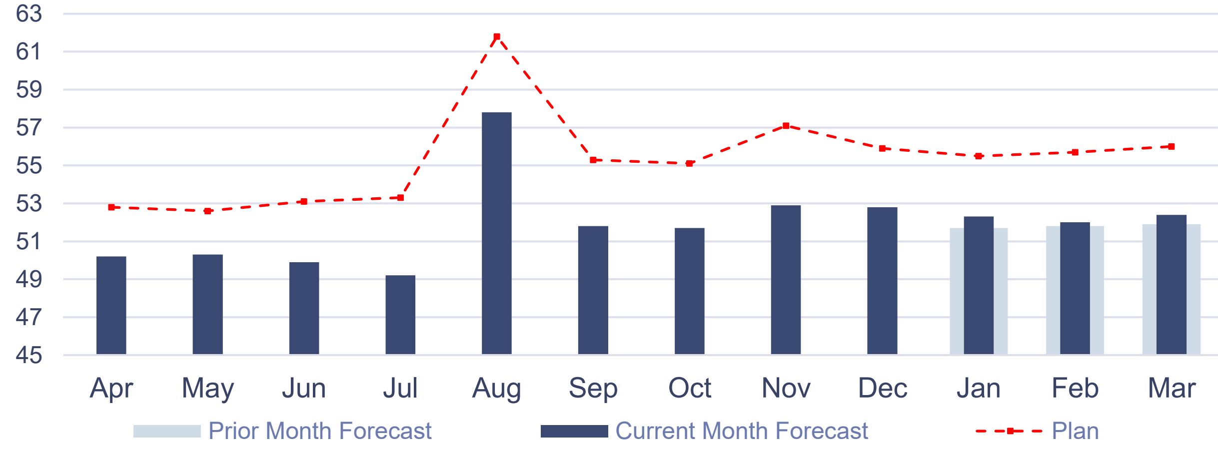
Month 10, January, reduction in Medical and Dental and Nursing variable pay due to a reduction in retrospective claims in-month, in addition to a further reduction in Medical Additional Duty Hours. Increase in future anticipated Nursing expenditure due further recruitment within the Fracture Liaison Services.

***Outturn adjusted for Notional Pension costs 2024-25 c£40.3m, 2022-23 c£22.0m.**

Substantive Insights

In-Month Actual	YTD Actual	EOY Forecast		In-Year Growth	YTD Extrapolation
£52.3m	**£518.9m**	**£623.3m**		**1.9%**	**£622.6m**
Variance to Plan **£(3.2)m**	Variance to Plan **£(33.7)m**	Variance to Plan **£(41.0)m**		2024-25 Outturn **£611.7m**	Risk / (Opp) **£(0.7)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	52.9	52.8	52.3	518.9	622.6	623.3		(0.7)
Administration and Estates	11.3	11.8	11.3	112.6	135.1	135.0		0.1
Allied Health, Scientists and Other	7.0	7.0	7.0	68.9	82.7	82.8		(0.1)
Medical and Dental	10.9	10.8	10.8	107.4	128.8	129.0		(0.2)
Nursing, Midwifery and Clinical Support	23.6	23.2	23.3	230.0	276.0	276.6		(0.5)
Functions	52.9	52.8	52.3	518.9	622.6	623.3		(0.7)
Chief Operating Officer Management	0.7	0.6	0.6	6.8	8.1	8.1		0.1
Community and Integrated Medicine	15.9	16.0	16.1	159.5	191.4	192.1		(0.7)
Mental Health and Learning Disabilities	5.8	5.8	5.9	57.2	68.6	69.2		(0.5)
Operational Allied Health and Health Sciences	5.5	5.6	5.6	54.9	65.8	66.0		(0.1)
Planned and Specialist Care	13.3	13.3	13.3	131.0	157.2	157.4		(0.2)
Primary Care	1.2	1.2	1.2	12.8	15.4	15.3		0.1
Executive Functions	10.4	10.2	9.7	96.8	116.1	115.3		0.8
Total Expenditure	52.9	52.8	52.3	518.9	622.6	623.3		(0.7)
Plan	57.1	55.9	55.5	552.6	663.1	664.3		
Variance to Plan	(4.2)	(3.2)	(3.2)	(33.7)	(40.4)	(41.0)		

Key Information

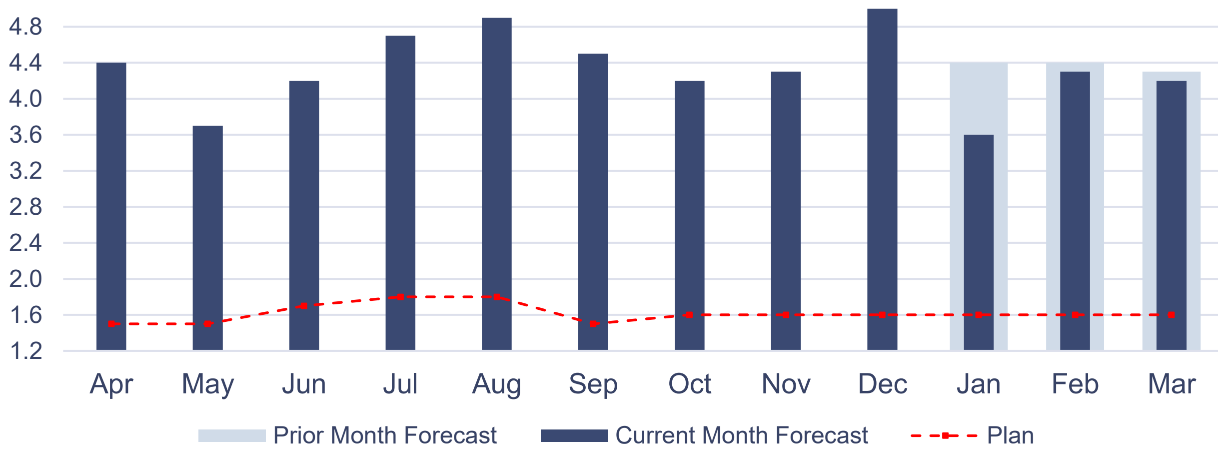
Month 5, August, includes 2025-26 pay award expenditure, including year to date backpay circa £9.0m.

Month 8, November, Executive Functions increase of £0.8m from prior month as a result of additional year to date Band 2 to 3 pay award and rebanding uplift expenditure mainly relating to Healthcare Support Workers within Nursing £0.6m.

Increase in Nursing run rate relating to increased recruitment within Mental Health during the year across various services, and a further anticipated increase in recruitment within the Fracture Liaison Services within Community and Integrated Medicine.

In-Month Actual	YTD Actual	EOY Forecast		In-Year Growth	YTD Extrapolation
£3.6m	**£43.6m**	**£52.1m**		**(16.4)%**	**£52.3m**
Variance to Plan **£2.0m**	Variance to Plan **£27.8m**	Variance to Plan **£33.1m**		2024-25 Outturn **£62.4m**	Risk / (Opp) **£0.2m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	4.3	5.0	3.6	43.6	52.3	52.1		0.2
Administration and Estates	0.3	0.4	0.3	3.4	4.1	4.1		(0.0)
Allied Health, Scientists and Other	0.2	0.2	0.1	1.5	1.8	1.8		0.0
Medical and Dental	2.1	2.5	1.6	22.1	26.5	26.4		0.1
Nursing, Midwifery and Clinical Support	1.7	1.9	1.6	16.6	19.9	19.8		0.1
Functions	4.3	5.0	3.6	43.6	52.3	52.1		0.2
Chief Operating Officer Management	-	-	-	0.1	0.1	0.1		0.0
Community and Integrated Medicine	1.7	1.7	1.5	16.6	20.0	19.7		0.2
Mental Health and Learning Disabilities	0.3	0.3	0.2	3.1	3.7	3.4		0.2
Operational Allied Health and Health Sciences	0.3	0.3	0.2	2.4	2.8	2.8		0.0
Planned and Specialist Care	1.3	1.9	1.2	13.7	16.4	16.6		(0.1)
Primary Care	0.6	0.6	0.5	5.3	6.4	6.5		(0.1)
Executive Functions	0.3	0.3	(0.1)	2.4	2.9	3.0		(0.0)
Total Expenditure	4.3	5.0	3.6	43.6	52.3	52.1		0.2
Plan	1.6	1.6	1.6	15.9	19.0	19.0		
Variance to Plan	2.7	3.4	2.0	27.8	33.3	33.1		

Key Information

Month 9, December, variable pay cost increases across both Medical & Dental and Nursing as a result of recovery performance backlog within Scheduled Care, including Waiting List Initiative payments, in addition to backdated retrospective claims. Nursing increases due to cover for vacancies and sickness.

Month 10, January, reduction from prior month due to Medical and Dental retrospective claims included in prior month. Improvement from forecast due to further reduction in Medical Additional Duty Hours across areas, Planned and Specialist Care reduction in Medical variable cover required and Community and Integrated Medicine Nursing variable reduction due to unfilled shifts.

Future months are anticipated to increase due to the one-off reduction in Medical Additional Duty Hours in-month not anticipated to continue.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Agency Insights

In-Month Actual
£1.1m
Variance to Plan **£0.7m**

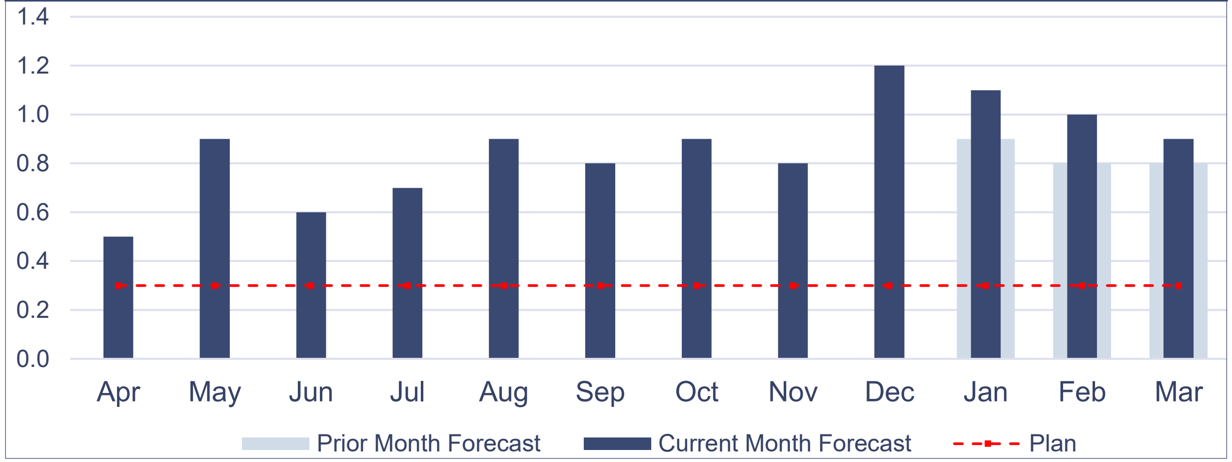
YTD Actual
£8.4m
Variance to Plan **£5.0m**

EOY Forecast
£10.3m
Variance to Plan **£6.2m**

In-Year Growth
(38.7)%
2024-25 Outturn **£16.8m**

YTD Extrapolation
£10.1m
Risk / (Opp) **£(0.2)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Pay Groups	0.8	1.2	1.1	8.4	10.1	10.3		(0.2)
Administration and Estates	-	-	-	-	-	-		-
Allied Health, Scientists and Other	0.1	0.1	0.1	1.2	1.4	1.4		0.0
Medical and Dental	0.4	0.6	0.6	3.7	4.4	4.7		(0.3)
Nursing, Midwifery and Clinical Support	0.4	0.4	0.3	3.5	4.3	4.2		0.0
Functions	0.8	1.2	1.1	8.4	10.1	10.3		(0.2)
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	0.4	0.6	0.6	4.3	5.1	5.4		(0.3)
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.9	1.1	1.0		0.0
Operational Allied Health and Health Sciences	0.1	0.3	0.2	1.9	2.3	2.3		(0.0)
Planned and Specialist Care	0.2	0.2	0.2	1.3	1.6	1.6		0.0
Primary Care	-	-	-	-	-	-		-
Executive Functions	-	-	-	-	-	-		-
Total Expenditure	0.8	1.2	1.1	8.4	10.1	10.3		(0.2)
Plan	0.3	0.3	0.3	3.4	4.1	4.1		
Variance to Plan	0.5	0.8	0.7	5.0	6.0	6.2		

Key Information

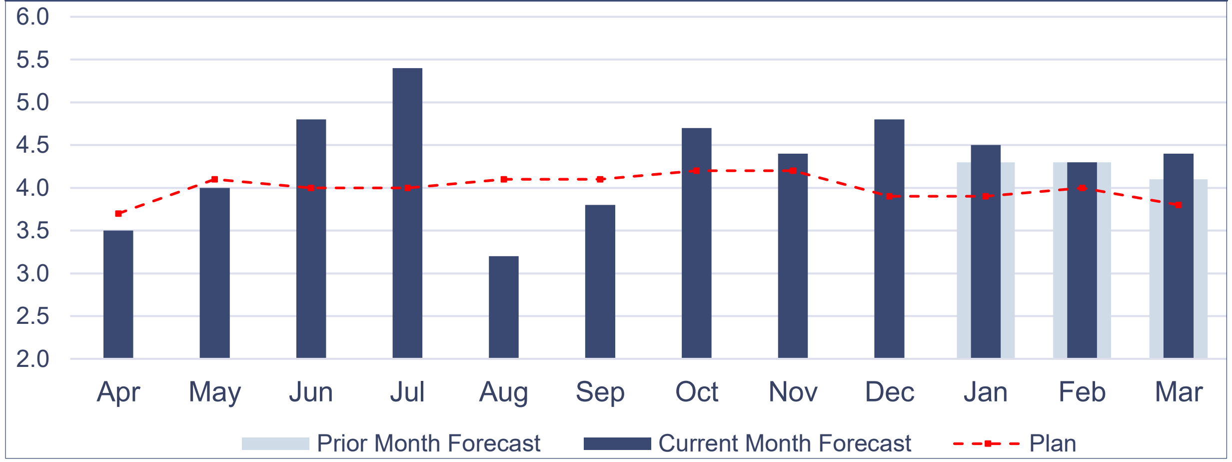
Month 9, December, premium pay cost increases across both Medical and Dental and Nursing as a result of recovery performance backlog within Scheduled Care, inclusive of arrears payments alongside an increased requirement for sickness cover. Anaesthetics continued use of the premium card.

Month 10, January, saw a decrease in agency expenditure due Community and Integrated Medicine being unable to fill shifts, and a reduction in agency reliance within Operational Allied Health, anticipated to continue in future months. Increase in Medical and Dental agency reliance against forecast in-month and anticipated to continue in future months due to Planned and Specialist Care anticipated increase in recovery activity.

Clinical Services and Supplies Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£4.5m	**£43.0m**	**£51.7m**	**27.3%**	**9.1%**	**£51.6m**
Variance to Plan **£0.6m**	Variance to Plan **£2.8m**	Variance to Plan **£3.7m**	2022-23 Outturn **£40.6m**	2024-25 Outturn **£47.4m**	Risk / (Opp) **£(0.1)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**4.3**	**4.7**	**4.5**	**43.0**	**51.6**	**51.7**		**(0.1)**
Chief Operating Officer Management	-	-	-	0.2	0.2	0.2		-
Community and Integrated Medicine	1.3	1.2	1.3	11.5	13.9	13.8		-
Mental Health and Learning Disabilities	-	-	-	0.2	0.3	0.3		-
Operational Allied Health and Health Sciences	1.1	1.4	1.2	11.5	13.8	13.9		(0.1)
Planned and Specialist Care	1.8	2.2	1.9	18.7	22.5	22.5		-
Primary Care	-	(0.1)	0.1	0.3	0.4	0.4		-
Executive Functions	0.1	-	0.1	0.5	0.6	0.6		-
Total Expenditure	**4.3**	**4.7**	**4.5**	**43.0**	**51.6**	**51.7**		**(0.1)**
Plan	**4.2**	**3.9**	**3.9**	**40.2**	**48.2**	**47.9**		**0.3**
Variance to Plan	**0.1**	**0.9**	**0.6**	**2.8**	**3.4**	**3.7**		**(0.3)**

Key Information

Month 5, August, includes a year to date reclassification of Planned and Specialist Care Theatre outsourcing activity from Clinical Services and Supplies to Commissioned Healthcare Services.

Month 7, October, includes an increase relating to Planned and Specialist Care stock due to flooding replacements and increased stock levels due to new system.

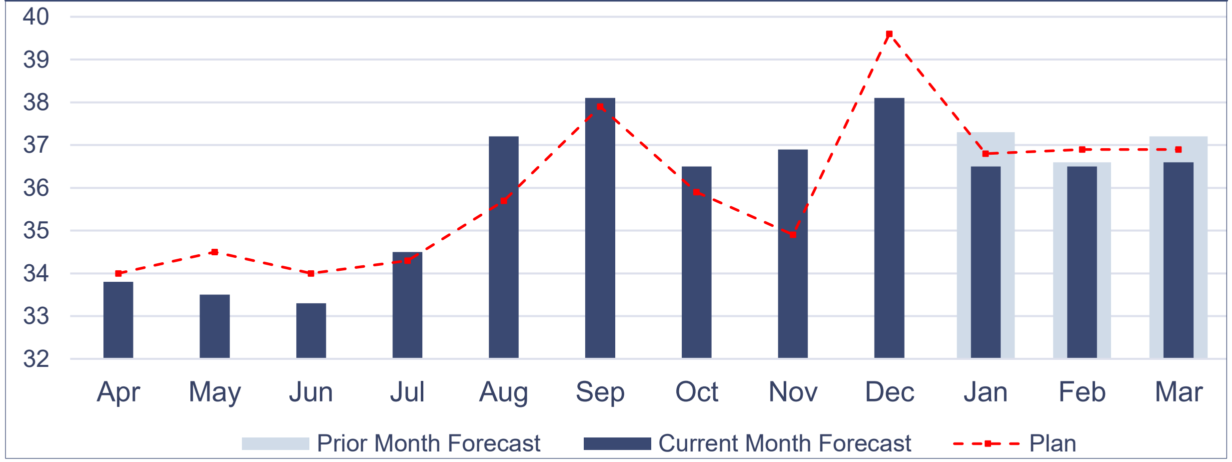
Month 9, December, includes an increase in lab equipment within Pathology, increased disposables in line with Infection Prevention Control, Sleep Service and insulin consumables within Community and Integrated Medicine, and Planned and Specialist Care insourced activity within Operating Theatres.

Month 10, January, increased expenditure than anticipated due to purchase of Heart Monitors within Community and Integrated Medicine.

Month 12, March, increased consumables and insourcing anticipated within Planned and Specialist Care in line with anticipated increase in recovery activity.

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£36.5m	**£358.4m**	**£431.4m**	**21.9%**	**6.3%**	**£430.1m**
Variance to Plan **£(0.3)m**	Variance to Plan **£0.8m**	Variance to Plan **£0.1m**	2022-23 Outturn **£353.8m**	2024-25 Outturn **£405.7m**	Risk / (Opp) **£(1.3)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**36.9**	**38.1**	**36.5**	**358.4**	**430.1**	**431.4**		**(1.3)**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	2.6	3.0	2.4	25.8	30.9	30.8		0.1
Mental Health and Learning Disabilities	3.9	4.0	3.9	37.9	45.4	45.4		-
Operational Allied Health and Health Sciences	0.4	0.4	0.5	4.4	5.3	5.3		-
Planned and Specialist Care	1.3	(0.4)	1.0	7.1	8.6	9.3		(0.8)
Primary Care	10.3	13.4	10.6	103.6	124.4	124.7		(0.3)
Executive Functions	18.3	17.7	18.2	179.6	215.5	215.9		(0.4)
Total Expenditure	**36.9**	**38.1**	**36.5**	**358.4**	**430.1**	**431.4**		**(1.3)**
Plan	**34.9**	**39.6**	**36.8**	**357.6**	**429.1**	**431.4**		**(2.2)**
Variance to Plan	**1.9**	**(1.5)**	**(0.3)**	**0.8**	**0.9**	**0.1**		**0.9**

Key Information

Month 5, August, year-to-date reclassification of Theatre outsourcing activity from Clinical Services and Supplies and backdated retrospective Continuing Healthcare uplifts.

Month 6, September, year-to-date Joint Commissioning Committee expenditure in line with funding relating to Pay Award Matrix and Vertex, all of which totalling £3.4m.

Month 9, December, year-to-date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift costs in line with funding.

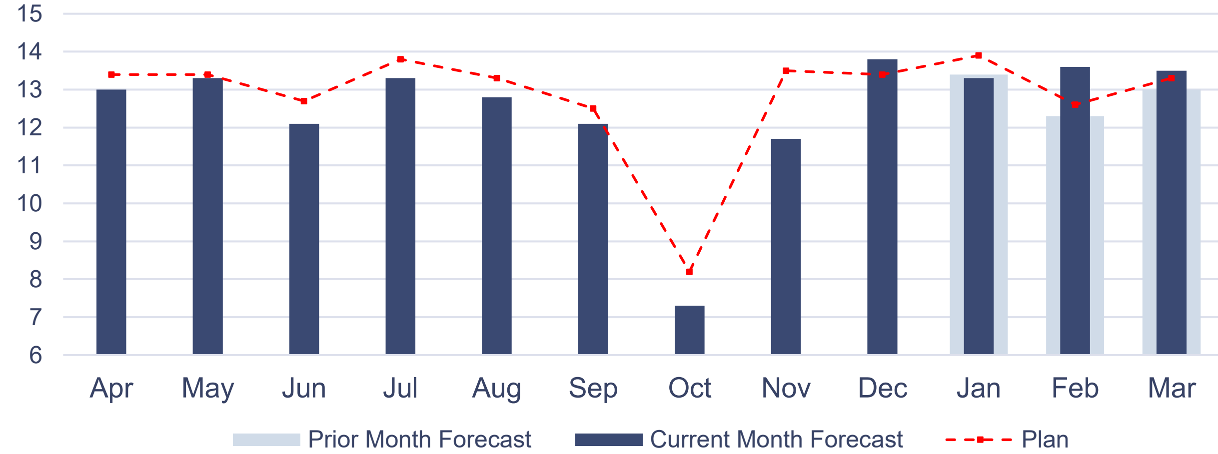
Month 10, January, relating to reduction in Continuing Healthcare utilisation and number of packages within Community and Integrated Medicine and less patient demand for Psychiatric Intensive Care Unit beds within Mental Health.

Reduction in future forecast expenditure due to Primary Care General Medical Services contract uplifts being lower than anticipated.

Drugs and Prescribing Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£13.3m	**£122.7m**	**£149.8m**	**6.5%**	**(3.3)%**	**£147.2m**
Variance to Plan **£(0.6)m**	Variance to Plan **£(5.3)m**	Variance to Plan **£(4.1)m**	2022-23 Outturn **£140.6m**	2024-25 Outturn **£154.9m**	Risk / (Opp) **£(2.6)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**11.7**	**13.8**	**13.3**	**122.7**	**147.2**	**149.8**		**(2.6)**
Chief Operating Officer Management	-	-	-	-	-	-		-
Community and Integrated Medicine	1.4	1.5	1.4	14.5	17.4	17.4		(0.1)
Mental Health and Learning Disabilities	0.1	0.1	0.1	1.0	1.2	1.2		-
Operational Allied Health and Health Sciences	0.4	0.6	0.5	5.1	6.1	6.1		-
Planned and Specialist Care	2.9	3.3	2.9	30.6	36.7	37.1		(0.4)
Primary Care	-	-	-	0.2	0.2	0.2		-
Executive Functions	6.8	8.4	8.4	71.4	85.7	87.8		(2.1)
Total Expenditure	**11.7**	**13.8**	**13.3**	**122.7**	**147.2**	**149.8**		**(2.6)**
Plan	**13.5**	**13.4**	**13.9**	**128.0**	**153.6**	**153.9**		**(0.3)**
Variance to Plan	**(1.8)**	**0.4**	**(0.6)**	**(5.3)**	**(6.4)**	**(4.1)**		**(2.3)**

Key Information

Month 7, October, reduction of £6.1m as a year-to-date recognition of Aseptic Unit System accountancy gain saving alignment.

Month 9, December, increase relating to September Prescribing Audit Report, sighting an increased price per item of £0.09p in addition to volume increase. A proportion of the increase in cost per item relates to Mounjaro drugs being purchased in-month, with the step-up expected to continue in future months.

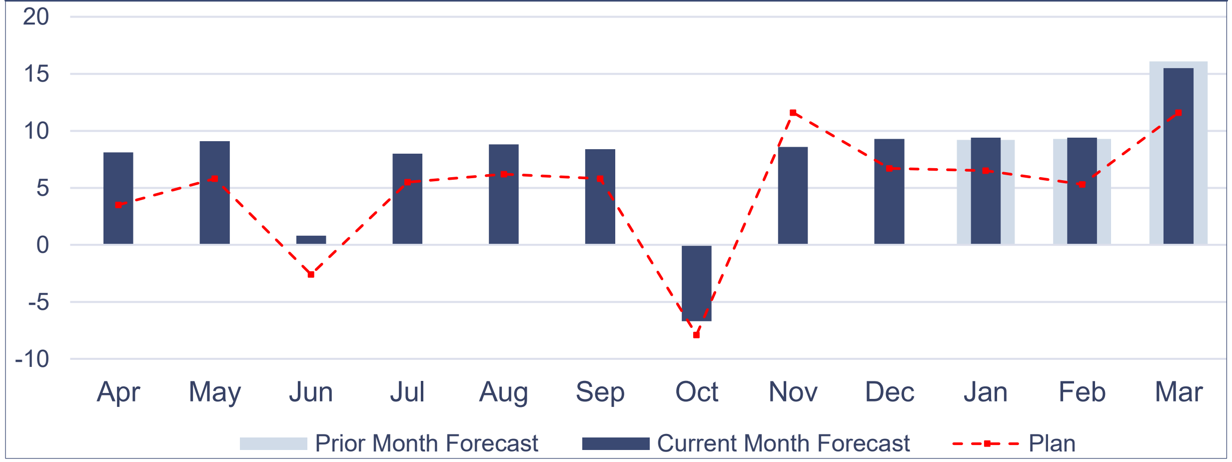
Month 10, January, reduction in Cancer Oncology Drugs from prior month due to in-month price per patient decrease of 19%.

Future increase anticipated above prior month forecast relating to Primary Care prescribing due to increased Mounjaro drugs uptake, offset by Velindre rebate income overachievement.

Other Non-Pay Insights

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£9.3m	**£63.7m**	**£88.6m**	**(20.3)%**	**(37.4)%**	**£76.4m**
Variance to Plan **£2.8m**	Variance to Plan **£22.6m**	Variance to Plan **£32.7m**	2022-23 Outturn **£111.1m**	2024-25 Outturn **£141.5m**	Risk / (Opp) **£(12.2)m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	**8.6**	**9.3**	**9.3**	**63.7**	**76.4**	**88.6**		**(12.2)**
Chief Operating Officer Management	-	0.2	-	0.8	1.0	1.0		-
Community and Integrated Medicine	1.0	0.8	1.2	9.1	10.9	11.0		(0.1)
Mental Health and Learning Disabilities	0.2	0.2	0.3	2.2	2.6	2.6		0.1
Operational Allied Health and Health Sciences	0.2	0.1	0.1	1.4	1.7	1.7		-
Planned and Specialist Care	0.4	0.4	0.3	3.4	4.0	4.1		-
Primary Care	0.1	0.2	0.2	1.5	1.9	2.0		(0.1)
Executive Functions	6.8	7.5	7.3	45.2	54.2	66.2		(12.0)
Total Expenditure	**8.6**	**9.3**	**9.3**	**63.7**	**76.4**	**88.6**		**(12.2)**
Plan	**11.6**	**6.7**	**6.5**	**41.1**	**49.3**	**57.9**		**(8.7)**
Variance to Plan	**(3.0)**	**2.7**	**2.8**	**22.6**	**27.1**	**30.7**		**(3.6)**

Key Information

Month 3, June and Month 7, October Amortisation and revaluation and impairment adjustments of Capital Expenditure reduced by circa £8.0m and £16.2m respectively.

Month 10, January, increase in expenditure within Community and Integrated Medicine due to increased in Local Authority Home Based Care scheme and transport costs relating to discharges, offset by lower expenditure within Executive Functions relating to Workforce Certificate of Sponsorship.

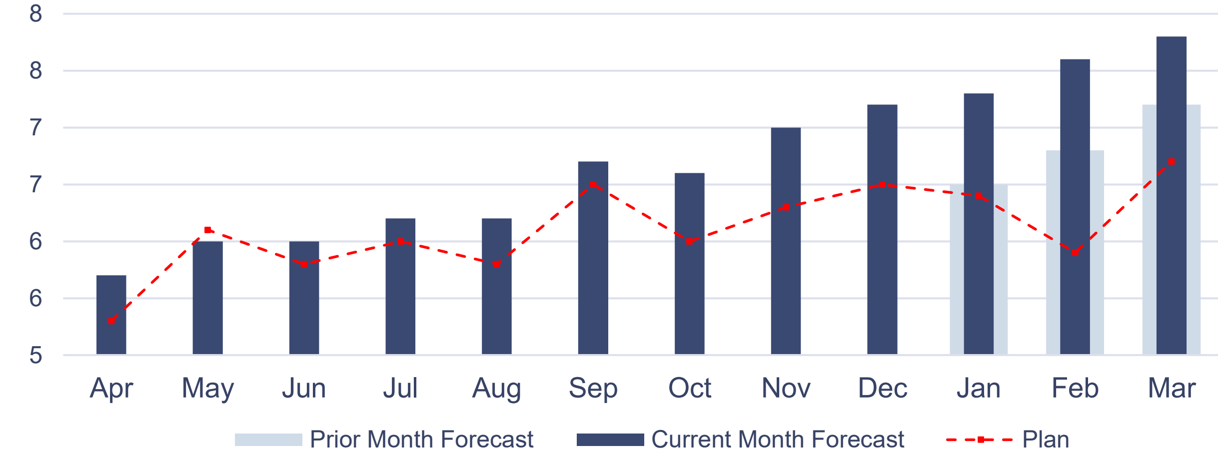
Month 12, March, includes a £6.0m increase in relation to anticipated Depreciation and Amortisation Impairment increases.

Income Insights

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

In-Month Actual	YTD Actual	EOY Forecast	3-Year Growth	In-Year Growth	YTD Extrapolation
£7.3m	£64.8m	£80.2m	10.9%	2.3%	£77.7m
Variance to Plan **£0.9m**	Variance to Plan **£3.8m**	Variance to Plan **£6.7m**	2022-23 Outturn **£72.3m**	2024-25 Outturn **£78.4m**	(Risk) / Opp **£(2.5)m**

Income Monthly Trend (£'m)



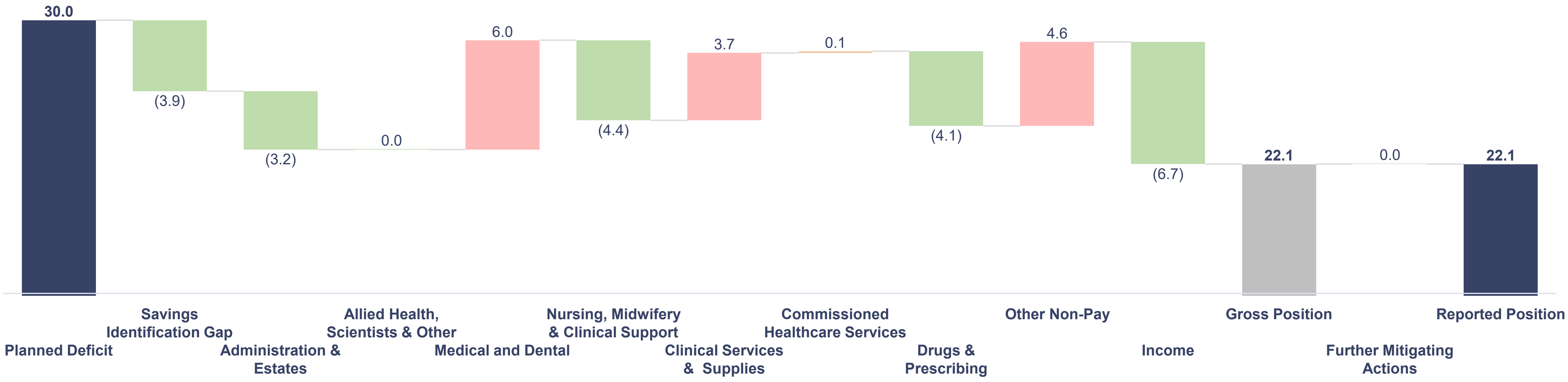
Income Trajectory Analysis (£'m)	P08-26	P09-26	P10-26	YTD	YTD Extrap.	EoY Forecast	EoY Var	Risk / (Opp)
Functions	7.0	7.2	7.3	64.8	77.7	80.2		(2.5)
Chief Operating Officer Management	-	-	-	0.3	0.4	0.4		-
Community and Integrated Medicine	0.5	0.6	0.4	3.5	4.2	4.1		0.1
Mental Health and Learning Disabilities	0.3	0.3	0.3	2.6	3.1	3.1		-
Operational Allied Health and Health Sciences	0.3	0.3	0.3	2.8	3.4	3.3		0.1
Planned and Specialist Care	0.4	0.6	0.5	5.1	6.2	6.1		-
Primary Care	0.3	0.2	0.3	2.3	2.7	2.8		-
Executive Functions	5.3	5.3	5.6	48.2	57.8	60.5		(2.7)
Total Income	7.0	7.2	7.3	64.8	77.7	80.2		(2.5)
Plan	6.3	6.5	6.4	60.9	73.1	73.5		(0.4)
Variance to Plan	0.7	0.6	0.9	3.8	4.6	6.7		(2.1)

Key Information

Month 10, December, includes an increase from forecast due to Estates Compass Profit Share income, Housing with Care Fund capital income, and Velindre drugs rebate income for Mounjaro.

Future increase anticipated above prior month forecast relating to Primary Care prescribing due to increased Mounjaro drugs uptake and a corresponding increase in Velindre rebate income.

End of Year – Key Drivers vs Plan



Key Information

Medical and Dental – Premium locum usage to cover vacancies, sickness and surge capacity within Planned and Specialist Care, Community and Integrated Medicine and Mental Health.

Nursing and Midwifery – Vacancies within Community and Integrated Medicine and Mental Health £(1.8)m, in addition to Band 2 to 3 pay uplift funding £(2.0)m.

Drugs – Lower Oncology drugs prices and flu and Covid-19 vaccination uptake than planned, offset by high-cost drugs and Mounjaro uptake within Pharmacy and Medicines Management.

Other Non-Pay – Estates inflationary contract uplifts for maintenance, premises, energy and laundry £1.0m. Digital inflationary contract uplifts £0.8m. Community and Integrated Medicine premises rental and adaptation costs £0.6m, travel costs to support discharge, and prior year Patient Flow invoice £0.6m. Clinical Negligence losses claims for cases £0.6m.

Income – Pharmacy and Medicines Management Velindre drugs rebate largely relating to Mounjaro uptake £(2.6)m. Continued Bowel and Breast Screening and Wet Age-related Macular Degeneration income overachievement £(1.0)m. NWSSP income overachievement £(1.0)m and Flying Start and Health Education and Improvement Wales £(0.6)m. Cost Recovery Unit of large cases, Non-Contracted Activity, Powys and Betsi high-cost drugs income.

End of Year – Key Performance vs Plan

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**30.0**	
Chief Operating Officer Management	(0.1)	0.0	(0.6)	**(0.7)**	Clinical Care Group management structures due to ongoing recruitment processes and reduction in taxi expenditure.
Community and Integrated Medicine	3.9	0.0	1.6	**5.7**	Increases purchases of consumables for Infection Prevention control, premises costs, discharge travel costs and premium Medical costs.
Mental Health and Learning Disabilities	0.2	0.0	1.4	**1.6**	Net increase of 23 Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds, and Medical locum usage.
Operational Allied Health & Health Sciences	3.3	0.0	0.0	**3.3**	Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay.
Planned and Specialist Care	2.2	0.3	0.6	**3.1**	Oncology drugs lower than planned, income overachievement, offset by theatres insourcing and outsourcing and ongoing Medical locum usage.
Primary Care	(2.4)	0.0	(3.3)	**(5.7)**	Underspend relating to Dental contracts underperformance and General Medical Services supplementary services.
Executive Functions	(11.0)	0.0	(4.0)	**(15.0)**	Reduction in uptake of vaccinations within Public Health, Velindre rebate and Education income overachievement and reduction in Certificate of Sponsorship Workforce costs. .
Sub Total	**(3.9)**	**0.3**	**(4.3)**	**(7.9)**	
Gross Position				**22.1**	
Further Mitigating Actions				0.0	No further gap to reported position requiring mitigating actions
Reported Position				**22.1**	

End of Year – Key Performance vs Prior Month

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Movement	Core Operational Variation Movement	Total Movement	Key Information
Prior Month Forecast				**24.5**	
Chief Operating Officer Management	(0.2)	0.0	(0.1)	**(0.3)**	Additional pay underspends identified as savings in-month.
Community and Integrated Medicine	0.0	0.0	0.0	**0.0**	No material deviation.
Mental Health and Learning Disabilities	(0.1)	0.0	(0.2)	**(0.3)**	Confirmation of funding to cover Continuing Healthcare 6.9% uplift costs.
Operational Allied Health & Health Sciences	0.0	0.0	(0.2)	**(0.2)**	Reduction in Pathology drugs and Radiology contract expenditure.
Planned and Specialist Care	0.0	0.0	0.1	**0.1**	Increase in Operating Theatres outsourcing to maintain the Ear, Nose and Throat and Ophthalmology sessions.
Primary Care	(0.3)	0.0	(0.9)	**(1.2)**	Primary Care General Medical Services contract uplifts lower than anticipated. Additional Dental underspend savings identified in-month.
Executive Functions	0.1	0.0	(0.6)	**(0.5)**	Estates reduction in NWSSP utilities forecast expenditure and increase in Compass Profit Share income. Workforce Certificate of Sponsorship reduction in expenditure.
Sub Total	**(0.5)**	**0.0**	**(1.9)**	**(2.4)**	
Gross Position				**22.1**	
Further Mitigating Actions				0.0	
Reported Position				**22.1**	

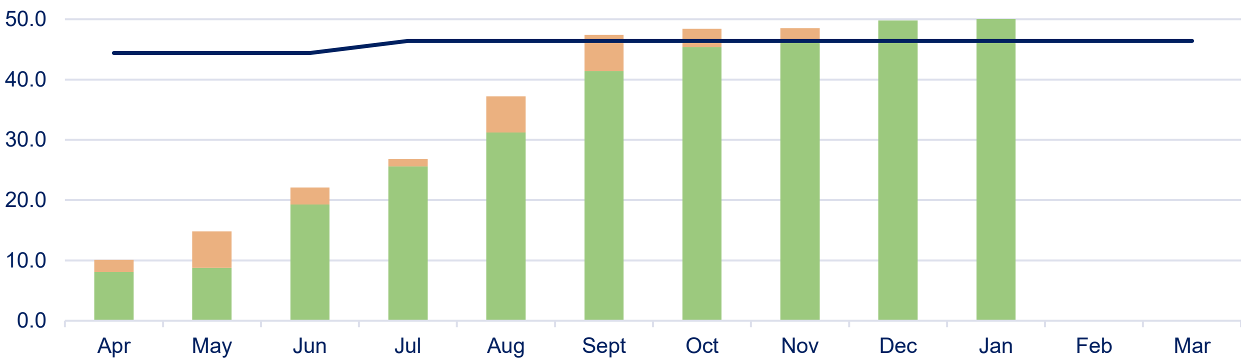
End of Year – Saving Delivery Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

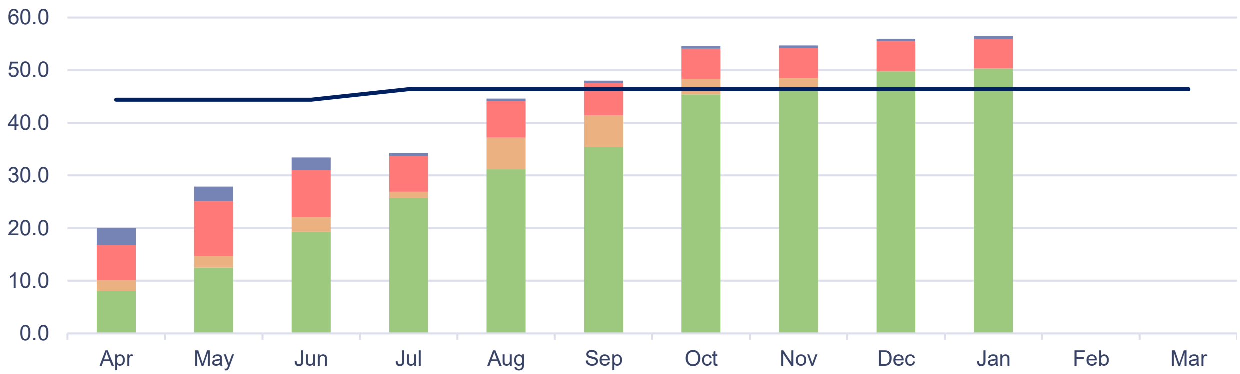
Savings

Savings Target	In-Year Recurrent Gap	In-Year Non-Recurrent Gap	Full Year Recurrent Gap
£46.4m	£4.6m	£(8.5)m	£0.6m
Recurrent = £19.0m	Target = £19.0m	Target = £27.4m	Target = £19.0m
Non-Recurrent = £27.4m	Delivery = £14.4m	Delivery = £35.9m	Delivery = £18.4m

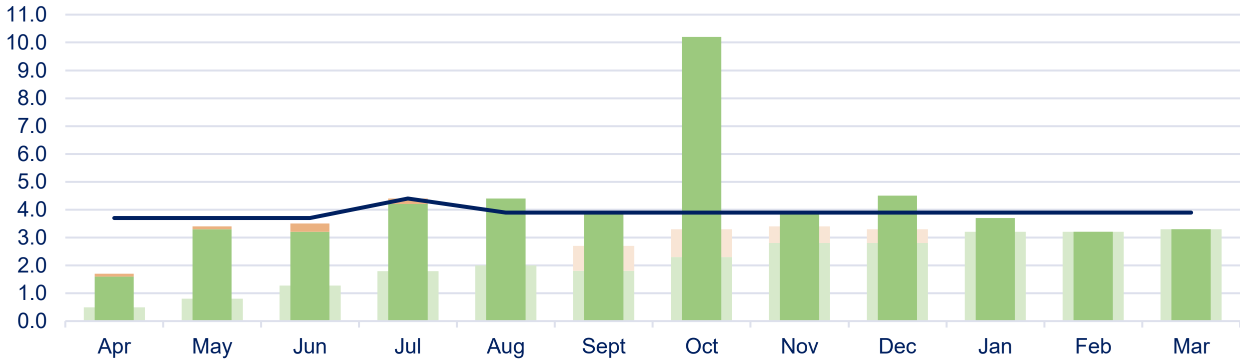
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



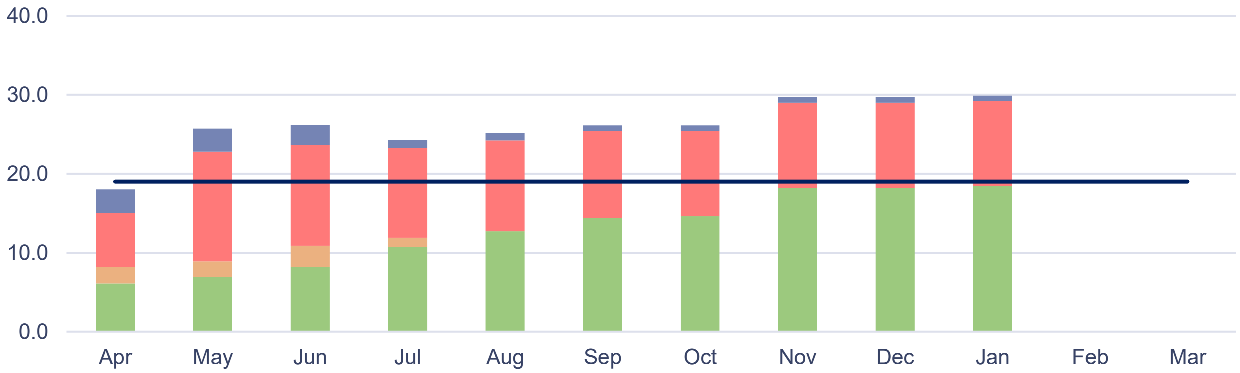
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



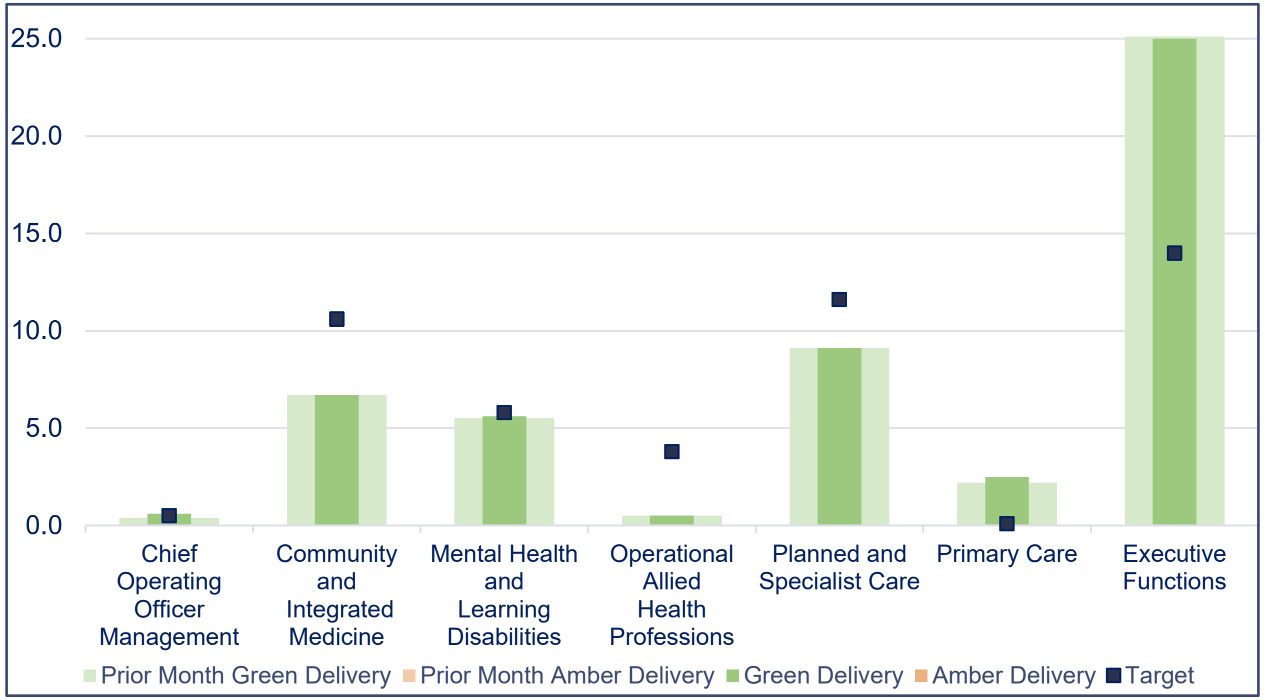
Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



End of Year – Savings Performance Breakdown

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.5	0.6	0.6	(0.1)
Community and Integrated Medicine	10.6	6.7	6.7	3.9
Mental Health and Learning Disabilities	5.8	5.6	5.6	0.2
Operational Allied Health and Health Sciences	3.8	0.5	0.5	3.3
Planned and Specialist Care	11.6	9.4	9.1	2.5
Primary Care	0.1	2.5	2.5	(2.4)
Executive Functions	14.0	25.0	25.0	(11.0)
Grand Total	**46.4**	**50.3**	**50.0**	**(3.6)**

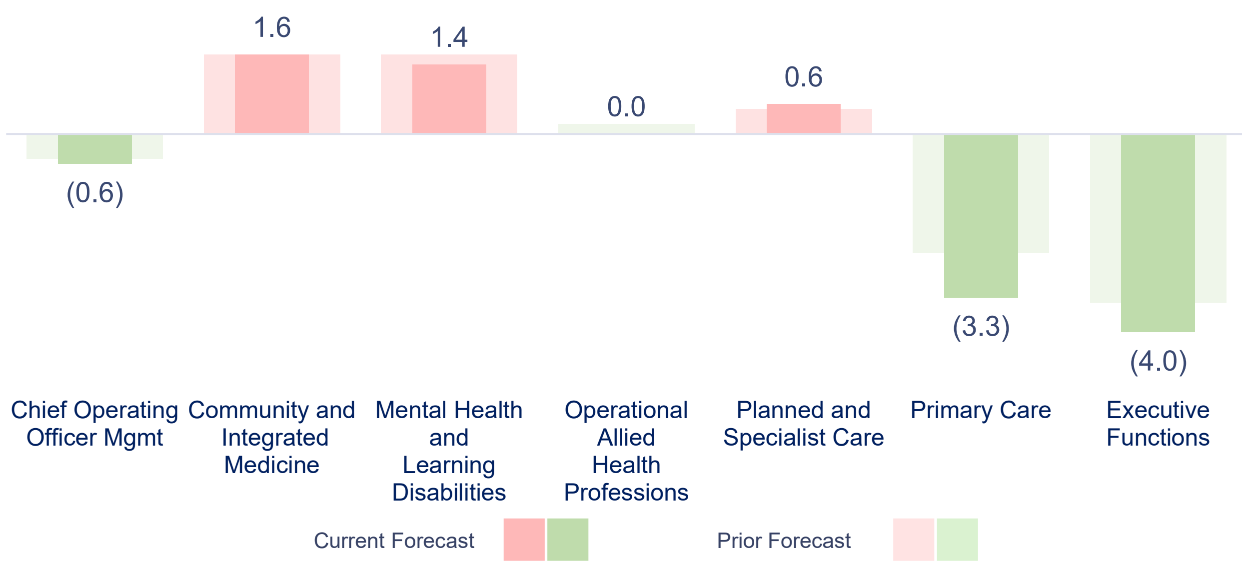
Key Information

Additional savings identified in-month relating to £0.5m conversions of Pay and Dental underspends, over and above the existing run rate management monthly assumption of year-to-date savings of £0.5m.

Continuation of run rate management of pay vacancy underspends are recognised as a green saving in future months of £1.0m.

End of Year – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	(0.3)	(0.3)	0.0	(0.6)
Community and Integrated Medicine	(0.4)	2.6	(0.6)	1.6
Mental Health and Learning Disabilities	(0.3)	1.6	0.1	1.4
Operational Allied Health and Health Sciences	1.2	(0.4)	(0.8)	0.0
Planned and Specialist Care	2.0	(0.4)	(1.0)	0.6
Primary Care	0.4	(5.0)	1.3	(3.3)
Executive Functions	(4.5)	6.2	(5.7)	(4.0)
Total	**(1.9)**	**4.3**	**(6.7)**	**(4.3)**

Key Information

Community and Integrated Medicine Clinical supplies relating to incontinence products, disposable consumables due to increased infection prevention control and insulin pumps £1.2m, in addition to increased travel costs to support discharge, increased equipment stores costs, and prior year patient flow invoice £1.4m

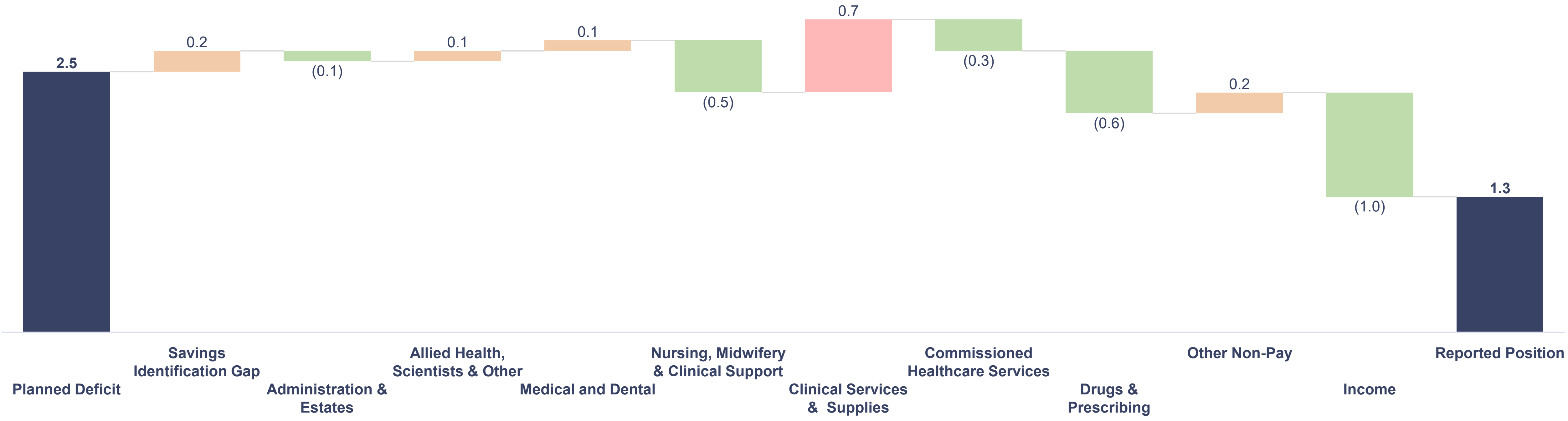
Mental Health Net increase of 23 Continuing Healthcare packages £0.6m, and purchase of Psychiatric Intensive Care Unit beds from independent sector £1.0m.

Planned and Specialist Care Medical variable pay within Anaesthetics, Orthopaedic and Urology £1.2m. Ophthalmology, Theatres and Orthopaedic outsourcing £2.3m, offset by delayed impact of new NICE Horizon funded Oncology drugs and reduction in drug prices £(3.3)m. Income overachievement for Bowel Screening and Wet Age-related Macular Degeneration.

Primary Care Dental contracts underperformance £(1.4)m, and General Medical Services supplementary services £(1.8)m, and contract uplifts lower than anticipated £(1.1)m.

Executive Functions Emergency activity Swansea Bay Long Term Agreements £1.7m, energy and maintenance contract uplifts £1.0m, Primary Care prescribing Mounjaro drugs £2.7m, offset by Velindre income rebates £(2.7)m, Band 2 to 3 pay uplift funding £(2.0m), Public Health lower uptake of vaccinations £(0.6)m, and HEIW and Non-Contracted activity income.

In-Month – Key Drivers vs Plan



Key Information

Nursing and Midwifery – Increased underspend largely relating to Community and Integrated Medicine due to vacancies and sickness, and a failure to fill a significant number of shifts. Nurse agency usage in January also decreased by 11.3%, from 55WTE in December to 49WTE in January.

Clinical Services & Supplies – Planned & Specialist Care £0.2m insourced activity within Operating Theatres and Community & Integrated Medicine £0.2m increase in purchase of Heart Monitors.

Commissioned Healthcare Services – Primary Care underspend relating to Optometry due to reduced activity and GMS supplementary services £(0.2)m. Reduction in Continuing Healthcare patient acuity and demand and the number of packages in Pembrokeshire £(0.2)m.

Drugs and Prescribing – Oncology drugs price reduction of 19% from planned levels, and Public Health reduction in vaccination update.

Income – Pharmacy Prescribing Rebates largely relating to Mounjaro £(0.4)m, and Non-Contracted Activity £(0.2)m.

In-Month – Key Performance vs Plan

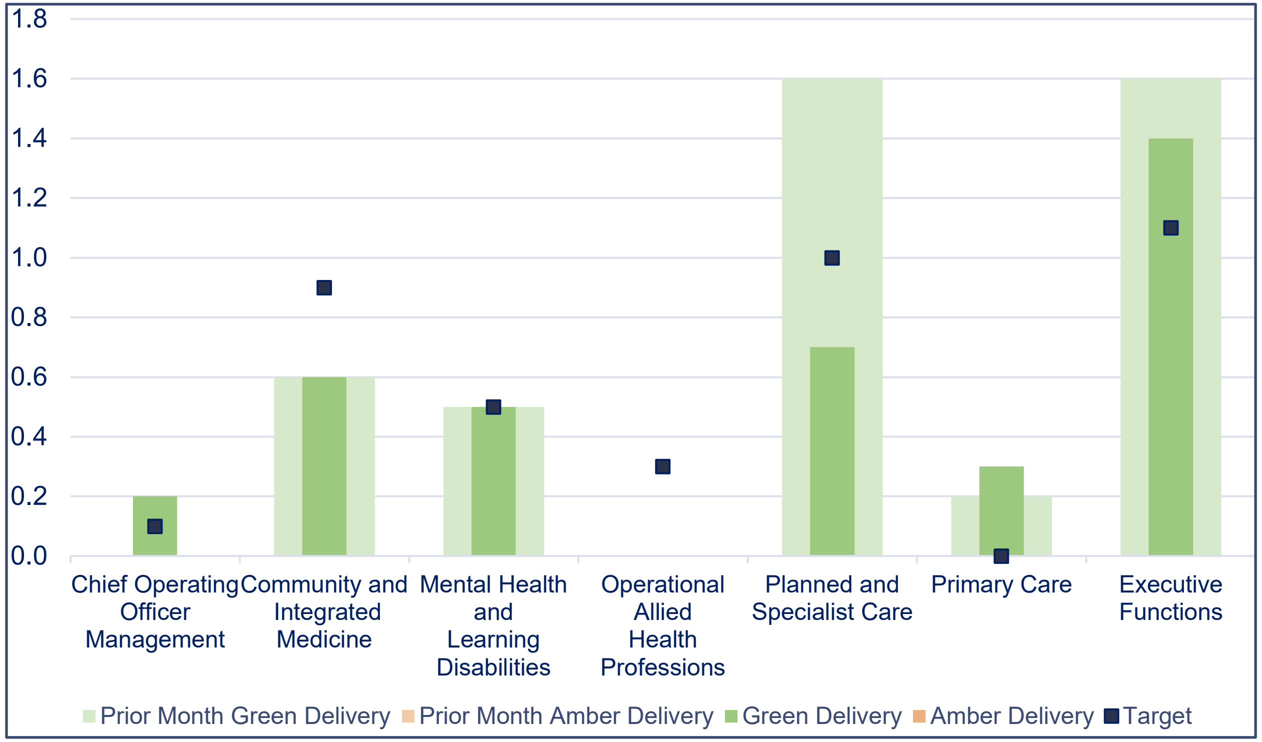
Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**2.5**	
Chief Operating Officer Management	(0.1)	0.0	0.0	**(0.1)**	Over-achieved pay efficiency savings.
Community and Integrated Medicine	0.3	0.0	0.1	**0.4**	Local Authority Home Based Care and discharge transport expenditure, Medical locum usage offset by CHC packages ending.
Mental Health and Learning Disabilities	0.0	0.0	0.2	**0.2**	Continuing Healthcare expenditure relating to new Local Authority contract package.
Operational Allied Health & Health Sciences	0.3	0.0	0.0	**0.3**	Continuing under achievement of savings against target.
Planned and Specialist Care	0.3	0.0	(0.2)	**0.1**	Oncology drugs reduction in price of 19% compared to plan, offset by Theatres insourcing activity.
Primary Care	(0.3)	0.0	0.0	**(0.3)**	Overidentification of savings in relation to Dental and Pay underspends.
Executive Functions	(0.3)	0.0	(1.5)	**(1.8)**	Utilities reduction in expenditure in line with NWSSP forecast, Workforce Certificate of Sponsorship reduction, lower Health Protection and vaccination uptake, Mounjaro Velindre rebate income
Sub Total	**0.2**	**0.0**	**(1.4)**	**(1.2)**	
Gross Position				**1.3**	

In-Month – Key Performance vs Prior Month

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target Movement	Savings Delivery vs Plan Benefits Movement	Core Operational Variation Movement	Total Movement	Key Information
Planned Deficit				**0.0**	**No change to Planned Deficit of £2.5m**
Chief Operating Officer Management	(0.2)	0.0	0.0	(0.2)	Additional savings identified in relation to pay underspend savings.
Community and Integrated Medicine	0.0	0.0	(0.3)	(0.3)	Reduction in disposables consumables due to infection prevention control from prior month, and less Continuing Healthcare packages.
Mental Health and Learning Disabilities	0.0	0.0	0.8	0.8	Continuing Healthcare funding to cover 6.9% cost uplift in prior month, and additional Local Authority Continuing Healthcare costs.
Operational Allied Health & Health Sciences	0.0	0.0	(0.3)	(0.3)	Reduction in Medical due to retrospective claims included in prior month and reduction in lab equipment purchases.
Planned and Specialist Care	0.9	0.0	(1.3)	(0.4)	Continuing Healthcare accountancy gain saving, and Medical retrospective claims in prior month. Oncology drugs price reduction.
Primary Care	(0.1)	0.0	0.6	0.5	Community Pharmacy contract uplift funding in prior month.
Executive Functions	0.2	0.0	(1.9)	(1.7)	Medicines Management £0.8m latest prescribing price impact. Estates utilities year to date reduction in expenditure in line with NWSSP forecast, Workforce Certificate of Sponsorship reduction and lower Public Health Protection and vaccination uptake.
Sub Total	**0.8**	**0.0**	**(2.4)**	**(1.6)**	
Gross Position				**(1.6)**	

In-Month – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.1	0.2	0.2	(0.1)
Community and Integrated Medicine	0.9	0.6	0.6	0.3
Mental Health and Learning Disabilities	0.5	0.5	0.5	0.0
Operational Allied Health and Health Sciences	0.3	0.0	0.0	0.3
Planned and Specialist Care	1.0	0.7	0.7	0.3
Primary Care	0.0	0.3	0.3	(0.3)
Executive Functions	1.1	1.4	1.4	(0.3)
Grand Total	**3.9**	**3.7**	**3.7**	**0.2**

Key Information

Overall savings delivery of £3.7m has been achieved, resulting in a £0.2m savings under-delivery against £3.9m target, with variations across Clinical Care Groups

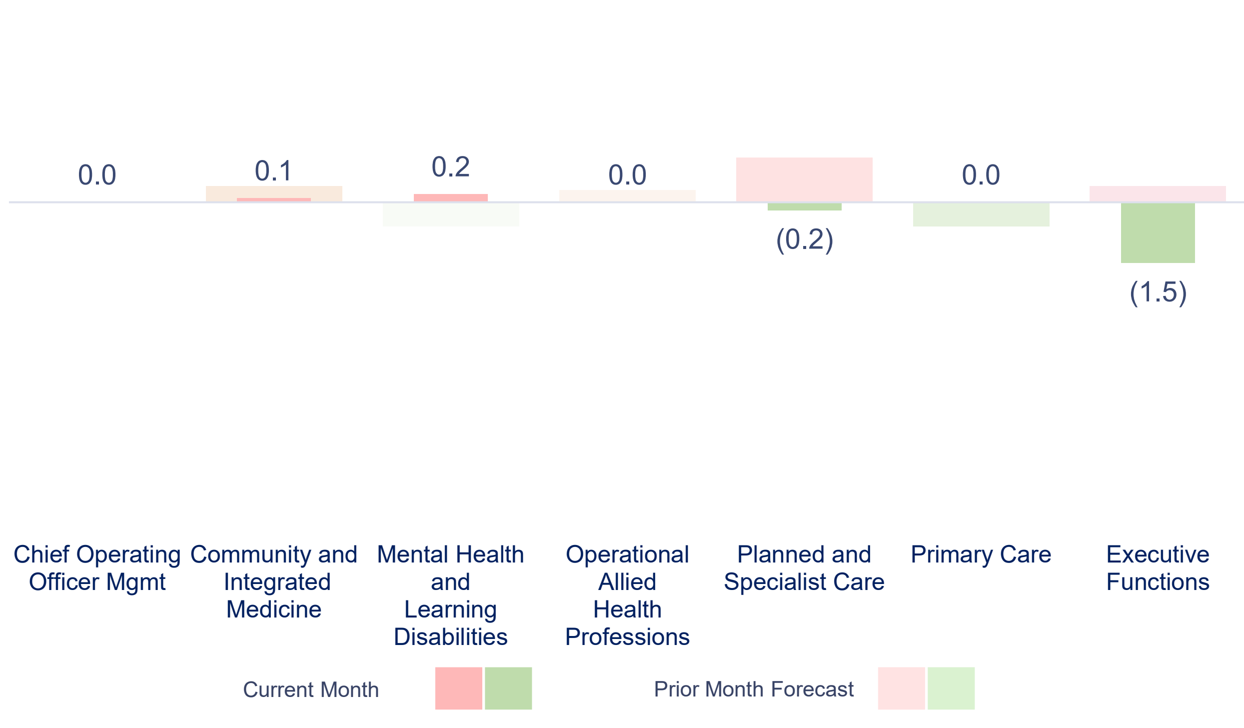
Of the savings delivered in-month, £1.3m relate to recurrent schemes and £2.4m relate to non recurrent schemes.

Newly identified schemes relate to underspend conversion of £0.9m, compared to £0.7m in Month 9. £0.7m of underspends relate to pay and £0.2m relate to Dental.

Note a reduction in savings identified within Planned and Specialist Care in-month due to Garreglwyd Continuing Healthcare saving being identified in prior month.

In-Month – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	0.0	0.0	0.0	0.0
Community and Integrated Medicine	0.0	0.2	(0.1)	0.1
Mental Health and Learning Disabilities	0.0	0.2	0.0	0.2
Operational Allied Health and Health Sciences	0.1	0.0	(0.1)	0.0
Planned and Specialist Care	0.2	(0.3)	(0.1)	(0.2)
Primary Care	0.0	(0.1)	0.1	0.0
Executive Functions	(0.7)	0.0	(0.8)	(1.5)
Total	**(0.4)**	**0.0**	**(1.0)**	**(1.4)**

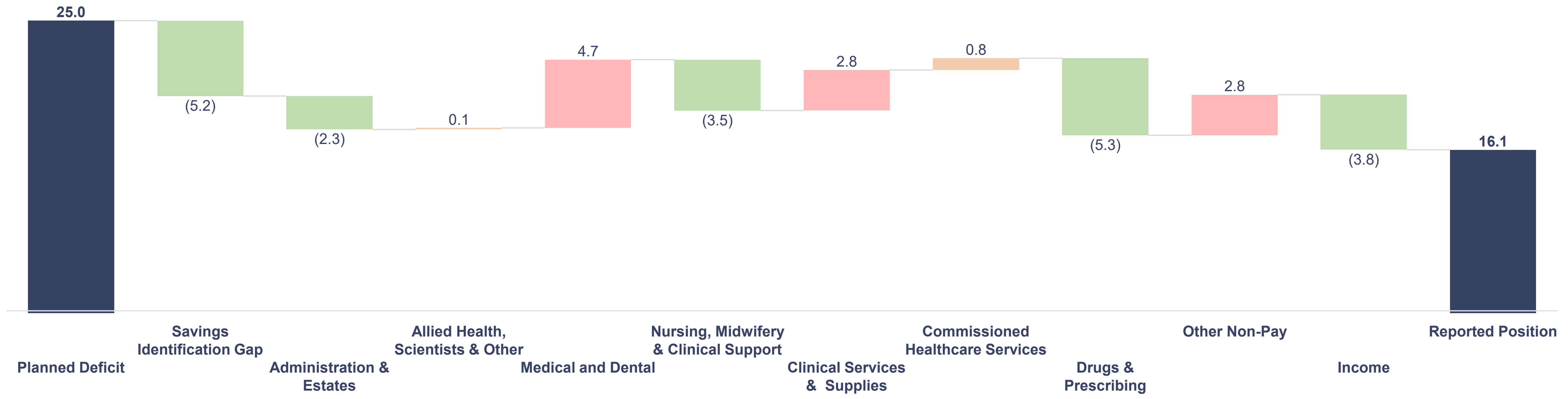
Key Information

Community and Integrated Medicine Additional costs from the Local Authority in relation to Homecare Based Scheme and transport costs relating to discharges.

Planned and Specialist Care Cancer Oncology Drugs in-month price per patient decrease of 19%, offset by continued use of Premium Medical Rate Card across specialities and Waiting List Initiative sessions to meet Welsh Government Waiting Times targets.

Executive Functions Medical Additional Duty Hours central accrual release, and income relating to Digital Connecting Care, Mounjaro Velindre drugs rebate and Non-Contracted Activity.

Year to Date – Key Drivers vs Plan



Key Information

Medical & Dental – Planned and Specialist Care variable & premium pay cost increases as a result of recovery performance backlog, with continued use of the premium rate card and increased Waiting List Initiative payments. Increased requirement for sickness and vacancies cover within Mental Health and Community and Integrated Medicine.

Nursing and Midwifery – Confirmation of Band 2 to 3 pay uplift funding £(1.5)m, with continued Nursing vacancies across Community and Integrated Medicine.

Drugs & Prescribing – Oncology drugs underspend due to price increases being lower than planned, and delays in NICE treatments increases expected. Public Health drugs underspend with lower uptake for Shingles and Covid-19 vaccinations.

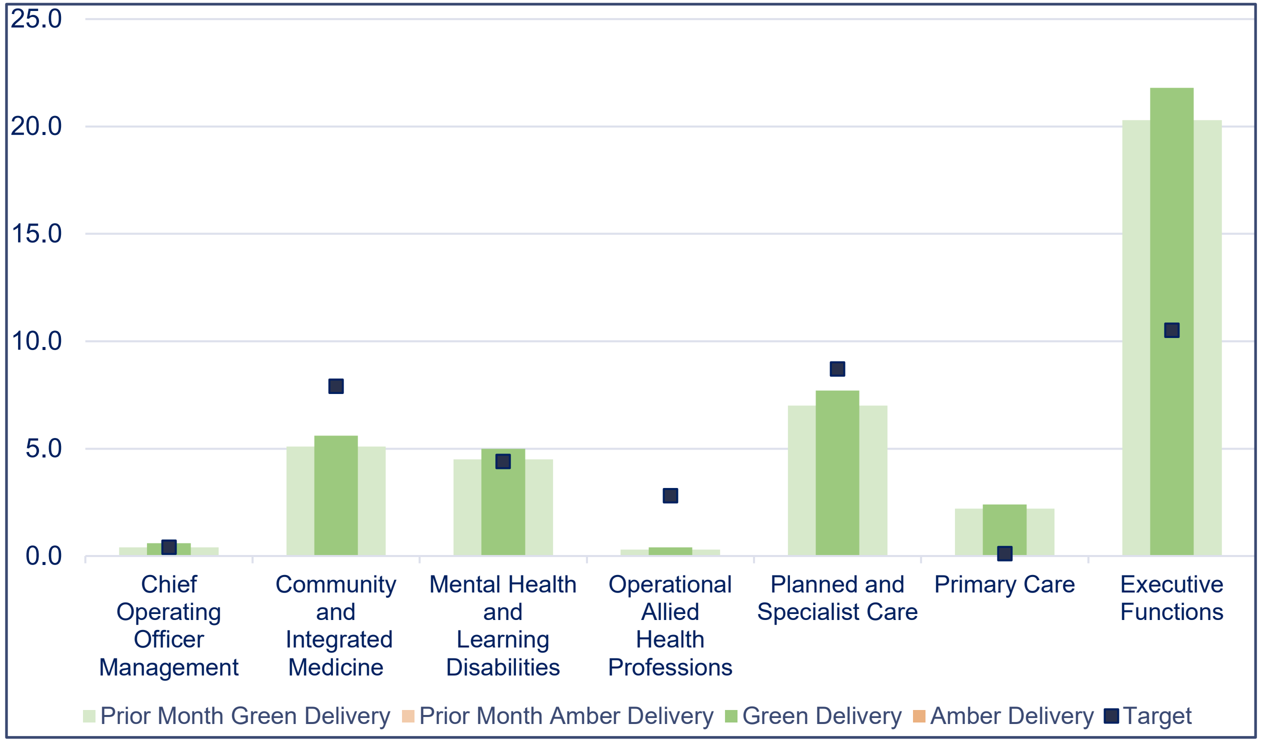
Income – Overachievement of Velindre rebate income driven by Mounjaro price increases within Pharmacy and Medicines Management. Bowel Screening, Wet age-related macular degeneration, Flying Start and HEIW income within Planned and Specialist Care, and Health Board Wide Non-Contracted Income overachievement.

Year to Date – Key Performance vs Plan

Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**25.0**	
Chief Operating Officer Management	(0.2)	0.0	(0.4)	**(0.6)**	Vacancies held within Management roles of the Directorate.
Community and Integrated Medicine	3.2	0.0	1.1	**4.3**	Continuing Healthcare packages and purchase of disposable consumables, incontinence products and heart monitors.
Mental Health and Learning Disabilities	(0.1)	0.0	1.4	**1.3**	Continuing Healthcare packages and purchase of Psychiatric Intensive Care Unit beds from independent sector.
Operational Allied Health & Health Sciences	2.7	0.0	(0.1)	**2.6**	Over-achievement of income and reduction in drug costs, offset by Physiotherapy and Occupational Therapy agency and variable pay.
Planned and Specialist Care	1.7	0.3	(0.4)	**1.6**	Income overachievement and Oncology drugs underspend, offset by Theatres insourcing and ongoing usage of Medical locums.
Primary Care	(2.3)	0.0	(1.7)	**(4.0)**	Underspend relating to Dental contracts, General Medical Services supplementary services and delay in cluster projects.
Executive Functions	(10.2)	0.0	(3.9)	**(14.1)**	Band 2 to 3 pay uplift funding and reduction in Public Health vaccination uptake, offset by Swansea Bay Long Term Agreement Emergency Activity and Estates energy and maintenance contracts.
Sub Total	**(5.2)**	**0.3**	**(4.0)**	**(8.9)**	
Gross Position				**16.1**	

Year to Date – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.4	0.6	0.6	(0.2)
Community and Integrated Medicine	8.8	5.6	5.6	3.2
Mental Health and Learning Disabilities	4.9	5.0	5.0	(0.1)
Operational Allied Health and Health Sciences	3.1	0.4	0.4	2.7
Planned and Specialist Care	9.7	8.0	7.7	2.0
Primary Care	0.1	2.4	2.4	(2.3)
Executive Functions	11.6	21.8	21.8	(10.2)
Grand Total	**38.6**	**43.8**	**43.5**	**(4.9)**

Key Information

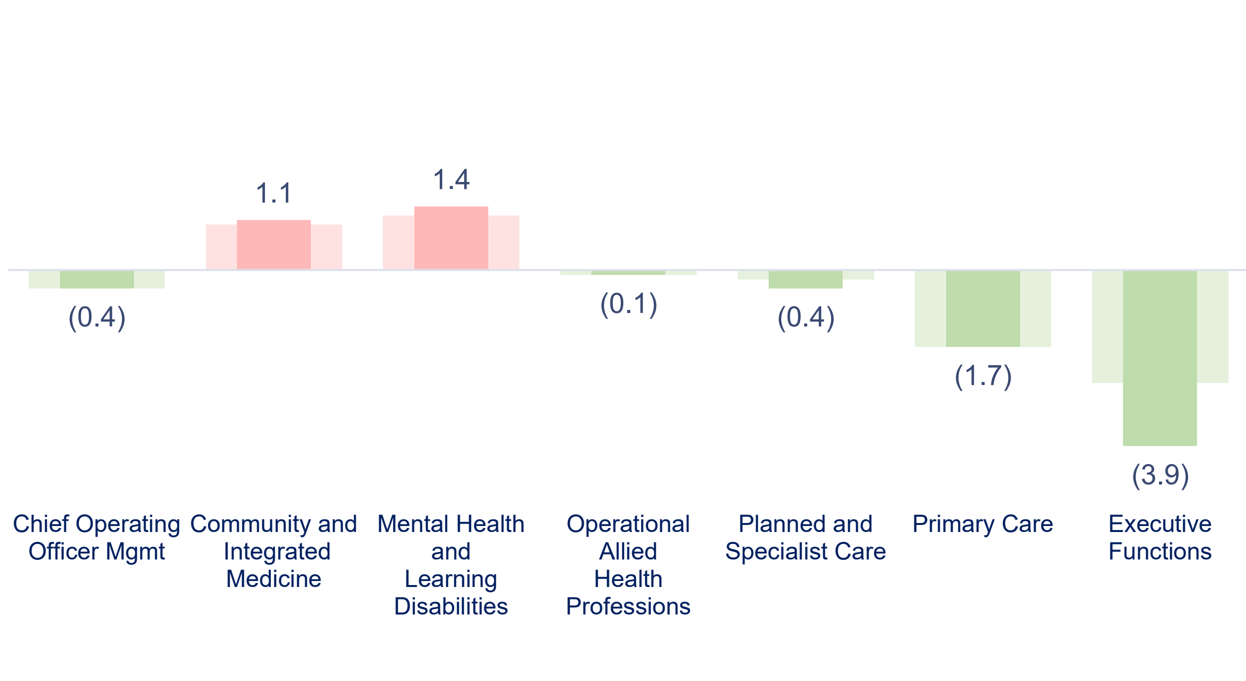
Overall savings delivery of £43.5m has been achieved, resulting in a £(5.2)m savings over-identification against £38.6m target, with variations across Clinical Care Groups, and £0.3m under delivery within Planned and Specialist Care.

This over delivery largely relates to Executive functions, due to pay vacancy underspends and a one-off Aseptic unit system drugs accountancy gain saving of £6.1m.

The over delivery of savings within Executive functions is offset by under delivering Operational functions largely relating to Community and Integrated Medicine, Operational Allied Health and Planned and Specialist Care.

Year to Date – Core Operational Variation

Core Operational Variation (£'m)



Core Operational Variation (£'m)

Clinical Care Group	Pay	Non-Pay	Income	Total
Chief Operating Officer Management	(0.2)	(0.3)	0.1	**(0.4)**
Community and Integrated Medicine	(0.5)	2.1	(0.5)	**1.1**
Mental Health and Learning Disabilities	(0.1)	1.5	0.0	**1.4**
Operational Allied Health and Health Sciences	1.0	(0.5)	(0.6)	**(0.1)**
Planned and Specialist Care	1.4	(1.0)	(0.8)	**(0.4)**
Primary Care	0.4	(3.2)	1.1	**(1.7)**
Executive Functions	(3.2)	2.4	(3.1)	**(3.9)**
Total	**(1.2)**	**1.0**	**(3.8)**	**(4.0)**

Key Information

Community and Integrated Medicine Purchase of disposable consumables due to increased infection prevention control and activity, purchase of insulin pumps, heart monitors, incontinence and Sleep Service products £1.0m. Prior year patient flow invoice £0.7m, and Continuing Healthcare packages £0.2m.

Mental Health High cost Continuing Healthcare packages and purchase of Psychiatric Intensive Care Unit beds from independent sector.

Primary Care Continued underspends relating to Dental due to contracts handed back to the Health Board, General Medical Services supplementary services and delays in Cluster projects.

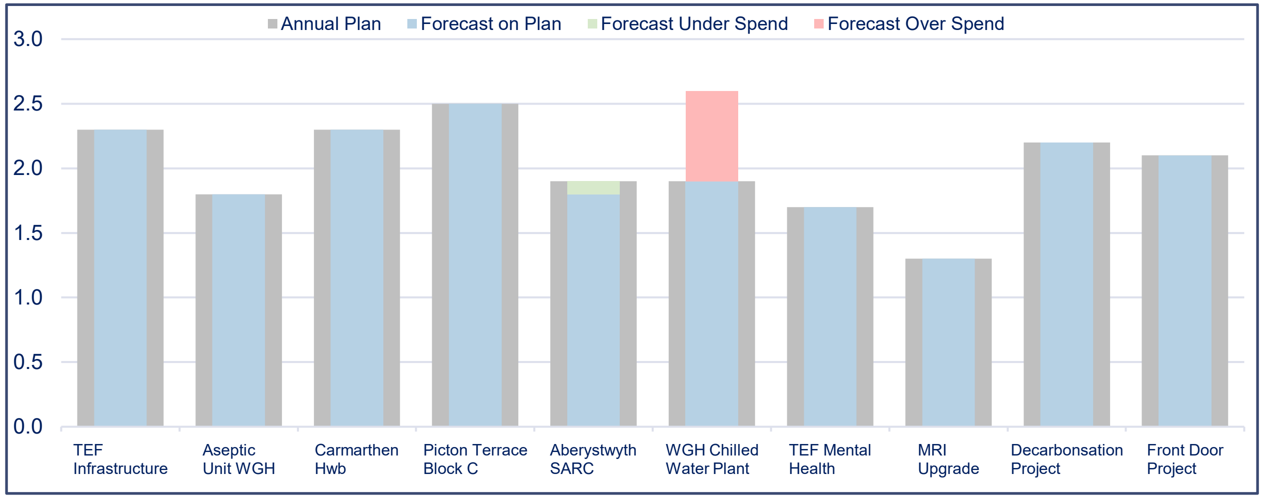
Executive Functions Recognition of Band 2 to 3 pay uplift funding, income overachievement largely relating to Velindre drugs rebate for Mounjaro costs and reduction in Public Health uptake of vaccination programmes, offset by increase in Emergency activity relating to Swansea Bay Long Term Agreements and Estates energy and maintenance contract uplifts.

Capital Performance

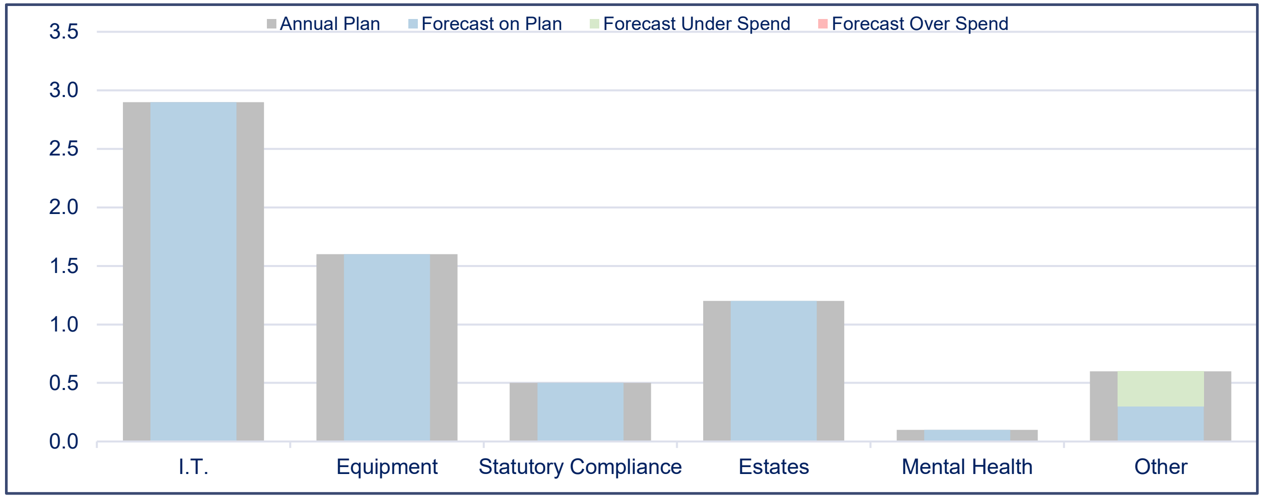
Capital

Total Capital Performance	All Wales Capital	Discretionary Capital	IFRS 16
£42.1m	£33.7m	£6.5m	£1.9m
Annual Plan **£42.1m**	Annual Plan **£33.4m**	Annual Plan **£6.8m**	Capital Resource Limit **£1.9m**

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



Discretionary Capital Programme Category Summary (£'m)



Key Information

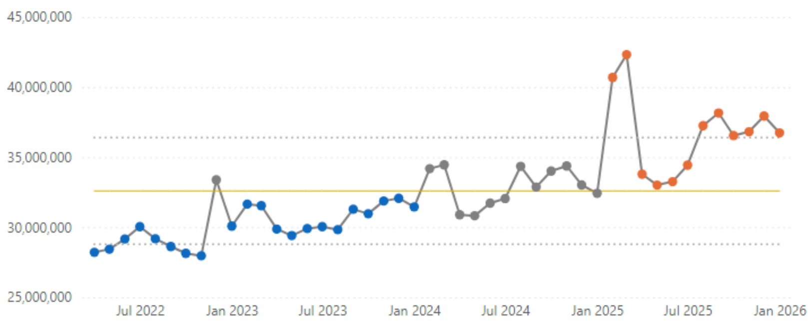
60% (£24.0m of £40.2m) of capital funding remains to be spent in February and March 2026. Therefore, the risk to delivering the capital programme in full signals **a medium status** and ongoing monitoring will be required due to late expenditure profile with no option to extend beyond March 2026.

Delivery against the capital programme remains at a medium risk. Due to the significant amount of expenditure forecast for the 2 remaining months of the year, there is a risk to overall delivery of the Capital Resource Limit, in addition to risk of underspends against All Wales funded schemes including, Carmarthen Hwb £0.2m, Aseptic Unit £0.15m and Gamma Camera Upgrade £0.2m. Close monitoring of these risks will be necessary with reallocation of funds where required.

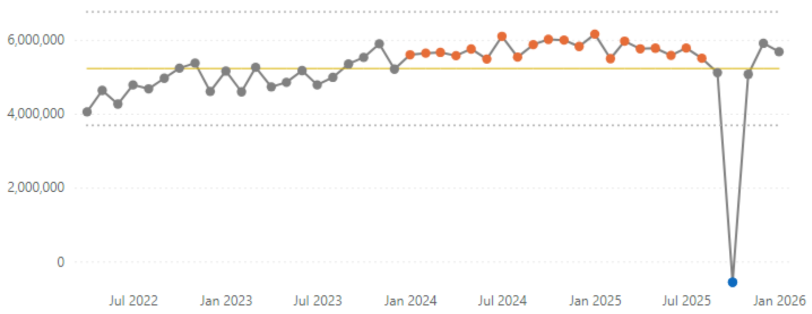
Trend Analysis – Non-Pay and Income

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

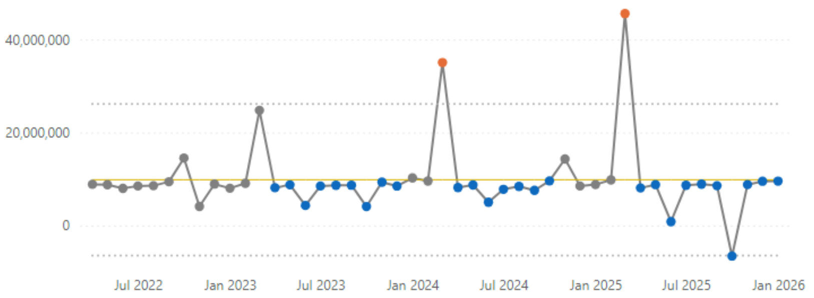
Commissioned Healthcare Services (£)



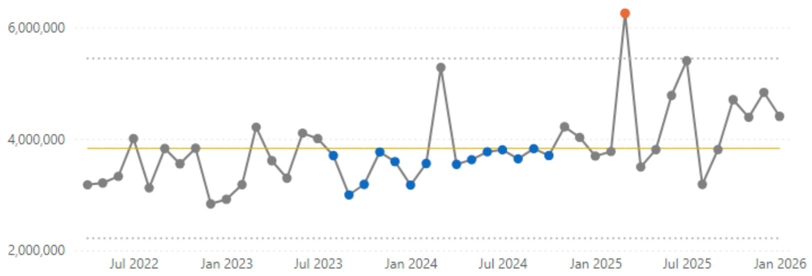
Secondary Care Drugs (£)



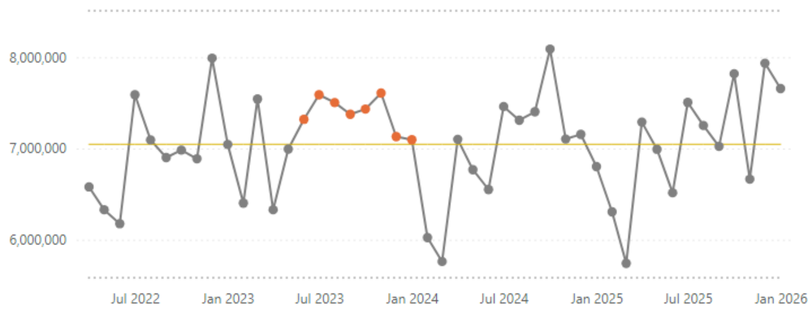
Other Non-Pay (£)



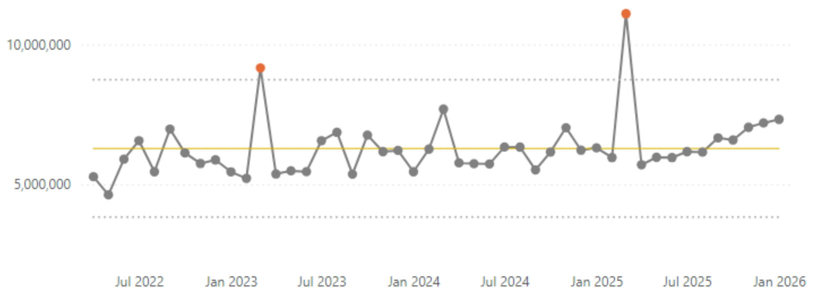
Clinical Services and Supplies (£)



Primary Care Prescribing (£)



Income (£)



Key Information

Commissioned Healthcare Services – Year to date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift expenditure in line with funding recognised in prior month returning to normal levels in-month.

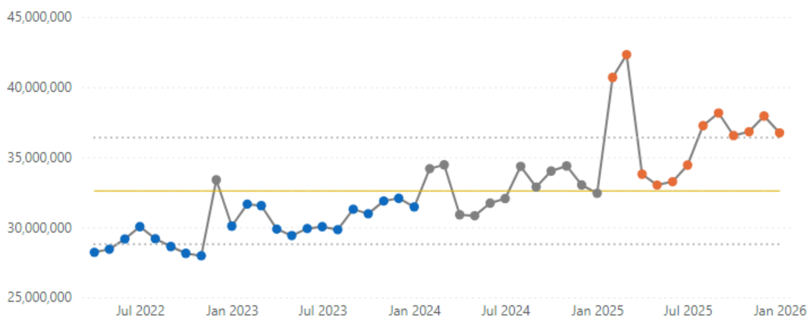
Secondary Care Drugs – Aseptic Unit drugs accountancy gain saving in Month 7, with reduction in-month relating to Cancer Oncology Drugs due to price per patient decrease of 19%

Clinical Services – Purchases of disposables to support enhanced infection prevention control in prior month returning to normal levels in-month, with a reduction in Radiology Everlight outsourcing.

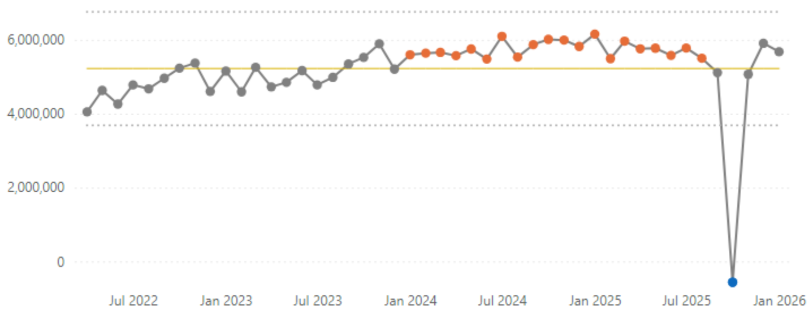
Primary Care Prescribing – Slight reduction from the September PARS price increase of 9p in prior month and reduction in drug volumes in-month.

Trend Analysis – Non-Pay and Income

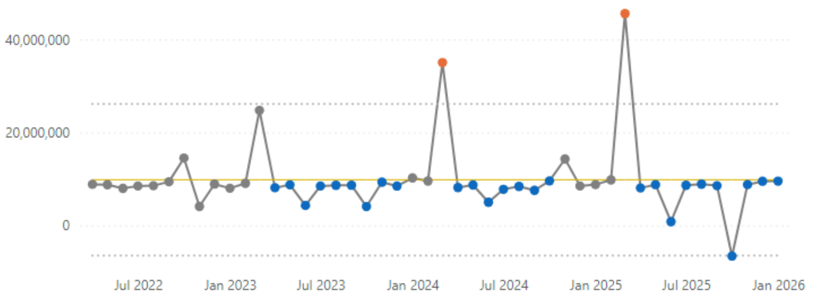
Commissioned Healthcare Services (£)



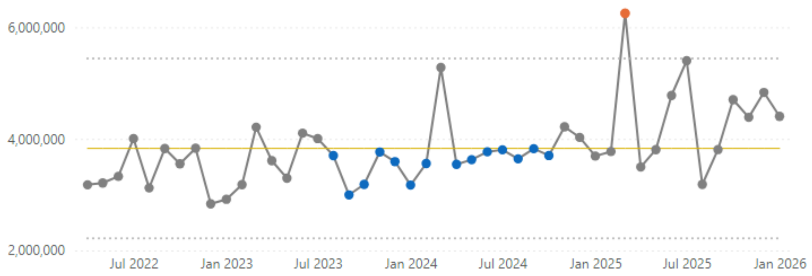
Secondary Care Drugs (£)



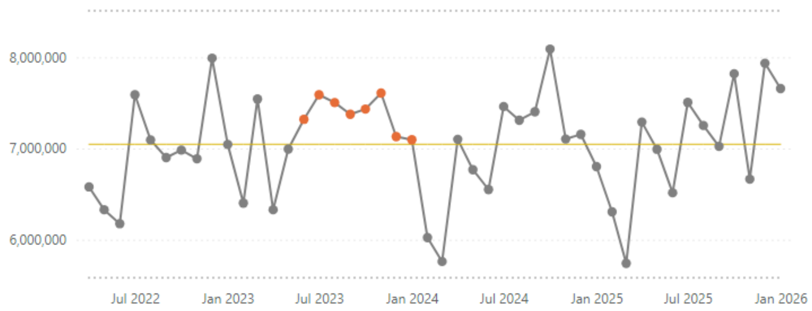
Other Non-Pay (£)



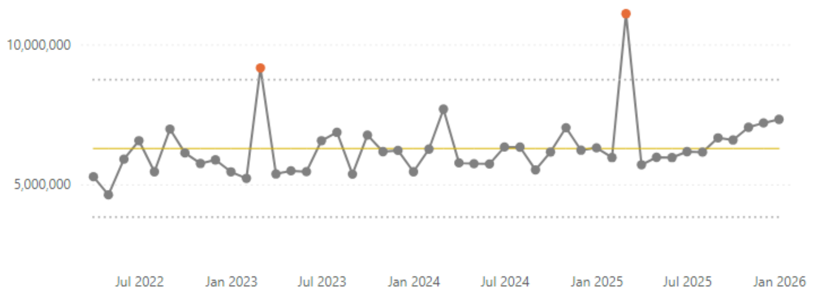
Clinical Services and Supplies (£)



Primary Care Prescribing (£)



Income (£)



Key Information

Commissioned Healthcare Services – Year to date Primary Care Dental, Pharmacy and General Medical Services increase in pay uplift expenditure in line with funding recognised in prior month returning to normal levels in-month.

Secondary Care Drugs – Aseptic Unit drugs accountancy gain saving in Month 7, with reduction in-month relating to Cancer Oncology Drugs due to price per patient decrease of 19%

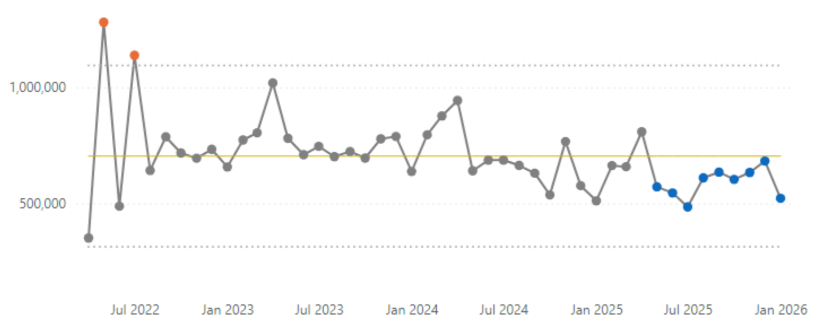
Clinical Services – Purchases of disposables to support enhanced infection prevention control in prior month returning to normal levels in-month, with a reduction in Radiology Everlight outsourcing.

Primary Care Prescribing – Slight reduction from the September PARS price increase of 9p in prior month and reduction in drug volumes in-month.

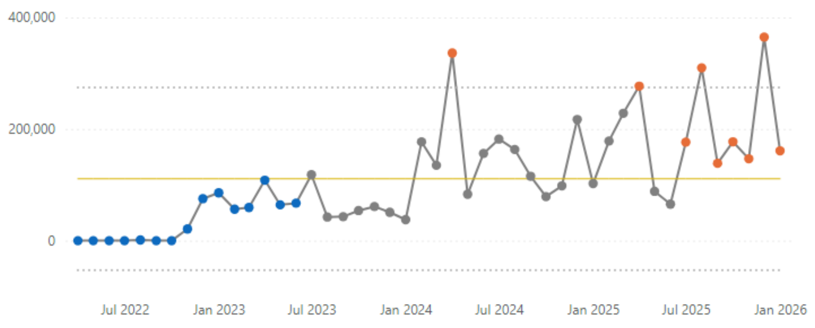
Trend Analysis – Pay Agenda for Change

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

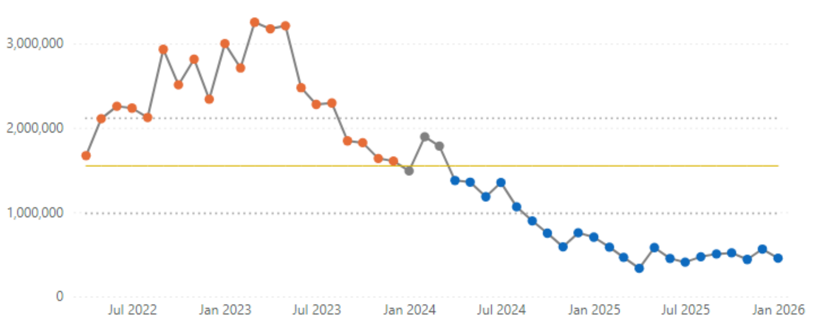
Overtime (£)



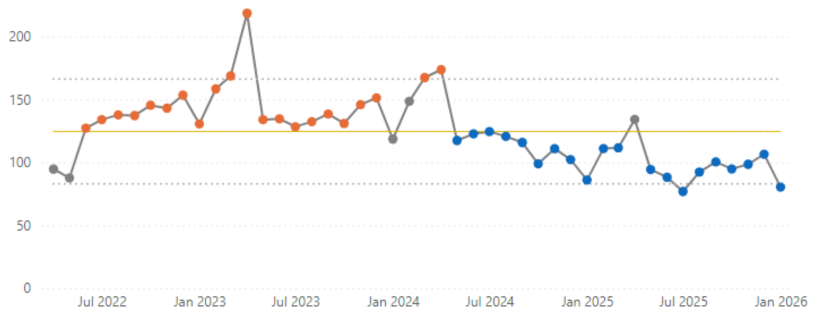
WLI (£)



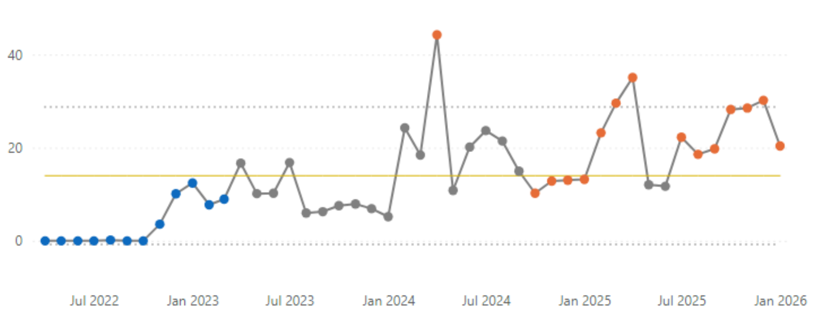
Agency (£)



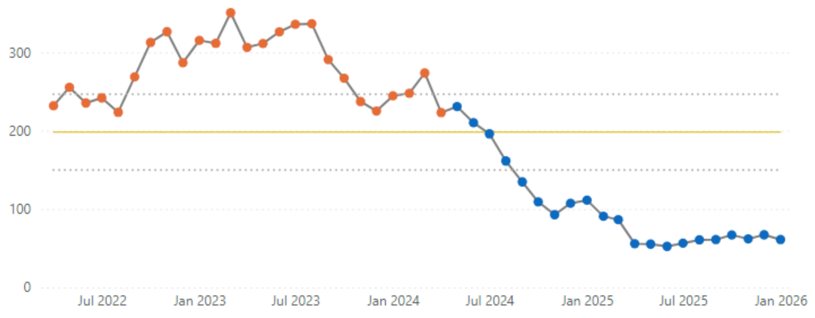
Overtime (WTE)



WLI (WTE)



Agency (WTE)



Key Information

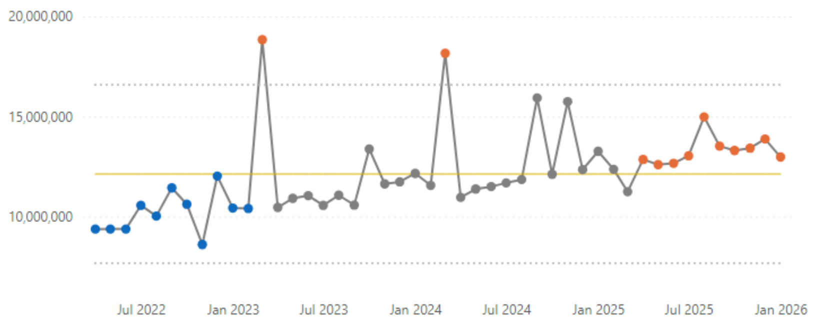
Overtime – Cost reduction of £0.2m within acute sites, Estates and Facilities, Mental Health and Planned and Specialist Care.

Waiting List Initiative – Waiting List Initiative expenditure has reduced from Month 9 by £0.1m in Planned and Specialist Care due to retrospective shifts being paid in prior month.

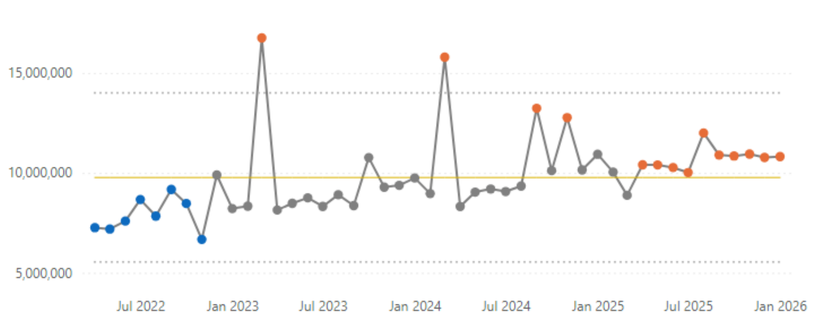
Agency – Reduction in costs due to inability to fill agency requests within Community and Integrated Medicine, and a reduction in agency shifts within Operational Allied Health.

Trend Analysis – Pay Medical and Dental

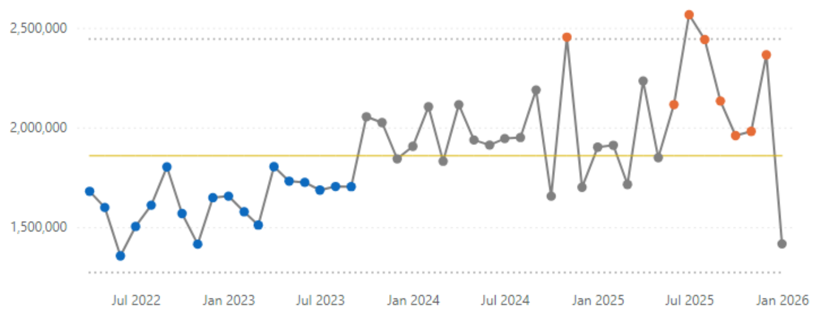
Total (£)



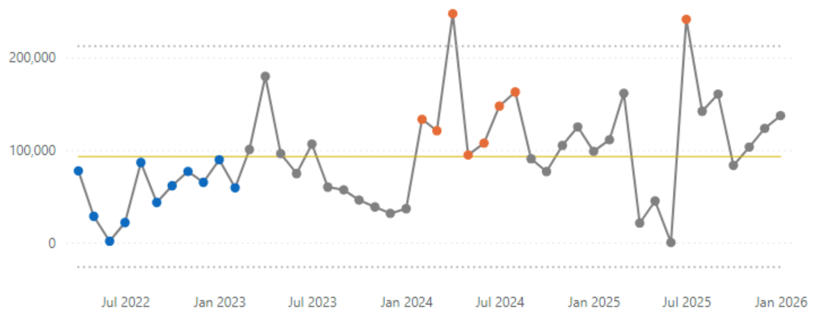
Substantive (£)



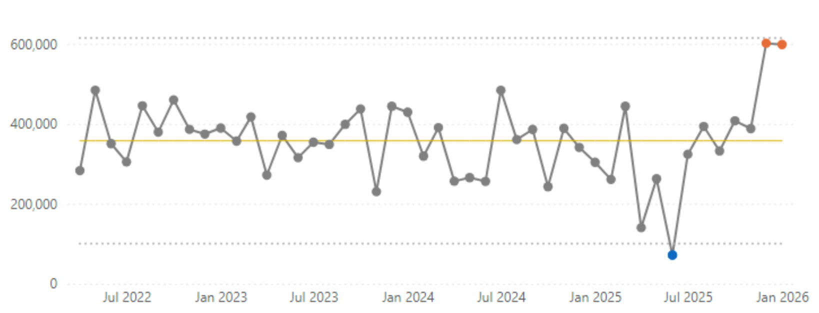
Additional Hours (£)



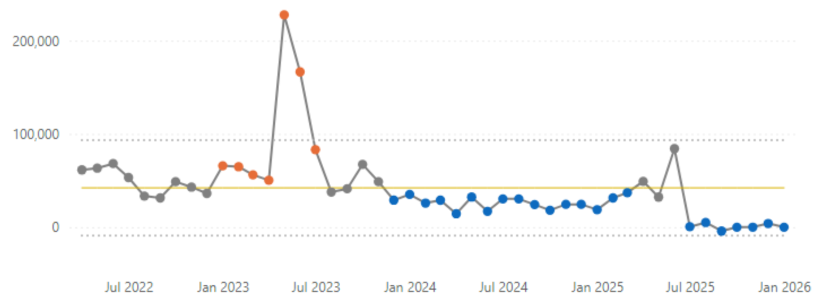
WLI (£)



On Contract Agency Premium (£)



Off Contract Agency Premium (£)



Key Information

Additional Hours – Significant decrease in additional hours in-month within Planned and Specialist Care as unable to fill sessions due to sickness, in addition to further reductions across various areas.

Waiting List Initiative – Medical Waiting List Initiative expenditure has increased from prior month in Planned and Specialist Care mainly within Anaesthetics due to continued use of Waiting List Initiative Sessions to meet Waiting Time Targets.

On Contract Agency Premium – Continuation of premium pay cost increases owing to recovery performance backlog within Scheduled Care, alongside an increased requirement for sickness cover.

Staffing Establishment Reports

Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Operating Officer	**102.2%**	**2,606**	**2,296**	**(292)**	**253**	**52**	**15**
Community and Integrated Medicine	**103.2%**	**1,862**	**1,629**	**(210)**	**183**	**46**	**20**
Carmarthenshire Integrated System	103.5%	1,125	990	(115)	114	20	19
Ceredigion Integrated System	107.5%	321	265	(34)	38	16	20
Pembrokeshire Integrated System	99.4%	416	374	(61)	31	10	(19)
Mental Health and Learning Disabilities	**104.7%**	**287**	**236**	**(38)**	**50**	**1**	**13**
Planned and Specialist Care	**96.6%**	**457**	**431**	**(44)**	**20**	**5**	**(18)**
Cancer and Scheduled Care	94.6%	157	143	(28)	8	5	(14)
Children, Women and Family Health	97.6%	300	288	(16)	12	-	(4)
Grand Total	102.2%	2,606	2,296	(292)	253	52	15

All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Variable WTE	Agency (Premium) WTE	Total Over/(Under) Staffed
Chief Executive	**90.6%**	**88**	**87**	**(8)**	**-**	**-**	**(7)**
Chief Operating Officer	**93.7%**	**5,202**	**5,081**	**(486)**	**111**	**8**	**(363)**
Chief Operating Officer Management	81.6%	111	108	(21)	3	-	(17)
Community and Integrated Medicine	97.0%	1,401	1,367	(118)	32	2	(84)
Mental Health and Learning Disabilities	90.3%	912	903	(114)	8	-	(105)
Operational Allied Health and Health Sciences	97.2%	1,114	1,090	(57)	24	-	(32)
Planned and Specialist Care	95.0%	1,445	1,400	(123)	38	6	(78)
Primary Care	87.2%	219	213	(53)	6	-	(47)
Executive Director of Allied Health Professions and Health Sciences	**95.2%**	**880**	**824**	**(84)**	**55**	**-**	**(29)**
Executive Director of Finance	**89.9%**	**418**	**413**	**(60)**	**4**	**-**	**(56)**
Executive Director of Nursing, Quality and Patient Experience	**90.9%**	**176**	**176**	**(17)**	**-**	**-**	**(16)**
Executive Director of Public Health	**87.6%**	**142**	**141**	**(20)**	**-**	**-**	**(19)**
Executive Director of Strategy and Planning	**93.9%**	**48**	**48**	**(3)**	**-**	**-**	**(3)**
Executive Director of Workforce and Organisational Development	**74.6%**	**226**	**225**	**(75)**	**1**	**-**	**(74)**
Executive Medical Director	**87.0%**	**324**	**324**	**(31)**	**-**	**-**	**(30)**
Grand Total	92.7%	7,504	7,319	(784)	171	8	(597)

In-Month – Revenue vs Plan Variance (£'k)

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(1)**					**13**		**(35)**	**(0)**	**(24)**
Chief Operating Officer	**(99)**	**71**	**519**	**(167)**	**546**	**(39)**	**(900)**	**382**	**(188)**	**124**
Chief Operating Officer Management	37	34	(2)	(1)	(1)	(3)		(63)	(17)	**(15)**
Community and Integrated Medicine	(125)	(1)	283	(194)	205	(232)	(81)	373	(92)	**136**
Mental Health and Learning Disabilities	11	(36)	71	(57)	2	233	(1)	(4)	(9)	**211**
Operational Allied Health and Health Sciences	36	30	(1)	45	80	(24)	(111)	(1)	(62)	**(8)**
Planned and Specialist Care	(0)	16	134	73	189	171	(724)	23	(93)	**(211)**
Primary Care	(58)	28	34	(34)	71	(185)	17	53	85	**12**
Executive Director of Allied Health Professions and Health Sciences	**(55)**	**(14)**		**(2)**	**(1)**	**0**	**0**	**(97)**	**(150)**	**(319)**
Estates and Facilities	(67)			(2)	(1)		0	(97)	(150)	**(317)**
Executive Allied Health Professions and Health Sciences	12	(14)				0				**(2)**
Executive Director of Finance	**12**	**6**	**(18)**	**(1)**		**(44)**		**235**	**(65)**	**126**
Digital	13	6	(18)	(1)		(36)		239	(64)	**138**
Finance	(0)					(8)		(3)	(1)	**(12)**
Executive Director of Nursing, Quality and Patient Experience	**(20)**	**29**		**(72)**	**0**	**(23)**		**31**	**35**	**(21)**
Executive Director of Public Health	**(31)**	**13**	**(3)**	**(42)**	**(4)**	**84**	**(139)**	**(197)**	**(19)**	**(338)**
Executive Director of Strategy and Planning	**4**	**0**	**0**			**84**	**0**	**(6)**	**18**	**100**
LTAs with other NHS Providers	4					85	0	(0)		**89**
Strategy and Planning	(0)	0	0			(1)		(6)	18	**12**
Executive Director of Workforce and Organisational Development	**42**	**19**	**(12)**	**(48)**	**1**	**(131)**	**(3)**	**(193)**	**13**	**(312)**
Executive Medical Director	**4**	**(29)**	**26**	**20**	**(12)**	**11**	**63**	**(19)**	**(402)**	**(337)**
Medical	3	5	26	(13)	1		(0)	(51)	2	**(26)**
Pharmacy and Medicines Management	1	(34)		33	(13)	11	63	32	(404)	**(311)**
Health Board Wide	**4**		**(387)**	**(167)**	**144**	**(275)**	**427**	**70**	**(198)**	**(382)**
Planned Deficit								**2,500**		**2,500**
Savings Identification								**171**		**171**
Grand Total	**(140)**	**95**	**124**	**(479)**	**673**	**(319)**	**(552)**	**2,841**	**(957)**	**1,286**

Year to Date – Revenue vs Plan Variance (£'k)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(14)**				**0**	**1**		**(71)**	**(2)**	**(86)**
Chief Operating Officer	**(1,589)**	**421**	**5,214**	**(1,724)**	**2,543**	**157**	**(5,916)**	**1,844**	**(780)**	**171**
Chief Operating Officer Management	(206)	24	(33)	35	42	(29)		(294)	68	**(393)**
Community and Integrated Medicine	(1,098)	(71)	1,541	(890)	1,199	276	(574)	1,231	(519)	**1,092**
Mental Health and Learning Disabilities	(78)	(427)	817	(434)	39	1,759	(277)	(28)	39	**1,411**
Operational Allied Health and Health Sciences	41	507	179	313	(2)	(317)	(360)	128	(636)	**(147)**
Planned and Specialist Care	(6)	(21)	2,046	(294)	1,590	1,593	(4,626)	488	(846)	**(76)**
Primary Care	(241)	409	665	(455)	(325)	(3,126)	(78)	319	1,114	**(1,717)**
Executive Director of Allied Health Professions and Health Sciences	**(610)**	**(143)**	**9**	**(27)**	**50**	**0**	**4**	**695**	**(40)**	**(62)**
Estates and Facilities	(730)		9	(27)	50		4	694	(40)	**(40)**
Executive Allied Health Professions and Health Sciences	120	(143)				0		1		**(22)**
Executive Director of Finance	**(122)**	**66**	**(14)**	**15**	**0**	**(421)**	**0**	**29**	**(253)**	**(700)**
Digital	(67)	15	(14)	15	0	(417)		108	(251)	**(611)**
Finance	(55)	51				(4)	0	(79)	(2)	**(89)**
Executive Director of Nursing, Quality and Patient Experience	**(281)**	**(42)**	**0**	**71**	**(1)**	**29**		**394**	**103**	**271**
Executive Director of Public Health	**(209)**	**139**	**(84)**	**(250)**	**(42)**	**36**	**(630)**	**(17)**	**(192)**	**(1,249)**
Executive Director of Strategy and Planning	**(15)**	**41**	**0**			**1,296**	**2**	**44**	**(100)**	**1,268**
LTAs with other NHS Providers	35					1,301	2	(2)		**1,336**
Strategy and Planning	(50)	41	0			(5)		46	(100)	**(68)**
Executive Director of Workforce and Organisational Development	**(55)**	**2**	**(14)**	**67**	**2**	**(26)**	**(26)**	**(296)**	**(161)**	**(507)**
Executive Medical Director	**(16)**	**(357)**	**116**	**73**	**29**	**(49)**	**571**	**(316)**	**(1,290)**	**(1,239)**
Medical	(8)	(7)	116	(78)	19		(0)	(434)	47	**(345)**
Pharmacy and Medicines Management	(8)	(350)		151	10	(49)	571	118	(1,337)	**(894)**
Health Board Wide	**607**		**(506)**	**(1,696)**	**268**	**(233)**	**647**	**443**	**(1,125)**	**(1,594)**
Planned Deficit								**25,000**		**25,000**
Savings Identification								**(5,161)**		**(5,161)**
Grand Total	**(2,305)**	**127**	**4,720**	**(3,471)**	**2,850**	**789**	**(5,348)**	**22,589**	**(3,839)**	**16,112**

End of Year – Revenue vs Plan Variance (£'k)

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Clinical Care Group and Executive Functions (£'k)	Pay				Non-Pay				Income	Grand Total
	Administration and Estates	Allied Health, Scientists and Other	Medical and Dental	Nursing, Midwifery and Clinical Support	Clinical Services and Supplies	Commissioned Healthcare Services	Drugs and Prescribing	Other Non-Pay	Income	
Chief Executive	**(30)**				**0**	**2**		**(58)**	**(3)**	**(88)**
Chief Operating Officer	**(2,037)**	**409**	**6,497**	**(1,985)**	**3,483**	**(1,136)**	**(6,652)**	**2,459**	**(985)**	**54**
Chief Operating Officer Management	(298)	(9)	(56)	33	59	(34)		(316)	35	**(586)**
Community and Integrated Medicine	(1,362)	(44)	2,121	(1,123)	1,401	336	(632)	1,549	(637)	**1,608**
Mental Health and Learning Disabilities	(100)	(550)	938	(619)	39	1,992	(369)	(20)	56	**1,367**
Operational Allied Health and Health Sciences	65	591	190	416	198	(360)	(406)	155	(818)	**33**
Planned and Specialist Care	(13)	10	2,482	(173)	2,151	2,004	(5,187)	608	(949)	**934**
Primary Care	(329)	411	821	(518)	(365)	(5,073)	(58)	483	1,327	**(3,301)**
Executive Director of Allied Health Professions and Health Sciences	**(630)**	**(172)**	**10**	**(31)**	**60**	**0**	**5**	**1,014**	**(251)**	**6**
Estates and Facilities	(773)		10	(31)	60		5	1,013	(251)	**33**
Executive Allied Health Professions and Health Sciences	144	(172)				0		1		**(26)**
Executive Director of Finance	**(336)**	**78**	**(50)**	**13**	**0**	**(495)**	**0**	**782**	**(315)**	**(323)**
Digital	(273)	27	(50)	13	0	(490)		784	(294)	**(283)**
Finance	(63)	51				(5)	0	(2)	(20)	**(39)**
Executive Director of Nursing, Quality and Patient Experience	**(337)**	**(53)**	**0**	**46**	**(2)**	**44**		**452**	**121**	**271**
Executive Director of Public Health	**(271)**	**166**	**(89)**	**(331)**	**(50)**	**43**	**(621)**	**(6)**	**(225)**	**(1,384)**
Executive Director of Strategy and Planning	**(58)**	**41**	**0**			**1,881**	**2**	**8**	**(122)**	**1,751**
LTAs with other NHS Providers	43					1,887	2	(3)		**1,929**
Strategy and Planning	(101)	41	0			(6)		11	(122)	**(178)**
Executive Director of Workforce and Organisational Development	**(142)**	**(10)**	**(39)**	**(155)**	**3**	**(19)**	**(31)**	**(300)**	**(182)**	**(876)**
Executive Medical Director	**(5)**	**(480)**	**173**	**113**	**33**	**(44)**	**2,717**	**(359)**	**(3,224)**	**(1,075)**
Medical	2	3	173	(104)	21		(0)	(513)	47	**(371)**
Pharmacy and Medicines Management	(6)	(483)		217	12	(44)	2,717	154	(3,271)	**(704)**
Health Board Wide	**618**		**(507)**	**(2,029)**	**217**	**(197)**	**488**	**567**	**(1,498)**	**(2,341)**
Planned Deficit								**30,000**		**30,000**
Savings Identification								**(3,895)**		**(3,895)**
Grand Total	**(3,228)**	**(21)**	**5,996**	**(4,358)**	**3,745**	**78**	**(4,092)**	**30,664**	**(6,684)**	**22,100**

End of Year – Savings Detail (£'k)

Executive Summary | Income and Expenditure Insights | Operational and Financial Performance | Appendices

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Clinical Care Group and Executive Functions (£'k)	Annual Savings Target	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
Chief Executive	**38**	**474**	**84**	**390**	**474**	**(436)**	**14.0%**	**222**	**(184)**	**6.6%**
Chief Operating Officer	**32,438**	**25,179**	**8,596**	**16,309**	**24,905**	**7,533**	**3.8%**	**12,309**	**20,129**	**1.9%**
Chief Operating Officer Management	500	576	0	576	576	(75)	4.5%	0	500	0.0%
Community and Integrated Medicine	10,565	6,631	2,842	3,788	6,631	3,935	2.7%	2,922	7,643	1.2%
Mental Health and Learning Disabilities	5,851	5,635	1,375	4,259	5,635	216	5.4%	1,375	4,476	1.3%
Operational Allied Health and Health Sciences	3,785	480	480	0	480	3,305	0.6%	494	3,291	0.6%
Planned and Specialist Care	11,638	9,366	3,799	5,294	9,092	2,546	4.3%	7,418	4,220	3.5%
Primary Care	99	2,492	100	2,392	2,492	(2,393)	22.2%	100	(1)	0.9%
Executive Director Of Allied Health Professions and Health Sciences	**2,063**	**316**	**316**	**0**	**316**	**1,747**	**0.6%**	**316**	**1,747**	**0.6%**
Estates and Facilities	2,053	316	316	0	316	1,737	0.6%	316	1,737	0.6%
Executive Allied Health Professions and Health Sciences	10	0	0	0	0	10	0.0%	0	10	0.0%
Executive Director Of Finance	**638**	**2,315**	**493**	**1,822**	**2,315**	**(1,677)**	**10.0%**	**527**	**112**	**2.3%**
Digital	532	1,705	384	1,321	1,705	(1,173)	9.9%	417	115	2.4%
Finance	106	610	109	501	610	(504)	10.2%	109	(3)	1.8%
Executive Director Of Nursing, Quality and Patient Experience	**243**	**670**	**201**	**470**	**670**	**(427)**	**7.2%**	**243**	**0**	**2.6%**
Executive Director Of Public Health	**107**	**980**	**107**	**873**	**980**	**(873)**	**14.9%**	**107**	**(0)**	**1.6%**
Executive Director Of Strategy and Planning	**1,902**	**1,720**	**518**	**1,202**	**1,720**	**182**	**2.8%**	**518**	**1,384**	**0.9%**
LTAs With Other NHS Providers	1,841	940	457	483	940	901	1.7%	457	1,384	0.8%
Strategy and Planning	61	780	61	719	780	(719)	20.9%	61	(0)	1.6%
Executive Director Of Workforce and Organisational Development	**247**	**3,335**	**247**	**3,088**	**3,335**	**(3,088)**	**22.0%**	**247**	**(1)**	**1.6%**
Executive Medical Director	**6,421**	**2,819**	**2,440**	**379**	**2,819**	**3,601**	**2.8%**	**2,456**	**3,965**	**2.4%**
Medical	74	74	74	0	74	(0)	1.7%	74	(0)	1.7%
Pharmacy and Medicines Management	6,347	2,745	2,366	379	2,745	3,602	2.9%	2,382	3,965	2.5%
Health Board Wide	**2,303**	**12,486**	**1,371**	**11,115**	**12,486**	**(10,183)**	**34.4%**	**1,485**	**819**	**4.1%**
Grand Total	**46,400**	**50,295**	**14,373**	**35,648**	**50,021**	**(3,621)**	**5.2%**	**18,429**	**27,971**	**1.9%**