Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

DATE	**30 April 2026**
TIME	**9:00 AM - 12:00 PM**
LOCATION	**Microsoft Teams Meeting**

Finance and Performance Committee

30 April 2026

Agenda - 30 April 2026

1 GOVERNANCE

9:00 AM, 0 min

1.1 WELCOME AND APOLOGIES

9:00 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.2 DECLARATION OF INTERESTS

9:00 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

HDdUHB Register of Board Members Interests 2025-26

1.3 MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 24 FEBRUARY 2026

9:00 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.4 TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 24 FEBRUARY 2026

9:00 AM, 0 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.5 FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2025/26

9:00 AM, 5 min
Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.6 ASSURANCE AND RISK REPORT

9:05 AM, 15 min
Huw Thomas (Hywel Dda UHB - Director of Finance), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)

2 ESCALATION OVERVIEW

9:20 AM, 0 min

2.1 ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

9:20 AM, 15 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

3 ESCALATION RESPONSE – RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES

9:35 AM, 0 min

3.1 HOSPITAL FLOW PROCESSES

9:35 AM, 25 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

3.2 Q1 2026/27 PLANNED CARE TRAJECTORIES

10:00 AM, 25 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

3.3 ENABLING ACTIONS: VALUE OPPORTUNITIES

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

3.4 Q1 2026/27 FINANCIAL TRAJECTORY

10:50 AM, 25 min
Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)

4 FINANCE

11:15 AM, 0 min

4.1 FINANCIAL PERFORMANCE ASSURANCE REPORT

11:15 AM, 15 min
Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance), Jennifer Thomas (Hywel Dda UHB - Head of Corporate Reporting and Planning)

4.2 INVESTMENT AND BENEFITS REALISATION REPORT

11:30 AM, 5 min
Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)

4.3 DEEP DIVE: RISK LANDSCAPE OF HEALTH BOARD FINANCIAL POSITION

11:35 AM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

4.4 **PROCUREMENT SCRUTINY**

11:40 AM, 5 min
Gemma Deverill (NWSSP - Procurement)

4.5 **PLANNING OBJECTIVE UPDATE REPORT Q4 2025/26**

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

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5 **PERFORMANCE**

11:50 AM, 0 min

5.1 **INTEGRATED PERFORMANCE ASSURANCE REPORT**

11:50 AM, 5 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

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6 **FOR APPROVAL**

11:55 AM, 0 min

6.1 **FINANCIAL PROCEDURES**

11:55 AM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

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7 **FOR INFORMATION**

12:00 PM, 0 min

7.1 **ALL-WALES CAPITAL PROGRAMME 2026/27, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

12:00 PM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

7.2 **JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS**

12:00 PM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

7.3 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2026/27

12:00 PM, 0 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

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8 ANY OTHER BUSINESS

12:00 PM, 0 min

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9 DATE OF NEXT MEETING

12:00 PM, 0 min

- **Tuesday 30 June 2026; 09:30 - 12:30**

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2026-04-30 9:00 AM - 12:00 PM

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9:00 AM, 0 Mins

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1 - GOVERNANCE

1.1 **9:00 AM, 0 Mins**

1.1 - WELCOME AND APOLOGIES

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.2 **9:00 AM, 0 Mins**

1.2 - DECLARATION OF INTERESTS

Michael Imperato (Hywel Dda UHB - Independent Board Member)

HDdUHB Register of Board Members Interests 2025-26

1.3

9:00 AM, 0 Mins

1.3 - MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 24 FEBRUARY 2026

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

Unapproved Minutes FPC 24 February 2026.pdf

UNAPPROVED MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE MEETING

DATE OF MEETING: **9:30 AM, Tuesday 24 February 2026**

VENUE: **Dolau Cothi Boardroom, Corporate Headquarters, Picton Terrace/Microsoft Teams meeting**

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

IN ATTENDANCE:
Shaun Ayres (Hywel Dda UHB - Director of Delivery) (VC) (part)
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer) (part)
Gemma Deverill (NWSSP – Procurement) (VC) (part)
Lisa Gostling (Hywel Dda UHB – Director of Workforce & OD/Deputy CEO)
Siân Jenkins (Hywel Dda UHB - Deputy Director of Finance)
Keith Jones (Hywel Dda UHB – Director of Operational Planning & Performance) (VC) (part)
James Severs (Hywel Dda UHB – Executive Director of Allied Health Professions and Health Science)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Jennifer Thomas (Hywel Dda UHB - Head of Corporate Reporting and Planning) (VC)
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION

FPC(26)001 WELCOME AND APOLOGIES

Mr Michael Imperato welcomed all to the Finance and Performance Committee (FPC) meeting.

Apologies had been received from:

- Mrs Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
- Mr Mark Henwood, Executive Medical Director
- Mr Neil Prior, Independent Member

FPC(26)002 DECLARATION OF INTERESTS

There were no declarations of interest.

FPC(26)003 MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 16 DECEMBER 2025

The minutes of the FPC meeting held on 16 December 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Finance and Performance Committee meeting held on the 16 December 2025 were **APPROVED** as a correct record of proceedings.

FPC(26)004 TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 16 DECEMBER 2025

The Table of Actions from the FPC meeting held on 16 December 2025 was reviewed.

Decision: The Finance and Performance Committee **REVIEWED** and **NOTED** the Table of Actions from the Finance and Performance Committee meeting held on 16 December 2025.

FPC(26)005 SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS: OUTCOME REPORT

Mrs Joanne Wilson presented the Outcome Report of the Self-Assessment of Committee Effectiveness to the Committee and advised that the feedback received related to themes that were consistent with other Board Committees such as the quality of reports presented to the Committee, the appropriate degree of focus of those reports and the timeliness of the reports were common feedback from all Board Committees with an action to raise with Executive Leads and report authors.

In response to a question from Mr Huw Thomas on whether the actions for Executive Leads were a response to the quality and focus of any specific reports, Mrs Wilson advised that the feedback was a general response to the self-assessment feedback and that any specific issues that Independent Members (IMs) reported with individual report presented to FPC would be picked up in the IM Feedback Sessions that were undertaken following each Board Committee meeting.

Decision: The Finance and Performance Committee **CONSIDERED** the outputs from the Committee Self-Assessment

process and **AGREED** to the actions to be taken to improve its effectiveness.

FPC(26)006 **ASSURANCE AND RISK REPORT**

Mrs Wilson presented the Assurance and Risk Report to the Committee and noted that there was one principal risk aligned to FPC that was currently under review as part of the refreshed Board Assurance Framework that would be presented to the Board Meeting on 30 July 2026.

Mrs Wilson noted that there were 19 operational risks aligned to FPC and highlighted that a significant number of the operational risks had been scored at the extreme high level.

Mrs Wilson advised that there were currently two Welsh Health Circulars (WHCs) aligned for reporting to FPC with one complete and the other in progress.

Mr Thomas advised that one of the critical risks related to the affordability of the Health Board's financial position however following confirmation from Welsh Government (WG) that the Health Board's strategic cash request had been approved enabling the risk to be de-risked ahead of the final month of the financial year.

Mr Thomas believed that it would be beneficial for the Committee to undertake a deep dive into the risk landscape around the affordability of the Health Board's financial position following approval of the 2026/27 Annual Plan. **HT**

Mr James Severs expressed the opinion that the revised operational structure following the organisational change process (OCP) had resulted in strengthened leadership and enhanced grip and control measures with the Clinical Care Groups (CCGs) providing oversight of expenditure and the risks associated with overspending that would facilitate the discussion on risk tolerance when balancing the financial risks with the quality and safety risks. Mr Thomas believed that the Annual Plan would need to be explicit on what the Health Board was not going to do in addition to what it planned to do.

Decision: The Finance and Performance Committee, in relation to the areas presented in this paper, to:

RISK MANAGEMENT

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively, and

- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

WELSH HEALTH CIRCULARS

- **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.

FPC(26)007 ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

Mr Shaun Ayres presented the Escalation Oversight and Highlight Report to the Committee and believed that the Health Board was very close to attaining its 2025/26 underlying deficit position however while initial pressures within urgent and emergency care (UEC) were beginning to be realised providing a benefit to improved performance, there were cost pressures developing due to a bottleneck in discharging patients from the acute hospital settings.

Mr Ayres highlighted that three CCGs were at Level 3 of internal escalation for finance and performance; Planned and Specialist Care, Community and Integrated Medicine and Mental Health and Learning Disabilities and that the three CCGs had been unable to progress towards de-escalation with a need to consider what further escalation would entail for those CCGs.

Mr Ayres outlined how service areas had been classified within a three-tiered structure with the performance of services within the highest tier considered to be structurally unachievable such as R1 Ophthalmology, Delayed Follow-Ups and Pathways of Care Delays whose performance was linked towards the need for structural changes to improve patient flow out of the acute setting and into the community to realise any sustainable improvements in performance.

Mr Ayres explained that the second tier provided more opportunity for performance improvement and were considered seasonal such as ambulance handover performance and 12-hour Emergency Department (ED) waits and cautioned that whereas performance improvements had met the de-escalation criteria improvements were still lower than expected against the Health Board's performance framework.

Mr Ayres believed that there were positive results within the third tier in services areas such as diagnostic endoscopy that had exhibited on-going strong performance.

In response to a query from Mr Andrew Carruthers who believed that there were currently plans in place to improve R1 Ophthalmology and Delayed Follow-Up performance, Mr Ayres confirmed that the projections were based on current trend analysis up to the current point in time and that no robust plans to improve performance in those areas had been shared. Mr Carruthers believed that plans to improve R1 Ophthalmology performance had been presented to FPC on 16 December 2025 and believed that there was a need for Mr Ayres to be provided with access to the plans and information required to be considered as part of the performance trajectory.

Mr Thomas expressed the view that there needed to be triangulation of the data to ensure that there was a unified version of the projections made with further work required to improve the understanding of the demand and capacity planning to ensure that there was a collective understanding of the performance trajectories. Mr Thomas believed that an improved solution would be to work with the Data Science Team to enable the centralisation of the data compilation that Mr Ayres and Mr Carruthers would have access to and provide additional information to that would provide independent assessment and analysis of projections. **HT**

Cllr Rhodri Evans joined the meeting

Decision: The Finance and Performance Committee:

- **SCRUTINISED** the trajectories presented in this paper, including the Prophet forward look projections and Clinical Care Group pre-mitigation demand and capacity positions, and take assurance that these are being used to inform realistic and evidence-based improvement targets within the 2026/27 annual plan.
- **RECOGNISED** the risks the organisation is carrying into 2026/27, specifically: the underlying deficit of £58.4m; the worsening Month 10 2026/27 run rate trajectory; three Tier 1 metrics where Prophet projects zero probability of target achievement; and the pre-mitigation referral to treatment, therapies and radiology trajectories. The honest gap assessment must be communicated with Welsh Government as part of the Annual Plan.
- **NOTED** that three Clinical Care Groups (Community and Integrated Medicine, Mental Health and Learning Disabilities and Planned and Specialist Care) are approaching Level 4 financial escalation triggers with recovery plans consistently overdue. Should sustained improvement not be demonstrated, Level 4 oversight will need to be applied.

FPC(26)008 **DEMAND AND CAPACITY PLANNING 2026/27 (INCLUDING RECOVERY OF THERAPIES AND REFERRAL TO TREATMENT)**

Mr Carruthers presented the Demand and Capacity Planning 2026/27 report to the Committee and believed that the report illustrated the difficulties envisaged for the Health Board in 2026/27 to deliver the level of capacity that was anticipated from within its current resources and core budget.

Mr Carruthers observed that the Health Board had previously been receiving approximately £10m a year from WG to support planned care waiting time improvement that WG was currently indicating would not be available in 2026/27.

Mr Carruthers outlined how the efforts to deliver a consistently higher level of cancer performance was impacted by the inability to invest in parts of the cancer pathway required to generate a reduction in diagnosis time needed to deliver the improved levels of performance.

Mr Carruthers believed that there was a tension between the performance impact of being unable to invest in the required service areas and the financial plan impact on delivering performance improvements above any other consideration.

Mr Keith Jones highlighted the change in the target within planned care for 2026/27 with the removal of the 52-week referral to treatment target having been replaced with a maximum 26-week waiting time for a Stage 1 first outpatient appointment and advised that the Planned and Specialist Care CCG had undertaken to devise a zero-based budget philosophy for 2026/27 that made no assumptions on the continuation of capacity or activity that was not supported by their core resource budget with any assumptions relating to their recurrent or non-recurrent support having been excluded from their modelling.

Mr Jones advised that the modelling was based on the CCGs' core resources and that was what was driving the gap between demand and capacity with a need to further explore how service transformation, efficiency and productivity could assist reduce that gap.

Mr Jones highlighted the forecasted delivery gap for meeting the 26-week wait for a Stage 1 first outpatient appointment as currently being 9,000 patients and was forecasted to be achieved by March 2027 in all but five specialities with required additional capacity through a combination of internal and external additional capacity solutions having an associated recovery cost of £1.12m.

Mr Jones advised that for the total pathway and the 104-week referral to treatment (RTT) target, there was a forecast delivery gap range of between 5,507 patients and 4,465 patients as a best-case scenario should theatre cancellations be mitigated and theatre efficiency and productivity optimisation improvements be achieved despite a reliance on supplementary staffing to deliver activity without the level of theatre cancellations experienced in 2025/26.

Mr Jones cautioned that capacity benefit assumptions did not include any benefit from any emerging regional solutions that were currently under development that particularly impacted ophthalmology and orthopaedic performance with the Health Board having £700k to £800k of recurrent recovery allocation available that could be applied within these two areas.

In response to a question from Mrs Marks on the potential for productivity gains that could be made without an additional cash investment, Mr Carruthers advised that what WG had proposed as enabling actions had been difficult to calculate how those actions could be quantified into productivity and efficiency assumptions and cited an example of a target for a 50% reduction in follow-up appointments where Hywel Dda University Health Board (HDdUHB) had the lowest proportion of follow-up appointments per capita of any Health Board in Wales.

Mr Carruthers believed that the areas of greatest opportunity was within theatre utilisation and optimisation where the challenge was mostly a workforce challenge.

Mr Thomas believed that the Health Board would need to be able to demonstrate to WG what quantifiable measures through the enabling actions could be planned and that a report would be presented to FPC on 30 April 2026 as part of the Value and Productivity Report. Mr Carruthers advised that from April 2026 there would be a strengthened oversight and reporting arrangements within planned care transformation that would encompass the enabling actions to assist in quantifying the narrative in relation to the enabling actions. **HT**

Mr Jones advised that in relation to the Single Cancer Pathway (SPC) that the consequence of doing nothing given the non-recurrent nature of investment into the pathway would result in a deterioration in the SCP performance with a continuation of the current level of investment required to maintain the current position resulting in a financial challenge to do so with an additional investment of £8.5m required to make the further improvements towards the 75% target of patients receiving their first definitive cancer treatment within 62 days of the point of suspicion of cancer with the investment focussed on the diagnostic pathways.

Mr Jones advised that the diagnostics demand and capacity gap was split between endoscopy and radiology with the capacity gap within endoscopy relating to 3 sessions per week that would require an investment of £350k to meet.

Mr Jones observed that the Health Board had invested £3.5m into radiology services in 2025/26 that had been supplemented by a £1.4m additional support from WG that without that £1.4m investment being made in 2026/27 there would be a reversal in the performance trend.

Mr Jones highlighted the therapies position, and the workforce capacity issues within physiotherapy, podiatry and nutrition and dietetics with a gap of 15 whole-time equivalent (WTE) staff across the three pathways required to meet the demand required to meet the target position by March 2027 with a recruitment cost of £150k in 2026/27.

Mr Jones believed that the urgent and emergency care (UEC) position was complex with the recent UEC business case would generate some but not all improvements required to deliver the TI de-escalation criteria requirements for one-hour ambulance hand-over performance, 12-hour emergency department (ED) waits, clinical assessment times and pathway of care delays with solutions varying across the Health Board's acute hospital sites with further work required on the modelling.

Mr Jones advised that the total cost of all the recovery actions was around £20m with Mr Thomas believing that there was a need to explore the low cost and high value actions such as the £150k therapies investment representing a positive opportunity for the Health Board.

Mr Thomas believed that there was a need to undertake further work to determine the underlying demand and capacity gap following the delivery of the enabling actions and value opportunities that left the residual finance and workforce requirements for the 2026/27 planning cycle. **HT**

Mrs Lisa Gostling and Mr Shaun Ayres left the meeting

Decision: The Finance and Performance Committee **NOTED** the Demand and Capacity Planning 2026/27 (including recovery of therapies and referral to treatment) Report.

FPC(26)009 SAVINGS IDENTIFICATION 2026/27 FOR OPERATIONAL TEAMS

Mr Jones presented the savings identification within the CCGs and operations function for 2026/27 and advised of the savings

target of £33.5m that included the carry-forward gap from 2025/26.

Mr Jones noted that as of 31 January 2026, the CCGs and operational teams had identified cash releasing proposals of 24% of their target total of £7.2m in-ear with a £8.73m full-year effect and non-cash releasing opportunities of £2.5m in-year with a £4.2m full-year effect.

Mr Jones acknowledged that the total of savings opportunities identified was not of a satisfactory level with a series of executive touch-point reviews with each CCG undertaken to develop a number of additional proposals that would be assessed to analyse the potential additional opportunities that could be delivered in 2026/27.

Mr Jones highlighted that each CCG was carrying forward a savings deficit into 2026/27 in addition to an additional 2% of savings requirements above their 2025/26 level and advised that each CCG were facing significant budgetary cost pressures ahead of the new financial year in addition to the focus on generating savings opportunities, with the Allied Health and Health Sciences CCG having to manage a potential additional cost pressure of £10m to £11m in 2026/27 with a degree of confidence that £8m of that pressure was able to be mitigated with a challenge to address to remaining £2m to £3m gap.

In response to a question from Cllr Rhodri Evans on how the workforce cost pressures would be managed, Mr Carruthers believed that there had been a traditional reliance on variable pay, agency usage and local arrangements to deliver the additional capacity and while workforce pressures were not within the financial plans there was also the question of whether the potential workforce capacity existed to enable the required recruitment regardless of the financial implications. Mr Thomas believed that there was a balance to be struck between the differing tensions of finance, quality and performance.

Mr Thomas advised that there was an opportunities framework that identified £70m of savings opportunities across the entire organisation with the challenge to convert those opportunities into credible savings plans and into deliverable actions. Mr Thomas believed that there were a number of tools at the disposal of the Health Board to deliver those opportunities such as quality improvement, value, digital and workforce and organisational development with a need to combine those tools together to demonstrate impact within the Annual Plan.

Mr Jones outlined that the next steps to be taken would be to assess the reflections received from the CCGs on the blue and black savings schemes to consider how many were transactable and over what timescale.

In response to a question from Mr Imperato on what actions could be taken differently to those previously taken, Mr Thomas advised that a report detailing how Level 4 of internal escalation was manifested and how the turnaround of CCGs and operational functions was exhibited and how the learning from the all-Wales Directors of Finance peer group meetings could be presented to the FPC meeting on 30 April 2026. **HT**

Mr Carruthers advised that each CCG was in the process of attending a value-based healthcare events organised by Swansea University that initial feedback from CCGs that had already attended such events had been positive.

Mr Carruthers detailed the work undertaken in partnership with Mr Richard Jenkins from the Finance Team in relation to the opportunities framework around savings and cost-cutting from both a CCG and a professional group perspective to determine opportunities that could be prioritised.

Mr Carruthers believed that the discussion would feed into the wider debate relating to the redesigning of the service model with both the savings plan and the financial plan relating to workforce costs and variable pay costs relating to the current service provision that was complicated by geographic and multiple site considerations.

Mr Thomas advised that NHS Wales Performance and Improvement have developed a revised checklist of control measures and that the Health Board would self-assess itself against the checklist and report to the Audit and Risk Assurance Committee (ARAC).

Decision: The Finance and Performance Committee **NOTED** the Savings Identification 2026/27 for Operational Teams report.

FPC(26)010 FINANCIAL PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Month 10 2025/26 Financial Performance Assurance Report to the Committee and advised that the Health Board would have to overspend by £3m in the last two months of the year to fail to achieve its £22.1m target control total (TCT) position ad believed that there was strong assurance over the Health Board's financial performance despite a degree of risk to the position from a recent Supreme Court ruling that children with reduced life expectancy due to clinical negligence can claim compensation for "lost years" of future earnings.

Mr Thomas reiterated that the Health Board's request to WG for strategic cash support had been confirmed that eliminated the risk of the Health Board having insufficient cash to enable payment of

creditors at the end of the year. Mr Thomas advised that this would be reported to Board on 26 March 2026 to close the risk and approve a new corresponding risk for 2026/27.

Mr Andrew Spratt highlighted an emerging trend within staff sickness that was impacting on clinical variable and agency pay increases that was being explored by the People, Organisational Development and Culture Committee (PODCC) and the increased prevalence of staff placed on restrictive duties that was having a negative impact on clinical cover.

Decision: The Finance and Performance Committee:

- **RECOGNISED** that the Health Board's forecast deficit has remained as £22.1m with no further mitigating actions required, assuming all expected actions deliver in full.
- **SCRUTINISED** the top priority alerts for urgent remedial action plans, especially given the risks these could cause to the start of the new financial year.
- **ACKNOWLEDGED** that the in-year savings delivery target has been over-achieved, supported significantly by non-recurrent actions.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and that will only be reduced via robust recurrent savings delivery improvements, in particular those Executive portfolios that have yet to identify their full target.
- **NOTED** that the strategic cash request of £22.1m has been approved by Welsh Government and the in-year risk will be reduced to reflect this.

FPC(26)011 INVESTMENT, BENEFITS REALISATION AND DISINVESTMENT REPORT

Ms Siân Jenkins presented the Investment, Benefits Realisation and Disinvestment Report to the Committee and advised that the majority of the investments had been transacted in the early part of the financial year with the most significant change relating to the regrading of Band 2 healthcare support workers (HCSWs) that had been transacted with payments made in February 2026.

Ms Jenkins highlighted the list of investments that had been commenced in 2025/26 and advised that the detailed financial impact was being assessed with further scrutiny of the agreed investments to be undertaken following confirmation of the reporting arrangements.

Mr Andrew Carruthers and Mr Keith Jones left the meeting

Decision: The Finance and Performance Committee:

- **ACKNOWLEDGED** that investment cases for 2025/26 are being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team; and
- **NOTED** that the process for investment cases has been reviewed and a refined approach drafted, aiming to standardise the information provided and support service leads in navigating the process of developing cases for change, presenting the associated business implications and subsequent benefits realisation as part of the planning process.

FPC(26)012 THREE YEAR FINANCIAL PLAN 2026-29

Mr Thomas introduced the Three Year Financial Plan 2026/29 report to the Committee and advised that much of what was discussed through the Demand and Capacity planning discussion contributed to the three-year financial plan.

Mr Spratt advised that the financial plan included an allocation of £12.8m from WG, with the Health Board being required to fund a proportion of its additional costs through savings identification.

Mr Spratt advised that a degree of the additional costs was inflationary pressure that the Health Board had no control over with £12.4 of choices contained within the plan for determination.

Mr Spratt confirmed that in addition to the WG allocation, the Health Board would also be funded for the 2026/27 pay award uplift and the General Medical Services (GMS) uplift of 5.8% that equated to an additional allocation of £4m.

Mr Spratt advised that as a result of the Health Board achieving its TCT for 2025/26. WG have confirmed that the Health Board will recurrently receive its previously conditionally recurrent funding of £43m as a positive recognition of the progress made by the Health Board to its financial performance.

Mr Spratt highlighted that WG had confirmed that £24.4m of previously ring-fenced funding has been released into the core budget of the Health Board to enable full autonomy to manage the funding.

Mr Spratt summarised the process of developing the three-year financial plan from the establishment of the Planning Development Group in September 2025 that triangulated the finance, performance, operations, workforce and governance plans to provide the Executive Team with a set of recommendations that balanced planning, performance, quality and safety.

Mr Spratt cautioned that the plan contained proposals to recruit £40m of additional workforce that evidence indicated was not available within the local workforce pool to recruit with a reliance on wider recruitment with previous success with international recruitment.

Mr Spratt noted that the intention was to present a three-year financial plan to WG that the Health Board had not been in a position to do since the inception of the Health Board in 2009 following the conversion of the three-year financial road map into a formalised three-year financial plan that provided an improving trajectory between the current year and the third year of the plan with the expectation of WG for the Health Board to present a path to break-even by the end of the second year of the three-year plan by the end of 2027/28. Mr Spratt cautioned that the expectation was established before the severity of the Welsh Risk Pool national impact had been understood with the significant change that WG had not anticipated.

Mr Spratt indicated that Year 1 within the financial plan indicated a £40.9m deficit that included the £13.1m Welsh Risk Pool liability that equated to a deficit of £27.8m excluding the Welsh Risk Pool liability assuming that the savings were delivered as planned and costs were as modelled. Mr Spratt explained that in 2025/26 the Health Board was delivering a £22.1m deficit position with an additional £7m of accountancy gains that resulted in a year-end position of £29.1m with a £27.8m Year 1 figure being an improvement on the current year.

Mr Spratt highlighted the risks to the Health Board's position.

- An expectation that WG would continue to provide 26m of conditionally recurrent funding.
- The risk that the impact of the Welsh Risk Pool obligation would increase from the current assessed level.
- The inability of the Health Board to proactively declare savings schemes with the Health Board managing a reactive process whereby monthly underspends had been transacted as savings retrospectively with a lack of commitment from budget holders to forecast the savings proactively.

Mr Spratt informed that the expectation from WG was for the Health Board to convert those non-recurrent savings into a recurrent savings that reduce the Health Board's underlying deficit.

Mr Spratt advised that the Executive Team had resolved to convert £10m of the £28m non-recurrent savings into further recurrent and non-recurrent savings with the £18m gap increasing the requirement to deliver cash-releasing savings in 2026/27 from

£19m to £37m, adding to the deliverability challenge of the financial plan.

Mr Spratt highlighted the budget delegation process for 2026/27 whereby the Chief Executive has written to Executive Directors to ensure that service budgets were approved by 31 March 2026.

Mr Spratt noted that Accountable Officer letter to the WG Director General of Health, Social Care and Early Years informing that the Health Board would not be submitting a financially balanced Integrated Medium-Term Plan (IMTP).

Mr Spratt advised that a response had been received from WG formally notifying the Health Board that it was in breach of its statutory duty and inviting the Health Board to a scrutiny session on 12 March 2026 to outline what further savings opportunities would be realised to deliver a break-even position. Mr Spratt advised that the response from WG would be circulated to Independent Members (IMs). **AS**

Mr Thomas believed that the bottom-line figures contained within the three-year financial plan would see the Health Board go very close to attaining a break-even position by the end of Year 3 however the plan was predicated on delivering significant levels of savings.

Ms Gemma Deverell joined the meeting

In response to a question from Mrs Marks on the challenge of making increased savings year-on-year, Mr Thomas believed that the conversion of non-recurrent savings to recurrent savings had a positive impact on the underlying deficit that improved the position in future years, reducing the reliance on delivering non-recurrent savings and that the three-year plan detailed the required level of savings required to attain a break-even position.

In response to a question from Mr Weir on the need to progress public health and preventative measures within the Annual Plan, Mr Spratt confirmed that within the prioritisation process, significant public health items were included such as children and young people weight management services and health coaching that were both included within the financial plan to support the prevalence agenda.

Mr Thomas believed that the value agenda was a significant opportunity of the Health Board with work undertaken within heart failure having a significant value case and the development of the fracture liaison service that has had an impact on reducing the incidence of fractures.

Decision: The Finance and Performance Committee:

- **ACKNOWLEDGED** that the Health Board is proposing to submit a Three-Year Financial Plan, which breaches its statutory duties to financially breakeven over a three-year period;
- **ACKNOWLEDGED** and **SCRUTINISED** that the Health Board is proposing to submit a deteriorating financial deficit, and one that does not achieve breakeven by 2027/28, which will fail to meet the de-escalation criteria set out as part of Targeted Intervention, which also places a risk on £26.0m of assumed conditionally recurrent funding;
- **DISCUSSED** and **SCRUTINISED** the income and expenditure modelling and decisions as part of the financial assessment for the 2026/29 Financial Plan;
- **DECIDED** that the aspirations as set out were sufficient to gain Board approval in March 2026 when the final version of the financial plan is submitted for approval;
- **ENDORSED** the approach being taken to recognise underspends on a recurrent basis and the method of allocating savings targets to functions;
- **SCRUTINISED** the progress of savings actions to bridge the recurrent savings target and minimise any conversion loss from idea phase to robust deliverable plan;
- **APPROVED** the Financial Plan Accountability Letter 2026-27, for the Accountable Officer (Chief Executive Officer) to share with delegated officers on 2 March 2026, for signing by 31 March 2026;
- **APPROVED** the onward delegation and allocation of 2026/27 budgets based on Year 1 of the financial plan, **NOTED** the ongoing approach required for non-recurrent savings conversion to recurrent, potential savings aspiration changes, and business case scrutiny being required for all items included within the £12.4m demand prevalence increases;
- **NOTED** the outstanding confirmations related to values for Long Term Agreements, Service Level Agreements, NHS Wales Joint Commissioning Committee and Digital Health and Care Wales; and
- **NOTED** the Accountable Officer letter that has been sent to Welsh Government on 13 February 2026.

FPC(26)013 BALANCE SHEET REPORT

The Balance Sheet as of 31 December 2025 was presented to the Committee.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the Balance Sheet as of the end of Quarter 3 2025/26.

FPC(26)014 **PROCUREMENT SCRUTINY**

Ms Gemma Deverill presented the Procurement Scrutiny report to the Committee and advised that there were three items of procurement that were presented to the Committee for approval ahead of onward submission to the Board for approval.

Ms Deverell advised that the report sought to assure the Committee of the robust procurement process that had been undertaken for the three items presented for scrutiny.

Ms Deverill advised that the evaluation for the Principal Contractor for Construction Delivery for the Glangwili Hospital (GGH) Phase 2 Fire Improvement Works had concluded with the proposal to award the contract to TR Jones Ltd. following a robust mini-competition undertaken through the Carmarthenshire County Council procurement framework that provided the Health Board with a route to market specifically created for local providers.

Ms Deverill advised that the Principal Contractor for Constructor Delivery for GGH Phase 2 Fire Improvement External Civils Works had been undertaken through the same mini-competition process and was recommending the award of the contact to TR Jones Ltd.

Ms Deverell informed the Committee that the award for the outsourcing of intravitreal therapy (IVT) procedures was concluding on 24 February 2026 with the indicative proposal to award the contract to SpaMedica.

Mrs Wilson advised the Committee that due to the cumulative nature of the awards to TR Jones Ltd. through a mini-competition process for two contracts in excess of £8m, that further discussions would be undertaken between Mrs Wilson, Mr Thomas and the Procurement Team to ensure that the Health Board was getting value for money from the procurement exercise.

Mr Thomas believed that there was need for the Committee to undertake more detailed scrutiny of the Health Board's contract management and that a report on the Health Board's contract management would be added to the FPC work plan on its 2026/27 work programme. **CSO**

Ms Gemma Deverill left the meeting

Decision: The Finance and Performance Committee scrutinised and recommend for Board to:

- **APPROVE** the award of Principal Contractor for Construction Delivery – Glangwili Hospital Phase 2 Fire

Improvement Works to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to HDUHB Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

- **APPROVE** the award of Principal Contractor for Constructor Delivery – Glangwili Hospital Phase 2 Fire Improvement External Civils Works to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to HDUHB Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVE** the award of Outsourcing of IVT Procedures to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to HDdUHB Board and Velindre University NHS Trust (as hosts of NHS Wales Shared Services Partnership).

FPC(26)015 PLANNING OBJECTIVE UPDATE REPORT Q3 2025/26

Mr Thomas presented the Planning Objective Update Report as of the end of Quarter 3 2025/26 to the Committee.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee is asked **RECEIVE ASSURANCE** and **NOTED** the progress of the Planning Objectives which are aligned to it; in order to assure the Board that the Planning Objectives are progressing and are on target, and raised any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

FPC(26)016 INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) to the Committee and highlighted the challenges exhibited in UEC performance metrics such as ambulance handover performance and the number of patients waiting over 12 hours in EDs.

Mr Thomas highlighted the increase in the number of patient falls with 257 reported in January 2026 and noted the decrease in the number of medication errors from 148 in June 2025 to 81 in January 2026.

Mr Thomas believed that the challenges exhibited within diagnostics was attributable to the introduction of a new radiology

IT system in December 2025 that had highlighted several issues with the data provided and validated however noted that urgent suspected cancer and emergency activity was unaffected.

Mr Thomas highlighted that the cancer performance trajectory had been exceeded with the Health Board having been recognised by the deescalation of cancer services within the Health Board's escalation status.

Mr Thomas commended the Health Board's RTT performance in January 2026 with the lowest number of patients waiting over 52 weeks for their first outpatient appointment since 2020.

Mr Thomas advised that Executive Recovery meetings had been stood down in January and February 2026 due to on-going operational pressures however they were due to recommence in March 2026 and observed that the Community and integrated Medicine CCG was escalated to Level 3 in six of the seven domains with significant overspending and gaps in the level of savings identification and was under consideration for escalation to Level 4 alongside the Planned and Specialist Care CCG.

In response to a question from Mr Imperato on the validation of the therapies RTT data, Mr Severs advised that he would confirm with Mr Carruthers whether the improvements exhibited within therapies RTT was a result of data validation being undertaken that had previously not been. **AC/JS**

Decision: The Finance and Performance Committee **DISCUSSED** the Month 10 2025/2026 Integrated Performance Assurance Report and to **RECEIVED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

FPC(26)017 NWSSP PERFORMANCE REPORT QUARTER 3 2025/26

Mr Thomas presented the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Quarter 3 2025/26 to the Committee and highlighted the number of performance indicators showing at target raised questions as to whether the performance targets were sufficiently challenging enough and that feedback had been provided to NWSSP with further discussions ongoing.

Mr Thomas highlighted the outstanding area of audit performance with 67% of audits completed within the expected timeframe that was being monitored by ARAC

Decision: The Finance and Performance Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 3 2025/26 that services provided are being delivered to expected standards; and
- **NOTED** the work being developed regarding outcome measures reporting.

FPC(26)018 FINANCIAL PROCEDURES

Mr Andrew Carruthers joined the meeting

Mr Thomas presented the review of Financial Procedure 070 ('Hospital Travel Cost Scheme Procedure') and advised that further to discussions at ARAC on the need to retain the provision of petty cash within the Health Board, that the Hospital Travel Cost Scheme was an outstanding requirement for the retention of the provision of petty cash to reimbursement of travel costs.

Decision: The Finance and Performance Committee is asked to **APPROVE** the following updated financial procedure:

- **Financial Procedure 070 – Hospital Travel Cost Scheme**

FPC(26)019 ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

The All-Wales Capital Programme 2025/26, Capital Resource Limit (CRL) and Capital Management Update was presented to the Committee.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **ENDORSED** the actions taken to manage the Capital Resource Limit, including planned vesting of equipment.

FPC(26)020 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

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

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED**

and **NOTED** the Highlight Report from the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee meeting on 18 December 2025.

FPC(26)021 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

Mr Imperato presented the FPC Annual Work Plan for 2025/26 to the Committee for review.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Committee Work Plan 2025/26.

FPC(26)022 ANY OTHER BUSINESS

Mr Carruthers reviewed the decisions of the meeting that were made in his absence when the meeting was inquorate and confirmed that he approved of the decisions made and that the decisions could be considered correctly made as quorate.

FPC(26)023 DATE OF NEXT MEETING

The next meeting of FPC will be held on Thursday, 30 April 2026.

1.4

9:00 AM, 0 Mins

1.4 - TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 24 FEBRUARY 2026

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

Table of Actions FPC 24 February 2026.pdf

FINANCE AND PERFORMANCE COMMITTEE (FPC)/ PWYLLGOR CYLLID A PHERFFORMIAD
24/02/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; AS-Andrew Spratt; HT-Huw Thomas; JPJ-John Jenkins; JS-James Severs; JW-Joanne Wilson; KJ-Keith Jones; SA-Shaun Ayres

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
16/12/2025	FPC(25)111	ASSURANCE AND RISK REPORT • To discuss with Chair to add consideration of long-term risks/Board Assurance Framework to the Committee Work Plan	JW	24/02/2026	Complete Principle risks are included within the assurance and risk report, these are rotated with the corporate risks. All principle risks are being reviewed as part of the BAF refresh and will be realigned to committees.
24/02/2026	FPC(26)006	Assurance and Risk Report • To undertake a review of the risk landscape following the approval of the 2026/27 Annual Plan at the FPC meeting on 30 April 2026	HT	30/04/2026	Complete On 30 April 2026 FPC agenda.
24/02/2026	FPC(26)007	Escalation Oversight and Highlight Report • To discuss how to ensure that the Director of Delivery [Mr Shaun Ayres] has access to wider operational data to enable complete assessment of performance trajectories to enable a fully informed assessment of future performance.	AC, KJ, SA	30/04/2026	In progress
24/02/2026	FPC(26)008	Demand and Capacity Planning 2026/27 (including Recovery of Therapies and Referral To Treatment) • To undertake an investigation to determine the underlying demand and capacity gap following the delivery of all enabling actions and value opportunities.	HT	30/04/2026	Complete On 30 April 2026 FPC agenda.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
24/02/2026	FPC(26)008	Demand and Capacity Planning 2026/27 (including Recovery of Therapies and Referral To Treatment) • To present a report to FPC for a more targeted discussion on 'Enabling Actions' as a sister report to the Value and Productivity Report.	HT	30/04/2026	Complete Added to 2026/27 FPC Work Plan and 30 April 2026 FPC draft agenda. Paper prepared for FET on 4/3/26 to clarify this requirement.
24/02/2026	FPC(26)009	Savings Indentification 2026/27 for Operational Teams • To develop a report to be presented to FPC meeting on 30 April 2026 to describe how Level 4 internal escalation was manifested and how "turnaround" was exhibited.	HT	30/06/2026	Complete Forward planned for 30 June 2026 following consideation at Executive Team.
24/02/2026	FPC(26)012	Three Year Financial Plan 2026-29 • To circulate to members the response from Welsh Government to the Health Board's formal letter regarding the submission of an IMTP.	AS	03/03/2026	Complete Action complete. JW confirmed that response received from WG had been circulated to all Board Members.
24/02/2026	FPC(26)014	Procurement Scrutiny • To add a report on 'Contract Management' to 2026/27 FPC Work Plan.	JPJ	03/03/2026	Complete Action complete. Report on 'Contract Management' added to 2026/27 FPC Work Plan.
24/02/2026	FPC(26)016	Integrated Performance Assurance Report • To confirm whether improvement to Therapies RTT performance was as a result of data validation being undertaken that had previously not been undertaken.	AC, JS	30/04/2026	In progress

1.5

9:00 AM, 5 Mins

1.5 - FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2025/26

Michael Imperato (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

Finance and Performance Committee Annual Report 2025-26.pdf

FINANCE AND PERFORMANCE COMMITTEE

ANNUAL REPORT

2025/26

1. Introduction and Chair's summary

In line with Standing Orders the Finance and Performance 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 a 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.

Chair's Reflections

2025/26 was the first year of the new Finance and Performance Committee. At the same time, it was another challenging year financially for the Health Board. We succeeded in ending the year just under our financial control target of £22.1 million deficit.

Throughout the year the deficit was closely tracked, keeping to predicted figures, demonstrating grip and discipline. However, concerns and long-standing financial challenges remain. In the last part of the year the Committee began to examine the longer-term plan over three years, with the aim of acting proactively and purposefully to move towards break even.

The other part of the Committee's remit is performance. This is a vast area and the challenge for the Committee is to identify key areas having the greatest impact whilst retaining focus in other areas. It is also a challenge for the Committee to make space to accommodate wide ranging discussion and debate, and deep dives on its agenda.

The Committee has made progress during the year; however, given its wide remit and the significance of the issues under consideration, there remains further work to do and I would like to offer my sincere thanks to Committee members and those supporting the Committee. Looking ahead, the Committee will remain focused on good financial stewardship, high-quality and well-co-ordinated data and information, and the delivery of improved performance, productivity and outcomes.

Terms of Reference and Workplan

The Terms of Reference for the Finance and Performance Committee is reviewed on an annual basis or following any significant changes. The Terms of Reference were last reviewed by the Committee on 16 December 2025 and approved by Board on 29 January 2026:

Finance and Performance Committee Terms of Reference

The Finance and Performance Committee has an annual 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 Finance and Performance 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.

Finance and Performance Committee Workplan 2025/26

2. Sub-Committees

The Finance and Performance Committee did not establish any sub-committees during 2025/26.

3. Table of attendance

Membership	**29 Apr 2025**	**26 June 2025**	**26 Aug 2025**	**15 Sept 2025 (Extra.)**	**21 Oct 2025**	**16 Dec 2025**	**24 Feb 2026**
Michael Imperato Independent Member (Legal)	✓	✓	✓	✓	✓	✓	✓
Anna Lewis Independent Member (Community)	x	✓	✓	✓	✓	✓	
Neil Prior Independent Member (Community)							x
Rhodri Evans Independent Member (Community)	✓	✓	✓	✓	✓	✓	✓
Eleanor Marks Independent Member/Health Board Vice Chair	✓	✓	✓	✓	✓	✓	✓
Winston Weir Independent Member (Finance)	✓	✓	✓	✓	✓	✓	✓
In Attendance	**29 Apr 2025**	**26 June 2025**	**26 Aug 2025**	**15 Sept 2025**	**21 Oct 2025**	**16 Dec 2025**	**24 Feb 2026**

				(Extra.)			
Huw Thomas Executive Director of Finance	✓	✓	✓	✓	✓	✓	✓
Andrew Carruthers Chief Operating Officer	✓	✓	✓	✓	✓	✓	✓
Jill Paterson Director of Primary Care, Community and Long-Term Care	✓	✓	x	x	x		
Joanne Wilson Director of Corporate Governance/Board Secretary	✓	✓	✓	✓	✓	✓	✓
Lisa Gostling Executive Director of Workforce and Organisational Development/Deputy Chief Executive Officer							✓
Sharon Daniel* Director of Nursing, Quality and Patient Experience	x	x	✓	✓	✓	✓	x
Mark Henwood* Interim Medical Director	x	x	x	x	x	✓	x
James Severs* Director of Allied Health Professions and Health Science	✓	✓	x	x	✓	x	✓
Meeting quorate?	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

The quorum for meetings of the Finance and Performance 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 Finance and Performance Committee to be quorate.

4. 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 2025/26**, the Committee were informed that Welsh Government (WG) expected the Health Board's financial position to improve from a £31.5m deficit position to £24m. A letter had been submitted to the Director General from the Chief Executive. The letter itself was not circulated to the Committee as it had been shared at Board level, with the Committee instead receiving a summary of the position for assurance.

  It was observed that Clinical Care Groups (CCGs) had under-identified savings and were over-reliant on non-recurrent savings which, ~~are~~ by their nature, were unsustainable.

  Concern was expressed that there were a significant number of operational areas within the Health Board internally escalated to Level 3 within the finance and performance domains.

  In **Month 4 2025/26** it was alerted that the Health Board continued to signal a savings gap of £19.5m which did not represent delivery to date with significant net mitigating actions of £17.6m being required. WG had signalled a credibility issue relating to the Health Board's inability to proactively plan and manage its finances. While the core operational variation was reporting an underspend, the main driver of the gross forecast remained the unidentified savings gap of £19.5m.

  There was also a significant savings identification gap for savings schemes across the CCGs, most notably within the Community and Integrated Medicine CCG (£6.8m), Planned and Specialist Care CCG (£5.3m) and Planned Care and Community Strategy CCG (£3.5m) with no remedy identified. Concern was expressed on the capacity available to provide CCGs with the support required to resolve the conflicting demands of improving performance at the same time as making the required savings to meet WG expectations.

  NHS Wales Shared Services Partnership (NWSSP) advised of a potential risk that the risk share arrangements may be invoked for the Welsh Risk Pool where claims settlement volumes had increased during 2025/26 and that the impact for Hywel Dda University Health Board (HDdUHB) was estimated to be £4.1m which would result in a review of the Health Board's reported financial forecast.

  During Month 8 of 2025/26 the Board was alerted to a material risk that the Health Board could not provide assurance of a credible trajectory to break even by 2027/28, due to weaknesses in the quality, recurrence and assurance of savings plans emerging from CCGs. While the Health Board was on aiming to reach in-year savings target by year end, delivery was uneven and overly reliant on non-recurrent measures. As a result, Executive actions during the

latter part of the year focused on strengthening financial grip and control, resetting the approach to savings, and embedding recurrent reductions within delegated budgets to support the development of a more sustainable medium-term financial trajectory.

During 2025/26 the Board recognised that financial recovery and performance delivery were intrinsically linked. As financial pressures intensified, a number of services were escalated across both finance and performance domains, reflecting the competing demands of delivering national standards while identifying sustainable savings. In several areas, short-term performance deterioration was consciously tolerated to protect patient safety and prioritise high-risk cohorts. By year end, grip and control over performance had strengthened alongside financial governance; however, as with the financial position, delivery of sustained performance improvement remained dependent on workforce recovery, service reconfiguration and longer-term transformation beyond 2025/26.

- It was confirmed at the Finance and Performance Committee meeting on 26 June 2025 that all delegated budget accountability letters had been agreed and signed for the 2025/26 year.

- **Therapies Performance** the Committee alerted the Board to performance issues specifically within Audiology, Mental Health and Learning Disabilities and Unscheduled and Emergency Care, with Therapies Waits of 14 weeks and over, and with the latest performance showing concerning variation, with 2,216 breaches at the end of March 2025, representing a deterioration following 3 months of reduced breaches. Driving this position were physiotherapy and podiatry which accounted for almost 80% of the total number of breaches.

  There was also a concerning variation of the performance of Audiology Adult Hearing Aid Waits of 14 weeks and over, due to issues including a large backlog coupled with workforce deficits, significant short-term and long-term sickness, staff vacancies and support needing to be provided to revised Ear, Nose and Throat (ENT) rotas due to an increase in the ENT consultant team without an increase in Audiology staffing levels.

- The Committee alerted the Board to concerns on performance within **Urgent and Emergency Care (UEC)** however it was observed that there were actions and plans in place to respond to those performance challenges within UEC.

- Deterioration **in Ophthalmology R1 Performance**, particularly within the intravitreal therapy (IVT) pathway, resulted in the service being subject to Targeted Intervention escalation during 2025–26. This reflected significant workforce and capacity constraints, creating risks to compliance with NICE

timelines for Wet Age-Related Macular Degeneration and associated patient safety concerns. The Board approved a funded recovery programme, including expanded clinic capacity, workforce investment and service reconfiguration, with delivery progressed through the 2025–26 planning cycle.

- The Committee alerted the Board to concerns on the challenged and deteriorating performance of **Children and Young People Neurodevelopmental Services** and the lack of resources to address the short-term demand and capacity of the service with similar concerns alerted to the Board from the Quality, Safety and Experience Committee (QSEC) resulting in the Board being requested to facilitate greater scrutiny of the service and the plans in place to improve the performance of the service.

- The Committee also alerted the Board to the need to triangulate the finance, performance and quality considerations of constructing an **Annual Plan** for 2026/27 that encapsulated the capacity, productivity and workforce challenges for the Health Board and to articulate the balance that will need to be made between finance and performance and quality, safety and the patient experience and to agree a collective position on the balance of each that the Health Board would tolerate.

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 the Board that there were financial and savings plans in place that the Committee would monitor to ensure that the Health Board was delivering against those plans and that investments made into areas such as Diagnostics would be tracked to ensure oversight of the impact of the investments and to ensure that there was a line of sight into the outcomes of delivery and the impact of key investments.

  The Committee advised that a number of Directorates had been escalated to Level 3 (‘no assurance’) for five consecutive months or more for the domain of Finance, Strategy and Planning with an urgent recovery plan required from each directorate, and that assurances could not be taken that there was an imminent improvement trajectory in place. The Committee sought assurance that the Operational transition to the CCG structure would not delay results to required actions.

  It was noted that there was a significant scale of risk being managed within the operational delivery space however the Committee advised that it felt that there were plans and actions in place to manage and mitigate those risks.

  It was also advised that further action was required to strengthen delivery of the recurrent savings requirements set out in the 2025/26 Annual Plan submitted to Welsh Government. This included progressing the £12m of identified savings opportunities into fully developed and robust delivery plans,

undertaking additional assessment of services demonstrating underspends for potential conversion into recurrent savings, and identifying further actions to improve performance against the Target Control Total (TCT).

Following Month 6 2025/26, the Committee continued to scrutinise and receive reporting on the Health Board's reliance on non-recurrent savings through subsequent Finance Reports and consideration of the Three-Year Financial Plan. While the issue continued to be highlighted, it was no longer consistently presented as an 'Advise' item, reflecting that the risk was established, understood by the Board, and being managed through the financial planning and savings governance framework

- Following a deep dive into Commissioned Care, the Committee advised the Board that the Health Board faces demographic challenges in the delivery of Long-Term Care, alongside financial pressures arising from the Real Living Wage and increases in Employers' National Insurance Contributions and noted that the Health Board continues to have positive and constructive engagement with its Local Authority partners.

- The Committee advised the Board that within **CCG Financial Savings** there were a number of actions in progress to deliver financial savings within the CCG structure however there was a level of risk to the delivery of the required levels of financial savings.

  Following Month 6 2025/56, it was noted that the financial savings realised by the CCGs were reliant on non-recurrent actions derived from accounting for monthly underspends as savings that did not address the recurrent challenges to reduce the underlying deficit. Service reconfiguration opportunities arising from the Clinical Services Plan consultation were unlikely to be realised by the end of March 2026. The Committee further advised that a significant level of improvement of savings delivery was required for the Health Board to achieve a break-even position by the end of 2027/28.

- It was identified within **Planned Care and Cancer Performance and Productivity** that Single Cancer Pathway (SCP) performance was anticipated to experience short-term temporary deterioration in Q3 2025/26 due to actions taken to reduce the backlog of patients waiting over 62 days to start their treatment from the first suspicion of cancer.

  Performance was expected to recover from February 2026 to above 70% of patients starting treatment within 62 days of the point of suspicion of cancer. The expectation is to meet the WG 80% performance target, but this was dependent on the outcome of measures to remodel individual cancer pathways and to increase capacity.

- Within the **Radiology** Update, the Committee was informed that funded plans were in place to address Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scanning performance, with 8-week radiology breaches

showing consistent improvement. However, the Committee noted that challenges remained in sourcing additional ultrasound capacity. In the interim, delivery of the required level of radiology capacity across CT, MRI and ultrasound was being maintained through outsourced commissioned activity pending recruitment into substantive radiology posts, with alternative and additional Non-Obstetric Ultrasound Service (NOUS) insourcing commissioning opportunities being explored. It was further noted that constraints within ultrasound capacity continued to impact upon Sustained Continuous Performance (SCP), requiring continued monitoring by the Committee.

- A **Triangulation of Demand and Capacity Activity Trajectory within Radiology and Therapies** advised that there were concerns on the delivery risk to 500 radiology diagnostic patients due to supplier insourcing capacity limitations, with options having been explored to source additional ultrasound capacity to reduce the gap to zero by the end of Q4 2025/26. It was observed that there were also challenges within the performance of three therapy areas; dietetics, podiatry and physiotherapy with discussions with WG undertaken to explore any additional support available to enable the provision of additional capacity to improve the 14-week waiting target for access to therapy services.

- The Committee advised the Board that **Ambulance Handover Performance** improvements in ambulance handover times, while considered significant, were potentially not sustainable.

- In response to the **Escalation Oversight and Highlight Report** the Committee advised the Board of a need to ensure there was clarity and uniformity of data used to measure performance and inform performance trajectories for the assessment of service performance, and that a triangulated model of data analysis was needed to be developed by the Data Science Team to provide centralised independent data for analysis to assist internal escalation assessment.

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 2024/25 - the Health Board saw a positive financial performance in 2024/25 by delivering a £24.1m deficit position, in excess of the £31.55 Welsh Government TCT.

  The Committee were assured that the Health Board's nurse agency position had improved markedly during 2024/25 with further controls implemented and in place to ensure the cessation of any planned Nursing and Healthcare agency for all services.

- A **deep dive into Commission Care** provided assurance from the processes being followed within the Long Term Care Team on work to benchmark the Health Board's management and cost performance of costs and volumes of packages by having significantly more service input to provide more reliable and robust cost and activity comparisons with other Health Boards in Wales.

- **The Thematic Reviews of Finance and Performance Report** provided assurance that significant levels of assessments and interventions were being taken within mental health services to improve performance.

- The **Internal Escalation Report** provided an objective baseline assessment of each CCG and Executive Function's escalation status while acknowledging that it did not provide a subjective analysis of individual components or services' level of excellence or aspiration.

- The **External Escalation Report** provided assurance that a number of performance improvements had been delivered to enable the Health Board to meet its WG Targeted Intervention (TI) de-escalation criteria in relation to SCP performance and zero 104-week wait referral to treatment (RTT) breaches maintained for three consecutive months from April to June 2025.

- The **Community and Integrated Medicine CCG Performance and Productivity** report provided assurance that the Community and Integrated Medicine CCG performance was showing progress in delivering change in a sustainable manner with actions being progressed by the CCG and its constituent site and system leadership teams to support improvements in Urgent and Emergency Care (UEC) performance and productivity.

- The **Planned Care and Cancer CCG Performance and Productivity** report provided assurance that the Planned and Specialist Care CCG had demonstrated progress and had further actions in place to enable improvements within planned care and cancer performance and productivity.

- The Committee were assured that **Ambulance Handover Performance** had demonstrably improved following the system reset week held in September 2025. The implementation of measures such as criteria-led discharge, the optimisation of the use of discharge lounges and the 'Your Next Patient' initiative had improved the flow of patients through the acute hospital setting, improved the efficiency of patient discharge, reduced the number of medically-optimised patients and their lengths of stay within the acute setting, and improved ambulance handover times across all acute sites within the Health Board.

- A review of the **Neurodivergent and Psychological Therapies Pathways – Performance and Milestones to Targets** assured the Board that there was a

plan in place to eradicate the number of patients waiting over 3 years for neurodevelopmental assessments through the utilisation of additional support provided by WG. An improved trajectory in performance of psychological therapies was anticipated following the realisation of the impact of a revised group therapy model.

- The **Financial Deficit Savings Category Update Report** confirmed that appropriate processes are in place and that the review of financial deficit savings schemes is robust, with the governance arrangements supporting this review assessed as effective.

- The Committee were assured through the **Urgent and Emergency Care (UEC) and Six Goals Update** that there were robust and high-profile processes in place to improve UEC performance with progress with UEC transformation in place however the Committee wished to **advise** that there were significant risks within a complex and fragile system.

- **R1 Ophthalmology Performance** exhibited an increased level of activity resulting in an increased level of performance to give strong assurance that the Health Board was on track to meet its TI target of 65% of R1 Ophthalmology patients being seen within their clinical target date, or within 25% of their clinical target date for their care or treatment by the end of September 2026.

- A review of **Partnership Working – Commissioning Arrangements** provided assurance that commissioning and contracting arrangements were being effectively overseen and monitored to ensure that the Health Board received efficient and effective commissioning arrangements with its partner organisations, especially the neighbouring Swansea Bay University Health Board (SBUHB). The Committee were informed that there would be work undertaken to reduce the level of uncoded clinical activity being charged to the Health Board to ensure a that a robust financial approach was being undertaken with the Health Board's provider organisations.

- It was demonstrated in the **CCG Financial Savings Action Plans** that the level of in-year non-recurrent savings that had been achieved was evidence of effective grip and control measures that had been undertaken by the Health Board to control costs in-year, and enabled a foundation from which future measures could be undertaken to enable recurrent savings to be enacted by CCGs to undertake structural changes to address the Health Board's underlying deficit.

- The **Medical Stabilisation Programme Update** was understood to be making a significant impact on improved visibility over staffing allocations within the Health Board and was on track for a full roll-out of the 'Allocate'

workforce management system by 31 March 2026. The implementation of a standardised Medical Rate Card was believed to incentivise the take-up of available shifts and reduce the levels of variable pay with the link to the e-Rostering system allowing for real-time monitoring of the medical workforce. The Committee, however, caveated its assurance to the Board with the long-term improvements in the medical workforce situation being dependent on the successful implementation of the Urgent and Emergency Care Transformation Business Case and Emergency Department Business Case.

- There was assurance in the process of formulating a **Three-Year Financial Plan** that took the Health Board close to a break-even position and the stating of the savings requirements required to achieve a financially sustainable position. There was assurance that the Health Board had a strong understanding on the conversion of non-recurrent savings into recurrent savings that improved the Health Board's underlying deficit and the Board was assured that the case for presenting a demonstrably improving financial position could be provided to WG.

5. 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 Finance and Performance Committee.

- For the Finance and Performance Committee this involved the completion of a short digital form which requested feedback on the following areas:
    - Financial Oversight and Stewardship
    - Performance Monitoring and Delivery
    - Risk Management and Assurance
    - Strategic Alignment and Value-Based Healthcare
    - Financial Strategy and Long-Term Sustainability

The results from this self-assessment 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 24 February 2026: Finance and Performance Committee Self-Assessment Outcome Report 2025-26.

What has gone well:

- Clearer reporting: report format is helpful and enables transparency
- Papers are generally good quality with increased focus on delivery, efficiency and outcomes, enabling strong Independent Member (IM) challenge.
- Good attendance from Executives and IMs.
- Positive shift in Committee behaviour: finance and performance correlates more effectively.
- Increasing emphasis on forward action plans, trajectories and ownership.
- Strong questioning and assurance on whether mitigations are in place.

- Root cause analysis is more evident, with focused updates from relevant functions

What we want to strengthen going forward:

- Consistent operational risk management and assurance: Whilst there is a robust corporate regime around risk management and assurance there are inconsistent practices across functions, leading to uneven visibility of risk and assurance.
- Continue refining papers to support strategic, not operational, decision-making: some papers (e.g. action plans, business cases) still lack clarity, making strategic alignment difficult to evaluate. Updates from functions vary in quality and robustness; some prevent the Committee from gaining assurance on corrective actions.

The Committee received an update on the self-assessment action plan progress on 26 August 2025 at the mid-year point.

6. Conclusion

The Committee is satisfied that it operated effectively and in line with its 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.

1.6

9:05 AM, 15 Mins

1.6 - ASSURANCE AND RISK REPORT

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

For assurance

Attachments

Assurance and Risk Report FPC 30 April 2026.pdf

Appendix 1 FPC Corporate Risk Register April 2026.pdf

Appendix 2 FPC Audit Inspections April 2026.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

Finance and Performance Committee, 30 April 2026

Situation

This report provides the Finance and Performance Committee (FPC) with the current status of corporate risks, audits and inspections recommendations and Ministerial Directions (MDs) within its remit.

The Committee is asked to seek assurance from the Lead Executive Directors that corporate risks are being managed effectively, and that recommendations from audit and inspections and MDs are being implemented by the Health Board.

Principal risks, operational risks and Welsh Health Circulars aligned to the Committee will be presented at its next meeting in June 2026.

Corporate Risks:
3

Audit and Inspection Reports
18

Ministerial Directions
2

Risk Management - Overview

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either principal, corporate or operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocate for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (for example, where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.

Corporate Risks assigned to FPC

Each risk on the Corporate Risk Register (CRR) has been mapped to a Board-level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks. Corporate risks have been aligned to the most appropriate Board-level Committee.

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
Impact ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5				2326 NEW	
Major 4			1350 ↓ 2327 NEW		
Moderate 3					
Minor 2					
Negligible 1					

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

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

There are 3 corporate risks currently aligned to FPC (out of the 24 that are on the CRR as of 22 April 2026).

Risk 2326 supersedes the previous Corporate Risk ‘2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by WG should it exceed our Target Control Total’.

Risk 2327 supersedes the previous Corporate Risk ‘2104 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity’.

The following slides provide a summary of the reportable corporate risks aligned to FPC. The risk register attached at **Appendix 1,** provides full detail of the risk, including control measures in place, a risk action plan to further manage and mitigate the risk, an expected date to achieve the noted Target Risk Score, and sources of assurance.

Corporate Risks Assigned to FPC (1 of 4)

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Risk Reference and Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
1350 - Risk of not meeting the 80% SCP waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre	**Planned & Specialist Care**	**Chief Operating Officer**	**16**	**12 ↓ (Reviewed 31/03/26)**	**8**	**31/03/2026**

Rationale for Current Risk Score (CRS)

The service has been de-escalated by Welsh Government (WG) in February 2026 to Level 1 in terms of Targeted Intervention status as there has been the consistent achievement of the 60% de-escalation criteria since February 2025.

Due to recovery actions within radiology and urology there may be variation in performance and treat those patients over 62 days, therefore the risk remains that cancer performance will not achieve 80% compliance by March 2026.

Confirmation received that target for March 2027 is 75%. Currently, no Health Board is achieving this target.
This risk is under review following approval of the Annual Plan 2026/27 by the Board in March 2026.

Rationale for Target Risk Score

The aim is to treat patients within target waiting times, which has now been confirmed as 80% non-adjusted March 2026.

The target risk score will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. When the target of 60% for 3 consecutive months is achieved the risk score can be reduced to a 12. The risk score can be further reduced to 8 once the target of 80% is achieved. There are underpinning trajectories in place which are monitored monthly and adherence to those will influence the ability to achieve the target risk score.

Corporate Risks assigned to FPC (2 of 4)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2326 - Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding	**Finance**	**Director of Finance**	**20 (NEW)**	**12**	**30/06/2026**

Rationale for Current Risk Score

The 2026/27 Financial Plan was submitted to WG in March 2026 with a £41.0m planned deficit. WG confirmed the plan is not supportable or acceptable, and restated the expectation to deliver £22.0m deficit. Of the £42.8m savings requirement, only £5.0m Amber/Green assured savings is evidenced, with £6.4m of Blue/Red ideas yet to be converted. Sensitivity analysis indicates 2026/27 predicted deficit range of £54.3m to £90.5m, with minimum £13.3m of new savings actions even in best-case scenario. Delivery depends on pace.

Director of Finance Improvement Plan issued on 31 March 2026. A 4-Step Financial Improvement Framework shared with Executive Team in April 2026. Chief Executive reviews scheduled for April 2026, and every open action to be delivered by 30 June 2026 with interim position to be reported to Board in May 2026. The May Board is critical as the Health Board must evidence a credible route from £41m to £22m, supported by first-month run-rate data and confirmed Executive ownership of each variable pay workstream. A draft revised Chief Operating Officer (COO) Operating Model (April 2026) introduces Clinical Care Group (CCG) Delivery Agreements and aligns Levels 1 to 4 Performance Escalation Framework. System Leaders Workshop held April 2026, and value opportunities catalogue (SBAR, April 2026) produced across 10 domains, drawing on over 25 national actions from NHS Wales 26/27 Planning Framework.

The current risk score reflects early-year uncertainty, WG rejection of submitted position, limited level of assured savings and several material controls in formation rather than operating.

Rationale for TRS on following slide

Corporate Risks assigned to FPC (3 of 4) (continued)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2326 - Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding	**Finance**	**Director of Finance**	**20 (NEW)**	**12**	**30/06/2026**

Rationale for Target Risk Score

The target risk score (TRS) reflects the position expected once the 4-Step Financial Improvement Framework has been delivered and the supporting control architecture is operating. Pace is essential.

Timeline to the TRS:

1. May 2026: Variable pay governance structure with named leads per staff group; CCG Delivery Agreements issued under the revised Chief Operating Office (COO) Operating Model.
2. 28 May 2026 (Board): Interim position reported to Public Board, covering the improvement trajectory from £41m to £22m, the first-month run-rate data, confirmed Executive ownership of every variable pay workstream, and a credible plan for recruitment, deployment and configuration across nursing, medical and other staff groups.
3. 30 June 2026: All open actions completed. Variable pay plans deliverable in-year and evidenced. A credible, recurrent opening baseline has been confirmed, including April and May 2026 outturn, and the reliance on non-recurrent measures has been addressed. Value Opportunities Catalogue converted into a delivery programme with Executive portfolio ownership.

The TRS target date of 30 June 2026 aligns with this approach. Slippage beyond this date would signal that the Health Board has not been able to exert sufficient grip on the largest controllable in-year expenditure line.

Corporate Risks Assigned to FPC (4 of 4)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS
2327 - Risk to planned care and RTT recovery in 2026/27 due to demand–capacity gaps, estate fragility and non-recurrent funding.	**Planned & Specialist Care**	**Chief Operating Officer**	**12 (NEW)**	**9**	**31/03/2027**

Rationale for Current Risk Score

The Health Board faces delivery risks in achieving ministerial planned care recovery targets by March 2027 due to combined pressures of cohort demand in key specialties and workforce limitations. Theatre cancellations at Glangwili Hospital (GGH) have further reduced core capacity, particularly impacting orthopaedics, where additional demand from long-waiting patients persists. While delivery plans demonstrate progress in outpatient activity, treatment capacity, and workforce improvements, gaps remain, and performance against planned care milestones continues to underpin the Health Board's Targeted Intervention status. Estates issues are impacting theatre list cancellations. Regional collaboration with Swansea Bay University Health Board is being actively pursued to expand capacity in ophthalmology and orthopaedics, including the use of Neath Port Talbot theatres. In the absence of recovery funding, 104-week breaches are predicted in orthopaedics, urology, T&O, ENT, ophthalmology and dermatology. The current risk score is assessed at 12, lower than the inherent risk score, as the Board have accepted the trajectories set out in the Annual Plan 2026/27.

Rationale for Target Risk Score

The target risk score of 9 reflects the continuing delivery ambitions which remain, despite the workforce and resource limitations reflected in the Annual Plan 2026/27. Of note, positive progress achieved both in respect of effective demand management and transformation of outpatient pathways has ensured that overall waiting list demand has not grown with waiting list volumes at their lowest level for 2 years.

Opportunities to make further progress towards the Ministerial targets in 2026/27 will continue to be explored, including exploration of the regional opportunities referred to.

Audits and Inspections - Overview

The Health Board remains in Level 4 status with WG as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of *Getting It Right First Time* (GIRFT) and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations;
- Financial controls at the health board that are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews, or other control reviews; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, with evidence required to be uploaded to demonstrating progress and implementation, and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audits and Inspection Reports assigned to FPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following reports have been assigned to FPC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.

Full detail of recommendations that are overdue are included in **Appendix 2.**

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion
Peer Review	Colorectal Cancer (Third Cycle), **(issued Jan 22)**	Planned & Specialist Care	Chief Operating Officer	Mar-22	~~Mar-23~~ ~~Mar-24~~ Mar-28	8	0	0	7	0	1	0	0	Awaiting a regional approach for Pathology
Peer Review	GIRFT - Gynaecology Review **(issued Sep 22)**	Planned & Specialist Care	Chief Operating Officer	N/K	Sep-26	17	0	0	0	17*	0	0	0	n/a
Peer Review	Getting It Right First Time (GIRFT) Ophthalmology Review **(issued Aug 23)**	Planned and Specialist Care	Chief Operating Officer	Apr-24	~~Nov-24~~ Jan-27	59	8	0	35	16	0	0	0	Linked to Clinical Services Plan (CSP) in GGH and BGH - workforce challenges and lack of accommodation
Peer Review	GIRFT - Urology Review **(issued Apr 24)**	Planned & Specialist Care	Chief Operating Officer	Jan-27	Jan-27	29	0	6	19	0	3	1	0	Linked to CSP, and reliance on the National Urology Clinical Implementation Network (CIN) rolling out agreed Coding criteria.
Peer Review	GIRFT - Emergency Medicine **(issued Jun 24)**	Community & Integrated Medicine	Chief Operating Officer	Oct-25	~~Oct-25~~ Aug-26	35	13	1	13	6	0	1	1	Workforce challenges and ageing infrastructure.

**meeting scheduled to review responses prior to obtaining formal approval.*

Audits and Inspection Reports Assigned to FPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Barriers to Completion Noted
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site **(issued Oct 24)**	Community & Integrated Medicine	Chief Operating Officer	Nov-25	~~Nov-25~~ N/K	58	17	0	33	8	0	0	0	None noted
Ministerial Advisory Group (MAG)	MAG Observations following the site visits of health boards – Hywel Dda UHB - Planned and Specialist Care (January 2025) **(issued Jan 25)**	Planned & Specialist Care	Chief Operating Officer	Mar-26	N/K	32	15	0	9	6	2	0	0	Dependent on recruitment and service reviewing agreed funding outcomes of the 2026/27 Annual Planning process and awaiting outcome of tender process for standardised Pre-Operative Assessment Criteria process and pathway.
Ministerial Advisory Group (MAG)	MAG Observations following the site visits of health boards – Hywel Dda UHB - Allied Health Professions and Health Sciences **(issued Jan 25)**	Operational Allied Health Professions and Health Sciences	Chief Operating Officer	Sep-25	~~Jan-26~~ N/A	10	0	0	1	9	0	0	0	Complete -Pending formal approval for closure from the Chief Operating Officer.
Ministerial Advisory Group (MAG)	MAG - Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care **(issued Jan 25)**	Community & Integrated Medicine	Chief Operating Officer	Mar-26	~~Mar-26~~ Aug-26	15	6	0	9	0	0	0	0	None noted
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site**(issued Jan 25)**	Community & Integrated Medicine	Chief Operating Officer	Aug-25	N/K	19	6	0	12	0	0	0	1	None noted

Audits and Inspection Reports Assigned to FPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Any Barriers to Completion Noted?
NHS Wales Executive	NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site **(issued Mar 25)**	Community & Integrated Medicine	Chief Operating Officer	Apr-26	Apr-26	38	4	1	22	11	0	0	0	None noted
Internal Audit	Financial Management Final Internal Audit Report 2024/25 **(issued Mar 25)**	Director of Finance	Director of Finance	Jan-26	~~Jan-26~~ Apr-26	5	1	0	2	2	0	0	0	None noted
Audit Wales	Tackling Planned Care Challenges- Hywel Dda University Health Board **(issued May 25)**	Planned & Specialist Care	Chief Operating Officer	Mar-26	N/K	6	2	0	2	1	0	1	0	Unable to create a post for the Head of Planning and Programmes due to funding constraints. Post of Head of Planning and Programmes agreed in principle however funding yet to be agreed.
Internal Audit	Continuing Healthcare – Database Maintenance & Finance Processes Final Internal Audit Report 2024/25 (Substantial rating) **(issued June 25)**	Director of Finance	Director of Finance	Oct-25	N/A	1	0	0	0	1	0	0	0	Meeting scheduled 21 April 2026 with Assurance & Risk Officer and Finance colleagues to discuss evidence available to close report.
Peer Review	Getting It Right First Time (GIRFT) General Surgery Review **(issued May 23)**	Planned & Specialist Care	Chief Operating Officer	Sep-23	~~Mar-24~~ ~~Jan-25~~ ~~May-25~~ N/A		0	0	15	7	0	0	0	Complete - Pending formal approval for closure from the Chief Operating Officer.

Audits and Inspection Reports assigned to FPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Number of recommendat-ions in original report	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Pending Decision	Unable to Complete	Any Barriers to Completion Noted?
Internal Audit	Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 **(issued Sep 25)**	Community & Integrated Medicine	Chief Operating Officer	Dec-25	~~Dec-25~~ N/K	6	5	0	1	0	0	0	0	None noted - Follow up Internal Audit to take place in 2026/27.
Audit Wales	Review of Cost Savings Arrangements – Hywel Dda University Health Board **(issued Jul 24)**	Director of Strategy and Planning	Director of Strategy and Planning	Mar-25	N/K	10	0	0	9	0	0	1	0	Awaiting Executive approval to implement final recommendation regarding developing sufficient transformational capabilities and capacity.
Ministerial Advisory Group (MAG)	A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity **(issued Apr 25)** *NEW REPORT*	Chief Operating Officer Management	Chief Operating Officer	Mar-26	Mar-26	11	3	0	1	5	0	0	2	None noted

Audits and Inspection Reports Closed Since Previous Report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Since the previous report presented to FPC, the following reports have been formally approved as closed:

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Implementation Date	Number of recommendations in report	Report status
Internal Audit	Contract Management Advisory Report **(issued Mar 25)**	Director of Finance	Director of Finance	Dec-25	Nov-25 – closed following approval by Internal Audit.	6	**Complete**

Ministerial Directions - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ministerial Directives (MDs) are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, the Health Board has a duty to provide assurance of compliance with MDs.

The table below shows the number of MDs assigned to each category as at March 2026, summarised over the next slides. Definitions of categories are included in the table below.

Status Category	Definition	Number of MDs
Overdue	The MD is behind schedule to the timescale provided by the lead officer.	0
Unable to Complete	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The MD is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	0
In Progress	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	CCG / Function have confirmed compliance with the statutory requirements of the MD, and evidence send to relevant Lead Executive for confirmation.	2
Complete	CCG / Function have confirmed compliance with the statutory requirements of the MD, and receipt of approval to close obtained from Lead Executive.	8

MDs included within this report are based on the following criteria:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Progress updates relating to the implementation of MDs are extracted from the AMAT system.

MDs- Complete Pending Formal Approval For Closure

MD	Issued on	Lead CCG / EF	Lead Director	Implementation Date	Progress Status
WG21-59 The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	26/07/2021	Mental Health & Learning Disabilities	Chief Operating Officer	Feb-26	**Complete Pending Formal Approval**

The Health Board is exercising its functions in accordance with the relevant provisions of the Code of Practice on the Delivery of Autism Services (2021) with supporting evidence of this uploaded on AMaT. However, lengthy waiting times remain an issue.

WG is fully aware of the lengthy waiting times across Wales, as evidenced within their Neurodivergence Improvement Programme report; and the risk to patients of lengthy waiting times is recognised by the Health Board and is being monitored/managed by the Clinical Care Group with 1 corporate risk and 2 operational risks on their risk register: -

- Corporate Risk 1032 - Risk to the timely diagnosis and treatment of mental health and learning disabilities clients due to demand and capacity, which has a current risk score of 20 (last updated March 2026);
- Operational Risk 1287 - Risk of clients not being provided with timely interventions due to waiting lists for assessment & diagnosis of ASD, with a current risk score of 20 (updated March 2026);
- Operational Risk 1290 - Risk of increased Adult ADHD waiting list due to referrals exceeding service capacity, with a current risk score of 20 (updated March 2026).

Awaiting formal approval from Chief Operating Officer to close this MD.

MDs- Complete Pending Formal Approval for Closure

The following Ministerial Directions are **Complete – Pending Approval**:

MD	Issued on	Lead CCG / EF	Lead Director	Implementation Date	Progress Status
WG25-84- Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2025	02/12/2025	Assistant Director of Primary Care	Chief Operating Officer	Mar-26	**Complete Pending Formal Approval**
Statement of Financial Entitlement supports the contractual payment mechanisms. *Awaiting formal approval from Chief Operating Officer to close this MD.*					

MDs - Complete and Approved (1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ministerial Direction	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Update
WG25-72: The Primary Care (Contracted Services: Outpatients Waiting Lists First Appointment Scheme) Directions 2025	14/10/2025	Primary Care	Chief Operating Officer	Oct-25	Complete	MD forms part of the contracted services and has been actioned in line with the usual commissioning processes.
WG25-85: Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2026	03/12/2025	Primary Care	Chief Operating Officer	Jan-26	Complete	Payment system updated to enable GP practices to make claims
WG25-88: Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 7) Directions 2025	16/12/2025	Primary Care	Chief Operating Officer	Jan-26	Complete	This direction instructs new Global Sum Rate to apply from April 2025. Arrears payments were made to GP practices in December 2025 in respect of April-Dec 2025 and the new rate has been applied to payments from January 26 onwards
WG25-91: The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No. 5) Directions 2025	02/12/2025	Primary Care	Chief Operating Officer	Jan-26	Complete	Uplift has been applied to the COMPASS system by Dental Services for payment.

MDs - Complete and Approved (2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ministerial Direction	Issued On	Lead CCG / EF	Lead Director	Implementation Date	Progress Status	Update
WG25-92: The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No.5) Directions 2025	02/12/2025	Primary Care	Chief Operating Officer	Jan-26	**Complete**	Uplift has been applied to the COMPASS system by Dental Services for payment.
WG2025: Statement of General Ophthalmic Services Remuneration and Fee Directions	11/11/2025	Primary Care	Chief Operating Officer	Dec-25	**Complete**	Financial instructions underpin existing contractual arrangements.
NWSI-26-04: Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2026	16/01/2026	Primary Care	Chief Operating Officer	Jan-26	**Complete**	New monies to be applied to GP payments from April 2026.
NWSI-26-18 The Primary Care (Contracted Services: Immunisations) (RSV) (Wales) Directions 2026	23/02/2026	Primary Care	Chief Operating Officer	Mar-26	**Complete**	GP practices submit claims for Vaccinations via the Welsh Immunisation Service (WIS) therefore the Health Board is not involved in the claiming process; once a month the Health Board are sent a report which contains payments to be made to practices via the Family Practitioner Payments System (FPPS) portal.

Recommendations

The Committee is requested, in relation to the areas presented in this paper to **RECEIVE ASSURANCE** from the Lead Director or Supporting Officer:

Risk Management

- that identified controls are in place and working effectively; and
- that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

Audits, Inspections and Regulatory Reports

- on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

Ministerial Directions

- that the Health Board is compliant with the MDs issued by Welsh Government.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Apr-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2326	Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding	Thomas, Huw -	Finance inc. claims	NA	4×5=20	New risk	3×4=12	30/06/2026	6
1350	Risk of not meeting the 80% SCP waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre	Carruthers, Andrew	Quality/Complaints/Audit	4×4=16	3×4=12	↓	2×4=8	31/03/2026	10
2327	Risk to planned care and RTT recovery in 2026/27 due to demand-capacity gaps, estate fragility and nonâ€‘recurrent funding.	Carruthers, Andrew	Quality/Complaints/Audit	NA	3×4=12	New risk	3×3=9	31/03/2027	14

RISK SCORING MATRIX

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

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

RISK MATRIX

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

RISK ASSESSMENT - FREQUENCY OF REVIEW

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

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

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

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

Date Risk Identified:	Apr-26		
Strategic Objective:	1. Thriving Teams and 2. Healthier Communities and 3. Great Care and 4. Positive Futures		

Executive Director Owner:	Thomas, Huw -	**Date of Review:**	Apr-26
Lead Committee:	Finance and Performance Committee	**Date of Next Review:**	May-26

Risk ID:	**2326**	**Corporate Risk Description:**	There is a risk that the Health Board does not deliver a 2026/27 financial out-turn within the expected Target Control Total (TCT), and that Welsh Government (WG) is therefore unable to fund the cash consequences of the residual deficit. This is caused by an unsupportable 2026/27 Annual Plan position, with a £41.0m deficit requiring improvement to £22.0m, £42.8m of savings needed to deliver the plan, and a further £19.0m to achieve the Target Control Total. The risk is driven by a large opening runâ€'rate deficit of £54.3m to £90.5m, depending on plan delivery, low levels of assured savings against £42.8m requirement, reliance on unconfirmed and nonâ€'recurrent measures, insufficiently developed variable pay controls, uncosted Planning Framework requirements, and significant unmitigated service risks. This could lead to an impact/affect on the Health Board's ability to meet supplier payments in the final quarter of 2026/27, the need for operational mitigations that may extend patient waiting times and affect performance, reputational damage with WG and other stakeholders, escalation of the finance domain from Targeted Intervention to Special Measures, and potential Level 4 internal escalation and jeopardy of conditionally-recurrent funding and undermining of medium-term financial sustainability.

Does this risk link to any Directorate (operational) risks?	2212, 2132, 2148, 2131, 2110, 1869, 1631, 975, 2107, 1906, 1892, 971, 2040, 2124, 2045, 1951, 716, 134, 1775, 1773, 1931, 1646.

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×4=12
Expected Date To Achieve TRS:	30/06/2026
Trend:	*New risk*

No trend information available.

Rationale for CURRENT Risk Score:

Rationale for TARGET Risk Score:

2026/27 Financial Plan submitted to WG in March 2026 with £41.0m planned deficit. WG confirmed plan is not supportable or acceptable,and restated expectation to deliver £22.0m deficit.Of £42.8m savings requirement, only £5.0m Amber/Green assured savings is evidenced, with £6.4m of Blue/Red ideas yet to be converted. Sensitivity analysis indicates 26/27 predicted deficit range of £54.3m to £90.5m, with min £13.3m of new savings actions even in best-case scenario. Delivery depends on pace. DOF Improvement Plan cascade issued 31 March 2026. A 4-Step Financial Improvement Framework shared with Executive Team in April 2026. Chief Executive reviews scheduled for April 2026, and every open action to be delivered by 30 June 2026 with interim position reported to Board in May 2026. May Board is critical: the Health Board must evidence a credible route from £41m to £22m, supported by first-month run-rate data and confirmed Exec ownership of each variable pay workstream. A draft revised COO Operating Model (April 2026) introduces CCG Delivery Agreements and aligns Levels 1 to 4 Performance Escalation Framework. System Leaders Workshop held April 2026, and value opportunities catalogue(SBAR, April 2026) produced across 10 domains, drawing on over 25 national actions from NHS Wales 26/27 Planning Framework. Current risk score reflects early-year uncertainty, WG rejection of submitted position,limited level of assured savings,& several material controls in formation rather than operating.

The Target Risk Score (TRS) reflects the position expected once the 4-Step Financial Improvement Framework has been delivered and the supporting control architecture is operating. Pace is essential.

Timeline to the Target Risk Score:
1. May 2026: Variable pay governance structure with named leads per staff group; CCG Delivery Agreements issued under the revised COO Operating Model.
2. 28 May 2026 (Board): interim position reported to Public Board, covering the improvement trajectory from £41m to £22m, first-month run-rate data, confirmed Executive ownership of every variable pay workstream, and a credible plan for recruitment, deployment and configuration across nursing, medical and other staff groups.
3. 30 June 2026: all open actions completed. Variable pay plans deliverable in-year and evidenced. A credible, recurrent opening baseline has been confirmed, including April and May 2026 outturn, and reliance on non-recurrent measures has been addressed. Value Opportunities Catalogue converted into a delivery programme with Executive portfolio ownership.

The TRS target date of 30 June 2026 aligns with this approach. Slippage beyond this date would signal that the Health Board has not been able to exert sufficient grip on the largest controllable in-year expenditure line.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
1. Working Day 1 principles retained within the finance function to ensure timely 'Flash reports' to the Executive Team. 2. Timely, relevant and understandable reporting to budget managers, Executives, Committees, Board and WG via QlikSense (live, self-service) and monthly management information packs. 3. Oversight arrangements through Integrated Quality, Financial Performance and Delivery Group, Value and Sustainability Group, and the Healthier Mid and West Wales Group. 4. Executive meetings and the Internal Escalation Framework embedded across the organisation, covering seven domains including Finance. 5. Financial control scrutiny of agency medical, agency AHP, Admin and Clerical and newly created roles for recruitment and procurement. 6. Opportunities compendium framework, updated and shared monthly. 7. Substantive operational structures in place since April 2025, providing managerial clarity and consistent accountability. 8. Business Controlling team alignment to CCG/CSG and Executive Function management structures. 9. CCG Accountability Agreements to be created and issued for 2026/27. 10. Director of Finance 4-Step Financial Improvement Framework	Material residual gaps in control are: Primary controllable gap: Variable pay (substantive bank, overtime, waiting list initiatives and agency) is the single largest in-year controllable expenditure line. Across nursing, medical and other staff groups, there is not yet a deliverable plan covering the three dimensions of (i) recruitment assurance, (ii) deployment (rostering, sickness management, medical job planning), and (iii) configuration (establishment, service model, site working). Other open gaps: 1. Limited assured savings plans: only £5.0m of Amber/Green against the	Nursing - configuration: review and confirm nursing establishments, ward and bed base alignment, skill mix and safe staffing levels. Configuration options to May Board (28 May 2026); decisions confirmed and consequential variable pay release evidenced by 30 June 2026.	Carruthers, Andrew	30/06/2026	Linked to Choices and Value workbook beds-related opportunities and to the Value Opportunities Catalogue.
		Medical - deployment: consultant job planning compliance trajectory toward the NHS Wales >90% standard (national deadline 30 September 2026); medical rostering system implementation; sickness absence management; tight controls over waiting list initiative and overtime usage. Interim position to May Board (28 May 2026); deployment plan and early compliance evidence by 30 June 2026.	Henwood, Mr Mark	30/06/2026	Medical rostering programme continues from 2025/26 with further milestones and quantified benefits to be articulated. 30 June 2026 is the Health Board internal deadline; 30 September 2026 remains the national job planning compliance target.

cascaded on 31 March 2026 and reviewed by the Executive Team on 8 April 2026. 11. CEO-led review cycle on 22 and 29-30 April 2026 against the 4-Step Framework; Board update on 28 May 2026. 12. Revised COO Operating Model (draft, April 2026) introducing CCG Delivery Agreements covering Quality & Safety, Finance, Workforce, Risk, Performance and Transformation, to be issued by 30 April 2026, and a Performance Escalation Framework (Levels 1 to 4) aligned to a tiered meeting structure. 13. Value Opportunities Catalogue (SBAR, April 2026) covering ten clinical and operational domains and over 25 national enabling actions from the NHS Wales 2026/27 Planning Framework, providing a defined starting set for pathway and productivity improvement. 14. Director of Finance Choices and Value workbook (9 April 2026) consolidating specific cash-out and productivity opportunities across beds, theatres, AHP, clinical variation, workforce and strategic opportunities to inform the £41m to £22m trajectory. 15. System Leaders Workshop (Nantgaredig, 15 April 2026) engaging CCG and Deputy leadership on value priorities, the financial outlook and collective capacity for delivery. 16. Financial Accountability Letters issued to all Executive Portfolios and Functional Deputies for return and signing by 31st March 2026.	£42.8m 2026/27 requirement. 2. £6.4m of Blue/Red (unconfirmed) savings ideas not yet converted into deliverable plans. 3. Continued reliance on non-recurrent measures carried from 2025/26. 4. Effective management of beds and patient flow. 5. Effective contract management and oversight of commissioned services. 6. Organisational change delivery capacity, including transformation resourcing and alignment. 7. Revised COO Operating Model remains in draft; CCG Delivery Agreements not yet issued; Level 4 escalation triggers, finance authority at each operating layer, and the executive team mechanism between Level 3b and CEO are not yet defined. 8. Value Opportunities Catalogue identifies opportunities but is not yet converted into delivery at scale.	Medical - configuration: review service model, on-call arrangements and site working (including single-site and cross-site consolidation) with consequential release of variable pay requirement. Options to May Board (28 May 2026); preferred direction confirmed by 30 June 2026.	Carruthers, Andrew	30/06/2026	Linked to Choices and Value workbook strategic opportunities (including Bronglais maternity/paediatrics, radiology OOH, pathology site model).
		Allied Health Professions and Health Sciences: deliver trajectory toward 30% agency reduction against 2025/26 outturn; zero agency in HSW, Admin and Clerical, Estates and Ancillary (national deadline 30 September 2026); AHP Rate Card implementation; sickness absence reduction. Interim position to May Board (28 May 2026); plan fully evidenced by 30 June 2026.	Severs, James	30/06/2026	Targets drawn from NHS Wales 2026/27 Planning Framework. 30 June 2026 is the Health Board cadence deadline for deliverable plans; national zero-agency targets sit at 30 September 2026.
		Other staff groups (Admin and Clerical, Estates and Ancillary, Trainees): deliver trajectory toward 30% agency reduction against 2025/26 outturn; zero agency in HSW, Admin and Clerical, Estates and Ancillary (national deadline 30 September 2026); AHP Rate Card implementation; sickness absence reduction. Interim position to May Board (28 May 2026); plan fully evidenced by 30 June 2026.	Gostling, Lisa	30/06/2026	Targets drawn from NHS Wales 2026/27 Planning Framework. 30 June 2026 is the Health Board cadence deadline for deliverable plans; national zero-agency targets sit at 30 September 2026.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

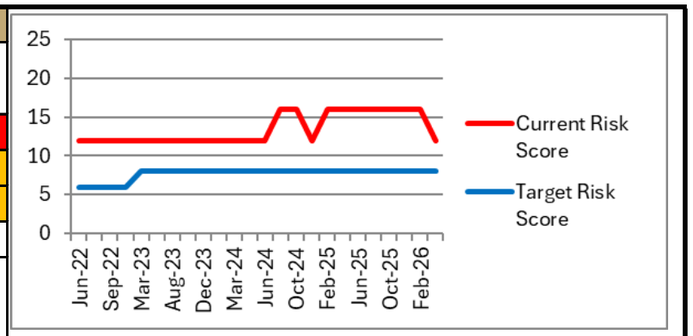
Performance against the 2026/27 operational plan and targets through key performance indicators. In-month financial monitoring and forecasting against the £41.0m plan, with trajectory toward the £22.0m improvement target. Implementation of CCG Delivery Agreements and Performance Escalation Framework (Levels 1 to 4).	Performance against plan monitored through Executive Improving Together meetings, 4-Step Financial Improvement Framework and CCG monthly performance reviews.	1st			Executive Team 8 April 2026 (4-Step Framework) System Leaders Workshop - 15 April 2026 (Nantgaredig) Chief Executive Reviews - 22 and 29-30 April 2026 Finance and Performance Committee 30 April 2026 Board - 28 May 2026 (plan improvement action from £41m to £22m) Finance and Performance Committee - scheduled 2026/27 cycle	Assurance gaps carried into 2026/27: 1. Limited Amber/Green assurance over 2026/27 savings delivery (£5.0m of £42.8m). 2. Outstanding Audit Wales and Internal Audit recommendations from 2025/26 (operational governance, discharge management, rostering). 3. Delivery of change remains a longstanding issue. 4. WG has rejected the £41m submitted position, so external assurance over plan acceptability is not yet in place. 5. Year 1 Value Opportunities Catalogue excludes digital, primary care,	Nursing - recruitment assurance: confirm substantive recruitment pipeline and fill rates against funded establishment; eliminate off-contract nursing agency; HSW agency trajectory to zero. Interim position to May Board (28 May 2026); plan fully evidenced by 30 June 2026.	Daniel, Sharon	30/06/2026	Plan to be developed through the April 2026 CEO Review cycle; first cut to May 2026 Board.
	Finance and Performance Committee oversight of 2026/27 plan delivery and improvement trajectory.	2nd					Nursing - recruitment assurance: confirm substantive recruitment pipeline and fill rates against funded establishment; eliminate off-contract nursing agency; HSW agency trajectory to zero. Interim position to May Board (28 May 2026); plan fully evidenced by 30 June 2026.	Daniel, Sharon	30/06/2026	To be progressed through the COO Operating Model and Delivery Agreements (issued by 30 April 2026), with weekly drumbeat thereafter.
	Transformation and Financial Report to Board and Finance and Performance Committee.	2nd					Medical - recruitment assurance: confirm substantive and international medical recruitment plans against consultant and SAS vacancies; eliminate off-contract medical agency; enforce Medical Rate Card compliance. Interim position to May Board (28 May 2026); plan fully evidenced by 30 June 2026.	Henwood, Mr Mark	30/06/2026	Medical Rate Card implemented 1 March 2026 (estimated £380k annual cost increase; approved for fairness and governance). Recruitment assurance plan to be developed through April CEO Review cycle.

	WG scrutiny through Monthly Monitoring Returns and NHS Exec Financial Planning and Delivery team.	3rd			equity, workforce capability and prevention economics, limiting the assurance scope until year 2/3 iterations are developed.	Operational oversight and control will be consistently embedded following the review and implementation of Phase 2 of the Operational Organisations Change Process, providing clear, timely and specific escalation interventions for all Clinical Care Groups that are not delivering their targeted financial savings.	Carruthers, Andrew	30/06/2026	Task and Finish Group established with the deadline of the May 2026 People Committee to provide a comprehensive proposal and implementation timeline, following Executive Team approval.
	Audit Wales Structured Assessment process.	3rd							

Date Risk Identified:	Feb-22	**Executive Director Owner:**	Carruthers, Andrew	**Date of Review:**	Mar-26
Strategic Objective:	3. Great Care and 4. Positive Futures	**Lead Committee:**	Finance and Performance Committee	**Date of Next Review:**	Apr-26

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

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Expected Date To Achieve TRS:	31/03/2026
Trend:	↓



Rationale for CURRENT Risk Score:	**Rationale for TARGET Risk Score:**
The service has been de-escalated by Welsh Government (WG) to Level 1 in terms of Targeted Intervention status as there has been the consistent achievement of the 60% de-escalation criteria since February 2025. Due to recovery actions within radiology and urology we may see variation in performance as we recover and treat those patients over 62 days, therefore the risk remains that cancer performance will not achieve 80% compliance by March 2026. The WG has confirmed that the target for March 27 is 75%. currently no health board within Wales are on track to achieve this target	The aim is to treat patients within target waiting times, which has now been confirmed as 80% non-adjusted March 2026. The target risk score will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. When the target of 60% for 3 consecutive months is achieved the risk score can be reduced to a 12. The risk score can be further reduced to a 8 once the target of 80% is achieved. There are underpinning trajectories in place which are monitored on a monthly basis and adherence to those will influence the ability to achieve the target risk score.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Accelerated imaging from Endoscopy to CT within the GI pathway now in place across all sites, reduction time on patient pathway by 23 days # Fully established cancer tracking team in place to allow patients to be proactively tracked through their pathways. # A new cancer dashboard developed by Informatics with the support of Business Intelligence (BI) SCP funding from the Wales Cancer Network. This is now live with access for Cancer Services staff and Service Managers, allowing MDTs to actively monitor tumour site specific patients on a SCP. # The health board are using of Quarterly Planning and Monitoring reports developed by the NHS Executive since July 23. This has facilitates the development of targeted improvement plans per tumour site and subsequent weekly monitoring thus providing assurance of the robustness of plans. # Virtual appointments are being undertaken via digital solutions e.g. Attend Anywhere. # Weekly Cancer Operational Delivery Group (ODG) meetings where services managers are in attendance. The function of this group is to monitor and address service demand, capacity and risk issues. # Monthly performance meetings with Welsh Government. # Trajectory performance plans have been developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. # Robust Urology diagnostic recovery plan to eliminate patients waiting more than 28 days in place, with committed resource allocation from recovery money. Monitoring of Urology diagnostic improvement trajectory via Cancer Operational Delivery Group. # Cancer Pathway Review to be discussed at the MDT Business meetings and plans put in place to address and improve any bottlenecks or issues. Pathway reviews will also be a standing agenda item on the Planned Care and Cancer Services QSH meeting to ensure governance in line with the new operational structures implemented in April 2025. # Process in place to improve component wait times and reduce patients waiting more than 14 day for first Outpatient Appointments (OPA) and 28 days for Diagnostics. # One to one escalation meetings held with Cancer ODG leads and Tumour Site Service Managers for tumour sites that require intervention. # New Endoscopy booking process which tracks all patients referred for an endoscopy on a USC priority. If capacity is identified as a trending breach	Anticipated significant gaps/service fragility within key diagnostic services to address required levels of activity to support SCP. Need for the implementation of new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	Work with multidisciplinary team to reallocate FIT pathway to primary care in line with NOP and rest of Wales	Humphrey, Lisa	Completed	Planning complete, moved to implementation/working with Primary care
		Establish accelerated Neck lump pathway to reduce diagnostic pathway	Lewis, Caroline	Completed	To be implemented as part of the agreed Radiology investment 25/26 Target date for recruitment January 2026
		Work with NHSE to review referral rates and patterns within primary care to reduce and refine demand to secondary care	Humphrey, Lisa	Completed	complete
		Due to increased demand for dermatology treatments the service need to aquire 2 additional MOP Treatment areas	Wisdom, Ceri	Completed	SBAR being presented to the Care Group Board meeting in June.
		Highest volume of patients awaiting Urology diagnostic procedures. Urgent action required to reduce overall volumes and volumes waiting over 28 days.	Griffiths, Neil	Completed	Detailed demand capacity planning to include the RTT component to identify the actual demand capacity gap to inform the options for solution
		reduce Urology diagnostic volume by 100 patients by reducing cystoscopy and prostate awaiting MRI	Griffiths, Neil	Completed	Work now completed and delivered
		Outsourcing of MRI for Urology increasing capacity - from 4 per week to 20 per week	Griffiths, Neil	Completed	Outsourcing for MRI commenced 27th October 2025
		Overall 28 day diagnostic reduction plans to be developed to include all specialties where applicable	Humphrey, Lisa	Completed	complete
		map existing breast pain pathway against new National pathway released 23rd October 2025 as per MAG recommendation	Lewis, Caroline	Completed	Funding proposal submitted to WCN
		Implement pilot for Capsule Sponge as per MAD recommendation and associated funding from NHSE	Humphrey, Lisa	Completed	Pilot started

reason, the Service Management team supports targeted intervention to address these concerns in order to reduce time on patient pathways. # One Stop Hysteroscopy within Gynaecology implemented in May 2024 at Bronglais General Hospital, with plan to implement across all sites during Q1 of 2025/26. # Pathway changes in Head and Neck to include Laryngeal Biopsy at first OPA, reducing reliance on pan-endoscopy # Health Board wide internal escalation framework now in place to support the monitoring of performance targets, with a TI de-escalation target of 60% for three months. *Additional radiology reporting sessions in place agreed for 2025/26. *Skin treatment recovery plan in place to end June 25 to reduce overall treatment volumes. To be reviewed quarterly.		Agree backlog clearance of CTC with radiology for LGI pathway	Humphrey, Lisa	Completed	additional activity now agreed
		implement pilot for galleas urine test for bladder pathway urology - 300patients for Q4	Griffiths, Neil	Completed	Plan now agreed start date January 2026

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

Date Risk Identified:	Apr-26
Strategic Objective:	2. Healthier Communities and 3. Great Care

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Apr-26
Lead Committee:	Finance and Performance Committee	**Date of Next Review:**	Jun-26

Risk ID:	**2327**	**Corporate Risk Description:**	There is a risk that the Health Board will be unable to fully deliver planned care and RTT recovery trajectories for 2026/27, including sustained improvement in key diagnostic specialties and planned care waiting times, as set out in the Health Board's Annual Plan 2026/27. This is caused by a structural mismatch between demand and capacity that remains after all credible productivity, absence of recovery funding, efficiency, and enabling actions have been exhausted, alongside specific service pressures such as theatre estate disruption at Glangwili, general theatre estate fragility across remain sites and absence of decant theatre, and reliance on nonâ€‘recurrent diagnostic stabilisation funding. This could lead to an impact/affect on the Health Board's ability to meet national RTT and diagnostic performance requirements, increased waiting times (including 26-for first outpatient appointment and no patient waiting over 2 years for treatment (104â€‘week backlogs), reduced resilience in planned and cancer care pathways, potential reâ€‘escalation of national performance interventions, and associated adverse impacts on patient experience, clinical outcomes, and organisational reputation.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×3=9
Expected Date To Achieve TRS:	31/03/2027
Trend:	*New risk*

No trend information available.

Rationale for CURRENT Risk Score:
The Health Board faces delivery risks in achieving ministerial planned care recovery targets by March 2027 due to combined pressures of cohort demand in key specialties and workforce limitations. Theatre cancellations at Glangwili General Hospital have further reduced core capacity, particularly impacting Orthopaedics, where additional demand from long-waiting patients persists. While delivery plans demonstrate progress in outpatient activity, treatment capacity, and workforce improvements, gaps remain, and performance against planned care milestones continues to underpin the Health Board's Targeted Intervention status. Estates issues are impacting theatre list cancellations. Regional collaboration with Swansea Bay UHB is being actively pursued to expand capacity in Ophthalmology and Orthopaedics, including the use of Neath Port Talbot theatres. In the absence of recovery funding, 104-week breaches are predicted in Orthopaedics, Urology, T&O, ENT, Ophthalmology and Dermatology. The current risk score is assessed at 12, lower than the inherent risk score, as the Board have accepted the trajectories set out in the Annual Plan.

Rationale for TARGET Risk Score:
The target score of 9 reflects the continuing delivery ambitions which remain, despite the workforce and resource limitations reflected in the Annual Plan. Of note, positive progress achieved both in respect of effective demand management and transformation of outpatient pathways has ensured that overall waiting list demand has not grown with waiting list volumes at their lowest level for 2 years. Opportunities to make further progress towards the Ministerial targets in 2026/27 will continue to be explored, including exploration of the regional opportunities referred to.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Comprehensive daily management systems in place to manage planned care risks on daily basis including multiple daily multi-site calls in times of escalation. # Prioritised review of patients based on an agreed risk stratification model. # Provision of dedicated elective beds on 3 sites. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Quarterly deep dive reviews of all specialty delivery plans and delivery assumptions to ensure full account of OP transformation and theatre productivity and efficiency opportunities # Escalation plans for acute and community hospitals (within limits of staffing availability). # Outpatient transformation programme in place with a continuing focus on alternatives to face to face delivery of outpatient care to enable increases in care volumes delivered. # Robust sickness absence management arrangements in place. # Quarterly review of job plans, with ongoing recruitment. # Elective care delivery plan developed for inclusion within Annual Delivery Plan. # Elective optimisation improvement programme in place to improve theatre activity productivity and efficiency, including improvements to waiting list scheduling and pre-operative assessment processes # Productive & Effective Elective Care Improvement Plan produced to drive productivity and efficiency improvements # Planned Care Delivery Workstream established, reporting to Integrated Quality, Financial Performance Delivery (IQFPD) fortnightly, as part of revised Targeted Intervention governance arrangements. # South West Wales Regional Orthopaedic Delivery Programme established # South West Wales Regional Ophthalmology Programme # Assurance monitoring arrangements in place via mechanisms including weekly RTT Optimisation Group # Working with Johnson and Johnson to review and develop a model of standardised assessment for the Pre-assessment process # Insourced capacity to support theatre staffing workforce deficits at GGH	# Additional Planned Care Recovery proposals developed however no recovery allocation planned in 2026/27 to date (this includes inability to fund insourcing and outsourcing activity in ophthalmology and dermatology) # Lack of resilience within theatre estate (no decant theatre to manage future fire & estate works) # Workforce staffing availability to support further expansion of theatre capacity # Sustainability challenges remain in a number of specialty areas which have been targeted for in-depth review via regional planning programmes for key specialties and the Clinical Services Plan review # Sufficiency of Anaesthetic medical staffing capacity to support existing capacity and further expansion of required operating lists # Widespread adoption of national best practice guidance to improve elective optimisation and utilisation of available operating capacity # Deficiencies within pre-operative assessment process and overall capacity to support required volume of Pre-Operative Assessment Clinic (POAC) assessments # Cessation of PAAR in delivery of waiting list initiatives	Agreed continuation of ophthalmology outsourcing for Q1, utilising ophthalmology and dermatology underspend with core budget	Humphrey, Lisa	30/06/2026	In progress
		Progress proposal for recruitment of fixed term locum to utilise NPT theatres to mitigate loss of activity as a result of theatre estate issues at block 32 at GGH (c.150 cases)	Humphrey, Lisa	30/06/2026	In progress
		Increase capacity to four primary joints on 90% of Orthopaedic lists (Enabling Actions)	Gregory, Lianne	31/03/2027	In progress
		Producing a full recruitment plan for theatre workforce in line with Nurse Staffing Act and allocation of new investment of £1.4m for 2026/27	Sheldon, James	30/06/2026	In progress
		Complete optimisation framework assessment to address WG 3 top priorities which are referral management, waiting list validation across stages and conversation of follow up activity to new outpatient capacity	Humphrey, Lisa	15/05/2026	In progress.
		Develop trajectories of improvement per specialty based on the optimisation framework assessment to identify productivity and efficiency gains	Humphrey, Lisa	30/06/2026	In progress.
		Develop a model of standardised assessment for the pre-assessment process to streamline pre-assessment and eliminate bottlenecks	Sheldon, James	30/09/2026	In progress.
		Develop mitigation plans for areas that are reliant on PAAR (neurology, outpatients)	Humphrey, Lisa	30/06/2026	Monitoring impact of PAAR cessation during Apr26. Ongoing communication with A4C staff has improved the uptake of agreed additional activity in Q1.

	Continuation of insourcing at GGH theatres utilising £1.6m until established staffing is sustainable	Humphrey, Lisa	31/03/2027	In progress
	To produce outline of aspiration aligned to GIRFT Report with associated timescales with the GIRFT Theatres Implementation Group, chaired by Medical Director, established to produce plan on a page that assesses current position, utilisation, staffing, effectiveness, patient outcomes, quality & safety, and estates.	Humphrey, Lisa	31/03/2027	In progress. Monthly reporting required to Formal Executive Team.
	To undertaken a full gap analysis between assessed workload and funded establishment within the anaesthetic workforce to stabilise services, reduce risk, and mitigate ongoing variable pay expenditure	Humphrey, Lisa	31/05/2026	In progress.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
	Activity volumes are reported daily on situation reports	1st								
	Daily performance data overseen by service management	1st								
	Delivery Plans overseen by Planned Care Clinical Care Group Integrated Governance Group	1st								
	IQFPD	2nd								
	Executive Recovery / Improving Together Sessions	2nd								
	Bi-monthly reports to SPC on progress on delivery plans and outcomes (and to Board via update report)	2nd								
	IPAR Performance Report to SPC & Board	2nd								
	Welsh government Scrutiny via NHS Performance and Improvement	3rd								

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Audit Wales- Tackling the Planned Care Challenges – Hywel Dda University Health Board	R1. The Health Board should ensure that updated strategies and plans (A Healthier Mid and West Wales Strategy and the clinical services plan) sufficiently set out a route map to sustainable planned care services. The plan should be costed, with realistic but challenging milestones within it	The Clinical Services Plan programme was established to develop a set of plans for the provision of key services over the medium term. Currently in Phase 3 – Public Consultation. Public consultation will enable the Board to make a formal decision on the nine services in scope, which include Dermatology, Ophthalmology, Urology, Endoscopy, Orthopaedics, and Emergency General Surgery within the Planned Care domain, as well as the potential roles of the hospitals until the full implementation of the 'A Healthier Mid and West Wales' strategy. The results of this consultation and subsequent decisions are planned to be made in Winter 2025. It is therefore anticipated that the adoption of significant actions in relation to implementation plans will commence following this gateway to Phase 4 - Implementation. Anticipated completion date for CSP Phase 3 Board decision: Winter 2025 NLT JAN2026 The refresh of the A Healthier Mid and West Wales has just begun, with initial work to scope what elements need to be revised and where additional matters may need to be included. It is envisioned that a refreshed strategy will be informed by the Clinical Services Plan, as well as set out the scope for any future service transformation that may be required for the future, as the strategy will be refreshed to consider up to 2040 (the existing strategy considered up to 2038). The expectation is that the Discovery phase of the strategy refresh will be concluded by January 2026, with the intention to inform the 1st year of the 3-year plan for 2026/2027, as well as initiate the development of strategic delivery plans (where not already in place) to shape planningprocesses.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	
Audit Wales- Tackling the Planned Care Challenges – Hywel Dda University Health Board	R5. The Health Board should ensure timely completion of recommendations arising from the Getting It Right First-Time reports	GIRFT recommendations are put onto the AMAT system (Audit Management & Tracking) where recommendations, timescales and completion dates are tracked to ensure timely completion. AMAT progress is scrutinised via the HB performance management arrangements and escalation process, with assurance on progress provided via the Board governance process. Overdue actions are scrutinised by ARAC • Urology GIRFT - there are currently 0 overdue recommendations, 6 on track, 16 complete, 4 partially complete and 3 'external' (outside the gift of the HB currently). • General Surgery GIRFT - there are currently 0 overdue & 21 complete. • Ophthalmology GIRFT – 16 actions are linked to CSP, additional funding or regionalisation, 4 are on track and 39 complete	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	The consultation of CSP remains a risk to the Ophthalmology entries as are the Urology ones outside the gift of the HB
Internal Audit - Financial Management Final Internal Audit Report 2024/25 (Reasonable)	R2. Budget Holder Training With the exception of QlikSense system training and LEAP leadership programme, budget holders do not have access to suitable training to enable them to perform their role effectively.	Budget holder training is being developed in conjunction with Swansea Bay University Health Board and will be rolled out later in 2025/26. We have set out an intention to develop a series of products, starting with a broad introductory piece for budget holders and later more specific subject areas.	Director of Finance	Director of Finance	31/01/2026	31/01/2026	
Internal Audit - Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 (Limited)	R2. Standard Operating Procedure • the SOP does not identify the author, implementation or review dates and we have been unable to identify the source of the SOP. • it is not clear if or when the SOP has been communicated to or how it is accessible to staff. During our site visits some staff were of unaware of the document. • the SOP requires "validated non-breaches" (i.e. where an exemption applies) to be changed to 3:59 wait time but this is not done in practice and not necessary because breach reporting is based on the selected breach flag rather than the time in department.	The SOP will be updated to address the issues identified, and approved by an appropriate forum. The revised SOP will be formally communicated with relevant staff and accessible on the intranet.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	
Internal Audit - Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 (Limited)	R3. Audit Trail WPAS does not have the functionality to evidence or record where an ED attendance/breach has been validated, although the system does maintain an audit trail of amendments made as part of the validation process. Reports of amendments were requested for the sample of 40 ED attendances we reviewed, but we were advised that this could not be provided. This information could support the identification of common errors or areas with frequent errors (both in terms of documenting the ED attendance, and the subsequent validation process) to support learning, enhance data quality and improve the efficiency of breach validation.	The ED attendance reports used for validation will be annotated to identify the records subject to validation. Information Services to provide routine reports of amendments to records as part of the validation process, to facilitate learning and improve data quality.	Community & Integrated Medicine	Chief Operating Officer	31/12/2025	31/12/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Internal Audit - Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 (Limited)	R4. Requirement for Validation by Clinical Role The SOP states that "all relevant ED clinical notes and information will be reviewed by an ED Unit Manager" (a band 7 clinical role). This is case in GGH and PPH, but in WGH and BGH validation is undertaken by administrative (non-clinical) staff.	The validation process and associated roles and responsibilities as per the SOP will be reassessed to determine the extent of clinical involvement required and ensure appropriate use of clinical time. Training needs of any non-clinical roles involved will be assessed and fulfilled.	Community & Integrated Medicine	Chief Operating Officer	31/12/2025	31/12/2025	
Internal Audit - Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 (Limited)	R5. Breach Validation at BGH Validation was reperformed for a sample of 40 breaches across the four sites. Our sample was selected from a WPAS report of ED attendances (pre-validation) during the period 1 May – 7 August 2025. Three instances were identified for BGH where a breach was incorrectly flagged as exempt by the clinician and this had not been corrected as part of validation. It transpired that in these instances the breach reason had not been stipulated by the clinician and where this is the case, the validator is unable to amend the breach flag/reason due to a system access restriction. Analysis of WPAS data for ED attendances (pre-validation) during the period 1st May – 7 August 2025 identified 1225 instances (out of 3244 ED attendances where time in department exceeded 4 hours) where the breach reason for BGH had not been populated by the clinician and therefore the record would not be editable by the validator. We were advised that these records (37.8%) are not validated for this reason. There is a risk that these breaches have been under/over reported to WG.	The system access issue will be escalated to IT to resolve as a matter of urgency, to ensure that 100% breach validation can resume for BGH at the earliest opportunity. The outcome of finding/action 4 may impact on the longer-term validation arrangements.	Community & Integrated Medicine	Chief Operating Officer	31/12/2025	31/12/2025	
Internal Audit - Validation of Emergency Department Waiting Time Data Final Internal Audit Report 2025/26 (Limited)	R6. Inconsistent Monitoring Arrangements There is no evidence that 4-hour breach data for WGH and BGH is monitored or reported to appropriate forum(s) to aid learning and to improve performance.	The performance monitoring arrangements for GGH and PPH will be implemented for BGH and WGH.	Community & Integrated Medicine	Chief Operating Officer	30/11/2025	30/11/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Ophthalmology: Secure rooms in AVH OPD 5 days per week.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	AVH OPD is utilised for other clinics on a Thursday and Friday and these clinics need to be accommodated elsewhere for Ophthalmology to proceed.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Ophthalmology: Move the IVT delivery to AVH OPD	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	Barriers to implementation? Ophthalmology: This is dependent on funding being agreed through the Annual Planning process. All delivery through OPD AVH currently would need to be housed somewhere else to free the OPD in AVH 5 days a week. Recurrent funding for cataract delivery would need to be secured. Other clinics currently utilise AVH OPD on a Thursday and Friday, these would need to be accommodated elsewhere before Ophthalmology can move forward.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Ophthalmology: Identify in a Business Case the requirements needed to run cataracts through AVH theatre 5 days per week.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	IVT will need to vacate the theatre in AVH for the cataract delivery to be increased. This is dependent on a solution being found to accommodate other clinics in AVH OPD elsewhere to free the space for IVT delivery 5 days a week.

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Orthopaedics: Continue flexible backfill and additional internal activity to ensure delivery of zero breaches against 104 week Referral To Treatment targets during Q2-Q4 2025/2026..	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	Barriers to implementation? Orthopaedics: There is no current allocation of recovery funding to support the delivery of flexible backfill and additional activity. The costs to support this will therefore have to be identified from core budget. List loading is often challenging due to limited capacity in Pre-assessment. Sickness levels and vacancies within theatre workforce as well as delays in recruitment of anaesthetics will impact the ability to develop and deliver sustainable plans to maximise productivity. The current 24/7 medical cover for Orthopaedics in PPH is heavily reliant on locums. An SBAR with a proposal around substantive Clinical Fellow recruitment will be submitted to FCSG which will provide a sustainable plan for cover. This plan also delivers a saving when compared with the current level of variable pay spend.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Orthopaedics: Wider work is required to undertake a review of theatre workforce models in order to improve theatre efficiencies. Key enablers of this work being theatre staffing and anaesthetics.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R1. Ensure maximum productivity at surgical hubs at Amman Valley (ophthalmology) and Prince Phillip (orthopaedics).	Orthopaedics: Implement plans for robust 24/7 medical cover for Orthopaedics in PPH	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	Barriers to implementation? Orthopaedics: There is no current allocation of recovery funding to support the delivery of flexible backfill and additional activity. The costs to support this will therefore have to be identified from core budget. List loading is often challenging due to limited capacity in Pre-assessment. Sickness levels and vacancies within theatre workforce as well as delays in recruitment of anaesthetics will impact the ability to develop and deliver sustainable plans to maximise productivity. The current 24/7 medical cover for Orthopaedics in PPH is heavily reliant on locums. An SBAR with a proposal around substantive Clinical Fellow recruitment will be submitted to FCSG which will provide a sustainable plan for cover. This plan also delivers a saving when compared with the current level of variable pay spend.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R2. Maximise Day Case surgery at Withybush supporting Swansea Bay UHB by undertaking in benign upper GI surgery e.g. cholecystectomy, hernia repair etc.	There is capacity in the current theatre template for ambulatory surgery and theatre staff available which is serviced by GA anaesthetics but a full review of HB job plans would be required .Executive team approval to recruit urgently two replacement Consultant appointments of upper GI post that will join the WGH on call rota and undertake their elective surgery at WGH and clinics at GGH	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R3. Ensure day case and IP activity is maximised at Bronglais.	With funding, open and expand further theatre sessions (as noted in Bronglais Strategy and IMTP submission of Nov21). Would need to fully re-scope anaesthetics and theatre staff profile. Would need to scope specialty expansion and procedure baskets	Planned and Specialist Care	Chief Operating Officer	31/10/2025	31/10/2025	Barriers to implementation? Currently patients are travelling significant distances on day of surgery; timely arrival and fitness to travel home will impact on patient cohort as day case.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R4. Increase productivity by 30% for HVLC cataracts at Glangwili and Amman Valley.	Pilot started in AVH for 8 cataracts per list to roll out to all 3 lists in AVH if successful.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Theatre efficiencies in GGH are impacted by theatre and ward location logistics. No space in theatre to make a wait area, no space to accommodate Tysul on the same floor with theatres. Logistics would need to be resolved in order to increase efficiency

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R4. Increase productivity by 30% for HVLC cataracts at Glangwili and Amman Valley.	Review theatre efficiencies in GGH/BGH to see where there is a possibility to increase theatre delivery further.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Theatre efficiencies in GGH are impacted by theatre and ward location logistics. No space in theatre to make a wait area, no space to accommodate Tysul on the same floor with theatres. Logistics would need to be resolved in order to increase efficiency
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R6. Increase Intra-vitreal injections to 15 per list and undertaken in procedure rooms	Continue to onboard for 1.3 WTE posts	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? This plan is dependent on recruitment and funding through the Annual Planning cycle.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R6. Increase Intra-vitreal injections to 15 per list and undertaken in procedure rooms	Advertise band 7 post when JD has been approved.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? This plan is dependent on recruitment and funding through the Annual Planning cycle.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R6. Increase Intra-vitreal injections to 15 per list and undertaken in procedure rooms	Increase lists when safe to do so in terms of staffing.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R7. Run Prince Phillip as cold elective orthopaedic hub with ring fenced beds	With funding, open and expand further main theatre sessions. Would need to fully re-scope anaesthetics and theatre staff profile. Would need to scope specialty expansion and procedure baskets. Orthopaedics: Ensure all PPH funded DSU theatre sessions are operational to allow increased scope for delivery of arthroplasty activity in main theatre. This will require filling theatre staffing and anaesthetic vacancies.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R8. Encourage cross health board working with orthopaedic surgeons from Swansea Bay HB invited into the hub.	Been implemented in Q3. Not required in Q4 Regional MDT's, close lines of communication and joint operating has been operationalised for Hand and Wrist, Shoulder and Elbow and Foot and Ankle. A regional MDT has also been established for sort tissue knee. Utilisation of PPH by Swansea Bay surgeons will depend on discussions that progress through Regional Programme Board. Utilisation of NPT by Hywel Dda surgeons is currently being explored.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R12. Improve cataract, orthopaedic and other day case activity to GIRFT and Royal College standards.	Ophthalmology: Pilot started in AVH for 8 cataracts per list to roll out to all 3 lists in AVH if successful.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Ophthalmology: Theatre efficiencies in BGH/GGH is reliant on portering and theatre staffing which currently impacts start and finish times on the lists, these issues will need to be resolved in order to increase efficiency.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R12. Improve cataract, orthopaedic and other day case activity to GIRFT and Royal College standards.	Ophthalmology: Review theatre efficiencies in GGH/BGH to see where there is a possibility to increase theatre delivery further.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Ophthalmology: Theatre efficiencies in BGH/GGH is reliant on portering and theatre staffing which currently impacts start and finish times on the lists, these issues will need to be resolved in order to increase efficiency.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R12. Improve cataract, orthopaedic and other day case activity to GIRFT and Royal College standards.	Orthopaedics: Work on list loading and efficiency improvements in line with GIRFT and Royal College standards is underway categorised by various procedure bundles.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Orthopaedics: Current DSU workforce issues as a result of sickness and vacancies means that we do not have access to all funded PPH DSU theatre sessions currently. Delivery of activity against GIRFT metrics will require adequate workforce and theatres improvement works. Delivery against GIRFT metrics will also require engagement with multiple stakeholders, wider than just orthopaedic clinical staff.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R15. Use GIRFT documents to guide setting up, staffing and running hubs, agree nationally the number of cases per list for at GIRFT standards and support health boards to deliver	Increase volume of cases in Orthopaedics to 4 arthroplasty patients on an all day list. A standby patient has been added with the aim of achieving 4 arthroplasty patients per all day list. Some Consultants are already achieving 4 joints on an all day list whilst others will only achieve this with theatre enablers.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R16. Implement best practice in theatre productivity, capped theatre utilisation set at 85%, day case rates combined with RPRP (procedures undertaken outside theatre in procedure rooms) aspire to 85%.	Continue to work with Swansea Bay UHB to consolidate current practice and further scope opportunities via regional working	Planned and Specialist Care	Chief Operating Officer	31/10/2025	31/10/2025	

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Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R20. Deliver specific improvements in operational productivity for ophthalmology	Pilot started in AVH for 8 cataracts per list to roll out to all 3 lists in AVH if successful.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Theatre efficiencies in BGH/GGH is reliant on portering and theatre staffing which currently impacts start and finish times on the lists, these issues will need to be resolved in order to increase efficiency
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R20. Deliver specific improvements in operational productivity for ophthalmology	Review theatre efficiencies in GGH/BGH to see where there is a possibility to increase theatre delivery further	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Theatre efficiencies in BGH/GGH is reliant on portering and theatre staffing which currently impacts start and finish times on the lists, these issues will need to be resolved in order to increase efficiency
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R21. Cataracts per lists to rise to 8 urgently will increase productivity by 100%-125%.	Started a pilot in AVH for 8 cataracts per list to roll out to all 3 lists in AVH if successful.	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	Barriers to implementation? Theatre efficiencies in BGH/GGH is reliant on portering and theatre staffing which currently impacts start and finish times on the lists, these issues will need to be resolved in order to increase efficiency
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R23. Procedure Rooms: Ensure intra-vitreal procedures are performed in a procedure room.	Secure rooms in AVH OPD 5 days per week.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R23. Procedure Rooms: Ensure intra-vitreal procedures are performed in a procedure room.	Move the IVT delivery to AVH OPD.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	Which ones we cannot or will not be implementing and why? This is dependent on funding being agreed through the Annual Planning process. All delivery through OPD AVH currently would need to be housed somewhere else to free the OPD in AVH 5 days a week. Recurrent funding for cataract delivery would need to be secured.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R23. Procedure Rooms: Ensure intra-vitreal procedures are performed in a procedure room.	Identify in a Business Case the requirements needed to run cataracts through AVH theatre 5 days per week.	Planned and Specialist Care	Chief Operating Officer	31/12/2025	31/12/2025	Which ones we cannot or will not be implementing and why? This is dependent on funding being agreed through the Annual Planning process. All delivery through OPD AVH currently would need to be housed somewhere else to free the OPD in AVH 5 days a week. Recurrent funding for cataract delivery would need to be secured.
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R29. Conduct an audit of FIT testing to assess its impact and integrate findings into health pathways for further optimisation.	Continue to explore collaborative working across primary and secondary care	Planned and Specialist Care	Chief Operating Officer	30/09/2025	30/09/2025	
Ministerial Advisory Group - MAG observations following the site visits of health boards – Hywel Dda UHB- Planned and Specialist Care (January 2025)	R30. Systematically evaluate and implement alternative diagnostic methods such as capsule sponge and nasal endoscopy to reduce demand on conventional services	Cytosponge - To introduce a cytosponge service, dedicated workforce would need to be recruited and trained. The NHS executive have advised that funding may be available in 25/26 - the Health Board is due to meet with the NHS executive clinical lead for cytosponge in June 2025. A service specification document for the rollout of the service has already been developed at a national level and can be adopted within the Health Board. TNE - Explore options to allocate workforce already dedicated to Endoscopy - however, this could result in key Endoscopy staff being pulled from delivery of other service elements which could present a risk to service delivery plans.	Planned and Specialist Care	Chief Operating Officer	31/07/2025	31/07/2025	Barriers to implementation: 03/10/2025 - TNE - Capital funding for purchase of transnasal endoscope and associated equipment. Funding for dedicated workforce to deliver the service
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake a review of other specialty pathways including Urology, ENT and Gynaecology.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

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Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	ENT SDEC T&F group to review score and capacity issues within procedure room. 28/08/2025 - Refer to MD1/3 actions. Proposed insourcing of ENT elective work for September is likely to impact on ability to ringfence SDEC capacity. Review to be arranged towards mid-October (following insourcing completion) to discuss further planning for SDEC ringfence. . Revised target date 31/10/2025.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	Requires clinical engagement from ENT Team to utilise treatment room as SDEC.
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake Carmarthenshire System Review of frailty pathways across the 3rd sector	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R1. The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months	Undertake review of Rehab Pathway to progress levels of rehab and review current pathway and capacity	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Undertake a review of the acute and community frailty pathway to join the pathways across the system, with a POCS deep dive on Cadog and Dewi wards (long stay frailty)	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R5. Frailty is challenging. ED staff were not aware of the frailty pathway, despite being award winning. Specific focus on delayed pathways of care in the frailty ward should be prioritised, and improved links between the FAU and the ED to reduce the significant corridor care in the ED.	Undertake review of Frailty SOP to review current length of stay challenges, pathway of care delays, and to determine immediate actions to improve on pathway review communication	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R6. Executive presence in the ED was reported as low, a survey of staff could be done to gauge if this is consistently felt among staff, and if so look to increase presence of exec team.	Weekly ED big room meetings are in place, chaired by the Executive Director of Nursing. A Glangwili ED staff survey has been undertaken in May 2025, with a review of outcomes to be undertaken and an action plan developed as appropriate. Outcomes will be fed-back to the Clinical Care Group. An additional staff survey is to be scoped and approved.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R12. There remain challenges due to local authorities being unwilling to accept the trusted assessor role, leading to assessment-related pathway of care delays. While challenging, this model should be pursued with LAs.	The Six Goals Programme Plan 2025 / 2026 aim to deliver in Q1 the review of TA schemes to ensure they align to the National principles and strengthen governance and monitoring of TA within the region. This will be done jointly with health and LA colleagues.	Community & Integrated Medicine	Chief Operating Officer	31/03/2026	31/03/2026	
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R13. Board rounds to be done consistently and daily across all areas and health boards should look to increase the frequency of weekly 'fishbowls' with local authorities to create momentum.	Utilising regional innovation hub funding to deliver a Strengths Based Collaborative Communication Training Programme for staff in both health and LA to support a "fishbowl" approach	Community & Integrated Medicine	Chief Operating Officer	31/03/2026	31/03/2026	Capacity within the Quality Improvement and Service Transformation team to support implementation of the Optimal Hospital Flow Framework due to multiple improvement priorities across the HB.
Ministerial Advisory Group - MAG Observations following the site visits of health boards – Hywel Dda UHB- Urgent and Emergency Care (January 2025).	R15. Review the digital infrastructure to ensure that health boards can track the full patient journey.	Operational governance and escalation - SOP to be worked up.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
Ministerial Advisory Group (MAG) - A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity - April 2025	R4. All health boards should reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management. This can be achieved through the implementation of the existing GIRFT review reports including the theatre reviews. This recommendation should be supported by the establishment of local Theatre Optimisation Boards, with a remit to deliver increased productivity within theatre sessions including the implementation of best practice standards of cases per session, particularly in ophthalmology and orthopaedics (in ophthalmology 8 cataracts in a 4 hour theatre session if a training session and 10 if consultant only, and in elective orthopaedics a minimum requirement of 4 Joints or their equivalent in an all day orthopaedic elective list).	Increase volume of cases in Orthopaedics to 4 arthroplasty patients on an all day list. A standby patient has been added with the aim of achieving 4 arthroplasty patients per all day list. Some Consultants are already achieving 4 joints on an all day list whilst others will only achieve this with theatre enablers. [Action mirrors R15 on the MAG Planned and Specialist Care report Jan 2025]	Chief Operating Officer Management	Chief Operating Officer	31/10/2025	31/03/2026	

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Ministerial Advisory Group (MAG) - A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity - April 2025	R4. All health boards should reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management. This can be achieved through the implementation of the existing GIRFT review reports including the theatre reviews. This recommendation should be supported by the establishment of local Theatre Optimisation Boards, with a remit to deliver increased productivity within theatre sessions including the implementation of best practice standards of cases per session, particularly in ophthalmology and orthopaedics (in ophthalmology 8 cataracts in a 4 hour theatre session if a training session and 10 if consultant only, and in elective orthopaedics a minimum requirement of 4 Joints or their equivalent in an all day orthopaedic elective list).	Continue to work with Swansea Bay UHB to consolidate current practice and further scope opportunities via regional working. (Action mirrors R16 on the MAG Planned and Specialist Care report - January 2025)	Chief Operating Officer Management	Chief Operating Officer	31/10/2025	31/10/2025	
Ministerial Advisory Group (MAG) - A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity - April 2025	R6. Health Boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care.	Health Board and Local Authority partners to update and refresh the Regional Pathways of care action plan for the financial year 2026-27. The Regional Pathways of care action plan is an integrated plan between LAs and the Health Board to address Pathway of Care Delays.	Chief Operating Officer Management	Chief Operating Officer	31/03/2026	31/03/2026	
Ministerial Advisory Group (MAG) - A report from the Ministerial Advisory Group on NHS Wales Performance and Productivity - April 2025	R11. In addition to the plan for pathology and endoscopy (see Recommendations 6 and 7), health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis. To facilitate this work, resources and support will be provided by the PPU.	Awaiting formal response	Planned and Specialist Care	Chief Operating Officer	31/03/2026	31/03/2026	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R15. We recommend therefore that the final report for this mortality review is shared with us at the earliest opportunity with an update on any of the actions and recommendations from this.	There is a regional mortality review ongoing.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R26. We recommended that there is greater senior nursing input and oversight on the wards supporting and challenging ward activity. This needs to be ongoing until such a time that there is assurance that this level of scrutiny and challenge is embedded into the normal practice on the ward.	In line with recent flow improvements which includes the implementation of Senior Decision Maker led board rounds. The Q.I team have the full support of the Senior Leadership Team in delivering the necessary improvements. This will include increased senior nurse viability which includes the System Head of Nursing.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R28. We recommended that the site escalation process and action cards are explicitly clear to all relevant personnel within the hospital to ensure that there is a consistent and clear approach adopted throughout the hospital. Whilst this is being embedded, we recommend senior leadership presence to provide assurance that this in place in all clinical areas.	System GM and System Head of Nursing working on escalation cards in line with Hospital full Protocols	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: BGH site	R36. We recommended that there is greater senior nursing leadership presence in all areas until complete assurance regarding the implementation of the optimal flow framework is embedded.	In line with recent flow improvements which includes the implementation of Senior Decision Maker led board rounds. The Q.I team have the full support of the Senior Leadership Team in delivering the necessary improvements. This will include increased senior nurse viability and presence which will also include the System Head of Nursing OCP Phase 2 is considering the development of a corporate function whose primary focus is clinical governance- this will enable Locality based senior nurses the capacity to provide greater presence and visibility in clinical areas.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R28. We recommend that the Manager of the Day that is supporting patient flow for the site is visible throughout the day and can support the patient flow team and add value by taking additional decisions and actions that will support the site to de-escalate into a safer position. Consideration should be given to how this role is rostered as a specific role ie. diaries of the individuals are cleared of all non-essential meetings for a day and the senior manager is based within the patient flow hub and physically attends all site meetings and huddles throughout the day to provide input and support the operational delivery of patient flow. This provides a number of benefits: additional senior support during times of high escalation, a clear point of contact for tactical and strategic leaders to gain real-time information 'from the floor' and provide further learning and development opportunities for individuals in managing an acute hospital and dealing with the associated challenges this presents.	28b. Review OOH support and cover.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

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NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R34. We recommend the HB enacts a zero tolerance regarding inaccurate information regarding query and confirmed discharge activity from ward areas. We appreciate that there are times when unexpected discharges occur later in the day. However, this should be on the minority of occasions rather than what appears to be the norm. We recommend that there is greater senior leadership presence in all areas where this practice occurs until complete assurance regarding accurate bed positions is achieved.	34b. RTDC Task and Finish Group to be implemented with QIST support for data capture and outcome tools. Invitation extended to Ward Sister Champions.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R35. Utilising the RTDC tool and recording a daily dataset of declared vs total discharges by area would give a high-level indication of the ward areas that require additional support to improve within this area.	35. Review of RTDC Tool as part of RTDC Task and Finish Group.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R36. We recommend the HB share examples whereby data generated by the RTDC tool has led to improvements in practice.	36. Review data with QI Team to determine key improvements and agree next focus steps.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R37. We recommend the HB considers sourcing a larger location for the discharge lounge acknowledging the added value this would bring to system flow.	37. Review Discharge Lounge use/data to determine efficiency and capacity constraints - determine escalation steps if full and no capacity. Discharge Lounge Task and Finish Group to establish more efficient ways of working.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R38. Consider opening the DL earlier and allow patients being discharged to have their breakfast there prior to leaving the site.	38. Review Discharge Lounge use/data to determine efficiency and capacity constraints - determine escalation steps if full and no capacity. Review of opening times based on activity peaks.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R39.Establish a 'pull' model for Discharge Lounge where staff from the unit actively visit wards to review patients with a definite discharge date the following day.	39. Review Discharge Lounge use/data to determine efficiency and capacity constraints - review of next day discharges (as part of MOD rota).	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R40. Ensure all discharge paperwork is completed the day prior to discharge	40. Review Discharge documentation compliance as well as review of DAL completion and sign off. Link in with pharmcy to scope this.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R41. Ensure all patients are spoken to and they are aware of the planned move.	41. review of Discharge Lounge Patient Leaflet	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R42. Communicate on ward boards and patient notes clearly that a patient is being transferred to DL early the next day	42. Review of Discharge Documentation and ward use of Discharge Lounge.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R43. We recommend that a column is added to the sitrep report to input confirmed discharges for the following day, so those identified patients can be 'pulled' to discharge lounge as soon as it opens, releasing early capacity that can be utilised.	43. Complete- Column available on Sitrep to capture next day discharges	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R44. Consider supporting additional portering/ HCSW resource to transfer suitable patients, removing the onus from ward staff.	44a. Review of portering capacity to maximise flow.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R44. Consider supporting additional portering/ HCSW resource to transfer suitable patients, removing the onus from ward staff.	44b. Review of Synbiotix data relating to delays in transfer to Discharge Lounge.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R45. If DL is filled to capacity by 8am, this will release some immediate pre ward round capacity into the site each day, this should be achievable for a 400 bed site.	45. Review Discharge Lounge use/data to determine efficiency and capacity constraints	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R46. The HB could look at the utilisation and occupancy of discharge lounge on a daily basis as a performance KPI to embed the early and proactive use of the facility as much as possible.	46. Review performance capture. Part of Discharge Lounge working group.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R47. Discharge activity occurs later in the day at GGH. We recommend that the HB explore this in more detail to be able to clearly understand the root cause of this and be able to put measures in place to, where possible ensure that discharge activity occurs earlier in the day.	47a. Review of RTDC tool with aim to bring discharges before 12 midday (from 2pm).	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R47. Discharge activity occurs later in the day at GGH. We recommend that the HB explore this in more detail to be able to clearly understand the root cause of this and be able to put measures in place to, where possible ensure that discharge activity occurs earlier in the day.	47b. Review of discharges after 2pm to determine delay reasons to provide feedback and key learning to achieve optimal flow.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R48. In collaboration with informatics colleagues in the NHS executive, we have the ability to provide admission/ discharge modelling data which would highlight the impact that earlier discharge could have on flow capacity throughout the day. We would like the opportunity to work with you to advance this concept further in the future	48. Action to be confirmed by the service	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: GGH site	R56. We recommend that senior leaders within the organisation endorse the implementation of the framework and promote a culture shift within the hospital that sees some current practices and ways of working challenged. Support from senior teams including medical director and chief operating officer is paramount for this to succeed.	56a. Safe Hospital Care Actions reviewed and discussed monthly for progression and monitoring of Optimal Flow framework.	Community & Integrated Medicine	Chief Operating Officer	31/07/2025	31/07/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R6. It is recommended that when there have been 48-hour breaches in AMAU a short investigation is undertaken in collaboration between the AMAU and specialty involved i.e. Respiratory, to review the patient journey as a timeline. This will inform future learning for all departments involved to take forward and share with their teams, again fostering a whole system approach to patient flow.	Action accepted and completed by service	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R8. Ensure all discharge paperwork is completed the day prior.	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R15. When a medical specialty is unable to accept a 'new' patient from AMAU, there should be an escalation to a senior clinical decision maker to review the entire caseload and make a risk-based decision on how to balance the available inpatient capacity against the current level of demand.	Action accepted and completed by service	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R16. We recommend that a senior clinical decision maker is present at each board round and places an emphasis on exploring alternative options to deliver the clinical care required for each patient outside of a hospital ward through a 'deep dive' approach. We have seen evidence of the proactive approach that the Health Board has in utilising the skills of community based clinical services e.g. District Nursing, ACT/CRT and the Carmarthenshire Intermediate Care Team, we feel that these resources could offer additional options to provide an adequate level of care to some patients who would benefit from an earlier discharge home. • Whilst this describes a risk-based approach to clinical decision making, we are cognisant that this would require careful planning and a clear governance structure in order to be successful, this approach is promoted under the 'right patient, right place' ethos that NHS Wales is advocating. • This approach could be embedded with patients at the point of admission by actively starting the discharge planning process and clinical teams identifying the earliest opportunity to facilitate a safe discharge out of hospital utilising a criteria led discharge approach	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R17. Every clinical specialty should have a cohort of patients who are suitable for criteria led discharge to aid decision making and ensure inpatient capacity is only used for patients who have no other clinically viable option to receive care.	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
NHS Executive Report on Urgent and Emergency Care Opportunities: PPH site	R18. It is recommended that the senior leaders within the organisation endorse the implementation of the framework (board rounds) and promote a culture shift within the hospital that sees some current practices and ways of working challenged. Support from senior teams including medical director and chief operating officer is paramount for this to succeed	Awaiting full management response from service to be added to AMaT	Community & Integrated Medicine	Chief Operating Officer	18/07/2025	18/07/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R1. (BGH) The long waits for admission from the ED are undoubtedly causing harm to patients and should be the main focus of any improvement work.	Dedicated NOF pathway QI project commenced march 25.	Community & Integrated Medicine	Chief Operating Officer	30/09/2025	30/09/2025	partially complete as yes there is no dedicated trauma list
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R4. (BGH) The lack of ED senior medical staff must be addressed. However, the future viability of the department may require a different model in the long-term	A medical staffing stabilisation programme has commenced at BGH with the support of the medical workforce team with a view to improving workforce intelligence- to include confirming total locum opportunities and any opportunities to substantiate positions	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	The barriers centre around the appropriate appointment of senior medical staff and the length of the recruitment process. There will also be a requirement for any new employee to adjust to the local system and policies and a necessary delay in becoming effective.
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R9. (BGH) The relatively high number of hospital admissions per WTE consultant (all health board consultants) suggests that there is an insufficient senior medical workforce to "power" the hospital beds in a timely and efficient way that ensures good patient flow.	A medical staffing stabilisation programme has commenced at BGH with the support of the medical workforce team with a view to improving workforce intelligence- to include confirming total locum opportunities and any opportunities to substantiate positions.	Community & Integrated Medicine	Chief Operating Officer	31/08/2025	31/08/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R15. (WGH) There are long stays in the ED for all patients that should be reduced.	WGH do have clear pathways for patients. Medical teams in reach to start the treatment plan from admission. Need to reduce access points to in-patients wards. Need to de- surge assessments units to keep flow active. Boarding protocol in place. Need to consider continues flow.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	Community capacity to facilitate discharges and admission avoidance and workforce fragility in radiology, therapies, HCSW and doctors. Financial resources not aligned to requirements for bed base or staffing models Limited applications for posts from those with the necessary knowledge, skills and experience to take on senior positions Fragile rotas across all specialities including support services Aging digital systems Paper based referral and requests
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R20. (WGH) There is definitely a case for an increase in SDEC and urgent clinic spaces. The current SDEC is limited in scope and specialties involved. This is an important way of getting more specialty involvement in emergency care and will reduce the proportion of emergency admissions that traverse the ED and the number of admissions.	SDEC is open form 8-8 Fully staffed Approx 60% of the medical take does attend SDEC. Planning for complex streaming at front door. Frailty SDEC – need to de surge unit. Unit to take direct from ED and will start to take referral direct form WAST, therefore, to avoid ED. HOT clinics in medical specialities already in place (manged by the medical Consultants)	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	It needs financial investment
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R21. (WGH) Transfer arrangements to other hospitals must also be improved. There is no onsite paediatrics, and we were told that visiting paediatricians, working in outpatient clinics, refuse to support the ED in emergency situations. Moreover, children who require transfer to paediatric inpatient units are not accompanied by an anaesthetist, unless an endotracheal tube is in-situ. This lack of support for the ED is unacceptable and does not reflect a positive view of the importance of safe patient care.	Clear pathway already in place for paediatrics. A designated ambulance is on standby outside ED for transfers.	Community & Integrated Medicine	Chief Operating Officer	31/10/2025	31/10/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R24. (GGH) The ED is small and cramped and desperately needs more space, if it is to accommodate large numbers of patients waiting for a hospital bed. However, better patient outflow from the ED is obviously required. The current situation is clearly causing increased risk and harm to patients and is distressing for staff.	Review of current GGH space (ED/CDU/MDU and external environment) to explore additionality/re-purpose of space to support and reduce impact at front door (ED).	Community & Integrated Medicine	Chief Operating Officer	16/05/2025	16/05/2025	Workforce challenges/culture/resistant to change/ environmental factors/ equipment.
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R25. (GGH) The ED is used by the hospital as a general waiting room for all specialties and input to the ED by inpatient specialists is poor. The implementation of Internal professional standards is urgently required.	Speciality Pathway Reviews underway. Surgical SDEC (Phase 1 Complete). Pilot of Trauma Ambulatory Care Unit underway. Review of Urology, ENT & Gynae Pathways. Internal Professional Standards have been disseminated by Deputy Medical Director. Formal monitoring arrangements to be agreed. Deputy Medical Director currently aligning speciality specific pathways from ED in line with professional standards. 05/09/2025 - Internal Professional Standards now drafted. Implementation through the Medical Directorate and Clinical Leads required.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R27. (GGH) Ambulances wait outside the ED for long periods.	Boarding protocol implemented with patients boarded against predicted discharges. Safety Huddles, Patient Flow review. Emergency Pressures and Escalation Policy (489) Role of the Senior Nurse Manager, Clinical Site Manager and 'Manager of the Day' strengthened, supporting key escalation of actions, status and risk. Optimal Flow Framework implementation: -EOS Reviews & Escalation process review -Board round monitoring & Frontier usage -Criteria Led Discharge -Repatriation Database -POCD monitoring Initiatives to facilitate admission avoidance: -Streaming Hub -Virtual Ward -Re-direction Policy (Draft) -Perfect week (Jan 25) completed with some initiatives adopted as business as usual (GP medical take via SDEC). -Optimised Weekend working Pilot planned (22/23 March). Weekly Big Room Advertising for a 6th Acute Physician to enable SDEC, CDU and Medical Liaison in ED rotation to provide sufficient medical cover across the front door. Recruitment process instigated.	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R28. (GGH) The departmental configuration makes imaging difficult to access in a timely way. However, the suspected cauda equina syndrome (CES) pathway is good	Review completed and ED & SDEC radiology request prioritisation agreed – requires further measurement of data to determine impact. OOH Cauda Equina pathway review being undertaken.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R31. (GGH) SDEC will take GP referrals (and some ambulance referrals) directly but closes at 8pm and only accepts new patients up to 5pm. There is a poor flow of patients to SDEC from the ED.	Change in pathway for medical referrals from GP to GGH SDEC (embedded since perfect week). SOP being updated. Optimised Weekend working Pilot planned (22/23 March) will include SDEC	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R32. (GGH) The co-located MIU is ENP-led, with patients streamed from the ED reception. The out-of hours primary care centre will not accept patients from the ED	OOH's primary will accept patients as per re-direction policy – pending sign off.	Community & Integrated Medicine	Chief Operating Officer	31/05/2025	31/05/2025	
Peer Review - Getting It Right First Time (GIRFT) - Emergency Medicine June 2024	R33. (GGH) The shortage of senior medical staff and registered nurses must be addressed.	ED Consultant Recruitment – process underway. Safe Staffing Review (RN) has been progressed over last 18 months with key recruitment. Further reviews planned (B2/B3)	Community & Integrated Medicine	Chief Operating Officer	30/06/2025	30/06/2025	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Introduce standardised risk (in line with College guidance) and priority ratings for cataract surgery and change waiting list forms to support this	1) Review current waiting list forms and agree clear priority ratings. 2) Develop protocol to align with waiting list forms with clear priority ratings. 3) Implement new waiting list forms.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/10/2025	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Introduce high flow principles and processes to cataract lists and patients of ANY complexity to drive higher numbers of cases in all lists. Send for patient early enough to ensure they are ready in the anaesthetic room to enter theatre once the last case finished.	1) Review BGH and GGH suitability for high flow lists 2) If environment is not deemed suitable review process for current delivery of complex patients. 3) Review patient pathway and reduce delays with patient arriving in theatre.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/03/2026	Linked to CSP in GGH and BGH as high flow principles challenged on these sites.
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check or take consent etc – consider whether to involve the clinical nurse and optometrist practitioners and/or train the day surgery staff. Do not do routine obs on the day.	1) Review staff training to mark the eye with Senior Nurse Manager. 2) Review process for baseline obs	Planned and Specialist Care	Chief Operating Officer	30/04/2024	30/09/2025	Staffing sickness levels impacts upon training and development within the ophthalmology roles.
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Do not have patients climbing on and off a trolley in the operating room - position patients in the anaesthetic room and wheel the patient in and out on trolley or couch.	1) Check if theatre trolleys are fixed in theatres or if surgical trolleys can be wheeled in AVH- BGH- GGH-	Planned and Specialist Care	Chief Operating Officer	31/12/2023	31/03/2026	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Rationalise cataract surgery to only units that are, or can be changed to be, suitable for high flow. Move other work out of the most suitable units to accommodate this.	1) Move IVT out of AVH OPD back to Pembrokeshire. 2) Move IVT service out of day theatre into AVH OPD. 3) Increase cataract delivery through AVH theatre.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/03/2026	The IVT service is extremely fragile and we cannot afford to lose capacity. The IVT capacity needs to be increased to meet demand and this is a sight affecting service. This will need to be considered when proposing a move to the OPD department in AVH.

Inspection Title	Recommendation	Action	Clinical Care Group/Executive Function	Lead Director	Original Due Date	Current Due Date	Barriers
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	1) Align staggered arrival times in line with consent in pre-assessment (outlined above). 2) Review of current discharge processes across site and standardise documentation and processes.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/07/2025	
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Review the footprint and usage of all the outpatient areas and create ophthalmology and subspecialist areas with teams and all equipment in one or two area/sites for glaucoma	1) Review current structure and delivery. 2) Plan new structure and delivery. 3) Commence new structure and delivery. This action may be restricted by cost to implement.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/03/2026	Other services would need to move to accommodate this and the Clinical Services Plan is mapping these services and their requirements
Peer Review Getting It Right First Time (GIRFT) Ophthalmology Review	Work with the health board and the regional team to find a better outpatient solution, fit for modern ophthalmic care and the longer-term rising population demand which can support training the MDT. Consider all options for the regional collaboration with other relevant health boards.	1) Review where SAS doctors currently support Consultant clinics to identify training opportunities. 2) Develop SAS doctors and non medical staff in line with training needs and liaise with SBUHB for support with development.	Planned and Specialist Care	Chief Operating Officer	30/04/2024	31/03/2026	Other services will need to move to accommodate bigger Ophthalmology clinics. SB are discussing a training programme we have proposed, this will need to be accepted by them in order to progress.

2

9:20 AM, 0 Mins

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2 - ESCALATION OVERVIEW

2.1

9:20 AM, 15 Mins

2.1 - ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

Shaun Ayres (Hywel Dda UHB - Director of Delivery)

For assurance

Attachments

Escalation Oversight and Highlight Report FPC 30 April 2026.pdf

Escalation Oversight and Highlight Report

April 2026

Prepared by Shaun Ayres

Executive Summary - Flagged Criteria at a Glance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Eight criteria are flagged for committee attention this month. Cancer (SCP) is the principal re-escalation risk - two consecutive months below the 63% de-escalation target. No new performance criteria have met the three-consecutive-month de-escalation test this period. All other active criteria remain under routine monitoring (Slide 11).

ALERT

£58.4m

C2 - Underlying deficit

Recurrent conversion c.20%

ASSURE

£22.086m

C3 - Target control total

£0.014m better than £22.1m target

ALERT

59.8%

Cancer (SCP) - re-escalation risk

2 months below 63% target; 3m avg 62.2%

ALERT

41.5%

C15 - Ophthalmology R1

Against 65% target; 0 consecutive months

ALERT

7.6%

C17 - 12-hour ED waits

Against 7% target; 0 consecutive months at target

ALERT

220

C19 - Delayed pathways

Against 174 target; deteriorated from 207

ADVISE

77 / 69%

C26 & C28 - 26w & 36w pathways

36w 77.1% (3m avg 76.4%); 26w 68.9% (3m avg 66.9%)

ADVISE

86.1%

C30 - Diagnostics <8 weeks

Recovered Mar 26; volatile (Jan-Feb 65 / 69%)

Criterion 2 - Underlying Deficit and Conversion

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ALERT

£58.4m	£52.6m	c.20%	25 / 25
Underlying deficit	**Savings identified**	**Recurrent conversion**	**Corporate risk #1199**
Structural position (2025/26)	*Against £46.4m target (+£6.2m)*	*Of non-recurrent savings*	*Severity 5 × likelihood 5*

Criterion (as stated)

Substantial progress to be made in delivering the targeted intervention action plan, including actions to improve our understanding of the existing deficit and key drivers, and development and realisation of opportunities.

Issue

In-year savings delivery is strong: £52.6m identified against a £46.4m target. The underlying deficit however remains at £58.4m, with only c.20% of non-recurrent savings converted to recurrent value. Strong in-year delivery is masking limited progress against the structural driver.

Why we are flagging

This is the structural position the TI programme is intended to address. Corporate Risk 1199 sits at severity 5 × likelihood 5 = 25. The 2026/27 plan starts from this base and credibility will be tested against the conversion profile.

Consideration for Committee

Test the credibility of the 2026/27 savings plan against the current conversion rate and seek assurance that the executive conversion exercise will materially move the underlying position. The first milestone around the overall deliverability of the annual plan and consideration of whether we can go further will be the May 2025 Board Paper.

Rationale - why alert

Active committee engagement is required because the underlying structural position is not being materially addressed by in-year performance.

Criterion 3 - Target Control Total Delivered (2025/26)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ASSURE

£22.086m	£22.100m	£1.6m
End-of-year outturn (deficit)	**Welsh Government TCT**	**Year-end adjustments**
£0.014m better than the TCT	*Reset deficit target 2025/26*	*VAT £0.8m + CHC release £0.8m*

Criterion (as stated)

Continue to deliver milestone target control totals on an ongoing basis. Reset target control total for 2025/26 of £22.1m deficit.

Issue

The unaudited end-of-year position is a £22.086m deficit, £0.014m better than the £22.100m target control total set by Welsh Government.

Why we are flagging

Delivery of the reset target control total provides confidence that in-year financial control held, even though the month 12 position worsened by £1.5m against plan (£4.0m deficit against a £2.5m in-month plan).

Consideration for Committee

Note that the soft close prior to year-end adjustments was £23.7m (c.£1.6m adverse to plan). The Health Board's run rate should be read alongside the headline outturn; especially in the context of Criterion 2.

Rationale - why assure with caveat

Routine monitoring can resume. The committee can take confidence from in-year delivery, with the reliance on year-end adjustments noted.

Cancer (Single Cancer Pathway) - Re-escalation Risk

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

ALERT

59.8%
February 2026 SCP performance
Against 63% de-escalation target; 1.8pp MoM drop

62.2%
3-month rolling average
6m 62.7% | 12m 63.3% | target 63%

2 mo
Consecutive months below 63%
Jan 60.9%, Feb 59.8%; de-escalation run broken

Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
60.1%	66.4%	63.3%	65.8%	60.9%	59.8%

Criterion (as stated)

Criterion 21 (de-escalated July 2025) - 63% of patients starting first definitive cancer treatment within 62 days from point of suspicion, maintained for three consecutive months against the SCP target.

Issue / why / consideration

Cancer (SCP) was de-escalated after the required three-consecutive-month run above the 63% target (Oct 66.4%, Nov 63.3%, Dec 65.8%). Performance has since softened: Jan 26 60.9% and Feb 26 59.8% sit below the 63% target, with February also below the 60% TI floor. The 3-month rolling average is 62.2% (6m 62.7%, 12m 63.3%) - the trend is deteriorating, not an isolated single-month dip.

Rationale - why alert

Two consecutive months below the de-escalation target on a previously de-escalated criterion is the signal the committee should test. Committee should seek assurance on the cause of the softening (January to February 2026), consider whether re-escalation triggers that apply if March remains below 63%, and the recovery plan to return to a sustained position above target.

Criterion 15 - Ophthalmology R1 Compliance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ALERT

41.5%	65%	40.3%
R1 pathways within tolerance	**Escalation target**	**3-month rolling average**
March 2026 - combined R1	*Maintained for three months*	*6m 38.7% | 12m 36.8% (target 65%)*

Compliance against 65% target

Actual 41.5% Target 65% (vertical marker)

Criterion (as stated)

Enhanced monitoring: 65% of R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for three months.

Issue / why / consideration

41.5% of combined R1 pathways are within target date plus 25% tolerance against a 65% threshold, with 0 consecutive months at target. The 6-to-12-month trajectory is improving but sustained compliance is not yet established. Improvements are beginning to show but the gap to target remains material.

Rationale - why alert

The scale of the gap (23.5 percentage points) and the absence of sustained compliance warrant active committee engagement. The committee should test whether current improvement trajectory can close the gap, or whether a reset conversation with Welsh Government is indicated. The Clinical Care Group (CCG) is working on a plan to set out what the barriers are to achieving 65%, including both clinical validation and estate space. However, at present, the current performance (whilst improving on a monthly basis) is still significantly short of the 65%

Criterion 17 - 12-hour ED Waits (Target <7%)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ALERT

7.6%
Aggregate 12-hour position
Against <7% target

0
Consecutive months at target
Three required for de-escalation

8.7%
3-month rolling average
6m 8.7% | 12m 8.3% (target <7%)

Health board aggregate against 7% target

Actual 7.6% Target 7%

Criterion (as stated)

Less than 7% of patients waiting 12 hours or more in the Emergency Department (ED).

Issue / why / consideration

Aggregate 12-hour performance sits at 7.6% against the 7% target - narrowly above and with no consecutive months at target. The medium-term picture is unchanged, although short-term movement is improving. Performance is being held back by site-level variation, with the principal pressure remaining at the Withybush Hospital (WGH) and Glangwili Hospital (GGH) front doors. Ambulance handover improvement has not yet translated into a step-down in 12-hour breaches.

Rationale - why alert

Performance is materially above target with no months at target - three consecutive months are required for de-escalation. The Committee should seek assurance on the actions to convert short-term improvement into a sustained position below 7%.

Criterion 19 - Delayed Pathways of Care (DPoC)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ALERT

220	→	224.7
Current DPOC count *Against 174 target (5% reduction)*	**Trend direction** *Static - no improvement signal*	**3-month rolling average** *6m 223.8 | 12m 223.6 (target 174)*

Carmarthenshire	Ceredigion	Pembrokeshire
Largest share of delays	*Stable*	*Stable*

Criterion (as stated)

A 5% reduction in delayed pathways of care sustained for three consecutive months against agreed baseline.

Issue / why / consideration

Current position has deteriorated to 220 delayed pathways against the 174 target (5% below the 203 baseline). The trend is now static - the previous improvement signal has not been sustained, and at the current rate of change the target is approximately 21 months away. Carmarthenshire continues to carry the largest share of delays. Without a step-change in patient flow, in-year delivery is not a credible prospect, this is probably the single biggest risk in the annual plan, as the position has become statistic, but is now above 220 DPoCs.

Rationale - why alert

Movement away from the target combined with a static trend constitutes deterioration on a previously improving criterion. The Committee should seek assurance on both the internal and regional partnership response and the realistic recovery trajectory before next reporting cycle.

Criteria 26 and 28 - 26-week and 36-week Pathways

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ADVISE

Criterion 28 - 36-week referral to treatment

77.1%

Actual position

Against 80% target

Actual 77.1% Target 80%

Criterion 26 - 26-week referral to treatment

68.9%

Actual position

Against 75% target - improving

Actual 68.9% Target 75%

Criteria (as stated)

C26 - Enhanced monitoring: continuous improvement towards 75% of open pathways waiting less than 26 weeks. C28 - Enhanced monitoring: continuous improvement towards 80% of open pathways waiting less than 36 weeks.

Issue / why / consideration

26-week sits at 68.9% against 75% (3-month average 66.9%, 6m 65.2%) with a statistically improving signal - Q2 delivery remains plausible if the trajectory holds. 36-week sits at 77.1% against 80% (3-month average 76.4%, 6m 75.8%), closer to delivery but reliant on theatre capacity and staffing. Context: C25 (52-week outpatient appointments) is at 100% and de-escalation is pending; C27 104-week pathway compliance is essentially static at 99.9% - material residual long waits remain. ENT, ophthalmology and orthopaedics remain the principal drivers of long pathway risk. However, the risk here is set out within the annual plan around stage 1 breaches which if realised will deteriorate the above performance.

Rationale - why advise

Both pathways are reasonably close to achieving said target; however, the forecasted stage 1 breach rate is liable to impact on the numbers set out above (negatively).

Criterion 30 - Diagnostics <8 Weeks (Volatile)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ADVISE

86.1%
March 2026 position
Recovered above 85% goal

1 of 3
Consecutive months at 85%
Jan-Feb breach broke the run (65 / 69%)

Volatile
Pattern of variation
Repeated step-down, step-up cycle

Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
84.9%	86.6%	83.2%	65.1%	68.9%	86.1%

Criterion (as stated)

Continuous improvement to enable patients waiting less than 8 weeks for a diagnostic test (TI de-escalation threshold 80%; current goal 85%), maintained for three consecutive months.

Issue / why / consideration

March 2026 performance has recovered to 86.1% - above the 85% goal - but the route to that point shows material volatility. Performance was around 84-87% October-December, dropped sharply to 65.1% in January and 68.9% in February, and rebounded in March. The criterion is not at de-escalation: only one consecutive month at the 85% goal and the recent pattern is not consistent with sustained delivery. A clear understanding of what drove the January-February step-down is understood (implementation of a new system), however, the risk around delivery is also one highlighted in the annual plan (circa £1.6m of non-recurrent WG monies not available) before any de-escalation case can be made.

Rationale - why advise

Recovery is encouraging but the volatility carries real risk. The Committee should advise on the diagnostic recovery plan, the likely impact on recovery monies and the assurance needed before a de-escalation submission is brought forward.

Other Active Criteria - Routine Monitoring

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Active criteria not flagged for The Committee's attention this month - under routine monitoring with regular review against trajectory.

Criterion	Rating	One-line position (Mar 2026)
1 - Financial governance and control	Advise	Framework in place; Allocate rostering compliance remains a control concern.
4 - In-year financial balance	Advise	£22.1m deficit delivered vs £30.0m planned deficit; balance not yet achieved.
12 - Progress on key metrics	Advise	Mixed picture across UEC and planned care; composite position stable.
16 - Ambulance handover (>1 hour)	Advise	514 vs 680 target; 2 consecutive months - Jan 26 spike (716) broke prior run.
18 - Clinical assessment (≤60 mins)	Advise	70 mins vs 60 min target; sustained above target.
25 - 52-week outpatient (100%)	Assure	100% in March 2026 (1 consecutive month); two further required for de-escalation.
26 - RTT <26 weeks (75%)	Advise	68.9% vs 75% - improving from 62.9% in Dec 25; residual risk in ENT and ophthalmology.
29 - 12% reduction in follow-up delays	Advise	15,182 vs 11,368 target; reducing month-on-month from 16,558 in Oct 25.
31 - Endoscopy <8 weeks	Advise	73.6% vs 85% goal; declined from 83% in Dec 25 - radiology / endoscopy capacity.
32 - NOUS & MRI <8 weeks	Advise	MRI 81.7%, NOUS in similar band; radiology capacity remains the constraint.
33 - Therapies <14 weeks (85%)	Advise	78.0% vs 85% threshold; improving from 75.2% in Oct 25.
CAMHS (assessment, therapeutics, CTP)	Assure	All three indicators sustained above target; remain de-escalated.

Internal Escalation – Notable Changes

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Domain-level escalation movements signed off by the head of performance. Finance and performance domains show no movement.

▲ ESCALATED UP

Quality and safety

- Planned and specialist care - now level 3 (was level 2). Context: aligned to the cancer (SCP) softening and theatre pressure on the planned-care pathway suite.
- Primary care - now level 2 (was level 1). Context: access and IPC concerns raised through Q1 audit cycle.

Implications

Quality and safety is the only domain with upward movement this cycle. Planned and specialist care at level 3 warrants close tracking at next sign-off, particularly against the cancer re-escalation risk (slide 5).

▼ ESCALATED DOWN

Pharmacy and medicines management

- Now level 1 across Q&S, workforce, strategy / planning, and population health (four sub-categories). Sustained de-escalation over the cycle.

Other domain moves (net down)

- Governance - primary care and COO management both now level 1 (from level 2). Reflects closure of long-standing governance actions.
- Population health - allied health / health sciences, executive nursing and medical all now level 2 (from level 3). Aligned workforce indicators improving.

Implications

Concentrated de-escalation across pharmacy and medicines management is worth committee recognition as a positive movement; the wider picture is also net-downward.

So what for Committee?

The balance of movement this month is clearly downward - four domain de-escalations against two targeted up-moves in quality and safety. Finance and performance domains are static. Watch quality and safety - the planned-care escalation to level 3 aligns with the cancer (SCP) signal on slide 5.

Decisions Required and Next Steps

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The Committee is asked to

- **NOTE** the alert-rated criteria (C2 underlying deficit, C15 ophthalmology, C17 12-hour ED at Withybush Hospital) and agree the mitigating actions proposed by the executive leads.
- **NOTE** the assure-rated criteria (C3 TCT delivered, C16 ambulance de-escalation) and endorse continued monitoring.
- **ADVISE** on pace for DPOC (C19) and pathway compliance (C26/28), particularly resource prioritisation for theatre capacity.
- **CONSIDER** whether the ophthalmology escalation measure (C15) remains appropriate given the revised achievability assessment.
- **NOTE** the internal escalation summary and the concentrated pharmacy de-escalation.

3

9:35 AM, 0 Mins

3 - ESCALATION RESPONSE – RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES

3.1

9:35 AM, 25 Mins

3.1 - HOSPITAL FLOW PROCESSES

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

Hospital Flow Processes FPC 30 April 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

ESCALATION RESPONSE – HOSPITAL FLOW RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES

Finance and Performance Committee

30 April 2026

Executive Summary

- The Finance and Performance Committee is requested to **NOTE** progress to date in developing of Hospital Flow plans and related forecast performance trajectories for 2026/27
- Slides reflect progress to date and trajectory information against de-escalation criteria data, ambulance handovers >1hr, >12-hour Emergency Department (ED) waits, time to clinical assessment and Delayed Pathways of Care Delays (DPoC). Please note trajectories have been calculated on the assumption that the Clinical Streaming Hub (CSH) will be launched in July 2026. This may need to be adjusted going forward, current estimates for the system to go live is October 2026 for CSH.
- The Optimal Hospital Flow and Pathways of Care Delays Programme remain central to improving in-hospital flow and remain an area of focus for Welsh Government (WG) for 26/27. The UEC Programme Team and Quality, Improvement Skills Training (QIST) practitioners support the implementation of this work across Counties, with Hospital Leads and Ward managers responsible for the embedding of practices as *Business As Usual*.
- Key to hospital flow improvement will be the impact from the 7-Day Business Case and information pertaining to progress has been included as part of the update
- Slides also provide an illustrative assessment of the what will support flow improvement, but further actions are needed which are being picked up as a focus on the back-door in 26/27

Hospital Flow Actual and Trajectory Data

Ambulance Handover Trajectories

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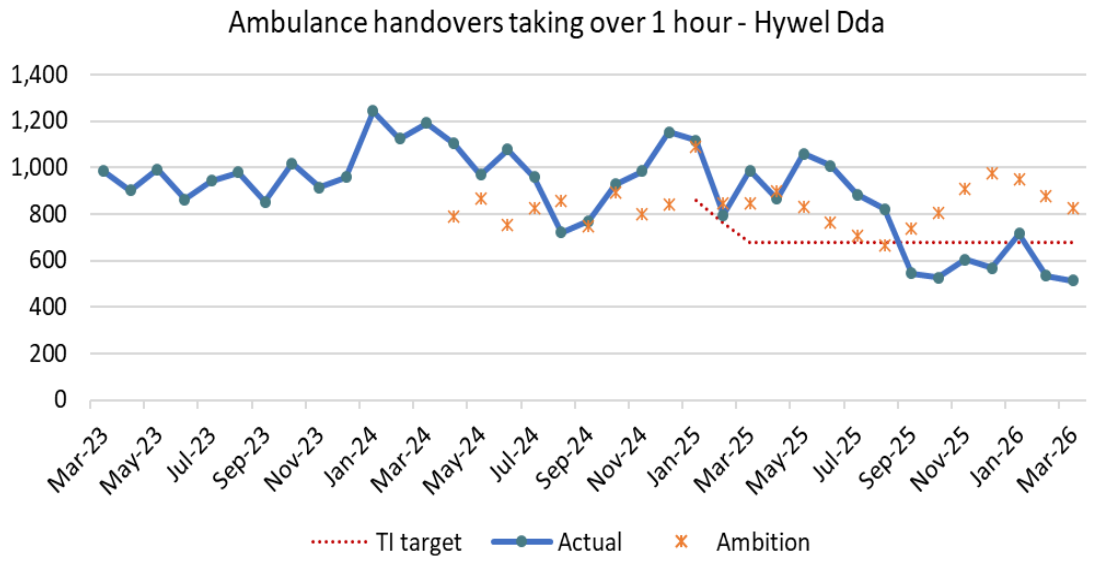
The Health Board has made significant progress on ambulance handovers during 2025/26, and the rebased forecast reflects this improvement. The forecast baseline shows a position that, while encouraging, remains subject to seasonal volatility - particularly during the winter months. The Health Board is seeking to sustain the gains made, reduce that volatility, and strengthen the system's resilience through the CSH, Same Day Emergency Care (SDEC), and Six Goals interventions.

The planned trajectory shows a progressive reduction in handovers exceeding one hour as each intervention ramps up from its go-live date. The CSH seven-day model (all four sites, from July 2026) and SDEC at Withybush Hospital (WGH) (November 2026) provide the primary intervention effects. The following chart illustrates the forecast baseline against the planned trajectory:



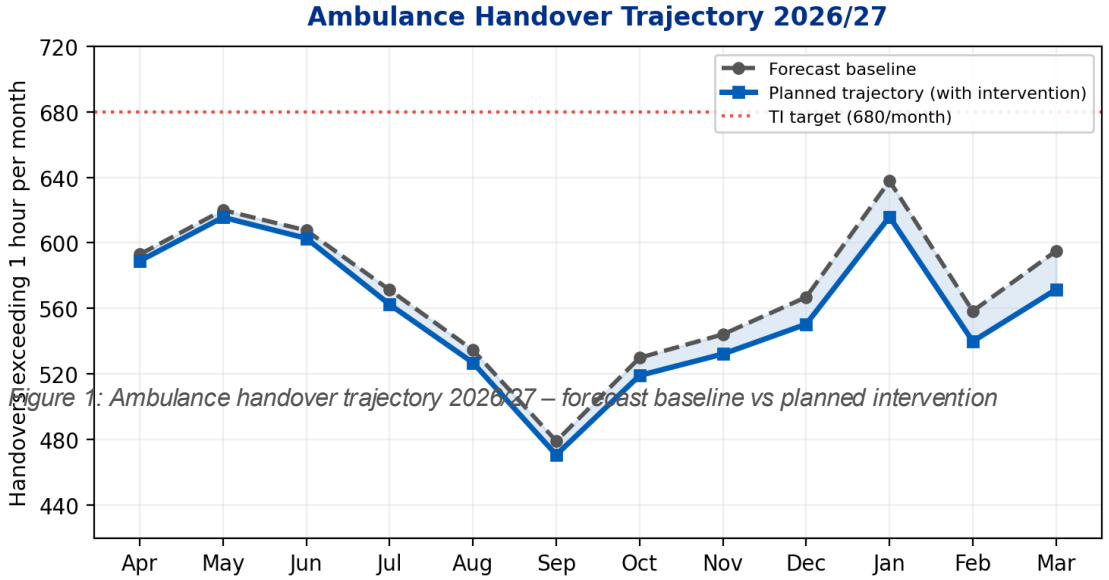
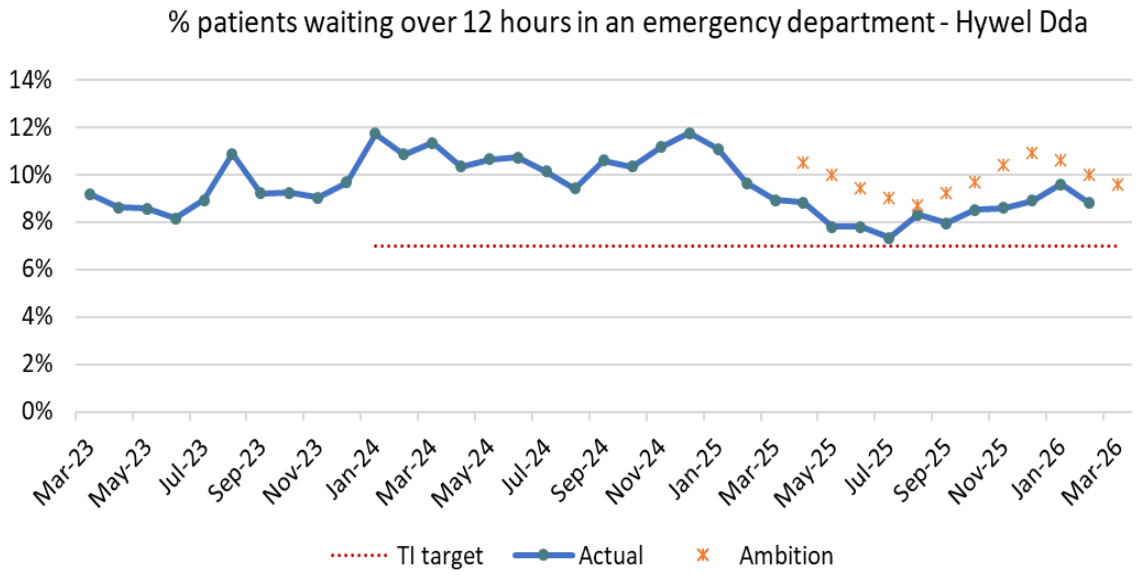


Figure 1: Ambulance handover trajectory 2026/27 – forecast baseline vs planned intervention

Emergency Department Waits

The 12-hour waits target of 7% remains a challenge for the Health Board. The forecast baseline shows the position remaining above target throughout the year. The planned trajectory, driven primarily by the SDEC expansion at WGH from October 2026 and the broader flow improvements across all sites, shows a progressive improvement through the second half of the year:



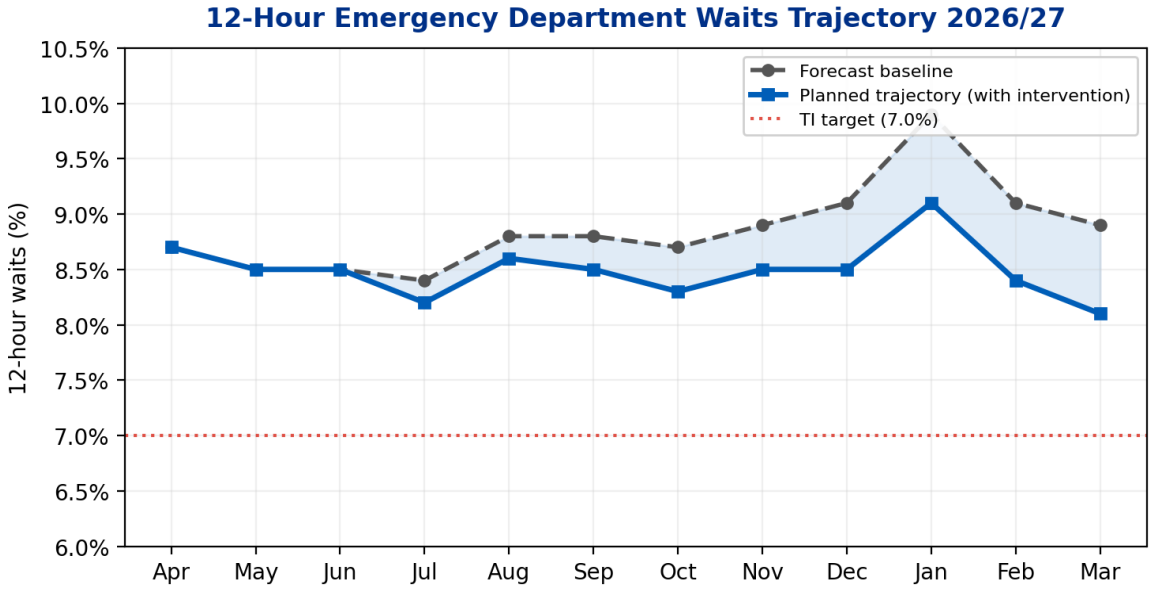


Figure 2: 12-hour ED waits trajectory 2026/27 – forecast baseline vs planned intervention

This is a challenging trajectory, and the Health Board is focused on driving improvement through the actions set out through the UEC Programme Plan and the Seven-day Business Case. The case for change actions, including, CSH, SDEC, and the flow improvements across the system will take progressive effect through the year, particularly as the Health Board focuses on its key sites where the 12-hour metric is most concentrated. The Year 1 SDEC impact is focused on WGH, and system-wide improvement will depend on the broader flow improvements described in this plan working in combination. Site-level variation is material: WGH and Glangwili Hospital (GGH) drive the majority of the Health Board's 12-hour waits, while Prince Philip Hospital (PPH) contributes very little to this metric.

Median Time to Clinical Decision-Maker

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

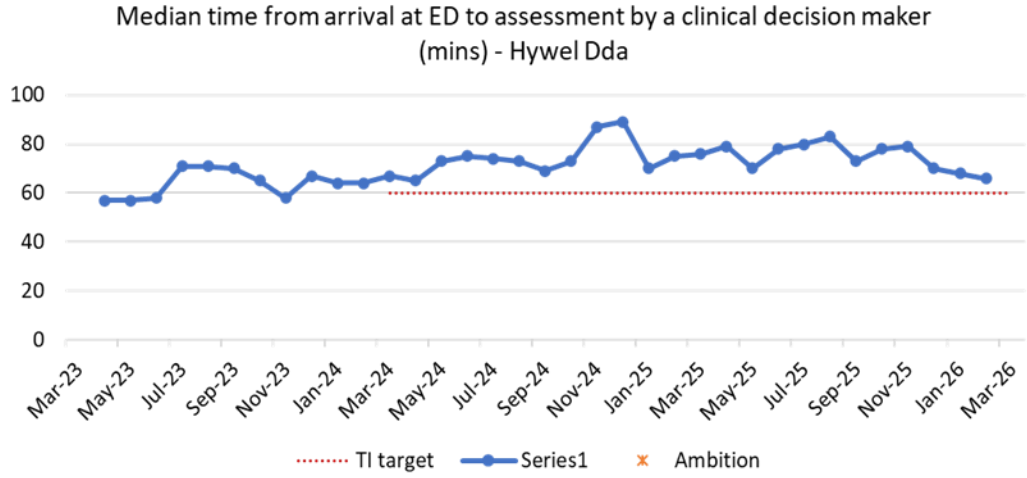
Current position. The Health Board-wide median time from arrival to assessment by a clinical decision maker was **66 minutes in March 2026**, against a de-escalation target of 60 minutes.

Site-level analysis. WGH accounts for approximately **47% of all 12-hour ED breaches** across the Health Board (594 of 1,270 per month, H2 2025/26) and consistently records the highest median time to clinical decision maker of any site. GGH accounts for 36% and Bronglais Hospital (BGH) for 17%. This concentration means that improvements at WGH have a disproportionate effect on the Health Board-wide Clinical Decision-Maker (CDM) figure.

Improvement pathway. Two interventions that will improve and drive the trajectory are:

- **CSH 7-day model:** extends front-door streaming across all sites to seven days, reducing the volume of patients entering the main Emergency Department (ED) queue and thereby lowering the median time to CDM assessment.
- **SDEC expansion at WGH:** targets 12-hour breaches at WGH, the site with the highest breach volume and worst CDM performance. By diverting ambulatory patients to same-day emergency care, SDEC reduces crowding in the WGH emergency department. Because WGH accounts for 47% of Health Board-wide 12-hour breaches, this creates an unintended but significant co-benefit on CDM at the aggregate level.

Assessment - The trajectory shows the Health Board reaching 60 minutes by February 2027 and sustaining near-target performance through March 2027 (61 minutes). The annual average is projected at 65 minutes. Winter demand (December–January) creates a temporary reversal to 70–66 minutes; the plan absorbs this through the combined steady-state effect of CSH and SDEC. Achievement requires approximately 85% delivery of modelled intervention effects.



	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27
Baseline	67	66	66	67	68	65	66	68	72	70	66	67
CSH effect	–	–	-1	-1.5	-2	-2.5	-3	-3	-3	-3	-3	-3
SDEC co-benefit	–	–	–	–	–	–	-1	-1.5	-2	-2.5	-3	-3
Winter adj.	–	–	–	–	–	–	–	+1	+3	+2	–	–
Planned	67	66	65	66	66	63	62	65	70	67	60	61
Target	60	60	60	60	60	60	60	60	60	60	60	60

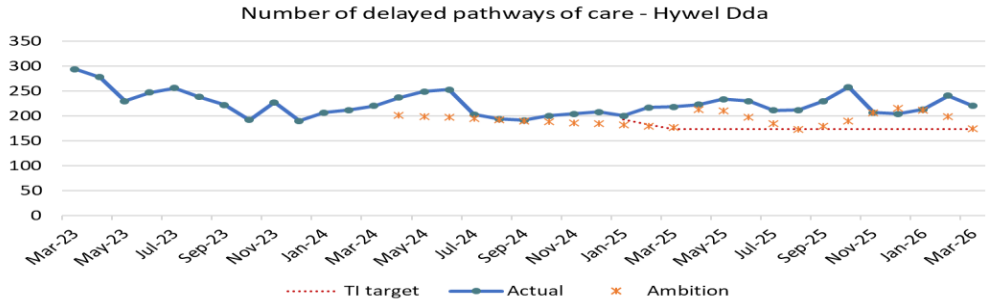
Delayed Pathways of Care

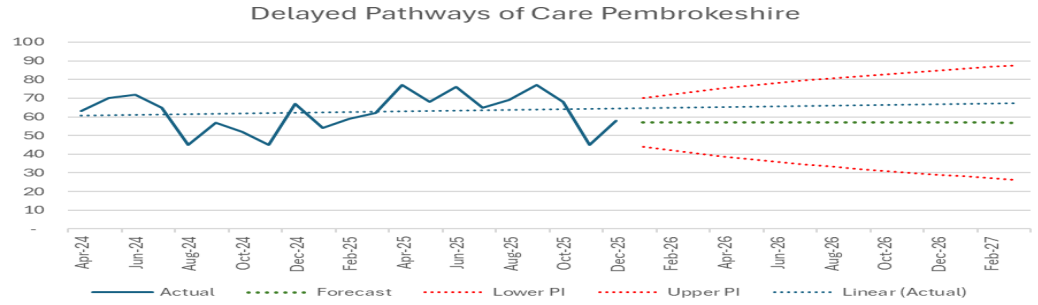
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

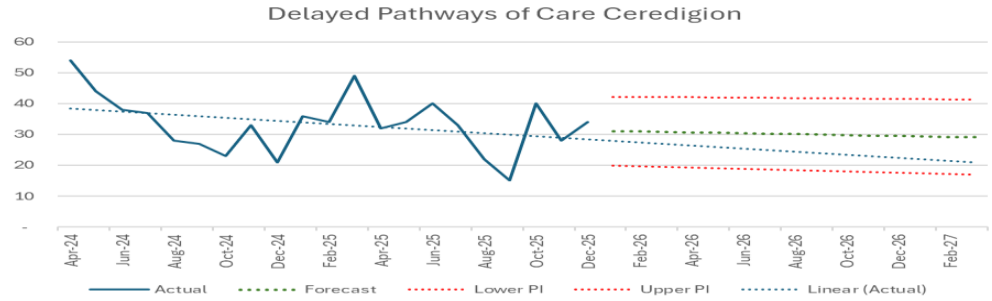
Delayed Pathways of Care (DPoC) present the most significant challenge and is where National and Local UEC planning is focused for 2026/27. The metrics presented reflect the downstream consequence of system-wide flow constraints, including factors that extend beyond the Health Board's direct control such as domiciliary care capacity, care home placement availability, and the complexity of the patient cohort.

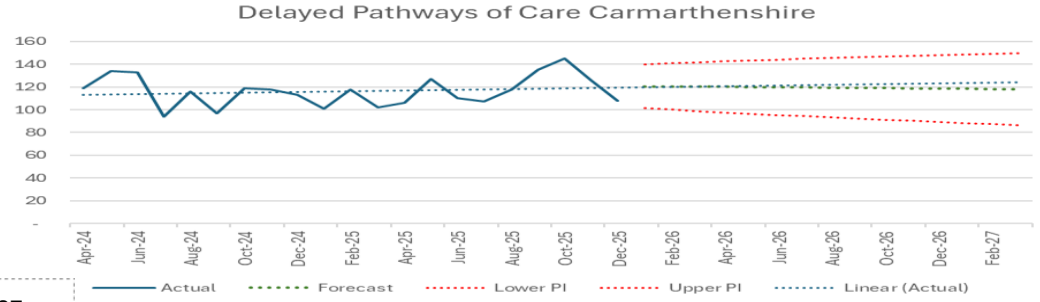
Within the data it is seen that the over-21-day cohort has the most material opportunity for flow improvement. A targeted reduction in this cohort would free substantial bed capacity across the organisation, with a transformative effect on system flow. The over-50-day cohort is a particular focus, as these patients represent the highest bed-day consumption per patient.

The Health Board is setting out the actions that will drive maximum improvement through the interventions in the UEC Programme Plan, while recognising that DPoC delays remain the greatest challenge and that progress requires effective partnership working with local authorities and third-sector providers. The current trajectory for DPoC shows a static position across all counties, underlining the urgency of the system-wide response. The UEC Programme is committing to the actions that will make the greatest difference and to reporting progress transparently. Please note, forecast trajectories based on April 2023 to December 2025 actual data:









Hospital Flow Actions 2026/27

Hospital Flow Actions 2026/27

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Delivered through the Health Board's Six Goals Programme, Hospital flow improvement focuses addressing key ministerial priorities, including UEC3 (Acute Front Door Frailty), UEC4 (Ambulance Patient Handover), and UEC5 (Optimal Hospital Flow). This work is supported through regular local, Health Board, and national reporting and oversight, providing ongoing assurance of delivery and impact. Hospital sites continue to align and strengthen processes in line with the National Optimal Hospital Flow Framework, incorporating Red to Green, SAFER, D2RA, deconditioning prevention and the development of Same Day Emergency Care (SDEC) and Acute Frailty front-door models.

Optimal Hospital Flow

Significant progress has been made in embedding Optimal Hospital Flow principles across inpatient areas, with a focus on improving decision-making, standardising processes, and supporting proactive discharge planning from the point of admission. Board rounds, afternoon huddles, and Red to Green principles are used to identify and address delays in real time, with discharge planning aligned to "what matters" conversations and the Expected Date of Discharge (EDD). This is supported by the continued rollout of resources, training materials, and ward-level blueprints to embed local ownership and consistent application of flow processes.

Discharge Lounges

To improve discharge efficiency and enable earlier discharges, some sites have optimised the use of discharge lounges, including piloting extended opening hours and weekend utilisation to support discharges. Learning from this pilot is informing future service models and supporting more consistent discharge practice across the week, improving early bed availability and reducing avoidable delays to patient transfer from inpatient wards.

Preventing Deconditioning

Preventing hospital-acquired deconditioning is a core component of flow improvement and supports the Health Board's quality improvement focus on reducing patient harm. As part of the Six Goals Programme, a range of actions have been delivered to strengthen organisational understanding and prevention of hospital acquired deconditioning. Actions delivered include staff awareness resources, patient information materials, enhancement of the Preventing Deconditioning SharePoint site, and the capture of patient experience case studies to reinforce the importance of prevention. Implementation phase one of the National Deconditioning Early Warning Indicator (DEWI) Tool has been launched across 14 acute and community wards, with over 400 patients supported to date, alongside the introduction of a clinically co-produced Action Bundle and Action Log to guide and record responses to

Hospital Flow Actions 2026/27

Standard Operating Procedure Managing Clinically Optimised Patients

A new Standard Operating Procedure (SOP) for managing clinically optimised patients will be piloted to standardise practice, strengthen escalation, clarify roles, and reduce avoidable discharge delays once acute care is complete.

ED / MIU Redirection Policy

The ED / Minor Injuries Unit (MIU) Redirection Policy has been ratified and is being embedded into frontline practice, supporting the safe redirection of appropriate patients to alternative pathways, reducing Emergency Department pressure, and improving overall system flow.

Regional DPoC Plan

Progress continues against the Regional DPoC Plan, with a focus on strengthening discharge planning and escalation processes, embedding Trusted Assessor approaches, improving integrated working through a Hospital Discharge Memorandum of Understanding (MoU), and using DPoC governance forums to track delays, agree actions, and provide assurance at county and Health Board level.

Strengths-Based Collaborative Communication Training is being delivered across Health and Social Care to support person-centred practice and strengthen multidisciplinary working, alongside ongoing engagement to embed flow principles as business as usual.

Acute Frailty, SDEC, and Hospital at Home services continue to support hospital flow by enabling early clinical decision-making, avoiding unnecessary admissions, and supporting timely discharge. Work to strengthen governance and standardise practice is ongoing through the development of SOPs and Action Plans.

Collectively, the work undertaken demonstrates a coordinated and nationally aligned approach to improving hospital flow at site level. This provides confidence that sustained and systematic action is being taken to reduce delays, improve flow, and support safe, effective, and timely patient care.

Progress against seven-day business case implementation and key timelines

7- Day Clinical Streaming, Hospital@Home and SDEC Implementation

Current Position

- County-level Seven-Day CSH Implementation Groups are now established with County System leads as Chairs and agreed Terms of Reference.
- Implementation is being coordinated through formal action logs, risk registers and dashboards.
- 7-Day Business Case Implementation meetings are in place, with recorded sessions and action escalation.
- Vacancy requests and job descriptions (including ACPs, Band 6 nurses, pharmacy support) have been prepared and submitted through local and Health Board wide financial scrutiny groups
- Several posts are awaiting Financial Control Sub-Group (FCSG) approval, with clear deadlines for finance sign-off.
- Key workforce risks actively being managed include:
  - Impact on Out of Hours and community nursing capacity
  - Requirement for Organisational Change Process (OCP) changes and contractual notice periods
- Detailed implementation plan live and being iterated, including: go-live dependencies such as estimated OCP and recruitment timelines.
- SOP for seven-day CSH and Hospital@Home alignment with OOH and SPOA arrangements
- Estimated ‘Go-Live’ date for seven-day Clinical Streaming is September 2026, seven-day SDEC November 2026 (aligned to financial planning)

Estimated Timelines

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Programme Manager: Thomas Alexander

Display Week: 1

Task	Progress	Start Date	End Date	Status
Business Case Governance / Sign off				
Governance Structure and Programme Papers Developed for Implementation of 7-Day Business Case		01/02/2026	13/02/2026	
Local Implementation Groups Established		16/02/2026	13/03/2026	
Carmarthenshire		16/02/2026	02/03/2026	
Ceredigion		16/02/2026	27/02/2026	
Pembrokeshire		16/02/2026	13/03/2026	
Job Descriptions Developed and signed off through Local Implementation Groups		02/03/2026	13/03/2026	
Carmarthenshire		02/03/2026	16/03/2026	
Ceredigion		27/02/2026	06/03/2026	
Pembrokeshire		13/03/2026	16/03/2026	
Local Finance Committeee agreement		06/03/2026	24/03/2026	
Carmarthenshire		16/03/2026	24/03/2026	
Ceredigion		06/03/2026	16/03/2026	
Pembrokeshire		16/03/2026	24/03/2026	
Care Group Agreement		16/03/2026	24/03/2026	
Carmarthenshire		24/03/2026	24/03/2026	
Ceredigion		16/03/2026	17/03/2026	
Pembrokeshire		24/03/2026	24/03/2026	
Financial Control Scrutiny Group Agreement		17/03/2026	07/04/2026	
Carmarthenshire		13/04/2026	17/04/2026	
Ceredigion		13/04/2026	17/04/2026	
Pembrokeshire		13/04/2026	17/04/2026	
Recruitment Processes				
Trac completed against all Job Adverts		20/04/2026	24/04/2026	
Job Adverts live		28/05/2026	21/06/2026	
Shortlisting		21/06/2026	26/06/2026	
Interviews		29/06/2026	03/07/2026	
Notice/expected start date (longes est. 3 months 8A)		03/07/2026	03/10/2026	
Human Resource/Organisational Change Requirements				
Review of current Staff		19/03/2026	10/04/2026	
OCP Briefing Document development and sign off		13/04/2026	17/04/2026	
Consultation		01/05/2026	28/05/2026	
Feedback Review Period		28/05/2026	12/06/2026	
OCP - notice period		12/06/2026	12/09/2026	
Standard Operating Procedure				
Digital Handover @weekends OOH/CSH Meeting				
CSH Weekend SOP Development Meeting		26/03/2026	26/03/2026	
Go Live Clinical Streaming				
Training?				
Go Live Date		03/10/2026		

Jan 26, 2026 | Feb 2, 2026 | Feb 9, 2026 | Feb 16, 2026 | Feb 23, 2026 | Mar 2, 2026 | Mar 9, 2026 | Mar 16, 2026 | Mar 23, 2026 | Mar 30, 2026 | Apr 6, 2026 | Apr 13, 2026 | Apr 20, 2026 | Apr 27, 2026 | May 4, 2026 | May 11, 2026 | May 18, 2026 | May 25, 2026 | Jun 1, 2026 | Jun 8, 2026 | Jun 15, 2026 | Jun 22, 2026 | Jun 29, 2026 | Jul 6, 2026 | Jul 13, 2026 | Jul 20, 2026 | Jul 27, 2026 | Aug 3, 2026 | Aug 10, 2026 | Aug 17, 2026 | Aug 24, 2026 | Aug 31, 2026 | Sep 7, 2026 | Sep 14, 2026 | Sep 21, 2026 | Sep 28, 2026

3.2

10:00 AM, 25 Mins

3.2 - Q1 2026/27 PLANNED CARE TRAJECTORIES

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

Q1 2026-27 Planned Care Trajectories FPC 30 April 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 April 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planned Care and Cancer Trajectories 2026/27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paula Goode Clinical Service Director, Lisa Humphrey General Manager Planned Care and Cancer

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) has set out a realistic and risk-led planned care delivery position for 2026/27, within a constrained financial envelope and ongoing targeted intervention arrangements. The Annual Plan confirms sustained improvement and stabilisation across planned care, cancer and diagnostics, while being explicit about the residual demand–capacity gap that remains after all productivity and enabling actions have been applied.

For 2026/27, the Health Board is prioritising safe, timely access for highest-risk patients, protecting cancer performance and diagnostics, and preventing deterioration in referral to treatment (RTT) performance, whilst acknowledging that national standards for RTT, Single Cancer Pathway (SCP) and 8-week diagnostics cannot be fully met without additional investment. The board have signed off the annual plan in March 2026

Cefndir / Background

The NHS Wales Planning Framework 2026–29 and the Cabinet Secretary's letter set clear expectations for planned care. The Health Board's plan will be assessed against the following measures, each addressed in the sections that follow:

- Eliminate all waits over 104 weeks for treatment by March 2027
- Reduce waiting lists over 52 weeks and demonstrate a reduction trajectory for patients waiting over 26 weeks
- Achieve 75% compliance against the Suspected Cancer Pathway standard
- No patients waiting more than eight weeks for a specified diagnostic test
- Achieve 85% theatre utilisation to the *Getting It Right First Time* (GiRFT) standard
- Job plan 90% or more of consultants by September 2026

The Health Board's planned care performance is currently subject to enhanced monitoring arrangements. Cancer performance was de-escalated from Level 3 to Level 1 (routine arrangements) in February 2026, following sustained achievement of the 63% SCP threshold for three consecutive months.

This is a significant milestone, consistent with the position which reflects the sustained focus of the organisation and its clinical teams. The Health Board recognises that performance, whilst meeting the de-escalation criteria, remains below expected standards; the expectation from WG is that performance continues to improve.

Planned care, cancer and diagnostics were subject to significant challenge during 2023–25, contributing to escalation under Targeted Intervention. Since then, the Health Board has delivered:

- Cancer de-escalation to Level 1 (routine arrangements) in February 2026 following sustained SCP performance above de-escalation thresholds.
- Significant productivity improvement across outpatient activity, theatre utilisation, diagnostic throughput and referral management.
- Systematic implementation of national enabling actions, including clinical validation, referral vetting, theatre efficiency and diagnostic stabilisation.

Total Single Cancer Pathway referrals in the period April 2024 to February 2026 were 46,987 (approximately 2,040 per month). Time from suspicion to first booking has improved by 35 per cent over seventeen months (from 19.5 days to 12.6 days).

The diagnostic endoscopy cancer waiting list as of 1 March 2026 stands at 143 patients, with 77 per cent waiting two weeks or less. Some patients on the standard eight-week diagnostic pathway will convert to a cancer pathway.

This is a key risk: the eight-week standard is not only a diagnostic measure but also a cancer risk measure, as delayed diagnostics directly delay cancer diagnosis. A proportion of diagnostic waits therefore convert into cancer pathway activity, meaning the diagnostic stabilisation directly supports cancer performance and reduces planned care RTT pressure.

The 2026/27 Annual Plan has been developed through a risk-led prioritisation process, supported by detailed demand and capacity modelling. It reflects what can be delivered from existing resources, with explicit transparency on the consequences where standards cannot be met.

Asesiad / Assessment

Demand and capacity modelling undertaken through the planning process demonstrates that the Health Board has already delivered strong productivity gains: referral return rates exceeding the Welsh Government (WG) target, the lowest follow-up waiting list in Wales, and systematic clinical validation.

Despite this, the risk register and the capacity analysis identify a residual gap across ophthalmology (Risks 1664, 1066), trauma and orthopaedics (Risk 1256), urology (Risk 2117), dermatology (Risk 21558) and ENT, with patients projected to remain over the 104-week RTT

target in these specialties by March 2027 (Risk 2104). Theatre capacity is the critical constraint (Risks 2028, 2296), compounded by the Glangwili Hospital (GGH) fire safety suspension (Risk 2247). The plan includes funded safer staffing and theatre efficiency programmes but is explicit that the structural estate constraint will persist.

Referral to Treatment

After applying all credible productivity, validation and pathway redesign actions, the Health Board projects:

- **5,507 104-week RTT breaches** by March 2027.
- **9,316 26-week RTT breaches** across a small number of challenged specialties.

The RTT gap is concentrated in five specialties:

Ophthalmology (cataracts) – capacity gap, not productivity failure.
Dermatology – structural consultant workforce deficit.
Trauma and Orthopaedics – impacted by Glangwili theatre estate constraints.
Urology – compounded by diagnostic and theatre capacity constraints.
ENT – already operating above GiRFT utilisation.

All national enabling actions have been implemented:

- 31% referral return rate (above 20% WG target).
- 50% first outpatient outcomes avoiding follow-up.
- 46% removal rate from validated RTT pathways.
- Theatre utilisation improving towards 85% GiRFT standard.

The residual RTT position therefore represents a structural demand–capacity gap, with a total unfunded recovery requirement of £12.5m.

The following table shows the quarterly accumulation of 104-week breaches by specialty (working position). This is the trajectory based on delivery of productivity and efficiency assumptions and no dedicated recovery resources; demonstrating the scale of the challenge behind the £12.5m financial assessment.

Specialty	By June 2026	By September 2026	By December 2026	By March 2027	Year-End	Basis
Ophthalmology	519	1,561	2,653	3,607	**3,607**	Wait/target-date dist.
Dermatology	117	245	357	589	**589**	Wait/target-date dist.
T&O	93	187	275	472	**472**	Wait/target-date dist.
Urology	52	123	260	465	**465**	Wait/target-date dist.
ENT	—	—	—	374	**374**	Wait/target-date dist.
TOTAL (4-spec validated)	**781**	**2,116**	**3,545**	**5,507**	**5,507**	

The 26-week outpatient gap is 9,316 patients across ophthalmology (1,624), dermatology (5,200), ENT (500), neurology (1,222), and rheumatology (770). This figure represents the annual activity and capacity gap after all enabling actions have been applied (referral vetting, SOS/PIFU conversion, first-appointment discharge, clinical validation, and productivity/pathway redesign). The recovery bridge confirms that these volumes are the arithmetic remainder once all credible internal actions have been exhausted

Cancer and Diagnostics

The Health Board's de-escalation from Level 3 to Level 1 for cancer performance in February 2026 is a significant milestone. The risk-led process identified that sustaining this position depends entirely on diagnostic capacity: radiology (Risk 1547), cellular pathology (Risks 1309, 2133), and endoscopy (Risk 1488).

Within the current funding envelope, the plan projects single cancer pathway (SCP) performance in the range of 64-67% (Risks 1350 and 1260), above the de-escalation criterion. Moving towards the national 75% target would require additional capacity funded by WG diagnostic investment that is not yet confirmed for 2026/27 Hywel Dda University Health Board Annual Plan 2026/27 20 (a material risk). The plan is explicit that without continuation of non-recurrent diagnostic funding, a significant regression in both diagnostic and an impact on cancer performance is likely.

Within the current funding envelope and the stabilisation measures, the Health Board's assessment is that a credible and sustainable delivery range of 64 to 67% SCP performance is achievable.

This is the position the Health Board can deliver safely and consistently given current capacity and demand pressures. It meets the previous de-escalation criterion of 63%, sustained for three months, which the Health Board achieved in February 2026. It also represents continued improvement from the historical range of 41% to 56% seen during 2023 and early 2024.

The 64% to 67% range reflects the status quo diagnostic capacity. Without the stabilisation measures the Health Board has in place, the position would not improve; it would hold at this level while demand continues to grow. The Health Board is not describing a trajectory of decline; it is describing the level of performance that the current resource base can sustain.

Single Cancer Pathway (SCP)

Current SCP performance: sustained at 64 to 67%, with a December 2025 position of 65.8%. This level has been sufficient to secure de-escalation to routine arrangements, and the plan maintains performance above de-escalation thresholds throughout 2026/27.
Further improvement towards the 75% national standard is contingent on:

- Additional urology capacity (the largest contributor to SCP backlog).
- Continuation of non-recurrent diagnostic stabilisation funding.
- Increased histopathology and endoscopy capacity, particularly for lower GI pathways.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **ENDORSE** the planned care trajectories for 2026/27 as a credible and evidence-based reflection of what can be delivered within the confirmed resource envelope;
- **NOTE** and accept the residual Referral To Treatment, Since Cancer Pathway and diagnostic risk, recognising that:
  - The remaining gaps represent structural demand exceeding funded capacity;
  - All mandated enabling actions and productivity measures are already maximised.
- **SUPPORT** continued prioritisation of cancer and high-risk patients, maintaining Single Cancer Pathway performance above de-escalation thresholds while preventing deterioration in Referral To Treatment;
- **AGREE** to the use the Annual Plan position as a transparent basis for assurance, escalation and future Integrated Medium-Term Plan development, demonstrating organisational grip, realism and patient-safety-led prioritisation.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Reflected within the body for the report for individual Risk Scores
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	4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	Clinical Care Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Already agreed through Annual Plan.
Ansawdd / Gofal Claf: Quality / Patient Care:	Provide timely care to all patients classified as HFR code R1 within 25% of their target date.
Gweithlu: Workforce:	To develop services in line with additional infrastructure through capital investment and further investment in workforce to close the gap of 14.2 clinics per week.

Risg: **Risk:**	Risk outlined in Risk 1664 (‘Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit’).
Cyfreithiol: **Legal:**	Failure as a Health Board and public service provider to look after the health and welfare of our population in line with required standards.
Enw Da: **Reputational:**	Failure as a Health Board and public service provider to look after the health and welfare of our population in line with required standards.
Gyfrinachedd: **Privacy:**	No risk to privacy identified.
Cydraddoldeb: **Equality:**	No risk to equality identified.

3.3

10:25 AM, 25 Mins

3.3 - ENABLING ACTIONS: VALUE OPPORTUNITIES

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Enabling Actions Value Opportunities FPC 30 April 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

FINANCE AND PERFORMANCE COMMITTEE
PWYLLGOR CYLLID A PHERFFORMIAD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enabling Actions: Value Opportunities
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
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 Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Finance Team has produced a merged value opportunities catalogue drawing together clinical pathway value opportunities, national enabling actions and low-value elimination opportunities, “the catalogue”.

This report sets out the intended scope and positioning of the catalogue as the Year 1 deployment set within the broader value and productivity programme and identifies what the catalogue covers.

Cefndir / Background

The catalogue is not intended to be the complete response to becoming a value-managed system, however provides an important starting point in acquiring and assimilating value opportunities currently available.

Asesiad / Assessment

What the Catalogue Covers

The catalogue is strong on secondary care operational productivity. Each opportunity is described with a narrative, source documents, implementation evidence and quantified impact.

What Sits Outside Year 1 Scope

The following domains are not in the catalogue. They require system-level investment in data, relationships or infrastructure that the Year 1 deployment set helps to build.

Digital as a Value Domain

The catalogue includes AI-supported radiology triage and digital therapy delivery. It does not treat digital as a systematic value driver: remote monitoring, CRM-enabled care co-ordination, home-based technology, or workflow redesign enabled by the flow system. These sit within the Digital work programme and will form part of the year 2 catalogue as implementation matures.

Primary Care and Community Re-design

The catalogue is largely hospital-facing. Cluster-based models, practice variation, social prescribing and health coaching at scale are not included.

Equity Measurement

The catalogue does not include differential impact by deprivation. This reflects the current state of the data infrastructure. As Patient-Reported Outcome Measure (PROM) data from the automated data collection and analysis software, 'Promptly', matures and population health intelligence develops, equity dimensions can be layered onto the opportunity set. This is a Year 2 to 3 requirement.

Workforce Capability

The catalogue addresses workforce cost controls (agency reduction, job planning, sickness absence). It does not address workforce as a value opportunity: new roles, skill-mix redesign, retention as productivity, training pipeline as capacity. These require workforce planning infrastructure that sits outside the current programme scope.

Prevention Economics

Table A covers clinical prevention interventions. The broader prevention economics programme, including spend measurement, partnership with Public Health Wales, and the case for shifting the NHS spend profile, is a parallel workstream. Its outputs will inform future catalogue iterations, however the analytical work is still in development.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **TAKE ASSURANCE** that there is a clear catalogue of low investment/high value opportunities that now need to be converted into delivery.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)		
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.3	Receive assurance on the development and realisation of opportunities. This will be achieved through scrutiny of the bi-monthly

	savings and opportunities report to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Extensive research on value opportunities and enabling actions.
Rhestr Termau: Glossary of Terms:	Contained within the body of the text
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	Value for money inherent within the report.

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Patient outcomes inherent within the report.
Gweithlu: **Workforce:**	Delivering sustainable services and reducing demand.
Risg: **Risk:**	Risk to long term financial sustainability.
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

TABLE A

Prevention

Domain	Value change	Clinical rationale	Evidence source	Scale of potential opportunity (if available)
Adult obesity	Systematic brief intervention with *active referral* to Tier 2 weight management (including digital platforms)	30-second GP or clinician interventions with active referral markedly increase uptake of structured programmes; sustained modest weight loss at population scale prevents diabetes, CVD, cancer and MSK disease	Adult Obesity Strategic Options Appraisal; NICE NG246; BWeL trial	Cost-saving over 20 years; Tier 2 referrals ~£45–55 per person; population-level reach
Adult obesity	Commission digital weight management platforms (Tier 2/3) for rural access	Digital platforms deliver 9–12% weight loss at 1–2 years, comparable to pharmacotherapy for a fraction of the cost; eliminates rural access barriers	Adult Obesity Strategic Options Appraisal; NICE early value assessment	Saves clinician time; scalable to thousands; lower cost than GLP-1s
Adult obesity	Expand bariatric surgery access in line with NICE NG246	Most cost-effective obesity intervention; large and durable reductions in mortality, diabetes and CVD	Adult Obesity Strategic Options Appraisal; NICE NG246	~£7,000 per QALY; ~£49m net benefit per 1,000 procedures; NHS payback ~5 years
Adult obesity	Targeted GLP-1 (tirzepatide/semaglutide) prescribing for highest-risk cohorts	Produces 15–22% weight loss and major cardiometabolic benefit; prevents diabetes and CVD when targeted	Adult Obesity Strategic Options Appraisal; NICE TA875/TA1026	Individually cost-effective (£15k–£19k per QALY) but high budget impact if untargeted
Adult vaccination	Default pre-scheduled appointments with SMS call-and-recall	Largest and most consistent increases in adult vaccine uptake; exploits behavioural “opt-out” effects	Adult Vaccination Value Appraisal; RCT and meta-analysis evidence	10–15 percentage-point uptake increase across programmes
Adult vaccination	Close influenza uptake gap in over-65s	Influenza admissions drive winter bed pressure; Hywel Dda has lowest uptake in Wales	Adult Vaccination Value Appraisal; Public Health Wales	Vaccinating additional ~6–7k people prevents ~60–80 admissions and 10–15 deaths per season

Adult vaccination	Accelerate RSV vaccination ahead of 80+ expansion	RSV causes substantial winter admissions and mortality in older adults; new programme underperforming	Adult Vaccination Value Appraisal; UK and Scottish real-world data	~62% reduction in RSV hospitalisations in vaccinated cohorts
Adult vaccination	Maximise PCV20 pneumococcal transition	Cost-saving vaccine switch preventing invasive disease and pneumonia	Adult Vaccination Value Appraisal; JCVI modelling	£3.10–£5.90 return per £1; ~£5–6m attributable to Hywel Dda population
Alcohol harm reduction	Establish Alcohol Care Teams (ACTs) across acute sites	Opt-out hospital-wide screening and treatment reduces admissions, LOS and readmissions	Alcohol Harm Reduction Appraisal; NENC, Salford, Bolton evidence	~£5 return per £1; ~4 bed days freed per patient; £1–1.5m annual avoided costs
Alcohol	Systematic AUDIT-C screening with brief intervention across all settings	ABI reduces consumption with NNT ~10; very brief advice is as effective as longer counselling	Alcohol Harm Reduction Appraisal; Cochrane; SIPS trial	Cost-saving long-term; £6,900 per QALY under pessimistic assumptions
Alcohol	Close pharmacotherapy gap (acamprosate, naltrexone)	Highly effective, low-cost relapse prevention; major current under-treatment	Alcohol Harm Reduction Appraisal; NICE CG115	NNT 9–12; large untreated population → high latent value
Alcohol	Target high-impact cohorts (frequent attenders, older adults, liver disease)	Concentrates resources where harm and cost are highest	Alcohol Harm Reduction Appraisal	£3–£29 return per £1 across targeted models
Smoking cessation	Implement CURE-model inpatient tobacco dependency treatment	Highest ROI of any NHS intervention; treats smoking as a clinical condition	Smoking Cessation Evidence Appraisal; CURE/Ottawa model	~£487 per QALY; ~£30 public value per £1; thousands of bed days freed
Smoking	Universal Very Brief Advice with opt-out referral	Low-cost, system-wide reach; increases quit attempts and medication use	Smoking Cessation Evidence Appraisal; Cochrane	Near-zero marginal cost; population-level effect
Smoking	Financial incentives for pregnant smokers	Doubles quit rates; prevents neonatal complications and long-term harm	Smoking Cessation Evidence Appraisal; CPIT III; NICE NG209	~£2 healthcare savings per £1; rapid payback
Smoking	Pre-operative cessation pathway linked to waiting lists	Reduces surgical complications and length of stay	Smoking Cessation Evidence Appraisal; Cochrane	Cost-saving; payback within <1 year
Childhood obesity	Whole-school prevention (Daily Mile, nutrition standards)	Universal reach; extremely low cost per QALY; equitable	Childhood Obesity Strategic Options Appraisal; NICE NG246	£682–£3,300 per QALY; ROI up to 8:1

Childhood obesity	Early years family programmes (HENRY / PIPYN)	Strongest evidence-based service intervention for reducing reception-age obesity	Childhood Obesity Strategic Options Appraisal; Leeds / PIPYN evidence	Modest cost; measurable prevalence reduction in deprived groups
Childhood obesity	Breastfeeding peer support and BFI maintenance	Most cost-effective public health intervention; reduces obesity risk 13–27%	Childhood Obesity Strategic Options Appraisal	~£193 per family; NHS savings up to £50m nationally
Childhood obesity	Minimum viable Level 3 paediatric weight management service	Addresses severe obesity early, preventing lifelong cost trajectory	Childhood Obesity Strategic Options Appraisal	Prevents high-cost adult disease; hub-and-spoke scalable
Childhood vaccination	Automated bilingual reminder/recall with escalation	Most cost-effective uptake intervention; addresses access failures	Childhood Immunisation Strategic Evidence Review; Cochrane	5–8 percentage-point uptake increase; £6–£50 per additional child
Childhood vaccination	Dedicated immunisation coordination team	Reduces practice variation and missed opportunities	Childhood Immunisation Strategic Evidence Review; NICE NG218	Sustained system-wide improvement; low staffing cost
Childhood vaccination	Mobile and community-based catch-up delivery	Overcomes rural access barriers; improves equity	Childhood Immunisation Strategic Evidence Review	25–26 percentage-point increases in targeted areas
Childhood vaccination	Opportunistic vaccination at all clinical contacts	Captures missed doses during admissions and routine care	Childhood Immunisation Strategic Evidence Review	~65% uptake when offered in hospital
Childhood vaccination	Presumptive communication and MI training	Dramatically increases acceptance among hesitant parents	Childhood Immunisation Strategic Evidence Review	Up to 25-fold difference in acceptance vs participatory framing

Diagnostics and Therapies

Domain	Value change	Clinical Rationale	Evidence Source	Scale of potential opportunity (if available)

Radiology	Embed iRefer clinical decision support into electronic requesting	Reduces inappropriate imaging; shifts/cancels low-value requests safely	RCR iRefer evidence and deployment examples cited in appraisal	20% reduction in unnecessary examinations; real-world: 6.3% changed test + 2% cancelled; ~£40k/yr licence with ~£330k/yr avoided imaging cost per trust
Radiology	Strengthen radiographer/radiologist vetting and protocolling using RIS workflows	Vetting safely cancels unnecessary referrals without missed significant pathology	BMUS/Hull audit and NHS vetting module examples	90.5% of vetted-out ultrasound referrals required no onward imaging; example site achieved 20%+ increase in scans vetted per day (with very low breach rate)
Radiology	Deploy speech recognition for all reporting	Eliminates transcription delays and materially improves report turnaround	Studies and NHS implementations cited (e.g., Imperial)	Report turnaround improvement described as “24-fold”; example: report availability from ~72 hours to <4 hours with speech recognition + PACS optimisation
Radiology	Maximise PACS capability and implement cross-site reporting via unified worklists	Improves prioritisation and turnaround across multi-site service; prevents “secondary site” deprioritisation	Unified worklist QI study + RCR Networked Reporting Platform guidance referenced	QI evidence: consolidating multiple worklists into one improved turnaround and removed deprioritisation effects
Radiology	Expand reporting radiographer workforce (start with plain film / CT head)	Workforce multiplier with diagnostic performance comparable to radiologists for defined scopes	Meta-analysis and national surveys cited	Meta-analysis: 92.6% sensitivity and 97.7% specificity for plain radiograph reporting; Band 7–8a cost vs consultant radiologist costs also set out
Radiology	Deploy CXR AI triage to accelerate pathways and clear backlogs	Speeds time-critical triage (e.g., suspected lung cancer) and reduces backlog reliance on outsourcing	NHS deployments and AI fund examples cited	Examples: CXR-to-CT time reduced 7→3 days; 71% reduction in suspected lung cancer waiting times; 4,415-CXR backlog cleared in 3.5 days (example)
Radiology	Deploy fracture detection AI in urgent care	Reduces missed fractures (patient safety + litigation risk) and reading time	NICE Early Value Assessment recommendation and modelling cited	30% fewer missed fractures; 36% decrease in reading time; national modelling: net saving £3.63m/year and reduced

				missed-fracture returns by 21,674 cases
Radiology	Scale point-of-care ultrasound (POCUS) to deflect formal imaging demand	Answers clinical questions at bedside; avoids formal ultrasound and CXR requests in key acute settings	Studies cited (acute medicine/internal medicine)	73.1% of POCUS scans did not lead to departmental imaging request; 67% reduction in diagnostic tests; 87% reduction in odds of CXR referral (study cited)
Radiology	Separate obstetric ultrasound from radiology into maternity (midwife sonographers)	Frees radiology ultrasound capacity for non-obstetric demand	Wales exemplar and workload share cited	Obstetric scanning described as 20–30% of total ultrasound workload
Dietetic	Implement ONS prescribing review (inpatient + discharge + community interface)	High rates of inappropriate ONS prescribing; stopping inappropriate ONS produces immediate recurrent savings	National audits and examples cited; BAPEN estimate referenced	Inappropriate prescribing “as high as 75%” in some areas; BAPEN: £101.8m/yr potential NHS saving; example site: 75.4% ONS stopped after dietitian review as inappropriate
Dietetic	Improve MUST screening compliance and NICE CG32 nutritional support	Reduces LOS, readmissions and mortality associated with malnutrition; cost-saving at scale	NICE CG32 + BAPEN modelling cited	Potential net savings for Hywel Dda estimated at ~£460k–£560k per year from screening compliance alone (as scaled in appraisal)
Dietetic	Expand structured diabetes education (DESMOND / X-PERT / DAFNE) using group delivery	Improves glycaemic control and outcomes; group model is most efficient	Evidence for DESMOND/DAFNE/X-PERT summarised	DESMOND cited as £2,092 per QALY (real-world delivery); group delivery ~£69 per patient (as quoted)
Dietetic	Develop diabetes prevention programme (DPP-equivalent)	Prevents progression to Type 2 diabetes; long-term cost saving	NHS DPP evaluation + economic evidence cited	NHS DPP: adjusted HR 0.80; completers: 37% reduced chance at 24 months; “cost-saving by year nine” and 98.1% probability cost-effective (as cited)
Dietetic	Establish Type 2 diabetes remission (total diet replacement) pathway	High remission rates; reduces medication use and adverse events	DiRECT + DROPLET evidence summarised	DiRECT: 46% remission at 12 months; 36% at 24 months; “60% off all antidiabetic medication at two years” (as cited)
Dietetic	Use NICE-EVA supported digital weight management	Extends reach; non-inferior outcomes to	NICE Early Value Assessment and platform evidence cited	NICE estimate: reach 48,000 additional patients and save

	platforms (Oviva / Second Nature etc.)	face-to-face; addresses access constraints		145,000 clinician hours (as cited)
Dietetic	Provide group dietetic low-FODMAP education for IBS	High response rates; group model is efficient and safer than unsupported self-directed approaches	Monash/KCL evidence cited; group delivery support cited	70–80% symptom response reported in appraisal; group model explicitly described as more resource-efficient
Dietetic	Embed dietetic components into ERAS pathways	Reduces complications and length of stay	ERAS evidence cited in appraisal	Full ERAS implementation described as ~50% complication reduction and ~30% LOS reduction (as cited)
Physio	Implement STarT Back stratified care for low back pain	Improves pathway efficiency and reduces direct NHS cost per patient (and wider societal costs)	Lancet RCT evidence cited in appraisal	NHS saving £34.39 per patient and societal saving £675 per patient (as cited)
Physio	Expand group-based MSK programmes (ESCAPE-pain; plus rehab groups)	Delivers equivalent outcomes at lower cost; increases throughput	ESCAPE-pain evidence and costings summarised	ESCAPE-pain ROI £8.83 per £1; healthcare utilisation costs £1,525 lower per person over 2.5 years (as cited)
Physio	Deploy digital MSK self-management (e.g., getUBetter)	Reduces physiotherapy referrals, GP contacts, and medication; deflects waiting list demand	getUBetter evaluation cited	ROI £4.20 per £1; physio referrals −20%; GP follow-ups −13%; MSK meds −50%; “half” of waiting list patients no longer needed appointment; remaining needed 40% fewer appointments (as cited)
Physio	Implement/scale First Contact Physiotherapists (FCPs) in primary care	Manages majority of MSK presentations without secondary care referral	Evaluation findings cited (e.g., Downie / national evaluation)	87.3% managed within primary care; orthopaedic referral rate reported at 3% (example evaluation cited); recommended staffing ratio 1 per 10,000 population stated
Physio	Optimise self-referral/direct access and triage models	Reduces cost per episode and wait times; reduces DNAs	Scottish trial + PhysioDirect evidence cited	Self-referral: £66.31 vs £88.99 per episode; PhysioDirect median wait 7 vs 34 days; 55% fewer non-attended face-to-face appointments
Physio	Establish 7-day inpatient physiotherapy (priority wards)	Reduces length of stay and supports flow;	Neuro 7-day evidence + cost utility referenced	Neuro example: LOS reduced 32 → 23.4 days (8.6 days

		evidence strongest in neuro and respiratory		reduction); NICE cost-utility described as cost-saving (−£90 per patient)
Physio	Implement AI-assisted triage (e.g., Phio-type platform)	Reduces waits and releases clinical hours for complex care	Service evaluations cited	Wait time reduced 11.5 → 3.7 weeks; 1,240 clinical hours released; ROI £2.00 per £1 year 1 rising to £2.33 by year 3 (as cited)
Podiatry	Establish/strengthen MDT diabetic foot teams (NICE NG19 compliant)	Most effective limb-salvage model; prevents amputations and reduces mortality	Ipswich model + systematic reviews/meta-analyses cited	Major amputations reduced 62–82% (Ipswich model as cited); meta-analysis RR for major amputation 0.45 (as cited); appraisal indicates large cost avoidance per prevented amputation (see next row)
Podiatry	Prioritise prevention of amputations/ulcers via high-risk foot protection	DFU precedes most amputations; prevention is highest ROI	NICE NG19 + NDFA context cited	Each prevented amputation saves ~£50k–£100k (as cited); each avoided DFU frees ~£7,800 direct NHS spend (as cited)
Podiatry	Close the offloading gap (TCC/irremovable offloading as default for eligible DFU)	Offloading is gold standard; improves healing and prevents progression	NICE NG19 / IWGDF guidance and healing evidence cited	Healing in 72–100% within 5–8 weeks reported; implementation gap described as very low uptake in UK examples
Podiatry	Implement telemedical diabetic foot monitoring	Reduces hospital days and costs; can reduce amputations	TELEPIED + meta-analysis cited	TELEPIED: hospital days 13.4→7.1; costs €7,185→€3,471; meta-analysis RR amputation 0.64 and cost reduction €4,158 per patient
Podiatry	Shift community podiatry from demand-led to needs-led (risk stratification; move low-risk nail care to third sector)	Frees specialist capacity for limb-salvage and high-risk work; avoids false economy of withdrawing high-risk care	Risk-stratification model + third-sector exemplars described	Third-sector nail care costs quoted (£10–£22 / visit vs NHS podiatry £40–£80+), described as 75–85% cost reduction
Podiatry	Expand podiatric surgery (day case, local/regional anaesthesia)	Substitutes for orthopaedic activity at	UK multicentre outcomes and cost comparisons cited	Cost per case ~£1,889 vs orthopaedic tariffs £3,000–£5,000+; example 200

		lower cost; short RTT and high satisfaction		cases/yr saves ~£422,200 (as cited)
Podiatry	Create inpatient podiatric “high-risk foot coordinator / ward surveillance”	Reduces DFU LOS and bed-day burden (“time is tissue”)	Great Western Hospital example cited	LOS reduced 33.7→23.3 days (10.4 days) with annual savings £234,000 (as cited)
Podiatry	Adopt prefabricated-first orthoses (reserve custom for complex cases)	Equivalent outcomes for common conditions at much lower unit cost	Evidence summary cited	£20–£60 prefabricated vs £200–£400 custom; £150–£350 saving per patient (as cited)
OT	Expand OT-led reablement services	Reduces ongoing social care packages; high probability of cost-effectiveness	Glendinning et al. evidence cited	60% reduction in ongoing social care costs; 98% probability cost-effective (as cited)
OT	Implement targeted OT home hazard modification for high-risk fallers	Strongest falls effect when targeted to prior fallers/high risk	Cochrane evidence cited	Falls reduced 26% overall; 38% in those with falls history (as cited); £7.50 health/care savings per £1 spent on adaptations (as cited)
OT	Deploy OT in ED/MAU for admission avoidance and “Home First”	Early functional assessment + rapid response supports safe non-admission	Examples cited (e.g., Rapid Response, EIV)	Admission avoidance described at 70–80% for certain models; Norfolk model ROI 9.6:1 (as cited)
OT	Implement PIFU across outpatient OT pathways	Reduces unnecessary scheduled follow-ups; supports prudent care	NHSE modelling + examples cited	0.8–1.8 fewer follow-ups per patient (modelling cited); example: 23% discharged to PIFU and only 18% re-accessed within 6 months (as cited)
OT	Expand telehealth OT (follow-up, hand therapy, some home assessments)	Improves access in rural geography; non-inferior outcomes for several conditions	Systematic reviews and time-saving evidence cited	Telehealth home assessment reduces median therapy time 160 → 40 minutes per encounter (as cited)
OT	Community OT for dementia (structured programme)	Improves function and carer competence; evidence of cost savings in cited model	Graff et al. evidence cited	Mean total costs €1,748 lower per dyad over 3 months; 94% probability of dominance (as cited)
OT	Seven-day OT / therapy services on acute wards	Improves discharge flow and reduces LOS	UK trust examples cited	Reported 2-day LOS reduction; 426 bed-days released; weekend discharges

				>60 per weekend in cited case example
OT	Delirium prevention pathway (HELP-style interventions)	Reduces delirium and falls; reduces downstream institutional care	HELP trial/meta-analysis cited	Delirium incidence reduced 40% (original trial cited); meta-analysis OR 0.47 for delirium and OR 0.58 for falls; cost savings per hospitalisation also cited
OT	Implement IPS/vocational rehabilitation (OT-linked model)	Reduces inpatient bed use and improves employment outcomes in serious mental illness	IPS economic evidence cited	"At least £20,000 per person over five years" savings cited; Danish RCT: IPS cheaper with better outcomes (as cited)

Planned Care

Domain	Value change	Clinical rationale	Evidence source	Scale of potential opportunity (if available)
Dermatology	Mandate store-and-forward teledermatology for all routine GP referrals	Safely triages lesions and inflammatory conditions; majority of referrals do not require face-to-face dermatologist review	25+ years evidence; Consultant Connect Wales data; Cardiff & Vale experience	40–50% referral avoidance; ~£200k–£300k p.a. avoided outpatient cost
Dermatology	Deploy AI-assisted skin cancer triage (DERM) on urgent suspected cancer pathway	AI sensitivity comparable to dermatologists and superior to GP assessment; safely discharges benign lesions	NICE HTE24 (May 2025); NHS England pilots; Skin Analytics deployments	~50% reduction in USC referrals; £1.70–£2.30 ROI per £1; ~900 appointments saved per 10k referrals
Dermatology	Expand GPwER and nurse-led lesion assessment clinics	Extends workforce capacity in context of consultant shortage; high diagnostic concordance	Salisbury et al. BMJ; BAD frameworks; GIRFT dermatology	Up to 50–80% of referrals managed outside consultant clinics
Dermatology	Implement PIFU for stable chronic dermatology conditions	Majority of scheduled follow-ups add limited value; patients rarely re-present	GIRFT; NIHR PIFU evaluations; Swansea Bay PKB use	~30% reduction in follow-ups; significant consultant time release
Dermatology	Home phototherapy for psoriasis	Clinically equivalent to hospital phototherapy; avoids biologics escalation	NHS Tayside rural model; BAD guidance	£229–£314 per course vs £7k–£12k biologics; £135k–£235k p.a. for ~20 patients

Endoscopy	Full FIT triage compliance for symptomatic lower GI referrals	FIT safely rules out colorectal cancer and prevents unnecessary colonoscopy	NICE DG56; NHS England modelling	Prevents >100,000 colonoscopies nationally; £5 test vs £372 procedure
Endoscopy	Surveillance list validation against 2019 BSG guidance	Large proportion of surveillance colonoscopies no longer indicated	BSG 2019; JAG	Up to 70% reduction in surveillance demand (zero-cost intervention)
Endoscopy	Nurse-led Cytosponge service for Barrett's pathway	Discharges majority of reflux patients without gastroscopy	BEST3 RCT; NHS England pilots; HTW guidance	78% discharged without endoscopy; ~£400 saving per patient
Endoscopy	Transnasal endoscopy for diagnostic gastroscopy	No sedation; faster throughput; nurse-delivered	NHS Supply Chain; Cardiff & Vale pilot	~30% unit cost reduction; ~£95k p.a. per typical DGH
Endoscopy	AI-assisted polyp detection at colonoscopy	Improves adenoma detection, reducing repeat surveillance	NICE draft GID-DG10118; HTW guidance	Minimal marginal cost; long-term reduction in repeat scopes
ENT	Direct-access community audiology and ear-care pathways	Majority of ENT referrals are non-surgical hearing conditions	NICE NG98; GIRFT ENT	40–50% demand diversion from ENT clinics
ENT	Strict application of EBI criteria (tonsillectomy, grommets)	Large volumes of surgery deliver limited or no benefit outside criteria	NATTINA; Cochrane; NHS EBI programme	Removes substantial proportion of patients from surgical waiting lists
ENT	Advice & Guidance via Consultant Connect	Specialist advice resolves referrals without outpatient attendance	Consultant Connect Wales data; GIRFT	~30–70% referral avoidance depending on pathway
ENT	PIFU for stable ENT follow-up	Follow-ups drive disproportionate clinic load	ENT UK PIFU guidance; GIRFT	25–40% reduction in follow-ups
ENT	One-stop neck lump clinics	Low cancer conversion but high clinic burden; one-visit diagnosis	Wolverhampton & UK series	Fewer appointments per patient; cancer pathway capacity release
Ophthalmology	Expand community optometry monitoring (WGOS 4)	Stable glaucoma and retina safely managed in primary care	WGOS data; Swansea ODTC; RCOphth	Up to 80% of stable glaucoma patients retained in community
Ophthalmology	SLT as first-line glaucoma treatment	Drop-free control; fewer visits and surgeries	LiGHT trial; NICE NG81	£451 saving per patient; 97% cost-effective
Ophthalmology	HVLC cataract lists and ISBCS	Dramatically increases throughput per session	GIRFT; BICAT-NL RCT	25–59% productivity gain; ~£345 saving per patient
Ophthalmology	Nurse-led injection services	Safe, effective substitution for consultant delivery	Moorfields & GWH audits	Frees consultant capacity; no safety penalty

Ophthalmology	Biosimilar switching and longer-acting agents (faricimab)	Reduces visit frequency and drug spend	NICE TA800; TENAYA/LUCERNE	Halves injection visits for majority; material recurrent savings
T&O	Eliminate low-value surgery (arthroscopy, shoulder decompression)	Strong RCT evidence of no benefit over conservative care	NEJM, CSAW, EBI	15–20% of elective activity avoidable
T&O	First Contact Physiotherapists as default MSK entry point	Majority of MSK presentations managed without secondary care	BJGP trials; NHS evaluations	~40–67% reduction in orthopaedic referrals
T&O	Structured exercise programmes (ESCAPE-pain / GLA:D)	Delays or avoids joint replacement with better outcomes	NICE CG177; ROI studies	£8.83 return per £1; major demand reduction
T&O	PROMs-driven shared decision-making	Identifies patients unlikely to benefit from surgery	Welsh PROMs; registry data	10–20% reduction in surgical conversion
T&O	PIFU and virtual fracture clinics	Follow-ups are largest avoidable volume	GIRFT; Glasgow VFC model	20–30% follow-up reduction; ~65% virtual discharge
Urology	mpMRI-first prostate cancer pathway	Avoids unnecessary biopsy; faster diagnosis	PROMIS; PRECISION; NICE NG131	~27–28% avoid biopsy; 28-day faster diagnosis
Urology	Transperineal prostate biopsy under local anaesthetic	Eliminates sepsis risk; day-case delivery	TRANSLATE; PREVENT trials	Near-zero sepsis; bed-day avoidance
Urology	Advice & Guidance for benign urology	Majority of LUTS and BPH manageable in primary care	GIRFT/BAUS toolkit	~25–40% referral avoidance
Urology	Nurse-led cystoscopy and haematuria clinics	Expands diagnostic capacity without consultants	BAUS evidence; UK series	Significant cancer pathway capacity release
Urology	Minimally invasive BPH treatments (UroLift/Rezum)	Day-case alternatives to TURP with better recovery	NICE MTG49/58	£569–£1,242 saving per patient
Follow-up	Systematic PIFU / SOS adoption across specialties	Most follow-ups add little clinical value	NIHR; GIRFT; NHS England	20–30% reduction in follow-ups; 30k–50k slots p.a.
Follow-up	Clinic template standardisation	Variation wastes capacity within existing sessions	GIRFT Further Faster	15–30% capacity gain without pathway change
Follow-up	Virtual and asynchronous follow-up	Reduces DNAs, travel burden, and clinician time	TEC Cymru; systematic reviews	DNA reduction ~50%; high patient satisfaction
Follow-up	Condition-specific remote monitoring	Replaces visits with higher-value data	NICE DG61; disease-specific trials	50–70% reduction in routine follow-ups (condition-dependent)

Mental Health and Learning Disabilities

Domain	Value change	Clinical Rationale	Evidence Source	Scale of potential opportunity (if available)
ND	Deploy QbTest across all four hospital sites	Reduces clinician time and speeds diagnostic decisions for ADHD assessment; increases diagnostic confidence	NICE DG60; AQUA RCT; real-world service evaluations summarised in appraisal	20–30% reduction in clinician assessment time; 30% capacity increase; time to diagnosis reduced by 153 days; ROI £5.97 per £1; 4 devices = £2,140 annual licence plus per-test cost
ND	Introduce nurse-led ADHD assessment pathways (with supervision and NMP development)	Specialist nurses can diagnose and manage ADHD with training; reduces dependence on consultant psychiatrists	Dundee pathway evidence; UKAAN standards described; systematic review noting no significant prescribing differences (nurse vs doctor)	Cost per assessment reduced from £900–£1,500 (consultant-led) to £400–£700 (nurse-led); 4 Band 7 nurses could deliver 600–800 additional assessments/year
ND	Implement pharmacist-led titration/monitoring (independent prescribers)	Offloads titration workload (3–4 weekly reviews over 12–16 weeks) from medical/nurse teams; improves physical monitoring adherence	Hertfordshire CAMHS example; pharmacist-run clinic evidence summarised in appraisal	2 Band 8a pharmacist prescribers (£150k–£160k p.a.) to release capacity equating to 400+ additional assessments
ND	Implement tiered autism assessment (triage + single-clinician standard + MDT complex)	Reserves full MDT assessment for complex cases; reduces average assessment time without compromising diagnostic quality for straightforward presentations	NHS England framework permitting single-clinician standard assessment; RE-ASCeD findings summarised	30–40% reduction in average assessment time across caseload (as described); tiered “Tier 2” standard assessment cost stated at £400–£600 vs ~£850 MDT median (child)
ND	Create combined neurodevelopmental pathway (ADHD + ASD single point of access)	High co-occurrence; reduces duplicated history taking and multiple queues; improves patient flow	Co-occurrence evidence; Peterborough integrated pathway; direction of policy described in appraisal	Removes dual waiting; appraisal estimates total annual investment £615k–£780k could deliver 1,500–2,500 additional assessments/year and clear

				backlog in ~3–5 years (modelled)
ND	Active waiting list validation and digital pre-assessment questionnaires	Removes inactive cases and reduces clinician time per assessment; improves triage quality	Operational evidence described in appraisal (validation typical 10–20% reduction; digital pre-assessment saves 30–45 mins)	10–20% waiting list reduction via validation; 30–45 minutes clinician time saved per assessment via digital pre-assessment (as described)
ND	Negotiate funded shared care and replace “re-enter NHS queue” policy for private diagnoses with verification	Shared care rejection is a bottleneck; current approach forces privately diagnosed patients back into NHS assessment queue	Shared care acceptance rate in Wales cited; appraisal’s prescribing strategy section	Wales shared care acceptance cited at 19%; addressing this unlocks prescribing capacity and reduces repeat assessment demand (quantified acceptance rate given)
Crisis management	Extend adult sanctuary / crisis café provision to 7 days per week across all three counties	Provides face-to-face alternative to A&E/inpatient on nights currently uncovered; reduces admissions and detentions	Aldershot Safe Haven outcomes summarised; Welsh sanctuary gap analysis	Appraisal states crisis alternatives could reduce psychiatric admissions by 20–30%; current adult provision operates 4 days/week leaving 3 days with no adult face-to-face alternative
Crisis management	Establish a 6-bed adult crisis house (first in Wales), hub-and-spoke model	Residential alternative for people too unwell for home but not requiring ward admission; shorter stays at lower cost with higher satisfaction	Alternatives Study; systematic reviews and RCT evidence described; cost comparisons provided	£200–£300 per night (7–14 days) vs £450–£550 per night (42 days) for ward; breaks even diverting 26–42 admissions/year; per diverted admission saving ~£19,250 (as modelled)
Crisis management	Measure and improve CRHTT fidelity (CORE CRT scale), strengthen gatekeeping and (where feasible) 24/7 effectiveness	CRT effectiveness depends on fidelity and gatekeeping; structured fidelity improvement reduces admissions	CORE CRT Fidelity Scale; national audit showing no teams at high fidelity; CORE cluster-RCT evidence summarised	Fidelity improvement support produced mean 8.1-point increase and associated fewer admissions (as described); appraisal notes rural staffing needs may require enhanced WTE due to travel
Crisis management	Re-establish street triage / control-room mental health triage with police (especially	Reduces Section 136 use and inappropriate conveyance; prevents gaps created by police	Dyfed Powys pilot data and national comparators summarised	Pilot cited: 25 Section 136 detentions averted early; comparator scheme cited

	after Right Care Right Person)	withdrawal from health-only calls		56% reduction; Section 136 event cost estimated £1,650–£2,430
Crisis management	Embed peer support in crisis step-down and ensure follow-up within 24–72 hours	Step-down contact reduces repeat attempts/readmissions; peer support reduces readmissions	Lancet RCT of peer supported self-management; follow-up meta-analysis described	Peer support RCT: 29% readmission vs 38% control; step-down follow-up meta-analysis pooled RR 0.48 for repeat attempts (as stated)
Crisis management	Use cost substitution logic to reduce out-of-area placements and inpatient spend	Crisis alternatives are lower cost per episode and can substitute for high-cost beds	Cost gradient table and admission reduction modelling in appraisal	Out-of-area placements cited up to £2,000/night; admission reduction modelling: 10% = £1.47m NHS bed savings; 20% = £2.94m; 30% = £4.41m (as modelled)
Follow up	Systematic CMHT caseload review and structured step-down/discharge programme	Evidence suggests 20–50% of CMHT caseload may be stable and manageable in primary care; reduces unproductive follow-up	Evidence and exemplars summarised; Welsh Measure Part 3 safety net highlighted	Releasing 20% could free 3–5 WTE community practitioners and avoid £600k–£2.4m annual secondary care costs (as stated)
Follow up	Substitute consultant follow-ups with nurse/pharmacist non-medical prescriber clinics (medication review, depot, lithium, clozapine pathways)	Shifts routine follow-up off consultants to preserve scarce medical time for complex care; supports safer, standardised monitoring	Scoping review of 63 studies on NMP; examples listed in appraisal	Target stated: redirect 40% of consultant follow-up PAs; workforce requirement described as 2–3 additional non-medical prescribers (Band 7–8a)
Follow up	Implement Patient Initiated Follow-Up in secondary mental health with safety-net contacts	Reduces routine follow-ups that show little outcome benefit; supports patient choice and reduces travel burden	NHS Greater Glasgow and Clyde PIFU programme described; NHS England ambition referenced	Target stated: 25% reduction in routine follow-ups; typical reductions cited 25–30% in other specialties; high mental health DNA baseline (14–20%) highlights waste to reclaim
Follow up	Digital-first follow-up (telephone/video default for “functional” appointments) with digital exclusion mitigation	Suitable for medication reviews and stable follow-ups; improves access across rural geography; must address severe mental illness digital exclusion	TEC Cymru and Wales-wide evidence described; digital exclusion evidence summarised	Target stated: 50% of routine follow-up delivered virtually; digital exclusion cited: 42.2% of people with severe mental illness lack basic digital skills

Follow up	PRISM-type integrated primary-secondary model (co-locate MH practitioners in GP practices with virtual psychiatrist clinics)	Improves flow and reduces acute demand by integrating care around primary care clusters	PRISM model outcomes cited in appraisal	Integrated cohort outcomes: A&E attendances down 61%, inpatient admissions down 75%, GP appointments for comorbid conditions down 73% (as stated)
Follow up	Strengthen safety-critical discharge and follow-up standards (72-hour post-discharge follow-up, family engagement, audit)	Post-discharge risk is high and non-attendance is associated with readmission; safety net must underpin optimisation	NCISH and HIW findings summarised; safety features described	Post-discharge suicides cited as 11% of patient suicides; 72-hour follow-up compliance in England cited 73.5% (target 80%); DNA follow-up after admission linked to 25% readmission vs 10% for attenders
Follow up	Establish a low-intensity workforce (MHWP/PWP equivalent) to scale guided self-help and behavioural activation	Wales lacks the low-intensity layer that enables scale in England; low-intensity treats high volumes at lower unit cost	PWP model, cost per recovered patient and workforce details described in appraisal	10 MHWPs estimated to cost ~£560k p.a. and deliver ~2,500 treatment courses/year; cost per recovered patient cited ~£1,043 low intensity vs ~£2,895 high intensity (as stated)
Follow up	Scale blended digital CBT (digital modules + brief supporter contact)	Digital-only completion is poor; blended models improve uptake/adherence and reduce face-to-face session requirement	SilverCloud national use described; evidence on supported vs unsupported cCBT and blended adherence summarised	Blended model described: uptake ~91% and adherence ~81% vs ~22% uptake for digital-only; halves face-to-face sessions (10 vs 20) (as stated)
Follow up	Expand group therapy programmes (psychoeducation, group CBT, MBCT) including virtual groups	Group delivery reduces cost per patient while maintaining comparable outcomes for many conditions; suitable for rural areas via virtual delivery	Meta-analyses on group vs individual CBT; MBCT evidence; online group review cited	Group therapy cost reduction stated 75–87.5% (groups of 8–12); estimated 500–1,000 additional treatment courses/year at ~¼ of individual cost (as modelled)
Follow up	Train existing staff rapidly in behavioural activation and expand delivery (including group BA)	BA is NICE-recommended, comparable effectiveness to CBT, lower cost, and can be delivered after short training	Meta-analysis comparisons and training duration described in appraisal	Training cost cited £30k–£50k for 20 staff; impact cited 500–1,000 additional treatment courses/year; time to impact 2–3 months (as stated)

Follow up	Implement active waiting list management (SMS reminders, opt-in confirmation, immediate Step 1–2 interventions)	Long waits increase DNA and deterioration; active waiting reduces waste and risk while patients wait	Evidence on DNA and SMS effects; rapid intake model described in appraisal	Patients waiting >180 days are 10× more likely to DNA; SMS reminders reduce DNAs by 25–28%; projected 15–25% reduction in wasted capacity from DNAs (as stated)
Follow up	Introduce self-referral / single point of access via 111 Option 2	Improves access and outcomes; reduces GP bottleneck and improves reach to underserved groups	IAPT self-referral benchmark and Hywel Dda 111 Option 2 pathway direction described	Estimated 15–25% increase in appropriate referrals based on IAPT experience (as stated)
Follow up	Implement systematic session-by-session outcome monitoring (PHQ-9/GAD-7 model)	Enables benchmarking, recovery measurement, early non-response detection and efficient stepping	IAPT completeness benchmark and PCMIS features described in appraisal	Impact described: 10–15% recovery improvement; 25% reduction in sessions via earlier non-response detection (as stated)

Chronic Conditions

Domain	Value change	Clinical Rationale	Evidence Source	Scale of potential opportunity (if available)
ACSC	Scale community IV therapy / OPAT for cellulitis (plus selected complicated UTI and low-risk pneumonia)	Safely treats IV-antibiotic eligible patients without admission; large bed-day release with equivalent outcomes	NHS England OPAT business case; BSAC registry; RCT evidence for outpatient IV antibiotics in cellulitis; service examples cited	Hywel Dda estimate: 6,000–8,000 avoidable admissions and £20–35m annual spend; OPAT average 16 avoided inpatient days per patient; OPAT delivered at 20–50% of inpatient cost; 10% reduction frees 4,000–5,500 bed days (~12–15 beds)
ACSC	Improve continuity of primary care (organisational/scheduling change)	Near-zero marginal cost intervention associated with fewer ACSC admissions, strongest for hypertension/anaemia	Practice-level cross-sectional study and longitudinal studies cited in report	9% reduction in ACSC admissions associated with better continuity; least continuity associated with 2.27× higher hazard of emergency admission in older patients
ACSC	Expand and protect Same Day Emergency Care (SDEC)	Enables ambulatory management of high-volume	NHS Long Term Plan target; Directory of Ambulatory	Wales SDEC: ~7,500 people/month access and ~80% discharged same day; high-performing units reduce

	pathways (incl. paramedic direct referral)	acute presentations that are often admitted by default	Emergency Care; Wales SDEC programme and direct paramedic referral policy cited	admissions 25–30%; cost savings per avoided admission £1,000–£3,000 depending on condition
ACSC	Implement targeted structured medication reviews (SMRs) in primary care (high-risk meds)	Preventable adverse drug events drive avoidable admissions; focusing on high-risk drugs addresses multiple ACSCs	Evidence on proportion of admissions attributable to adverse drug events; mapping of implicated drug classes in report	Preventable adverse drug events estimated at 5–8% of all hospital admissions; intervention targets (e.g., diuretics, NSAIDs, anticoagulants, antihypertensives) align with ACSCs
ACSC	Population-scale home blood pressure monitoring (with telemonitoring support)	Low-cost tool to improve BP control and address fastest-growing ACSC (hypertension admissions)	TASMINH4 and programme evidence cited	Hypertension admissions cited as +122% post-pandemic; BP monitors ~£20 per patient; self-monitoring + telemonitoring reduced SBP by 3.4–4.4 mmHg in trial evidence cited
ACSC	Accelerate HealthPathways as integrating platform (extend to ambulance and pharmacies)	System capability approach reduces multiple ACSCs simultaneously through standardised pathways and rapid advice	Canterbury comparator and HealthPathways adoption in Wales described	Canterbury: 30% fewer admissions than national average; Hywel Dda has already adapted 100+ pathways and is advised to scale further (report target given)
COPD	Deliver the “basic COPD care” bundle reliably (PR, smoking cessation, vaccinations, self-management plan, comorbidity optimisation)	Large outcome gap because most patients miss proven basics; closes evidence-to-practice gap	Asthma + Lung UK Cymru survey findings cited; guideline alignment referenced	Only 7% of COPD patients in Wales received all five elements of basic care (down from 17%); Hywel Dda COPD emergency admission spend estimated £4–6m/year
COPD	Scale pulmonary rehabilitation, including virtual models (build on VIPAR) and fast-track post-exacerbation PR	PR has definitive evidence for QoL and function; post-hospital PR reduces readmissions; virtual delivery mitigates rural travel barrier	Cochrane evidence (PR RCTs); Thorax 2024 post-exacerbation meta-analysis; Hywel Dda VIPAR described	Hywel Dda had lowest PR referral rate in Wales at 31% (audit cited); post-hospital PR reduces readmissions OR 0.48; PR ~£280 per patient and cost-effective at £2,000–£8,000 per QALY
COPD	Implement Hospital at Home for exacerbations using DECAF risk stratification	Reduces readmissions and bed days; high patient preference; admission avoidance alternative to default hospitalisation	Cochrane review; DECAF-directed model evidence cited; NICE NG115 recommendation noted	Cochrane: readmission RR 0.76; DECAF model saved £1,016 per patient over 90 days and achieved fivefold reduction in median bed days; 90% patient preference cited
COPD	Standardise and enforce COPD discharge bundle	Addresses post-discharge failure point driving high readmissions	National implementation data	UK evaluation: bundle completion 2.2% (admission) and 7.6% (discharge); London readmission

	completion with compliance tracking		and London bundle outcomes cited	trend shifted from +2.13%/yr to −5.32%/yr post-implementation
COPD	Implement community pharmacy COPD programme (inhaler technique + adherence protocol)	Inhaler errors are common and linked to exacerbations; pharmacies are accessible across rural footprint	PHARMACOP trial evidence summarised	PHARMACOP: inhaler technique +13.5%, adherence +8.5%, and 72% reduction in hospitalisation (rate ratio 0.28) with protocolised pharmacist care
COPD	Run targeted case-finding (high-risk smokers, structured screening)	Early diagnosis with guideline care reduces utilisation; misdiagnosis wastes resources	TargetCOPD and COPD-UCAP trial evidence cited	TargetCOPD: new diagnosis rate 7.45× routine care; COPD-UCAP: 52% reduction in respiratory healthcare utilisation (IRR 0.48) with early diagnosis + guideline care
COPD	Prioritise smoking cessation with high-ROI models	Largest disease-modifying lever; strongest prevention economics	Lung Health Study; pharmacotherapy evidence; CURE model cited	Sustained quitters: FEV1 decline 31 ml/yr vs 62 ml/yr; CURE model cost per QALY £487 and public value return £30.49 per £1 invested (as cited)
Frailty	Deploy CGA-based Hospital at Home (frailty-focused, rural-adapted hub-and-spoke)	Strongest combined evidence for keeping people alive and at home; reduces residential care placement and costs	Cochrane CGA evidence; Cochrane Hospital at Home evidence; UK multisite RCT results cited	Hospital at Home reduces residential care placement RR 0.53; UK CGA-HaH RCT cited £2,265 savings per person and 3 fewer hospital days at 1 month; “Frailty virtual ward” example cited 96% admission avoidance in one programme; CGA cost-effectiveness cited
Frailty	Scale Otago Exercise Programme (target high-risk older adults)	High-certainty evidence for falls reduction; designed for home delivery and rural applicability	Cochrane-level evidence summarised; Otago RCT evidence cited	Otago reduces falls 35–40%; cost ~£218 per participant/year; net benefit £903 per participant after prevented falls (figures cited)
Frailty	Proactive frailty identification (eFI2) + anticipatory care planning	eFI2 is a zero-marginal-cost case finder; ACP reduces hospital deaths and readmissions when implemented	eFI/eFI2 validation evidence cited; ACP evidence cited	HomeHealth RCT cited: 35% reduction in emergency admissions (IRR 0.65) and incremental costs −£796; ACP: low baseline (only 4.8% with evidence of ACP) and strong association with preferred place of death metrics cited
Frailty	Systematic medication review and deprescribing (STOPP/START, STOPPFrail,	Polypharmacy amplifies frailty harm; high prevalence of	STOPP/START and STOPPFrail evidence; anticholinergic-falls	Frail inpatients: ~10 meds average; potentially inappropriate prescribing up to 60% in nursing homes;

	STOPPFall; focus anticholinergic burden)	inappropriate prescribing especially in nursing homes	interaction evidence cited	STOPPFrail RCT reduced meds by 2.6 per patient; anticholinergic drugs in frail: falls OR 3.84 (as cited)
Frailty	Embed delirium prevention bundles (HELP/POD style) with mandated screening (4AT)	Delirium increases mortality and admission likelihood; substantial preventable fraction with low-cost bundle	HELP evidence and POD programme evidence cited	Delirium preventable 30–40%; HELP reduced delirium 40%; POD programme cited incremental net monetary benefit £2,200 per patient and cost-effectiveness £1,057 per QALY; hip fracture delirium prevention cited very high net benefit
T1D	Expand CGM and hybrid closed-loop (HCL) with explicit equity strategy and workforce enablement	Largest glycaemic/time-in-range gains; strongest value in those with poor control; reduces hypoglycaemia and complications	DIAMOND, GOLD, HypoDE, ADAPT, Control-IQ and NICE TA943 evidence summarised	ADAPT: HbA1c reduction 1.4% and TIR +26.7–28.1 points in high HbA1c group; NICE TA943 cites ICER £12,398/QALY using higher baseline HbA1c pilot data; report notes potential to avoid £3–5m annually in complications/emergency costs within 5 years
T1D	Maximise structured education throughput (DAFNE; plus accessible resources)	Highest value, lowest cost intervention; reduces DKA and severe hypoglycaemia; cost-saving	DAFNE RCT and real-world audit; Sheffield model; REPOSE pump cost-effectiveness cited	DAFNE reduces DKA 62% and severe hypo requiring emergency treatment 82%; cost-saving (dominant) with lifetime saving £1,494 per patient (model cited); pumps on top of DAFNE cited £142,195/QALY (REPOSE)
T1D	Implement Diabetes & Emotional Health “7 A’s” across teams + routine distress screening; add integrated psychology capacity (3DFD logic)	Psychological distress is common and drives poor control and admissions; integrated approach reduces utilisation	Diabetes distress prevalence evidence; 3DFD outcomes cited; 7 A’s model cited	Diabetes distress affects 20–42%; 3DFD model cited: 45% drop in A&E visits, 43% fewer admissions, 22% fewer bed days and £850 saved per patient
T1D	Adopt virtual clinic model for routine tech reviews (remote data review)	Matches rural geography; frees face-to-face capacity for initiation and complex care	Telehealth equivalence evidence summarised in report	Expected impact stated: 30–40% reduction in routine face-to-face appointments (as described), enabling workforce redeployment to technology initiation
T1D	Strengthen transition service (young adult clinics +	Transition period is peak risk for DKA and disengagement;	Holmes young adult clinic evidence; other	Dedicated young adult service cited: 0.5% HbA1c improvement, one-third

	coordinator; structured transition framework)	structured models improve attendance and reduce DKA	transition studies summarised	DKA reduction, and programme costs covered by reduced admissions (as described)
T1D	Pregnancy pathway: universal CGM/HCL for T1D pregnancy + structured pre-conception programme	Improves neonatal outcomes and reduces NICU admissions; cost-saving	CONCEPTT trial; AiDAPT trial evidence summarised	CONCEPTT: LGA reduced 49%, NICU admissions >24h reduced 52%, neonatal hypoglycaemia reduced 55%; NNT 6 to prevent one NICU admission; cost saving ~£2,500 per pregnancy cited
T2D	Fix albumin-to-creatinine ratio (ACR) testing gap and protocolise renal protection (SGLT2i + finerenone where indicated)	Biggest missed window for preventing/delaying CKD progression and dialysis	DAPA-CKD, CREDENCE, FIDELITY evidence summarised; Wales ACR testing gap cited	Wales ACR check cited 17%; Hywel Dda annual return modelled £500k–£1.2m with ROI 8:1–15:1 (Tier 1 business case)
T2D	Switch suitable patients from sulfonylureas to SGLT2 inhibitors (cardio-renal protection)	Reduces hypoglycaemia risk and provides HF/renal protection; generic SGLT2 now low cost	EMPA-REG, DAPA-HF, DAPA-CKD and class evidence summarised	Generic dapagliflozin cost cited ~£150–200/year; Tier 1 return modelled £200k–£400k annually with ROI 5:1–8:1 (as stated)
T2D	Establish Type 2 diabetes remission programme (DiRECT-style total diet replacement)	Evidence of remission and long-term cost saving; reduces complications and medication need	DiRECT trial + follow-up; NHS T2DR programme outcomes cited	DiRECT: 46% remission at 12 months; 36% at 24 months; lifetime saving £1,337 per participant cited; Tier 2 investment £250k–£350k/yr (200–250 participants) with returns rising over time
T2D	Scale structured education (DESMOND / X-PERT; include digital and Welsh-language delivery)	Improves glycaemia and reduces medication escalation; cost-effective	DESMOND and X-PERT evidence summarised	DESMOND real-world ICER cited £2,092/QALY; X-PERT HbA1c effect and NNT cited (NNT 4 to prevent medication escalation)
T2D	Strengthen multidisciplinary foot team coverage and rapid access	Prevents amputations and deaths; mandated pathways	NICE NG19 requirement; systematic review evidence summarised; Wales diabetic foot data cited	MDFT reduces major amputations 38–80% (range cited); Hywel Dda DFU prevalence estimate 2–2.5% of diabetes population at any time (as cited)
T2D	Expand prevention and early detection (AWDPP plus pharmacy FINDRISC screening)	Prevention evidence base is among strongest in medicine; pharmacy is accessible channel	DPP/DPS/Da Qing evidence summarised; AWDPP described	Hywel Dda prediabetes estimate 35,000–42,000; AWDPP described (brief intervention model) and early evaluation noted; pharmacy screening cost cited £28.65 per person (as cited)

Heart failure	Scale the four-pillar GDMT rapid optimisation using pharmacist-led One-Stop Clinics (STRONG-HF style)	Strongest preventable mortality lever; rapid titration reduces death/readmission	STRONG-HF evidence; One-Stop clinic performance described	STRONG-HF: 34% reduction in death or HF readmission; Hywel Dda clinics reduced optimisation time from 63 weeks to 7.4 weeks (as stated)
Heart failure	Establish a dedicated heart failure virtual ward (admission avoidance + early supported discharge)	Reduces admissions/readmissions and is lower cost per bed-day; fits rural model using existing telehealth base	Liverpool and Imperial programme evaluations cited; Hywel Dda telehealth base noted	Liverpool: net cost benefit £1,135 per patient; Imperial: 74% reduction in admissions and 57% reduction in A&E attendance (as cited); projected package net annual benefit £1.2–£1.8m cited for integrated programme
Heart failure	Expand heart failure specialist nurse capacity for post-discharge follow-up	Nurse-led follow-up reduces death/readmission and days in hospital	Blue et al. RCT and systematic review evidence cited	Blue et al.: 39% reduction in death or HF readmission; HF admissions reduced from 45 to 19 and mean HF bed days halved (as described); report models staffing need and returns
Heart failure	Systematic iron deficiency screening + IV iron infusion service	Treatable driver of symptoms and admissions; IV iron reduces HF hospitalisations	FAIR-HF, CONFIRM-HF, AFFIRM-AHF, IRONMAN, meta-analysis evidence cited	AFFIRM-AHF: 26% reduction in HF hospitalisations; meta-analysis cited RR 0.72; up to 50% of HF patients iron deficient (as stated)
Heart failure	Close diagnostic gap via NT-proBNP rule-in/rule-out and targeted screening of high-risk groups	Many HF cases undiagnosed; NT-proBNP is effective gateway to echo and early therapy	NICE diagnostic thresholds; STOP-HF; ECHOES; SOLVD prevention evidence cited	Estimated HF burden 7,500–8,500 vs ~3,500 on GP registers (diagnostic gap 4,000–5,000); STOP-HF: 45% reduction in new LV dysfunction/HF and 40% reduction in emergency CV hospitalisations (as cited)
Heart failure	Spread advanced HF supportive/palliative care pathway across counties	Improves QoL and avoids futile admissions near end of life	PAL-HF trial evidence; Pembrokeshire pathway outcomes described	Pembrokeshire pathway: 100% satisfaction on feeling listened to and 86% agreement on improved care coordination (as stated)
Heart failure	SGLT2 inhibitor optimisation across HFrEF and HFpEF	Disease-modifying across EF spectrum; reduces HF hospitalisation	DAPA-HF, EMPEROR-Reduced, EMPEROR-Preserved, DELIVER and NICE appraisals cited	DAPA-HF: NNT 21; HFpEF approvals and ICERs cited (e.g., HFpEF ICER £8,715/QALY); report sizes HFpEF cohort (~2,600–3,000) from its HF estimates

National Enabling Actions

Strategic priority	Enabling action (national wording)	Translated action	Key metric / deadline (from Annex)
Productivity	Utilisation of total factor productivity model; set out actions and quantified productivity impact to increase total productivity from baseline	Use TFP as the single productivity framework: baseline, interventions, quantified impact by driver (workforce, theatres, diagnostics, flow), and quarterly assurance reporting.	Quantified productivity increase in 2026/27 from baseline
Mental Health	Material reduction in out of area placements in 2026/27 and associated costs	Deploy crisis alternatives, caseload review, step-down / repatriation governance, and placement challenge panels with weekly grip.	Material reduction (no numeric target specified in Annex)
Timely Access to Care	Improve implementation and delivery of HVLC theatre lists: cataract, arthroplasty, HVLC general surgery	Standardise theatre templates, list discipline, and case selection. Use HVLC as default where clinically appropriate and monitor list productivity.	Cataract: 90% lists 7 per list by end Q2; Arthroplasty: 90% lists 4 primary joints/day by end Q2; General surgery: 90% time achieve ≥6 HVLC procedures/all-day list by end Q2
Building Community Capacity	Support rollout of NHS Wales app incl. uptake for repeat prescriptions	Target adoption by designing repeat prescribing default pathways; reduce transactional practice activity.	Uptake for repeat prescriptions (no numeric target specified)
Maximising Value for Money	Non-pay: implement Value & Sustainability Board recommendations incl. mandated product choice	Lock in standard product choice, maximise market share and remove unwarranted variation; monthly compliance reporting.	Implementation of VSB recommendations (no numeric target specified)
Maximising Value for Money	Medicines Management: implement high value medicines VSB programme delivering opportunities across programme areas	Implement switching and pathway optimisation for high-value medicines; ensure uptake across teams and sites.	Deliver opportunities against programme areas (no numeric target specified)
Maximising Value for Money	Estate: strengthen actions to improve estate utilisation incl. repurposing & disposal of under-utilised estate	Estate utilisation reviews; repurpose/dispose where appropriate; link to CSP configuration and non-pay savings.	Improved utilisation including repurposing/disposal (no numeric target specified)

Maximising Value for Money	CHC: implement VSB recommendations incl. actions to improve clinical and financial effectiveness of packages of care	Standardise CHC review cadence, challenge panels, and package optimisation with clinical leadership.	Implementation of VSB CHC recommendations (no numeric target specified)
Improving Value, Optimising Outcomes & Minimising Variation	Progress with VSB HVHI pathway – Bone Health	Implement proactive fracture risk identification, treatment optimisation, and falls/fracture pathway redesign.	Progress with pathway (no numeric target specified)
Workforce Productivity	Job planning: >90% consultants have agreed job plan at all times by 30 Sep 2026 aligned to demand/capacity	Job planning compliance becomes a capacity management tool; align PAs to service demand and productivity metrics.	>90% by 30 September 2026
Workforce Productivity	Agency expenditure: sustained reduction; target 30% reduction in 2026/27 from 2025/26 outturn and no off-contract	Tighten controls, eliminate off-contract, shift to substantive/bank and improve roster discipline.	30% reduction in 2026/27 from 2025/26 outturn; no off-contract
Workforce Productivity	Fully implement Variable Pay & Agency Control Framework WHC	Full compliance with WHC actions; embed assurance and escalation on exceptions.	Full implementation (no numeric target specified)
Workforce Productivity	HSW/Admin/Estates&Ancillary agency: those not yet at zero to deliver zero by 30 Sep 2026	Targeted elimination plan by staff group; standard controls and reporting.	Zero by 30 September 2026 (for orgs not already there)
Workforce Productivity	Reduce sickness absence in 2026/27 vs 2025/26 through adherence to attendance policies and OH minimum service levels	Strengthen attendance management; standardise OH access and line management interventions.	Reduction vs 2025/26 (no numeric target specified)
Timely Access to Care	Full implementation of National Optimal Pathway (NOPs) in Cancer	Implement pathway discipline, straight-to-test, and diagnostic sequencing per NOPs; track compliance.	Full implementation (no numeric target specified)
Timely Access to Care	Theatre session utilisation improved to GIRFT standard of 85%; late starts/early finishes/overall utilisation KPIs underpin standard	Introduce utilisation KPIs, address late start/early finish causes, enforce list discipline and schedule control.	85% utilisation standard; KPIs for late starts (>15 mins) and early finishes (>60 mins)

Timely Access to Care	Consistent clerical and clinical validation using national SOP: any patient waiting >26 weeks validated	Routine validation of >26 week waits, with oversight of non-admitted closed pathways volumes as proxy.	Validate all >26 week waits (no numeric beyond threshold); monitor closed pathways volumes
Timely Access to Care	Referral return rate of 20+% and/or reduced referral rate per 100,000 by Dec 2026 using Health Pathways optimally	Use referral optimisation, Advice & Guidance, and pathway discipline to reduce inappropriate referrals.	≥20% referral return rate by December 2026 and/or reduced referral rate per 100,000
Timely Access to Care / UEC	Ambulance handovers: all within max 45 mins; aim >90% in 15 mins by end 2026/27	Front door streaming, early discharge focus, and flow discipline to meet handover standards.	Max 45 mins; aim >90% in 15 mins by end 2026/27
UEC	Deliver all OHFF principles incl. 7-day working, leaner processes, efficient discharge transport, increasing weekend discharges	Adopt OHFF minimum principles across sites; track weekend discharge and transport efficiency.	Deliver minimum principles (no numeric target specified)
UEC	Deliver SDEC and acute frailty services at front door in line with national policy and AFS Framework	Implement SDEC/AFS front-door models and staffing; align with six goals programme.	Deliver in line with policy (no numeric target specified)
UEC	Deliver community-based falls response framework and prevention/early intervention	Implement falls response in community; integrate with prevention work.	Deliver minimum principles (no numeric target specified)
UEC	Deliver SPOA framework; scale “call before convey” and urgent response; strengthen integration with WAST/LAs	Single point of access with tailored interventions for frail older adults; BAU call-before-convey.	Deliver minimum principles (no numeric target specified)
Population Health & Prevention	Ensure progress of focused Diabetes HVHI pathway	Implement diabetes HVHI actions (pre-diabetes, care processes, inpatient harm) and report progress.	Progress (no numeric target specified)
Improving Value, Optimising Outcomes & Minimising Variation	Eradicate unsupported systems/devices and ensure clear cyber response plan	Asset inventory and removal of unsupported systems; tested cyber response plan and governance.	Eradicate unsupported systems and have response plan (no numeric target specified)

Actions Closed From Last Year

Category in Annex	Action (national wording)	Status / interpretation	Why it matters for 2026/27 delivery
Actions not rolled forward (note: action completed)	Implementation of CIN follow up criteria prospectively/retrospectively to established follow-up waiting lists	Completed; should remain BAU.	Prevents unnecessary follow-up demand re-accumulating.
Actions not rolled forward (BAU)	Protect planned care inpatient/day case/theatre recovery capacity from unscheduled care pressures on 90% of days	Completed; BAU expectation.	Maintains elective productivity and prevents RTT regression.
Actions not rolled forward (BAU)	Monitor DNA/CNA rates for every outpatient clinic; when >5% implement overbooking	Completed; BAU expectation.	Protects outpatient capacity and reduces wasted slots.
Actions not rolled forward (monitor via programme/performance)	Implement national guidelines with thresholds by CIN incl. SOS/PIFU by default	To become BAU but monitored.	Reduces follow-up burden and improves access.
Actions not rolled forward (BAU)	Day surgery rates: BACDS day case rate 70% from Apr 2025 moving to 80% by end Jun 2025	Completed; BAU expectation.	Reduces bed usage and improves flow.
Actions not rolled forward (taken forward elsewhere)	Maintain actions within 50 Day challenge deliverable consistently	Taken forward under OHFF under UEC.	Ensures continuity within UEC flow programme.
Actions not rolled forward (BAU)	All new cataract referrals direct listed to treatment stage following admin triage by end Q2	Completed; BAU expectation.	Improves pathway efficiency and reduces outpatient steps.

Reducing Low Value Activity

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Diabetes	Routine HbA1c in well-controlled T2DM more than twice annually	Stable patients gain nothing from quarterly testing; guidelines support 6-monthly monitoring	NICE NG28 do-not-do; Choosing Wisely UK - Diabetes UK/ABCD 2016	Est. 500,000+ excess tests/year NHS England (NHS RightCare 2019 diabetes pack)

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Diabetes	Urine dipstick for microalbuminuria when ACR already established	Dipstick has poor sensitivity/specificity; ACR is the validated measure and should not be duplicated	NICE NG28; Choosing Wisely Canada - nephrology	High volume low-yield test; estimated duplicate testing affects ~30% of diabetes reviews (audit data)
Diabetes	Annual retinal screening in T2DM patients with consistently normal retinas for 2+ years	NHS Diabetic Eye Screening Programme evidence supports extended interval to 2 years for low-risk patients	NHS DESP evidence review 2020; Scanlon et al. Diabetologia 2015	~600,000 patients potentially eligible for biennial rather than annual screening (DESP data)
Diabetes	Routine foot X-ray in uncomplicated diabetes annual review	No diagnostic value without clinical suspicion of Charcot, fracture or osteomyelitis	Choosing Wisely USA - AACE 2013	High frequency; no published UK aggregate; opportunity significant in primary care
Diabetes	Inpatient sliding scale insulin for well-controlled T2DM on oral agents having minor procedures	Variable rate IV insulin increases hypoglycaemia risk with no benefit in stable T2DM	JBDS Guidelines 2016; NICE NG17; NHS Diabetes Inpatient Audit 2022	NHS Diabetes Inpatient Audit: ~18% of inpatients on inappropriate insulin regimes
Diabetes	Routine cholesterol testing more than annually in statin-treated T2DM with stable lipid profile	Once on optimal statin therapy and stable, annual or less frequent review is adequate	NICE NG28; Choosing Wisely UK - RCGP 2016	Moderate volume; overlaps with other CVD risk monitoring requests
Diabetes	Inpatient HbA1c in acute medical admission for non-diabetic patients without risk factors	Acute stress hyperglycaemia does not diagnose diabetes; HbA1c unreliable acutely	ADA Standards 2023; NICE NG17	NHS data suggest up to 15% of inpatient HbA1c requests are inappropriate (local audit literature)
Diabetes	Referral to dietetics for T2DM patients on low-risk oral agents with no weight concern and stable glycaemia	Stable well-controlled patients receive no incremental benefit; high-risk patients are displaced	NICE NG28 care pathway; NHS RightCare diabetes pathway tool	Displaces capacity needed for newly diagnosed and high-risk cohort
Diabetes	Self-monitoring blood glucose strips for T2DM not on insulin or sulphonylurea	No evidence of benefit on glycaemic outcomes; adds cost without value in this population	NICE NG28; Choosing Wisely UK - ABCD/Diabetes UK 2016; Malanda et al. Cochrane 2012	NHS spend on strips est. £150m/year; NICE estimates 25-30% inappropriate in T2DM (NG28 impact)

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Diabetes	Specialist outpatient follow-up for stable T2DM managed in primary care	No clinical benefit over GP-led care for well-controlled T2DM; guidelines support primary care management	NHS RightCare diabetes pathway; NICE NG28; Atlas of Variation 2020	Atlas of Variation shows 3-fold variation in T2DM outpatient rates across CCGs
Frailty	Polypharmacy medication continuation without annual structured review in frail elderly	Prescribing cascade and drug burden cause falls, delirium, hospitalisation; structured deprescribing reduces harm	Choosing Wisely UK - BGS 2016; NHS STOPP/START criteria; Gnjidic et al. JAMA IM 2012	King's Fund: 1 in 4 hospital admissions in over-65s attributable to adverse drug events
Frailty	Tight glycaemic control (HbA1c <53mmol/mol) targets in frail elderly with T2DM	Hypoglycaemia risk outweighs benefit; relaxed targets (58-70mmol/mol) recommended for frail older adults	NICE NG28; Choosing Wisely UK - BGS/ABCD; Sinclair et al. Diabetes Care 2011	NHS Diabetes Inpatient Audit: hypoglycaemia prevalent in elderly inpatients; high iatrogenic burden
Frailty	Bone density (DXA) scanning in frail elderly already on treatment	Does not change management in treated patients; risk of over-investigation	Choosing Wisely UK - BGS 2016; NICE NG187	Moderate volume; DXA requests in already-treated 80+ cohort lack clinical utility
Frailty	CT/MRI brain in delirium workup without focal neurology or new onset seizure	Delirium is rarely caused by intracranial pathology in absence of focal signs; investigation rarely changes management	Choosing Wisely UK - BGS 2016; British Geriatrics Society delirium guideline 2019	High volume inpatient investigation; BGS audit suggests >40% of delirium imaging is low yield
Frailty	Cardiac monitoring (24-hour tape) for unexplained falls in frail elderly without cardiac symptoms	Falls in frail older adults are predominantly mechanical/multifactorial; cardiac cause rare without symptoms	NICE NG56 falls guideline; Choosing Wisely UK - BGS 2016	Falls are the most common reason for emergency admission in over-65s; significant over-investigation
Frailty	Hospital admission for frail elderly presenting with simple UTI or low-grade infection manageable at home	Hospitalisation causes deconditioning, delirium, iatrogenic harm; virtual ward/HITH models effective	NHS England Frailty toolkit; Choosing Wisely UK - BGS; NHSE GIRFT emergency medicine	NHS England: up to 30% of emergency admissions in frail elderly potentially avoidable

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Frailty	Nutritional supplementation (ONS) prescribed without dietetic assessment or MUST score in community	MUST-guided prescribing is indicated; blanket ONS prescribing in non-malnourished patients is wasteful	NICE CG32; BAPEN MUST guidelines; NHS England medicines optimisation	ONS prescribing cost ~£100m/year NHS; significant proportion without formal assessment
Frailty	Catheterisation for urinary incontinence in frail elderly without clinical indication (urinary retention, wounds)	Urinary catheters cause CAUTI, delirium, functional decline; continence care pathway preferred	Choosing Wisely UK - BGS 2016; NICE CG139; SIGN 88	NHS Safety Thermometer: catheter-associated UTI accounts for ~40% of HAI in older patient ward audits
Frailty	Cardiopulmonary resuscitation (CPR) for frail elderly with poor prognosis without DNACPR discussion	CPR in frailty has extremely low survival to discharge; distressing without benefit; ReSPECT process recommended	Choosing Wisely UK - RCP/BGS 2016; Ebell et al. Arch IM 2013; NHS ReSPECT programme	NHS: approximately 70% of hospitalised frail patients lack documented advance care plan
Frailty	Proton pump inhibitors continued without review in frail elderly on no NSAIDs or anticoagulants	PPI deprescribing safe in absence of ongoing indication; reduces C.diff risk, drug burden, cost	NICE: medicines deprescribing; STOPP criteria; Choosing Wisely Canada - gastroenterology	NHS PPI spend ~£100m/year; estimated 30-40% without active indication (STOPP audit literature)
ACSC	Emergency admission for COPD exacerbation without prior pulmonary rehabilitation offer	Pulmonary rehab reduces hospitalisation by 50%; failure to offer PR upstream generates avoidable admissions	NICE NG115; Cochrane: Puhan et al. 2016; NHS RightCare COPD scenario	NHS RightCare: up to 4,700 avoidable COPD admissions per 100,000 population in high-admission areas
ACSC	Emergency admission for HF without optimised community HF nurse follow-up post-discharge	Community HF nursing reduces readmission; gaps in service generate avoidable returns	NICE NG106; Blue et al. Lancet 2001 (RCT); NHS GIRFT cardiology	30-day HF readmission rate ~24% nationally; community service gaps account for significant proportion
ACSC	Emergency admission for asthma without documented inhaler technique check in prior 12 months	Poor technique is the most common modifiable cause of asthma hospitalisation	Choosing Wisely UK - SIGN 158; BTS/SIGN asthma guidelines; NHS RightCare respiratory pack	NRAD 2014: 50% of asthma deaths associated with suboptimal primary care; inhaler technique rarely recorded

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
ACSC	Emergency admission for cellulitis managed in hospital when ambulatory IV therapy pathway available	OPAT/HITH cellulitis management equivalent in outcomes; significant cost and capacity difference	NICE NG141; PHE/BSAC OPAT guidance; Tice et al. CID 2004	NHS GIRFT: cellulitis among top 5 highest-variation inpatient admissions; OPAT pathway underutilised
ACSC	Emergency admission for hypoglycaemia in insulin-treated diabetes without structured education review	Structured education (DAFNE, DESMOND) reduces severe hypoglycaemia; failure to refer upstream generates avoidable presentations	NICE NG17; DAFNE trial BMJ 2002; NHS RightCare diabetes pathway	NHS Diabetes Inpatient Audit: hypoglycaemia admissions concentrated in patients without education record
ACSC	Emergency admission for urinary tract infection in older women managed in hospital without OPAT assessment	Uncomplicated UTI in elderly women manageable with oral antibiotics in community with safety netting	PHE antibiotic guidelines; NICE NG109; NHS Getting It Right First Time emergency medicine	UTI one of top 3 ACSCs by volume; significant variation in admission rates by CCG (Atlas of Variation)
ACSC	A&E attendance for dental pain - management in secondary care rather than urgent dental care pathway	Secondary care manages symptoms not cause; urgent dental care pathway is the appropriate destination	NICE CG151; NHS dental commissioning framework; PHE oral health data	NHS England: 40,000+ A&E attendances annually for dental pain; most avoidable with adequate dental access
Heart Failure	Echocardiogram repeated annually in stable HFrEF on optimised therapy without clinical change	No clinical benefit of routine annual echo in stable optimised patients; repeat only on clinical deterioration	NICE NG106; Choosing Wisely USA - ACC/AHA 2012; ESC HF guidelines 2021	High volume; ACC estimates >1 million unnecessary echos/year in US; UK data limited but extrapolatable
Heart Failure	BNP/NT-proBNP repeated at every clinic visit in stable chronic HF	Serial biomarker measurement in stable patients adds cost without management change; reserve for suspected deterioration	Choosing Wisely USA - ACC/AHA; ESC 2021; NICE NG106	Moderate volume; test overuse documented in audit literature
Heart Failure	Routine 24-hour ambulatory BP monitoring in HFrEF without hypertensive complication	Not indicated as standard monitoring; adds cost without value in this population	NICE NG106; NICE NG136 hypertension guideline	Small but consistent overuse in HF follow-up outpatient clinics
Heart Failure	Specialist HF outpatient review of stable patient	Annual review adequate in stable, optimised HF; frequent	NICE NG106 follow-up recommendations; NHS RightCare HF scenario 2018	GIRFT Cardiology 2021: significant variation in HF outpatient follow-up

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
	every 3 months without clinical indication	visits use capacity without benefit		frequency without outcome correlation
Heart Failure	Intravenous diuretics in decompensated HF without consideration of outpatient/day-case IV diuretic pathway	Day-case IV diuretic clinics equivalent in outcomes, reduce length of stay and inpatient cost	Bhimaraj et al. JACC HF 2014; NHS Improvement HF pathway toolkit	NHS improvement data: day-case diuretic pathway reduces LOS by avg. 3.2 days vs admission; underused
Heart Failure	Coronary angiography in HFpEF without ischaemic symptoms or positive non-invasive testing	Diagnosis of HFpEF does not routinely require invasive coronary assessment; low yield in absence of ischaemic features	ESC HF guidelines 2021; Choosing Wisely USA - ACC 2017	Moderate volume; angiography carries procedural risk without clear benefit in this subgroup
COPD	Spirometry repeated annually in stable COPD without change in clinical status	Spirometry results do not alter management in stable COPD; repeat only on clinical indication	NICE NG115; Choosing Wisely UK - PCRS/BTS 2015; GOLD 2023	High volume primary care test; estimated 30-40% without clinical justification (primary care audit data)
COPD	Chest X-ray at every COPD exacerbation without clinical suspicion of complication	CXR rarely changes management in moderate exacerbations; reserve for suspicion of pneumonia, pneumothorax, effusion	BTS COPD guidelines; Choosing Wisely USA - CHEST 2016; GOLD 2023	High volume; radiation exposure without incremental value in uncomplicated exacerbations
COPD	Short-acting bronchodilator (SABA) rescue inhaler provision without stepping up to ICS/LABA in high-use patients	Frequent SABA use is a marker of inadequate control warranting step-up; prescribing more SABA is low-value	BTS/SIGN asthma/COPD guidelines; NICE NG115; GOLD 2023 step-up criteria	NHS primary care data: SABA-only prescribing prevalent; NHS England inhaler optimisation programme addresses this
COPD	Outpatient pulmonary rehabilitation referral delay post-exacerbation beyond 4 weeks	Early PR after exacerbation (within 4 weeks) reduces readmission; delay negates benefit	Puhan et al. Cochrane 2016 (RCT evidence); NICE NG115; BTS PR quality standards	NHS RightCare: PR referral post-exacerbation varies from 2% to 38% by CCG; most areas under-refer
COPD	LTOT prescription in COPD without two resting PaO2 measurements below threshold on air	LTOT criteria require two qualifying ABG measurements; inappropriate	NICE NG115; BTS LTOT guidelines; MRC LTOT trial original evidence	NHS: LTOT costs approx. £3,000/patient/year; prescribing variation

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
		prescription costly and ineffective		suggests inappropriate use in subset
COPD	Theophylline initiation in COPD without specialist review	Theophylline has narrow therapeutic index, high interaction risk; not recommended as first- or second-line by NICE	NICE NG115; GOLD 2023; BTS guidelines	Declining use but persistent prescribing in some areas; deprescribing opportunity in polypharmacy patients
Cancer	Routine CEA monitoring in colorectal cancer surveillance beyond 5 years in remission	Evidence supports CEA monitoring for 5 years post-curative resection; continued monitoring beyond this is low yield	NICE NG151; ASCO CRC guidelines; Jeffery et al. Cochrane 2019	Significant volume of long-term follow-up; NHS RightCare cancer packs document variation in follow-up intensity
Cancer	Annual CT surveillance of non-small cell lung cancer treated curatively beyond guideline period	No RCT evidence that extended imaging surveillance improves survival; follow-up schedule should be protocol-driven	NICE NG122; Choosing Wisely USA - ASCO 2012; ESMO guidelines	High cost per scan; radiation exposure; ASCO estimates significant proportion of surveillance outside evidence base
Cancer	PSA monitoring post-prostatectomy more than quarterly in first year without clinical indication	Quarterly PSA in stable post-treatment patients offers no advantage over standardised schedule	NICE NG131; EAU prostate guidelines; Choosing Wisely USA - AUA 2013	Moderate volume; PSA testing very high in post-treatment cohort
Cancer	Tumour markers (CA-125, CA19-9, AFP) in asymptomatic general screening	No evidence of mortality benefit; false positives cause harm (unnecessary investigation, anxiety)	Choosing Wisely UK - RCR 2016; USPSTF recommendations; Jacobs et al. Lancet 2016 (UKCTOCS)	High volume; RCR audit found significant inappropriate use of tumour markers in primary care
Cancer	Routine bone scan in low-risk prostate cancer without symptoms of metastasis	Bone scan positive rate <1% in low-risk, PSA<10 prostate cancer; not recommended by guidelines	NICE NG131; Choosing Wisely USA - ASTRO/AUA 2012; EAU guidelines	High volume test; unnecessary radiation; ASCO/ASTRO estimate >20% performed outside guideline criteria
Cancer	Outpatient oncology follow-up for low-risk breast cancer (stage I/II) replaced by patient-initiated follow-up	Systematic review shows remote/patient-initiated follow-up equivalent in detecting recurrence; frees capacity	NICE NG101; Grunfeld et al. Lancet 1996 RCT; NHS RightCare cancer pathway	NHS: 1.5 million outpatient cancer follow-up appointments per year; NHS Long Term Plan targets shift

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
				to supported self-management
Cancer	Annual mammography surveillance in low-risk DCIS patients beyond first 5 years	Risk stratification allows longer interval mammography in low-risk DCIS; annual not required throughout	NICE NG101; NHS Breast Screening Programme guidance	Moderate volume; NHS breast screening capacity under pressure; risk stratification under-applied
Cancer	CT chest in surveillance of early-stage testicular cancer on standard watch-and-wait protocol beyond schedule	Protocol-driven surveillance is evidence-based; deviation adds radiation dose without benefit	NICE NG167; ESMO testicular cancer guidelines; Rustin et al. 1997	Moderate volume; generally young patients with long life expectancy; cumulative radiation concern
Outpatients	Routine post-operative follow-up at 6 weeks for uncomplicated surgical procedures with no complications	Most post-op follow-up adds no value for uncomplicated cases; advice line/self-care equivalent	NHS England Outpatient Transformation Programme 2019; GIRFT post-operative review work	NHS England: 30-40% of outpatient activity estimated as low-value follow-up (Long Term Plan)
Outpatients	First outpatient appointment not preceded by GP-requested investigations (duplicate testing at first appointment)	Testing at first appointment that duplicates recent GP tests wastes resource and delays diagnosis	NHS RightCare outpatient pathway; GIRFT general surgery; NHS Improvement outpatient redesign	Significant volume; NHS estimates 15-20% of new outpatient appointments involve repeat of already-available tests
Outpatients	Specialist follow-up for conditions managed as well in primary care (stable hypothyroidism, well-controlled hypertension, stable gout)	No clinical benefit of specialist-led follow-up for stable conditions within GP competency	NHS RightCare population health data; NICE pathway reviews; Atlas of Variation	Atlas of Variation 2019: 3-5 fold variation in follow-up rates for conditions fully manageable in primary care
Outpatients	Telephone/video follow-up booked as face-to-face clinic without clinical justification	Remote consultation equivalent or superior in many conditions; face-to-face overuse constrains capacity	NHS England Outpatient Transformation; COVID-era evidence synthesis (NHS Improvement 2021)	Post-pandemic data: reversion to face-to-face in conditions suited to remote consultation represents capacity loss
Outpatients	Consultant-led routine review for conditions that	Nurse/AHP-led follow-up equivalent in outcomes for	NICE technology appraisals and guideline implementation; NHS workforce evidence	Significant opportunity; NHS Long Term Plan cites

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
	could be delivered by clinical nurse specialist or AHP	chronic disease management in many specialties		workforce substitution as major outpatient reform lever
Urology	Urine culture in asymptomatic bacteriuria in non-pregnant adults without urological instrumentation planned	Treating asymptomatic bacteriuria causes antibiotic resistance with no benefit in non-pregnant, non-pre-surgical adults	Choosing Wisely UK - BAUS 2016; Choosing Wisely USA - IDSA 2011; Nicolle et al. CID 2019	BAUS estimate: significant proportion of urology cultures are for asymptomatic patients; antibiotic stewardship issue
Urology	Cystoscopy surveillance for low-grade, low-stage (Ta G1) bladder cancer beyond current BAUS schedule	Evidence supports protocol-driven surveillance; over-surveillance at 3-monthly intervals adds cost without benefit	BAUS NICE NG2; EAU bladder cancer guidelines; Choosing Wisely UK - BAUS 2016	High volume procedure with procedural discomfort; BAUS data show variation in surveillance frequency
Urology	PSA testing in men with <10 years life expectancy or significant comorbidity	Diagnosis and treatment will not improve life expectancy; test creates anxiety and downstream low-value investigation	Choosing Wisely UK - BAUS/RCPath 2016; USPSTF PSA recommendations 2018; NICE NG131	High volume; PHE data: PSA testing concentrated in elderly with limited life expectancy
Urology	Imaging (renal US, CT KUB) for asymptomatic microscopic haematuria in low-risk patients	Risk stratification identifies low-risk patients (young, female, no smoking history) where imaging has minimal yield	BAUS microscopic haematuria guidelines 2020; NICE NG12; Choosing Wisely UK - BAUS	BAUS: low-risk microscopic haematuria investigation accounts for significant proportion of urology referrals; yield very low
Urology	Urodynamics before treatment of uncomplicated stress urinary incontinence in women	Urodynamic testing before initial conservative or surgical treatment does not improve outcomes in uncomplicated SUI	Choosing Wisely UK - BAUS 2016; NICE NG123; Hilton et al. NEJM 2015 (VALUE trial)	HIGH volume; VALUE trial definitively showed no benefit; NICE NG123 explicitly does not recommend routine urodynamics first-line
Urology	Prostate biopsy for PSA elevation without mpMRI pre-assessment	mpMRI prior to biopsy reduces unnecessary biopsy and detects clinically significant cancer with greater accuracy	Choosing Wisely UK - BAUS 2016; Ahmed et al. Lancet 2017 (PROMIS trial); NICE NG131	PROMIS trial: 27% of men could avoid biopsy with MRI-first pathway; NICE now recommends mpMRI before biopsy

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Urology	Routine post-vasectomy semen analysis repeated after two consecutive negative results	Single negative result at 16 weeks in correctly performed vasectomy is sufficient; repeat testing low-value	BAUS vasectomy guidelines; Faculty of Sexual and Reproductive Healthcare	Moderate volume; laboratory and patient burden without incremental value
Ophthalmology	Routine stable glaucoma monitoring at frequency exceeding guideline (e.g. 3-monthly when stable)	Stable, controlled glaucoma can safely be monitored annually; over-monitoring creates pressure on capacity without benefit	NICE NG81; Choosing Wisely UK - RCOphth 2018; Hatt et al. Cochrane 2020	GIRFT Ophthalmology 2021: ophthalmology has highest volume of 'lost to follow-up' due to capacity crisis driven partly by over-scheduled follow-up
Ophthalmology	Cataract surgery in second eye when first-eye vision is adequate for patient's functional needs	Bilateral cataract surgery should be need- and functional-outcome driven; bilateral listing without functional assessment is low-value	NICE NG77; Choosing Wisely UK - RCOphth 2018; NHS GIRFT Ophthalmology 2021	GIRFT: significant variation in bilateral cataract surgery rates; some areas listing routine second-eye without functional need assessment
Ophthalmology	Pre-operative assessment tests (ECG, FBC, clotting) as routine for cataract surgery under local anaesthetic	Routine pre-op medical testing for cataract under LA has no evidence of benefit; Cochrane review confirms no impact on outcomes	Choosing Wisely UK - RCOphth 2018; Keay et al. Cochrane 2019; NHS GIRFT Ophthalmology	GIRFT: routine pre-op testing for LA cataract adds significant cost and visit burden with no clinical benefit
Ophthalmology	Diabetic maculopathy monitoring at fixed intervals without using treat-and-extend protocol	Treat-and-extend protocols safely extend injection intervals in stable DME; fixed 4-weekly intervals waste capacity	NICE TA274/TA346; Ohji et al. Ophthalmology 2020; RCOphth AMD/DME pathway guidance	RCOphth: adoption of treat-and-extend could reduce injection visit numbers by 25-35% in stable patients
Ophthalmology	Ophthalmic review for stable patients with no sight-threatening condition in hospital eye service when community optometry pathway available	Community optometry follow-up equivalent for stable conditions; hospital eye service capacity should be reserved for complex/sight-threatening cases	NHS England Ophthalmology Transformation Programme 2022; RCOphth community eye care standards	NHS England: ~30% of HES follow-up could be safely managed in community optometry setting (NHSE transformation estimate)
ENT	Grommets (ventilation tubes) for otitis media with effusion	Watchful waiting for 3 months is standard; spontaneous	NICE NG91; MRC TARGET trial; Choosing Wisely UK -	NICE NG91: grommets only after persistent OME >3

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
	(OME/'glue ear') without watchful waiting	resolution in >80% of children within 3 months of diagnosis	ENTUK 2016; Browning et al. Cochrane 2010	months with hearing impact; variation in surgery rates 3-fold across England (Atlas)
ENT	Tonsillectomy for recurrent sore throat not meeting SIGN/NICE Paradise criteria	Tonsillectomy confers modest benefit only when meeting criteria (5+ episodes/year for 2+ years); lower thresholds not evidence-based	NICE NG34; SIGN 117; Lau et al. BMJ 2014; Choosing Wisely UK - ENTUK	NHS Atlas of Variation: 4-fold variation in tonsillectomy rates by area; over-threshold rates suggest criteria not applied consistently
ENT	Routine audiological testing at ENT follow-up for stable hearing loss managed with hearing aids	Hearing aid review and audiological follow-up is an audiology function; ENT specialist time not needed for stable aidable loss	NHS audiology pathway; Choosing Wisely UK - ENTUK 2016; NHSE transformation programme	GIRFT ENT: large volume of ENT follow-up attributable to conditions manageable in audiology pathway
ENT	CT sinuses as first investigation for uncomplicated recurrent acute rhinosinusitis	CT sinuses rarely changes management in recurrent acute rhinosinusitis; reserve for chronic, complicated or surgical planning cases	Choosing Wisely UK - RCR/ENTUK; EPOS guidelines 2020; NICE CKS rhinosinusitis	RCR radiological audit: CT sinus requests from primary care for acute/recurrent acute rhinosinusitis common and largely low yield
ENT	Nasal endoscopy for allergic rhinitis managed adequately in primary care	Allergic rhinitis diagnosis does not require endoscopy; specialist referral and endoscopy overused for condition manageable with intranasal steroids and allergy testing in community	NICE CG134; BSACI allergic rhinitis guidelines; Choosing Wisely UK - ENTUK 2016	Significant volume; allergic rhinitis among most common ENT referrals; most cases do not require endoscopy
Dermatology	Punch biopsy of lesions clearly identifiable as benign (seborrhoeic keratosis, benign naevi) by dermoscopy	Dermoscopy by trained clinician has sensitivity/specificity sufficient to avoid biopsy of clearly benign lesions	Choosing Wisely USA - AAD 2018; BAD dermoscopy standards; Vestergaard et al. JEADV 2008	Moderate volume; BAD audit data suggest 15-20% of lesion biopsies are clearly benign on pre-procedure dermoscopy
Dermatology	Patch testing for urticaria/eczema without adequate prior treatment trial with topical therapies	Patch testing appropriate for contact dermatitis diagnosis; reflexive use for urticaria or	BAD guidelines; Choosing Wisely USA - AAD 2015; NICE eczema guidelines NG190	Moderate volume; patch testing in inappropriate populations delays diagnosis

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
		atopic eczema without prior management is low-value		of contact dermatitis in genuine cases
Dermatology	Systemic immunosuppressants (methotrexate, ciclosporin) initiated for mild-moderate psoriasis without adequate topical therapy	Step-up therapy requires prior adequate topical treatment; systemic therapy initiation without stepwise approach is inappropriate	NICE NG153; BAD psoriasis guidelines; Choosing Wisely USA - AAD 2015	Moderate volume; prescribing audit data show step-up not consistently applied before systemic initiation
Dermatology	Routine follow-up of excised low-risk (stage IA) primary melanoma beyond NICE-recommended schedule	NICE follow-up schedule for low-risk melanoma is evidence-based; extra visits above schedule do not improve detection of recurrence	NICE NG14; Choosing Wisely USA - AAD/ASCO 2018; Garbe et al. JEADV 2020	Significant volume; melanoma is the most common cancer leading to prolonged dermatology follow-up; schedule variation documented
Dermatology	Specialist dermatology follow-up for controlled mild-moderate chronic skin conditions (e.g. mild psoriasis, acne) manageable in primary care or via teledermatology	Primary care with teledermatology advice is evidence-based for stable, non-complex skin conditions; specialist follow-up displaces new patient capacity	NHS GIRFT Dermatology 2021; BAD standards; NHS England Advice and Guidance programme	GIRFT Dermatology 2021: significant proportion of dermatology follow-up for conditions safely managed in primary care with remote specialist input
Dermatology	Allergy testing (RAST/skin prick) for idiopathic chronic urticaria without H1-antihistamine trial	Allergy testing in idiopathic urticaria has very low diagnostic yield; H1-antihistamine trial should precede investigation	EAACI/WAO urticaria guidelines 2022; NICE CG57; Choosing Wisely USA - AAD	Moderate volume; allergy testing ordered reflexively without prior antihistamine trial in primary and secondary care
T&O	Arthroscopic knee surgery (washout/debridement) for osteoarthritis of the knee without locked joint or loose body	Multiple RCTs show no benefit over sham surgery; explicitly a do-not-do in NICE guidelines	NICE NG226 do-not-do; Moseley et al. NEJM 2002 (RCT sham surgery); Kirkley et al. NEJM 2008; Choosing Wisely UK - BOA 2014	BOA/NICE: estimated 5,000-10,000 arthroscopies/year for OA knee in England without clinical indication; GIRFT T&O flagged
T&O	Spinal fusion for non-specific low back pain without structural instability,	No benefit over conservative management in non-specific LBP; surgical complication	NICE NG59; Choosing Wisely UK - BOA/SBNS 2014;	NICE NG59: back fusion only for specific indications; NHS atlas shows significant

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
	deformity or neurological compromise	risk present; conservative care should be exhausted	Fairbank et al. Lancet 2005 (SPORT trials)	variation; GIRFT spine report 2019
T&O	Pre-operative X-ray/MRI for standard total hip/knee replacement in patients with established radiological diagnosis	Repeat imaging before standard primary arthroplasty in patients with established diagnosis adds cost without value	Choosing Wisely UK - BOA 2014; GIRFT T&O 2015; BOA consent and planning guidance	GIRFT T&O: significant imaging duplication at pre-operative stage; GIRFT reported as moderate-volume waste
T&O	Shoulder arthroscopy for subacromial impingement syndrome (rotator cuff related shoulder pain) without adequate conservative therapy	CSAW trial showed no benefit of arthroscopic subacromial decompression over sham or exercise; exercise should be first-line	Choosing Wisely UK - BOA 2014; Beard et al. Lancet 2018 (CSAW RCT); NICE guidance	CSAW (Lancet 2018): sham surgery equivalent to arthroscopy; significant volume procedure with no benefit beyond conservative care
T&O	Urgent MRI in acute mechanical low back pain without red flags in primary care	Red flag-negative mechanical LBP does not benefit from early MRI; imaging leads to over-treatment without improving outcomes	NICE NG59; Choosing Wisely UK - RCR/RCGP 2013; Deyo et al. JAMA 1992; Jarvik et al. JAMA 2003	RCR audit: LBP is consistently among top sources of inappropriate MRI requests in primary care
T&O	Post-operative physiotherapy for uncomplicated total hip replacement without functional assessment	Not all THR patients need formal physiotherapy; structured function-based discharge pathway reduces unnecessary sessions	NICE NG157; GIRFT T&O; RCT evidence shows home-based exercise equivalent in uncomplicated THR	GIRFT T&O: variation in post-THR physio referral from 2 to 14 sessions across providers without outcome correlation
T&O	Vertebroplasty or kyphoplasty for osteoporotic vertebral fracture without severe persistent pain after conservative measures	Sham-controlled trials show no benefit over placebo; vertebroplasty should be reserved for refractory cases	Choosing Wisely UK - RCR/BOA; Buchbinder et al. NEJM 2009; Kallmes et al. NEJM 2009 (sham RCTs)	Two sham-controlled RCTs (NEJM 2009): no benefit vs sham injection; NHS practice remains variable
T&O	Fracture clinic follow-up for minor undisplaced fractures (e.g. undisplaced 5th metatarsal, isolated distal fibula) that can be safely	Virtual fracture clinic model safe and effective for defined fracture types; reduces face-to-face attendance without clinical risk	Choosing Wisely UK - BOA; NHS GIRFT T&O; NICE fracture pathway guidance; BMJ virtual fracture clinic studies	GIRFT T&O: virtual fracture clinic now adopted in ~60% of trusts; sites not yet adopting represent significant conversion opportunity

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
	managed via virtual fracture clinic			
Endoscopy	Repeat colonoscopy for small (<10mm) hyperplastic polyps in distal colon at 3-year surveillance interval	Hyperplastic polyps carry negligible malignant risk; 10-year recall or discharge is evidence-based	NICE NG151; BSG post-polypectomy surveillance guidelines 2020; Choosing Wisely UK - BSG 2016	BSG: adoption of 2020 post-polypectomy guidelines could reduce surveillance colonoscopy volume by ~40%
Endoscopy	Upper GI endoscopy for uncomplicated GORD without alarm symptoms in patients under 55	Uncomplicated GORD managed with PPI; endoscopy below 55 without alarm features has minimal yield and does not change management	NICE CG184; BSG dyspepsia guidelines; Choosing Wisely UK - BSG 2016	BSG: approximately 20-25% of dyspepsia referrals lack alarm features in under-55s; significant low-yield endoscopy volume
Endoscopy	Repeat OGD surveillance for Barrett's oesophagus at intervals shorter than BSG guideline	BSG-recommended intervals are evidence-based; more frequent surveillance does not reduce mortality and consumes capacity	BSG Barrett's oesophagus guidelines 2014; Choosing Wisely UK - BSG 2016; NICE guidance	BSG audit: ~30% of Barrett's surveillance performed at shorter-than-guideline intervals; significant capacity waste
Endoscopy	Colonoscopy for change in bowel habit in patients under 50 with no alarm features and FIT negative	FIT-first pathways highly effective in ruling out CRC; colonoscopy without FIT testing in low-risk patients is over-investigation	NICE NG12; NHS FIT implementation evidence; Mowat et al. Gut 2019	NICE NG12 and NHS England Faster Diagnosis Standard: FIT-first pathways reduce unnecessary colonoscopy by ~30-40%
Endoscopy	ERCP as primary diagnostic tool for biliary/pancreatic investigation when MRCP available	Diagnostic ERCP carries significant risk (pancreatitis 3-5%, perforation); MRCP provides equivalent diagnostic information non-invasively	Choosing Wisely USA - ASGE 2012; NICE NG104; BSG biliary guidelines	Moderate volume; ERCP as pure diagnostic tool largely superseded by MRCP and EUS; variation in practice persists
Endoscopy	Repeat colonoscopy for uncomplicated colitis surveillance at intervals shorter than BSG guideline based on disease activity	Disease activity and extent should guide interval; blanket annual surveillance in low-risk quiescent colitis is not indicated	BSG IBD surveillance guideline 2019; NICE NG185; Choosing Wisely UK - BSG	BSG audit: over-surveillance of low-risk colitis diverts capacity from higher-risk patients who need timely colonoscopy

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Mental Health	Antipsychotic prescribing for behavioural and psychological symptoms of dementia (BPSD) as first-line without non-pharmacological approach	Non-pharmacological approaches are first-line; antipsychotics increase mortality, cerebrovascular events, accelerated cognitive decline	Choosing Wisely UK - RCPsych/BGS 2016; NICE NG97; Banerjee 2009 report to DH; Cochrane Ballard et al. 2006	NHS: ~180,000 people with dementia prescribed antipsychotics/year; DH Banerjee report estimated two-thirds inappropriate
Mental Health	Hospital admission for deliberate self-harm (DSH) without clear medical or psychiatric indication	Majority of DSH presentations do not require inpatient admission; assessment and community follow-up is appropriate for most	NICE NG225; NCISH data; NHS crisis care concordat; RCPsych standards	NCISH: significant variation in admission rates for DSH across NHS trusts; 2-fold variation without clear outcome difference
Mental Health	Benzodiazepine prescribing for insomnia for more than 4 weeks without review and taper plan	Benzodiazepines for insomnia should not exceed 4 weeks; long-term prescribing causes dependence with no efficacy beyond short-term	NICE CG192; Choosing Wisely UK - RCPsych/RCGP 2016; Morin et al. Lancet 2009	NHS primary care data: significant proportion of long-term BZD prescriptions lack active review; NHS long-term plan includes deprescribing target
Mental Health	Antidepressant prescribing for mild depression without prior structured psychological therapy offer	CBT/psychological therapy is the guideline-recommended first-line for mild depression; medication for mild depression without therapy offer is low-value	NICE NG222; Choosing Wisely UK - RCPsych 2016; Cuijpers et al. meta-analysis 2019	NHS: access to IAPT/Talking Therapies highly variable; antidepressant prescribing for mild depression reflects access gap not clinical appropriateness
Mental Health	Inpatient psychiatric admission for early psychosis without community treatment team (EIP) wraparound assessment	EIP teams evidence-based to reduce inpatient days and improve outcomes in first-episode psychosis; admission without EIP engagement is inferior care	NICE NG185; NHS England EIP standards; IRIS programme evidence; Kuipers et al.	NHS England: EIP 2-week standard; significant variation in EIP access associated with increased inpatient use
Mental Health	Routine CT/MRI brain for first episode of psychosis in young adults without neurological signs or trauma history	Neuroimaging in first-episode psychosis has low diagnostic yield in absence of focal neurology; not recommended as routine	Choosing Wisely USA - APA 2015; NICE CG178; Sommer et al. Psychological Medicine 2007	Moderate volume; imaging anxiety-provoking and resource intensive; yield <2% for clinically actionable findings in uncomplicated FEP

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Physiotherapy	Ultrasound therapy for musculoskeletal soft tissue injuries	Multiple systematic reviews show ultrasound no better than sham/placebo for most MSK indications	Choosing Wisely USA - APTA 2014; Cochrane: Robertson et al. 2001; Gam & Johannsen 1995 systematic review	High volume; widely used; APTA Choosing Wisely recommendation specifically targets this
Physiotherapy	Passive modalities (TENS, heat pads, ultrasound) as primary treatment for non-specific low back pain	Active exercise-based physiotherapy is first-line; passive modalities alone have no durable benefit and create dependency	NICE NG59; Choosing Wisely UK - CSP 2016; van Tulder et al. Cochrane 2006	CSP: passive modality use in LBP prevalent despite NICE guidance; CSP Choosing Wisely recommends active over passive approaches
Physiotherapy	Routine physiotherapy assessment for uncomplicated minor MSK injuries in A&E before self-management advice	Self-management advice and exercise information equivalent to physiotherapy assessment for minor MSK; frees AHP capacity	NICE MSK guidelines; GIRFT physiotherapy work; NHS ESCAPE-pain programme evidence	Moderate volume; variation in A&E physiotherapy use nationally; structured self-management pathways underused
Radiology	MRI lumbar spine for acute non-specific low back pain (< 6 weeks, no red flags) in primary care	Early MRI in acute LBP does not improve outcomes; causes over-medicalisation and increases surgery rates	NICE NG59; Choosing Wisely UK - RCR 2013; Deyo et al. JAMA 1992; Webster & Cifuentes JOM 2010	RCR audit: LBP consistently top 3 inappropriate MRI category; NHS England radiology optimisation programme targets this
Radiology	CT pulmonary angiography (CTPA) without pre-test probability assessment (Wells score/D-dimer)	CTPA without clinical pre-test probability scoring leads to significant overuse; low-probability/D-dimer negative patients do not need CTPA	Choosing Wisely UK - RCR 2013; NICE NG158; Wells et al. NEJM 2003; PIOPED II data	RCR: CTPA is one of the most rapidly growing and overused investigations; Wells/D-dimer pathway adherence variable
Radiology	Bone X-ray for acute ankle injury without Ottawa Ankle Rules application	Ottawa Ankle Rules have 100% sensitivity for fracture; routine ankle X-ray without rule application leads to over-imaging	Choosing Wisely UK - RCR/RCEM 2013; Stiell et al. JAMA 1994 (Ottawa Rules original); Cochrane validation	RCR: ankle X-ray among most common A&E requests; Ottawa Rules reduce imaging by ~30-40% in validation studies
Radiology	Pre-operative CXR as routine for elective surgery in patients without cardiorespiratory symptoms or abnormal examination	Routine pre-op CXR has <0.1% clinically useful yield in asymptomatic patients; rarely changes management	Choosing Wisely UK - RCR 2013; NICE preoperative testing guideline NG45; Archer et al. Cochrane 2005	NICE NG45 explicitly does not recommend routine CXR for most elective surgery; significant ongoing overuse documented in audit

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Radiology	Follow-up X-ray for undisplaced fractures not requiring immobilisation	X-ray follow-up for fractures managed conservatively and healing as expected changes management in <1% of cases	Choosing Wisely UK - RCR/BOA; GIRFT T&O; Royal College of Radiologists guidance	RCR: follow-up fracture X-rays among commonly identified low-yield requests; virtual fracture clinic model addresses this
Pathology	Routine full blood count and U&E before low-risk elective surgery in healthy patients	Yield of abnormal results requiring management change is <1% in healthy, low-risk patients; NICE NG45 does not recommend	NICE NG45; Choosing Wisely UK - RCPath 2016; Smetana & Macpherson JAMA 2003	NICE NG45 impact: NHS England estimates significant reduction in routine pre-operative testing possible; adherence variable
Pathology	ESR testing when CRP available for the same clinical indication	ESR has lower specificity and more variables confounding result than CRP; rarely adds clinical information when CRP requested	Choosing Wisely UK - RCPath 2016; RCPath test requesting guidelines	RCPath audit: duplicate ESR/CRP requesting common in secondary care; CRP sufficient in almost all indications
Pathology	LFT panel in all patients on statins at every review without symptoms of hepatotoxicity	Statin-associated liver injury is rare; routine LFT monitoring in asymptomatic patients on statins is not recommended	Choosing Wisely UK - RCPath/RCGP 2016; NICE CG181; Law et al. BMJ 2006	High volume primary care test; NICE explicitly does not recommend routine LFT monitoring in statin-treated patients
Medicines	Proton pump inhibitors continued without active indication (no NSAID use, no anticoagulant, no high-risk GI history)	PPI overprescribing is pervasive; deprescribing safe in absence of indication; risks include C.diff, hypomagnesaemia, fracture	SIGN 167; Choosing Wisely UK - RCGP 2016; Forgacs & Loganayagam WJG 2008; Choosing Wisely Canada	NHS PPI spend ~£100m/year; estimates suggest 40-60% without active indication (NHS England medicines optimisation)
Medicines	Hypnotic prescribing (zopiclone, zolpidem, temazepam) for insomnia continuing >4 weeks in primary care	z-drugs and BZDs for insomnia produce tolerance within 2 weeks; long-term prescribing causes harm, dependence, falls risk in elderly	NICE CG192; Choosing Wisely UK - RCGP/RCPsych 2016; SIGN 76	NHS primary care: millions of hypnotic prescriptions annually; NHS Scotland SIGN estimate >50% exceed 4-week appropriate duration

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Medicines	Antibiotics for uncomplicated upper respiratory tract infection (viral URTI)	Antibiotics provide no benefit in viral URTI; drive resistance; delayed prescribing equally effective where antibiotics genuinely needed	Choosing Wisely UK - RCGP 2016; Cochrane: Arroll et al. 2005; NICE NG120 antimicrobial prescribing	PHE: NHS England ~9 million antibiotic prescriptions for URTI/year; estimated 75% without clear indication (AMR strategy data)
Medicines	Antibiotics for acute otitis media in children aged 2-12 without perforation or severe symptoms	Spontaneous resolution in ~80%; analgesics first-line; watchful waiting with delayed prescribing reduces antibiotic use without harm	Choosing Wisely UK - RCPCH/RCGP 2016; NICE NG91; Tahtinen et al. NEJM 2011; Cochrane Sanders et al.	NHS: AOM is the most common reason children are prescribed antibiotics; delayed prescribing strategy underimplemented in primary care
Medicines	Cough medicines (OTC expectorants, suppressants) in children under 12	No evidence of benefit in children; regulatory guidance advises against; prescribing by GPs as low-value as OTC purchase	Choosing Wisely UK - RCPCH; MHRA regulatory position 2009; Cochrane: Smith et al. 2014	MHRA action restricted OTC use in under-6s; primary care prescribing continues in some areas; patient education is the lever
Medicines	Vitamin D supplementation at high dose without deficiency confirmed by blood test	Standard supplementation (400-800IU) appropriate population-wide; high-dose treatment requires confirmed deficiency	Choosing Wisely UK - RCPath/RCGP; NICE PH56; Martineau et al. BMJ 2017 (meta-analysis)	High and increasing volume of vitamin D testing and high-dose prescribing; NHS spend rising rapidly; RCPath audit cites overuse
Medicines	Opioid escalation for chronic non-cancer pain without functional outcome assessment	Opioid dose escalation in chronic non-cancer pain not supported by evidence beyond short-term; causes dependence and harm	Choosing Wisely UK - RCPain/RCGP; NICE NG193; Chou et al. Ann IM 2015; Cochrane Chaparro et al.	NHS England opioid strategy: 5.6 million patients prescribed opioids in England; 500,000 on long-term opioids; high proportion for chronic non-cancer pain without review
Medicines	Bisphosphonate continuation beyond 5 years without fracture risk reassessment (drug holiday consideration)	After 5 years, bisphosphonate drug holiday appropriate for lower-risk patients; continuation without review not evidence-based	NICE NG187; Choosing Wisely USA - ASBMR 2014; Black et al. NEJM 2012 (FLEX trial)	Moderate volume; FLEX and HORIZON trials inform drug holiday evidence; NHS prescribing data show continuation without review common

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Medicines	Initiating antibiotic treatment for asymptomatic bacteriuria in non-pregnant, non-surgical patients	Treating asymptomatic bacteriuria drives resistance; clinical benefit only in pregnancy and pre-urological surgery	Choosing Wisely UK - RCGP/BIA 2016; NICE NG109; Nicolle et al. CID 2019; Cochrane	PHE/NHS England antimicrobial stewardship programme: ASB treatment a major driver of UTI-related antibiotic resistance
Medicines	Compound analgesics (co-codamol, co-dydramol) for mild pain in elderly without clear indication for opioid component	Low-dose compound opioids poorly titrated, often subtherapeutic; contribute to opioid use disorder and constipation in elderly	Choosing Wisely UK - BGS/RCGP; SIGN 136; STOPP/START criteria	NHS primary care: co-codamol among highest-volume analgesic prescriptions; STOPP criteria flag in elderly; significant prescribing pattern issue
Gynaecology	Routine hysteroscopy for postmenopausal bleeding without prior endometrial thickness assessment (transvaginal US)	TVUS endometrial thickness measurement (<4mm) has excellent negative predictive value; hysteroscopy not required if thin endometrium	Choosing Wisely UK - RCOG 2016; NICE NG12 and NG126; Smith-Bindman et al. JAMA 1998	RCOG audit: significant proportion of hysteroscopy referrals have not had prior TVUS; pathway redesign opportunity
Gynaecology	Colposcopy referral for CIN1 without watchful waiting per NHSCSP guidance	CIN1 regresses spontaneously in >60% within 2 years; watchful waiting recommended before colposcopy	NHSCSP guidance 2020; NICE CG27; Choosing Wisely UK - RCOG 2016; Ostor IJGO 1993 natural history data	NHSCSP: significant variation in CIN1 management; immediate colposcopy at CIN1 not aligned with guidance in many settings
Gynaecology	Pelvic MRI as first investigation for suspected uncomplicated uterine fibroids	Pelvic ultrasound is first-line; MRI appropriate for complex or pre-surgical cases; use of MRI first-line is overinvestigation	NICE NG88; RCOG fibroid guidelines; Choosing Wisely UK - RCOG 2016	Moderate volume; MRI cost substantially higher than USS; pathway adherence variable in secondary care
Cardiology	Exercise ECG as first investigation for suspected stable angina	NICE NG185: CT calcium scoring and CT coronary angiography are first-line; exercise ECG has poor sensitivity/specificity for stable angina	NICE NG185; Choosing Wisely UK - NICE/BCS 2016; SCOT-HEART trial 2015; Fihn et al. JACC 2012	NICE NG185 updated stable chest pain pathway to CTA-first; significant variation in adherence to updated pathway

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
Cardiology	Echocardiogram as routine investigation for palpitations without structural heart disease history or ECG abnormality	Echo in palpitations with normal ECG, no symptoms of HF and no cardiac history has very low yield	Choosing Wisely UK - BSEC/BCS; NICE CG180; AHA/ACC palpitation guidelines 2017	BCS/RCP audit: echo in palpitation workup overused; majority of positive findings do not change management
Neurology	Brain MRI for tension-type headache without red flags	Tension headache diagnosis is clinical; MRI in red flag-negative cases has negligible yield and patient reassurance value is short-lived	Choosing Wisely UK - ABN 2016; NICE CG150; Frishberg N Engl J Med 1994; Howard et al. JNNP 2006	ABN Choosing Wisely: brain imaging in headache is one of the most commonly identified low-value neurology investigations
Neurology	EEG as routine investigation for first syncope without clinical features of seizure	Syncope is rarely epileptic in origin; EEG in first syncope without seizure clinical features has very low diagnostic yield	Choosing Wisely UK - ABN 2016; NICE NG109; ACC/AHA syncope guidelines 2017	ABN audit: EEG requested in syncope without seizure features in significant proportion of neurology referrals
Respiratory	Home sleep study (polysomnography) repeated within 12 months for confirmed OSA on CPAP without clinical deterioration	Repeat sleep study on established CPAP without symptom change or compliance concern does not alter management	Choosing Wisely USA - AASM 2014; BTS OSA guidelines; NICE TA139	Moderate volume; sleep service demand high; repeat PSG in stable CPAP patients a consistent audit finding
Respiratory	Chest CT follow-up for pulmonary nodules below Fleischner Society size threshold	Fleischner criteria: sub-5mm nodules in low-risk patients do not require follow-up CT; over-investigation generates anxiety and radiation	Choosing Wisely USA - CHEST 2016; Fleischner Society guidelines 2017; MacMahon et al. Radiology 2017	High volume; significant variation in adherence to Fleischner criteria across NHS radiology departments
Palliative Care	Routine bloods and observations in patients on an active palliative care pathway who are in the dying phase	Observations and blood tests in dying patients cause distress without benefit; comfort-focused care should replace routine monitoring	Choosing Wisely UK - RCPCH/RCP 2016; Marie Curie end of life care standards; NICE NG142	NHS: routine observations in last days of life continue widely; RCP guidance explicit on withdrawal; significant practice variation
Palliative Care	Hospital admission for end-of-life patients whose preferred place of care is home or hospice	Preferred place of death is home in 70%+ but achieved in <25%; hospital admissions	NICE NG142; Dying Well Community Charter; NHS England End of Life Atlas 2017	NHS England: estimated £500m/year additional cost of hospital over preferred

Domain	Low-Value Activity	Clinical Rationale	Evidence Source	Scale of Opportunity
		at end of life are costly and distressing		community end-of-life care; significant QALY loss

3.4

10:50 AM, 25 Mins

3.4 - Q1 2026/27 FINANCIAL TRAJECTORY

Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)

For assurance

Attachments

Q1 2026-27 Financial Trajectory FPC 30 April 2026.pdf

Appendix 1 Q1 2026-27 Financial Trajectory.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Q1 2026/27 Financial Trajectory
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Siân Jenkins, Deputy Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Further to the approval of the Health Board's Annual Plan at the Board meeting on 26 March 2026, the purpose of this report is to frame the financial outlook for the Health Board for 2026/27. In particular to consider the position for Q1 2026/27 in light of the current financial risk profile, necessary mitigating actions and approach to attaining an assured position.

Cefndir / Background

In March the Board approved the submission of the Annual Plan to Welsh Government (WG) which represented a planned deficit of £41.0m. This includes savings delivery totalling £42.8m for the year. As part of the financial assessment a number of risks were highlighted as requiring mitigation, this includes £21.4m of existing operational financial risks which require proactive mitigation to enable the deficit of £41.0m.

Ahead of commencing the regular monthly cycle of the new financial year, an assessment of the latest financial outlook for 2026/27 was compiled to provide an indication of the position for each CCG and Corporate function.

This review was undertaken ahead of Month 12 2025/26 reporting where a number of unexpected costs were identified, which may have implications for subsequent months. This budget deficit assessment has been supplemented with the latest update on saving schemes identified, as at the start of April 2026, to provide an overall outlook.

The financial outlook for the Clinical Care Groups (CCGs) and corporate functions is framed in the table below. This reflects the values for the full year and considers all saving schemes identified across the BRAG status. A combined challenge of £18.1m adverse variance to budget, plus a savings shortfall of £29.0m, assuming all schemes identified to date deliver. Adding these sums to the planned deficit framed within the Financial Plan of £41m, the forecast for 2026/27 is £88.1m.

BY EXEC DIRECTOR	Underlying Deficit FY27	Savings Target FY26/27	FY27 Savings Gap/(Surplus)
Chief Executive	0.0	0.0	-0.1
Chief Operating Officer	17.3	30.7	21.8
Executive Director of Allied Health Professions & Health Sciences	1.0	2.7	2.7
Executive Director of Finance	0.0	0.2	-0.2
Executive Director of Nursing, Quality and Patient Experience	0.2	0.0	0.0
Executive Director of Public Health	0.0	0.1	0.0
Executive Director of Strategy and Planning	0.0	2.0	1.6
Executive Director of Workforce and Organisational Development	0.0	-0.5	-1.6
Executive Medical Director	0.0	6.0	3.4
Health Board Wide	-0.4	1.6	1.4
Total	18.1	42.8	29.0

There is a level of risk in containing the finances to enable the plan, for example, reducing the outlook from £88.1m to the planned deficit of £41.0m. There is also the further challenge of improving beyond the planned deficit in order to reach the Target Control Total (TCT) which WG expect to be met, therefore improving the outlook further to move the outturn position from £41.0m deficit to £22.1m.

Asesiad / Assessment

Quarter 1 Financial Outlook

Focusing on Q1 2026/27, the savings position can be tested in further detail by reviewing the profile of delivery framed for each saving plan, plus the BRAG status, i.e. Blue, Red, Amber or Green categorisation of saving schemes. Blue savings schemes represent a saving idea and Green represent a delivered saving scheme. As a saving opportunity begins to be developed the initial idea is framed as a Blue plan. As the plan develops, more detail is understood and as actions, timelines etc are confirmed, a successful saving plan moves along the spectrum from Blue to Red, Amber and eventually Green.

Focusing on savings that have already been declared as Amber and Green, the savings gap can be refined. The table below reflects the profiled savings plans for Q1 2026/27, both the savings delivery gap if all BRAG schemes are delivered, total £7.3m and specifically assuming only the Amber and Green schemes are realised, £9.0m gap. Over the course of Q1 2026/27 the expectation would be that some savings schemes would convert to Amber and Green, and / or new schemes be identified.

BY EXEC DIRECTOR	Underlying Deficit FY27 Q1	Savings Target FY26/27 Q1	FY27 Savings Gap/(Surplus) BRAG Q1	FY27 Savings Gap/(Surplus) A&G Schemes Q1
Chief Executive	0.0	0.0	0.0	-0.1
Chief Operating Officer	4.3	7.7	5.5	6.6
Executive Director of Allied Health Professions & Health Sciences	0.2	0.7	0.7	0.7
Executive Director of Finance	0.0	0.1	0.0	0.1
Executive Director of Nursing, Quality and Patient Experience	0.1	0.0	0.0	0.0
Executive Director of Public Health	0.0	0.0	0.0	0.0
Executive Director of Strategy and Planning	0.0	0.5	0.4	0.4
Executive Director of Workforce and Organisational Development	0.0	-0.1	-0.4	-0.4
Executive Medical Director	0.0	1.5	0.8	1.4
Health Board Wide	-0.1	0.4	0.3	0.3
Total	4.5	10.7	7.3	9.0

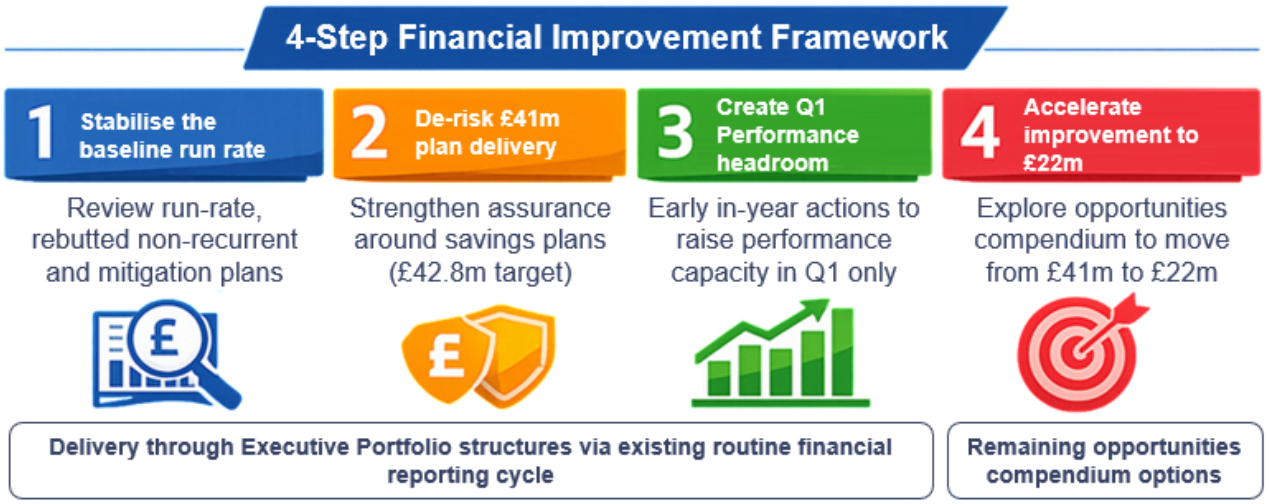
Therefore, the range for Q1 2026/27 financial outlook, combining the planned deficit £10.3m, the year to date budget deficit £4.5m and the savings gap between £7.8m and £10.2m, is currently estimated to be between £22.6m and £25.0m.

In respect of activity performance in Q1 2026/27 this remains a concern, particularly in the absence of WG funding to support elective recovery and cancer capacity. Through the Annual Plan, given the financial constraints it was not possible to earmark any additional funding to support additional Q1 2026/27 capacity, as such discussions have ensued to consider options. Recognising that a significant proportion of the Health Boards regular outgoings are committed, for example, substantive salaries and contract payments, expenditure that can be turned off more readily and at scale is variable pay, be that agency, overtime or bank. Whilst this would have operational consequences, it would provide a means of diverting spend to afford further elective and cancer capacity.

Improvement Framework

To support the recovery of the financial outlook, Executive Directors are considering next steps to enact a four-stage Improvement Framework proposed by the Director of Finance. This is illustrated at a high level below, with some supporting information included in **Appendix 1**.

Steps one to three seek to enable delivery of the £41.0m planned deficit, with step four aiming to go beyond that and support the £22.1m TCT.



1. Stabilise and Sustain the Financial Baseline – this includes reviewing the run rate, reviewing the non-recurrent opportunities which benefited finances in 2025/26 and have to date not been committed into 2026/27, plus consider mitigating actions to offset the level of budget deficits currently being highlighted.

2. De-Risk Delivery of the Savings Plan – further develop savings plans across CCGs and Corporate functions to provide greater assurance that £42.8m will be delivered. Challenge timing any non-recurrent schemes to boost delivery sooner rather than later and ensure progress is made on a recurrent basis.

3. Improve In-Year Run-Rate Performance - use improved run-rate to increase performance expectations, variable pay being a key opportunity to target.

4. Accelerate Further Financial Improvement - deliver improvement trajectory from £41m to £22m deficit, considering all opportunities posed through the Compendium of Variation and Opportunities Framework, plus reallocation of resources identified through CCGs and Corporate functions in eliminating low value activity.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **ACKNOWLEDGE** the update in respect of the financial outlook for Q1 2026/27 and the challenge this poses for the Health Board.
- **DISCUSS** and **SCRUTINISE** the four-step framework posed and the approach to reduce variable pay.
- **DECIDE** whether the approach being taken to improve financial performance for Q1 2026/27 is sufficient to gain Board support in May 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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. 3.1.14 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2026/27 Annual Plan document and Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	BRAG – Blue, Red, Amber, Green saving scheme classification CCG – Clinical Care Group
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance 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:**	The Health Board 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 the Health Board's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: **Privacy:**	Not Applicable.
Cydraddoldeb: **Equality:**	Not Applicable.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2026/27 Financial Plan De-Risking and Improvement Framework Approach
Finance and Performance Committee

30 April 2026

Objective and 4-Step Improvement Framework

- **Objective:** Board action taken to de-risk delivery of the 2026/27 Financial Plan and improve beyond to £22m
- **Starting position:** Existing run-rate deficit £54m ↔ £90m
- **WG and Board expectation:** Improve further to a deficit of £22m
- **Approach:** Structured, time-bound, 4-step improvement framework
- **Outcome:** Increased certainty of delivery, strengthened grip, and improved sustainability

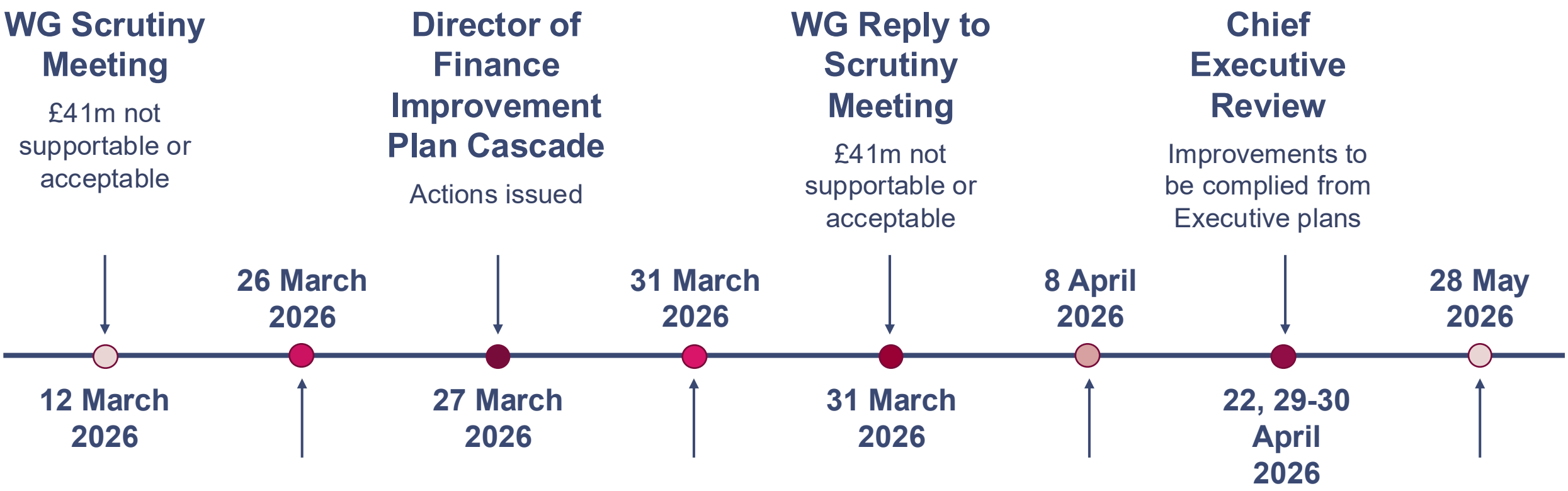
4-Step Financial Improvement Framework

1 Stabilise the baseline run rate	2 De-risk £41m plan delivery	3 Create Q1 Performance headroom	4 Accelerate improvement to £22m
Review run-rate, rebutted non-recurrent and mitigation plans	Strengthen assurance around savings plans (£42.8m target)	Early in-year actions to raise performance capacity in Q1 only	Explore opportunities compendium to move from £41m to £22m

Delivery through Executive Portfolio structures via existing routine financial reporting cycle

Remaining opportunities compendium options

Milestones and Timelines



Detailed 4-Step Improvement Framework

1. Stabilise and Sustain the Financial Baseline

Confirm a credible opening position that is to be recurrent

- Review the underlying run-rate across pay, non-pay and income, including April 2026 outturn
- Identify and address reliance on non-recurrent measures by making them recurrent
- Clearly articulate residual risk and required mitigations with plans developed to address

Board assurance: A robust, transparent baseline with known risks and mitigations, which addresses the reliance on short-term and unsustainable non-recurrent actions

2. De-Risk Delivery of the Savings Plan

Confirm a credible opening position

- Strengthen assurance over delivery of the £42.8m savings requirement
- Challenge deliverability, timing and recurrence of schemes
- Replace or mitigate under-performing or high-risk plans

Board assurance: A credible, deliverable savings plan with strong ownership and controls

Detailed 4-Step Improvement Framework

3. Improve In-Year Run-Rate Performance

Create headroom and raise ambition

- Drive early in-year performance improvement (Q1 focus)
- Tighten financial grip and performance management
- Use improved run-rate to increase performance expectations

Board assurance: Early financial grip enabling higher confidence in delivery

4. Accelerate Further Financial Improvement

Move beyond plan towards sustainability

- Identify additional opportunities to improve performance beyond plan
- Prioritise recurrent, sustainable impact from opportunities compendium
- Deliver improvement trajectory from £41m to £22m deficit

Board assurance: A credible route to sustained financial improvement

Action Plans (by 22 & 29-30 April CEO Review)

Ref	Executive Action	Owner	Supporting Leads	Intended Outcome
1	Confirm preferred financial and operational option framework approach	Director of Finance	Deputy Director of Finance; Executive Directors	Clear strategic direction agreed to enable planning and assurance
2	Undertake rapid impact assessment of each option (financial sustainability, service/quality impact, workforce, delivery risk)	Executive Directors for their respective Portfolios	Director of Finance; Workforce & OD Director; Medical Director; Director of Nursing	Evidence-based comparison to support decision-making, with patient and staff implications identified
3	Develop implementation plan for preferred option(s), including milestones, governance, and dependencies	Chief Operating Officer	Finance; Planning; TPO	Controlled and realistic delivery plan
4	Refine financial trajectory and assumptions, including mitigations to downside risk	Deputy Director of Finance	Finance; Planning; Performance	Credible financial plan aligned to recovery expectations
5	Engage with Welsh Government on emerging position and options under confidence conditions	Chair; Chief Executive	Director of Finance; Director of Planning & Strategy	Early dialogue to manage risk and maintain trust
6	Prepare escalation Level 4, Programme Management Office and further contingency actions should plans not be deliverable in full	Chief Executive	Executive Team	Organisational readiness and resilience
7	Align internal communications plan to ensure consistent understanding at Executive and senior leadership level	Director of Communications	Chief Executive; Director of Finance; Director of Planning & Strategy	Controlled and consistent messaging
8	Agree timing and route for Board involvement, including private briefing if required	Chair; Chief Executive	Director of Finance; Director of Planning & Strategy	Appropriate governance and decision assurance
9	Establish monitoring and reporting arrangements to track delivery of agreed next steps	Chief Operating Officer	Finance; PMO	Grip, control and early identification of slippage

4

11:15 AM, 0 Mins

4 - FINANCE

4.1

11:15 AM, 15 Mins

4.1 - FINANCIAL PERFORMANCE ASSURANCE REPORT

Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance), Jennifer Thomas (Hywel Dda UHB - Head of Corporate Reporting and Planning)

For assurance

Attachments

M12 2025-26 Financial Performance Assurance Report FPC 30 April 2026.pdf

Appendix 1 M12 2025-26 Unaudited Financial Performance Report.pdf

Appendix 2 De-risking the 2026-27 Financial Plan.pdf

Appendix 3 Rapid Assessment of HD Plan 2026-27.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Performance Assurance Report
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 Board recognises that approving a budget which included a planned deficit was a 'novel and contentious action' and, as such, the Accountable Officer wrote to the Director General Health, Social Care and Early Years Group in Welsh Government (WG) to advise them of this action in line with requirements.

The Board, at its meeting on the 31 July 2025, endorsed and approved a revised annual plan financial deficit of £30.0m for the 2025/26 financial year, having made decisions to increase the savings target, defer originally planned investments and recognise changing national funding assumptions. The WG expectation is that the Health Board should plan to deliver, as a minimum, the adjusted 2024/25 financial outturn of £22.1m.

Transitioning into the 2026/27 financial year, the Board approved the submission of the 2026/27 annual, which was sent to WG on 31 March 2026, including the financial deficit of £41.0m. Feedback was received from WG on 22 April 2026 stating the annual plan is considered to be unacceptable and unsupportable due to the deterioration of both performance and finance trajectories.

Asesiad / Assessment

Financial Position the 2025/26 Financial Year, including Month 12 2025/26

- The unaudited in-month financial position is a deficit of £4.0m, which is a worsening against the £2.5m in-month deficit plan due to a core operational overspend of £1.4m, the savings target of £3.9m being under identified by £0.1m, with the £3.8m savings identified being fully delivered in-month.
- The Health Board's unaudited End of Year reported outturn is £22.1m which is in line and slightly exceeds the Target Control total set by Welsh Government.
- The £1.4m core operational variation overspend experienced in Month 12 does generate cause for concern as the Health Board moves into the 2026/27 financial year.
- The following table summarises the key drivers, with full analysis included within **Appendix 1.**

Key Driver (£'m)	Current month variance to breakeven	Unaudited End of Year Position
Planned Deficit	**2.5**	**30.0**
Unidentified / (Identified) savings gap / (improvement)	0.1	(6.2)
Under / (Over) delivery of savings schemes	0.0	0.3
Core operational variation	1.4	(2.0)
Unaudited Reported Net Position	**4.0**	**22.1**

Outlook for 2026/27 Financial Year

- The 2026/27 annual plan included a planned financial deficit of £41.0m, as discussed and agreed in the Board meeting on 26 March 2026.
- A new corporate risk has been created with the reference 2326 and a score of 20. Whilst there is a healthy opportunities catalogue, which is being reviewed across all services, and featured as the focus of a Systems Leaders Meeting timeout on 15 April 2026, there is currently a significant risk to delivering the £41.0m planned deficit due to a deficiency of robust and confirmed savings plans, and an increasing cost base compared to 2025/26.
- The increasing cost base that is currently being experienced relates to overspends within Community and Integrated Medicine relating to service offerings above planned levels, the use of additional medical agency across several portfolios and uncertainly around the containment of Planned and Specialist Care expenditure being in line with the agreed annual plan activity levels and therefore budgets.
- Several portfolios have also confirmed, via an Executive Team led process, that they are not able/willing to convert non-recurrent savings delivered in 2025/26 into recurrent savings for 2026/27 – an expectation clearly set out by WG – should these spending plans convert to actual cost increases, there will be less non-recurrent opportunities to rely upon, with additional savings activities being required to be implemented to achieve the total savings target of £42.8m.
- A framing of the approach that is being undertaken internally to gain better assurance, or understanding, of the financial trajectory for 2026/27 is included within **Appendix 2**. This sets out the timeline to provide an update to the May 2026 Board meeting, as per the action agreed and issued to the Executive Team in the March 2026 Board meeting.

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.

Top priority alerts

Included within **Appendix 1** are the top priority alerts which need to be mitigated, the key themes being:

- **Same Day Emergency and Urgent Care** - Review and reassess agreed Urgent Emergency Care / Six Goals expenditure and funding for 2026/27 in light of increased Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) activity and costs experienced in Month 12 being earlier than planned.
- **Radiology system dual-running -** Investigate and clarify ongoing dual-running costs for Radiology Informatics System Procurement system in Allied Health, including confirmation of when these costs will cease.
- **Planned and Specialist Care adverse operational position** - Undertake a detailed financial and activity analysis of the £1.2m adverse position in Planned & Specialist Care for Month 12, focusing on decision-making, capacity use, and financial governance, ensuring all activity to aligned to the new plan and therefore funding envelope. No un-planned additional activity is to continue into Month 1 2026/27 as per the annual plan.

Welsh Government response to the Annual Plan

A rapid assessment of the broader annual plan has been conducted by WG. Their feedback from this assessment was shared with the Health Board on 22 April 2026 stating they consider the annual plan to be unacceptable and unsupportable due to the deterioration of both performance and finance trajectories. A copy of the letter is included as **Appendix 3**.

Savings delivery and impact on underlying deficit

- Whilst the 2025/26 savings target has been delivered, the end of year key performance breakdown per Clinical Care Group (CCG) / Executive functions in Appendix 1 shows the misbalance across service areas with Executive functions over delivering and CCG's under delivering.
- As part of the 2026-29 planning cycle process to reduce the underlying deficit, it is recognised that the organisation must change the savings approach, the Health Board has delivered £37.9m of non-recurrent savings to Month 12 2025/26, primarily through underspend conversions. To ensure a clearer and more transparent financial approach for 2026/27, the Executive Team undertook an exercise to review the non-recurrent savings via a rebuttal process with the value of delegated budgets being reduced recurrently.
- **Outcome of the non-recurrent review process** – £9.0m, of circa £30m, of ongoing savings have been committed to; £4.7m on a recurrent basis and £4.3m non-recurrently. £4.7m of recurrent savings have been transacted to reduce the underlying deficit carried forward into the 2026/27 financial year, this value was taken out of budgets post Accountability letter base budget cascade. The £4.3m non recurrent savings has been transacted as part of 2026/27 savings which will reduce the target required at the start of the financial year.

- **Proactive declaration of savings** – updated principle will be implemented for 2026/27 whereby an ongoing report will be made available highlighting underspends that have yet to be converted to savings. Underspends are not to be offset with unrelated overspends. Transparency is expected to be heightened, enabling further actionable insights. Reactive reporting of non-recurrent underspend savings will cease in 2026/27.
- **Over-delivery of savings targets**, should this arise through the process, overachievements are to be offset against new savings targets for future financial years, ensuring equitability by rewarding those who deliver more than their requirement in the short term.

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.

Escalation approach and Ways of Working Changes

For a continued period, there have been several portfolios in Level 3 escalation for Finance, as well as other domains. The Level 4 escalation level has yet to be used as it is pending finalisation with the Executive Team. This highlights a key risk where appropriate responses to the escalation framework have not materialised in a sufficient time period, and that continued escalation highlights ineffective actions.

As part of the Executive Team dialogue surrounding the escalation process change for 2026/27, existing governance arrangements are to be stood down, as explained in the Systems Leaders Meeting on 15 April 2026, and replaced with a more aligned and streamlined structure within the Chief Operating Officer portfolio. It is not yet understood how other Executive Portfolios will be monitored if escalated via the established seven domain escalation process, which continues.

By standing down the current governance arrangements, including Executive Improving Together meetings, Escalation Recovery meetings, Integrated Quality, Finance and Performance Delivery (IQFPD) and the Financial Control Sub-Group, there is a risk that appropriate and proportionate control and decision making might not be as effective, with a learning curve impact likely to be associated with the changes outlined. It is imperative that there are no distractions directly or in-directly experienced with this transition, as savings and mitigation plans are required immediately at the start of the new financial year to avoid delivery failure of the annual plan.

It is recognised that once the new ways of working are fully embedded, they may allow for faster, more agile and autonomous decision making and improvements, but the transition period to this state affords a risk to delivery. A comprehensive update will be included in the next committee meeting to provide assurance over the proposed/implemented governance and oversight changes.

Newly qualified nurse streamlining and recruitment

Ongoing work continues with the Corporate Nursing and Workforce teams to progress the 2026/27 newly qualified nursing intake from the streamlining process. Initial modelling indicates there are insufficient vacancies to offer all candidates originally planned through the streamlining process. Further work is predicting the likely attrition rate between now and the

start of the newly qualified intake, and how many vacancies will be advertised later in the year when the annual plan assumptions surrounding service developments come online.

It should be advised that there is a potential risk if all offers are honoured, and reputational implications if they are not. A comprehensive paper will be brought to the June 2026 committee meeting to articulate if any financial risk is likely.

Current status of budget delegation accountability letters for the 2026/27 financial plan

- Following the approval gained at the Finance and Performance Committee on 24 February 2026, budget delegation accountability letters for the 2026/27 financial plan have been issued from the Accountable Officer for the Health Board (Chief Executive) to Executive Directors and Clinical Care Group / Executive Function Leads, with a deadline for return of 31 March 2026.
- A reminder was sent by the Executive Director of Finance on 25 March 2026 to those who had not responded up to that date.
- 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 02 April 2026 by the Deputy Director of Finance.
    - 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 28 May 2026, in which an update will be given.
- In summary, as at 22 April 2026, 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 Directors	9	4
Clinical Care Groups / Executive Function Leads	22	15
Total	**31**	**19**

Band 2/3 Pay re-banding dispute update

The process around reimbursement of the band 2/3 dispute is still ongoing with progress update as follows:

- Most of the claims were reimbursed by Payroll in February 2026, with the balance expected to be paid via April 2026 payroll. It is currently unclear if there are further claims expected.
- The calculation of the full recurrent impact has not been fully concluded due to the process continuing; initial calculations indicate that the final requirement will be higher than the £2.0m provision included in the 2026/27 financial plan due to volume and price assumption changes.

- Once the recurrent modelling has concluded, an update will be taken through Executive Team and a paper included in the June 2026 Finance and Performance Committee highlighting any risk, or benefit, expected in the 2026/27 financial year.

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 Welsh Government strategic cash of £22.1m together with working capital balances meant that the Health Board was able to pay all its creditors in March 2026.

Capital

- The Health Board has spent within its Capital Resource Limit (CRL) and therefore achieved its statutory duty to break even and not exceed this limit.
- Expenditure in the month of March was significantly higher than prior months at £18.9m, being 45% of the annual expenditure

Grip and control measures

- A new, recognised best practice, scheme of delegation within the Oracle requisition system has been implemented for the new Clinical Care Group structures, with aligned values across each of the seven approval levels.
- A hierarchical approval method will be introduced on 5 May 2026, which will require a requisition to be approved at each stage, adding visibility and appropriate oversight for all budget holders.

Ministerial Priorities

Contained within 'Ministerial Enablers: Annex 2' are specific requirements setting out what the Health Board must take further action on, to reduce the amount it spends on variable pay and premium agency, and has set out the following mandate on an adopt or explain basis:

- 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 2026 and aligned to service demand and capacity plans.
- Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.
- Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular.
- Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.

- Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Although there has been positive action evidenced towards achieving a 30% reduction in on-contract agency expenditure, recent months have seen an increase in on-contract agency spend due to demand led and resourcing pressures within the hospital sites. However, off-contract use is eliminated throughout the Health Board. There remains a notional use of agency workers within Mental Health and Learning Disabilities for Healthcare Support Workers, in breach of the ministerial priority, with work continuing to remove the reliance.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **NOTE** that The Health Board's unaudited year-end financial position is £22.1m, slightly exceeding (when roundings are removed) the Target Control Total set by Welsh Government of £22.1m.
- **NOTE** that the Health Board has spent within its Capital Resource Limit (CRL) and achieved the statutory target
- **SCRUTINISE** the top priority alerts for urgent remedial action plans, especially given the risks these could cause to the start of the new financial year.
- **ACKNOWLEDGE** that an underlying deficit assessment has been undertaken and the brought forward deficit into the 2026/27 financial year is £53.8m, significantly higher than the 2025/26 outturn of £22.1m, due to the reliance in-year on non-recurrent actions, reduced by £4.7m with the rebuttal exercise undertaken in March 2026
- **SEEK ASSURANCE** that accountability letters for the delegation of budgets for the 2026/27 financial year will be signed by those areas that have not yet done so.
- **NOTE** the WG letter response to the annual plan being unacceptable and unsupportable due to the deterioration of both performance and finance trajectories
- **ACKNOWLEDGE** the Executive Team actions as set out in the 4 Step Improvement Framework, for the financial aspects, in response to the Board action and WG feedback.
- **NOTE** there may be a requirement to include specific updates on the Chief Operating Officer Ways of Working changes, Newly Qualified Nurse Streamlining and Recruitment, and the outcome of the Band 2/3 Re-banding Recurrent Funding, in the next committee meeting.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in: 3.1.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers; 3.1.5.2 Performance against the savings

	requirement; 3.1.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2086 (score 12) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2025/26 due to significant deficit position. 2326 (score 20) Risk to achieving 2026/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non-recurrent funding
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare EOY – End of Year FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HSCEY – Health, Social Care and Early Years MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital

	PSPP– Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WTE – Whole Time Equivalent YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The impact on patient care is assessed within the savings schemes.
Gweithlu: **Workforce:**	The report considers the financial implications of our workforce.
Risg: **Risk:**	Financial risks are detailed in the report.
Cyfreithiol: **Legal:**	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.

Enw Da: **Reputational:**	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: **Privacy:**	Not Applicable.
Cydraddoldeb: **Equality:**	Not Applicable.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

2025/26 Unaudited Financial Performance Report
Finance and Performance Committee

Month 12 March 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 Health Board's unaudited End of Year reported outturn is £22.1m. Year-end figures are subject to audit and could change, therefore are not yet final.

Financial Management

The unaudited in-month financial position is a deficit of £4.0m, which is a worsening against the £2.5m in-month deficit plan due to a core operational overspend of £1.4m, and the savings target of £3.9m being under identified by £0.1m, with the £3.8m savings identified being fully delivered in-month. The end of year position is a deficit of £22.1m which is an improvement against the £30.0m planned deficit, driven by a savings over identification of £6.2m and a favorable core operational variation of £2.0m.

Key Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Prior Month End of Year to breakeven	Unaudited End of Year Position
Planned Deficit	**2.5**	**2.5**	**30.0**	**30.0**
Unidentified / (Identified) savings gap / (improvement)	(1.1)	0.1	(5.7)	(6.2)
Under / (Over) delivery of savings schemes	0.0	0.0	0.3	0.3
Core operational variation	0.6	1.4	(2.5)	(2.0)
Unaudited Reported Net Position	**2.0**	**4.0**	**22.1**	**22.1**

Key Measures

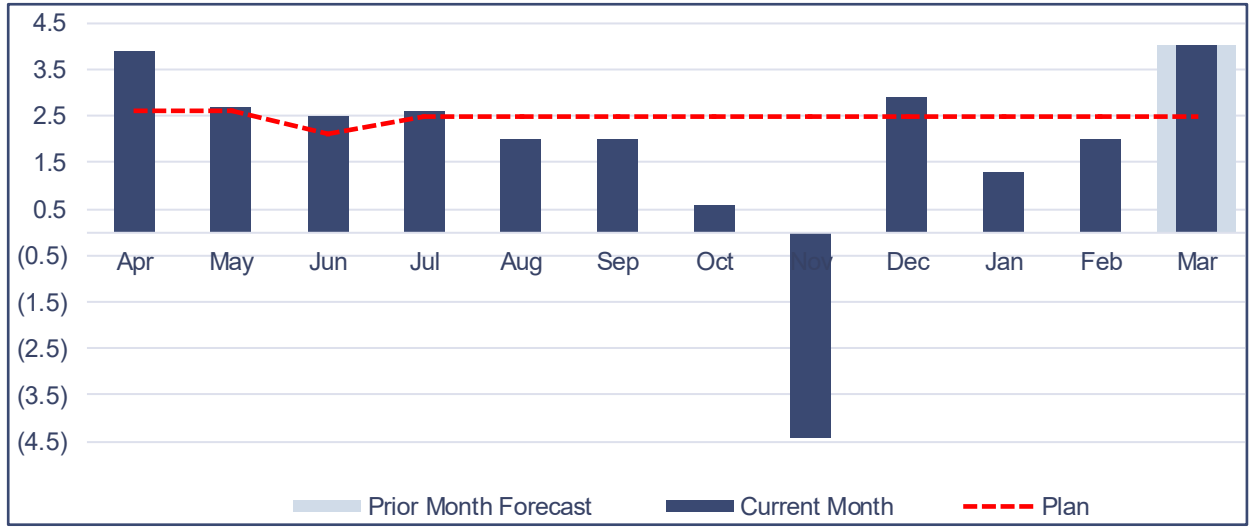
BRAG based on Plan £30.0m (Risk rating = Impact x Likelihood)

Core Operational Variation	**Risk #2086** 4 x 3 = 12	The end of year core underspend of £2.0m materially relates to dental contract underperformance and drug price improvements. However, the in-month core overspend of £1.4m is signalling a worsening trajectory against plan and is largely driven by Planned Care additional theatres outsourcing activity and Medical Waiting List Initiative sessions and Community and Integrated Medicine joint equipment stores and insulin pumps purchases.
Cash		The receipt of Welsh Government strategic cash of £22.1m together with working capital balances meant that the Health Board was able to pay its creditors in March.
Savings		Of the annual savings target of £46.4m, £52.6m has been identified on an in-year basis resulting in a £6.2m over-identification, however £52.3m savings have delivered, leaving a net £5.9m savings delivery overachievement. Of this over delivery, £7.0m are relating to accountancy gains identified in year.
Capital	**Risk #2204** 3 x 4 = 12	The Health Board has spent within its Capital Resource Limit and achieved the statutory target. Variances from project allocations were managed internally across the capital programme, including through increased expenditure against discretionary schemes. Underspends against Carmarthen Hwb and Aseptic were managed through additional discretionary expenditure. Expenditure in the month of March was significantly higher than prior months at £18.9m, being 45% of the annual expenditure.
Underlying Deficit	**Risk #1199** 5 x 5 = 25	£23.1m of recurrent full year effect schemes have been identified, with recurrent funding for Real Living Wage £2.3m and Bank £0.4m being confirmed, offset by the National Insurance shortfall in funding £2.0m, resulting in an underlying deficit of £53.7m. Following an exercise undertaken with Executive Directors to review and convert any non-recurrent savings into recurrent, £4.7m non-rec ve been converted into recurrent savings schemes in Month 12 to improve the underlying deficit.

Position Overview – Change from Prior Month

Key Driver (£'m)	Prior Month Reported Position	Unaudited Current Month Position	Movement
Planned Deficit	**2.5**	**2.5**	**0.0**
Savings gap / (improvement)	(1.1)	0.1	1.2
Under / (Over) delivery of savings schemes	0.0	0.0	0.0
Core Operational Variation	0.6	1.4	0.8
Unaudited End of Year Position	**2.0**	**4.0**	**2.0**

In-Month Revenue Deficit Trend (£'m)



Unidentified Savings Gap (£'m)	Change
GMS Drugs & Appliances lower winter pressures savings in prior month	0.7
GMS agreements underspend savings in prior month	0.5
Movement in Unidentified Savings Gap	**1.2**

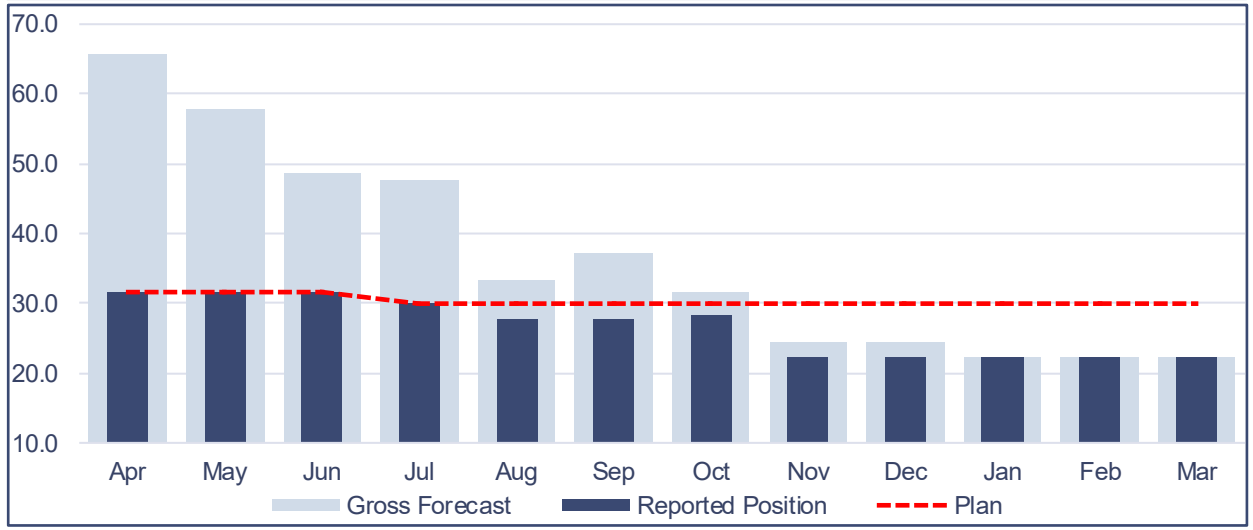
Under / (Over) Delivery of Savings Schemes (£'m)	Change
No change to report	0.0
Movement in Savings Delivery	**0.0**

Core Operational Variation (£'m)	Change
Primary Care GMS Global Sum payments rate correction adjustment	0.9
Increased provision for employment tribunal costs	0.8
Planned Care theatres outsourcing activity and Medical waiting list initiative	0.6
Community & Integrated Medicine joint equipment stores and insulin pumps	0.5
Community & Integrated Medicine Nursing to support 7 day working	0.3
Dual running of new Radiology Informatics System Procurement system	0.3
Medical increase in marketing, development and producing costs	0.2
Mental Health underutilisation and reduction in CHC packages	(0.2)
Reduction in Continuing Healthcare package costs	(0.7)
VAT recovery reviews	(0.8)
Primary Care 24/25 Dental contract recoveries	(1.1)
ovement in Core Operational Variation	**0.8**

Position Overview – Change from Prior Forecast

Key Driver (£'m)	Prior Month End of Year Forecast	Unaudited End of Year Position	Movement
Planned Deficit	**30.0**	**30.0**	**0.0**
Savings gap / (improvement)	(5.7)	(6.2)	(0.5)
Under / (Over) delivery of savings schemes	0.3	0.3	0.0
Core Operational Variation	(2.5)	(2.0)	0.5
Unaudited End of Year Position	**22.1**	**22.1**	**0.0**

End of Year Revenue Deficit Trend (£'m)



Unidentified Savings Gap (£'m)	Change
Additional pay and dental underspends savings identified in-month	(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
General Medical Services Global Sum 2025/26 contract uplift	0.9
Increased provision for Workforce Tribunal costs	0.8
Community & Integrated Medicine joint equipment stores and insulin pumps	0.5
Estates increase in Maintenance contracts expenditure	0.4
Planned Care theatres outsourcing activity and Medical waiting list initiative	0.4
Community & Integrated Medicine Nursing to support 7 day working	0.3
Medical increase in marketing, development and producing costs	0.2
Mental Health reduction in Continuing Healthcare package volume	(0.4)
Reduction in Continuing Healthcare package costs	(0.7)
VAT recovery reviews	(0.8)
2024/25 Dental contract underperformance recoveries	(1.1)
…vement in Core Operational Variation	**0.5**

Actionable Insights – Top Priority Alerts

Action / Decision	Description	Owner	Status	Due Date
Same Day Emergency and Urgent Care	Review the decision-making, approvals, and funding assumptions that led to Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) opening earlier than planned, including the timings and ownership of decision approval.	Peter Skitt	Update required regarding unplanned costs and the impact on Six Goals funding going into FY26/27	**April 2026**
Urgent and Emergency Care	Review and reassess agreed Urgent Emergency Care / Six Goals expenditure and funding for the new financial year in light of early Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) activity and costs.	Peter Skitt	Update required as early operational decisions may require reprioritisation or refusal of other UEC funded actions	**April 2026**
Robustness of Continuing Healthcare approach	Review and update, supported by financial analysis, to be discussed with Internal Audit following audit recommendations for the oversight and administration of the Continuing Healthcare database, in respect of recent examples, including Month 12 Mental Health changes.	Sian Jenkins	Update required regarding the Continuing Healthcare process following audit conclusions	**April 2026**
Radiology system dual-running	Investigate and clarify ongoing dual-running costs for Radiology Informatics System Procurement system in Allied Health, including confirmation of when these costs will cease.	Sara Quarrie	Update required on expected timings for dual running to end, and impact going into FY26/27	**April 2026**
Planned and Specialist Care adverse operational position	Undertake a detailed financial and activity analysis of the £1.2m adverse position in Planned & Specialist Care, focusing on decision-making, capacity use, and financial governance.	Paul Goode	Update required for FY26/27 forecast as overspend is unaffordable entering the new financial year.	**April 2026**
Annual Leave Policy	Discussion required regarding the carry over of Annual Leave policy and the appropriateness of exceptions becoming the norm. Propose that only defined exceptions such as maternity, long-term sick, and suspensions should be supported.	Lisa Gostling	Review of Annual Leave policy required due to the scale of unexpected pressure generated in Month 12.	**April 2026**

Financial Summary – Key Drivers vs Plan

In-Month

Unaudited Position
£4.0m
Planned Deficit **£2.5m**
Prior Month Forecast **£4.0m**

Savings Identification Gap
£0.1m
Savings Target **£3.9m**
Total Identified **£3.8m**

Savings Delivery Gap
£0.0m
Savings Delivery **£3.8m**
Prior Month Delivery **£5.0m**

Core Operational Variation
£1.4m
Prior Month Variation **£0.6m**

End of Year

Unaudited Position
£22.1m
Planned Deficit **£30.0m**
Prior Annual Forecast **£22.1m**

Savings Identification Gap
£(6.2)m
Savings Target **£46.4m**
Total Identified **£52.6m**

Savings Delivery Gap
£0.3m
Savings Delivery **£52.3m**
Prior Month Delivery **£51.8m**

Core Operational Variation
£(2.0)m
Prior Month Variation **£(2.5)m**

Capital Position
£42.4m
Annual Plan **£42.4m**
Prior Annual Forecast **£42.2m**

Underlying Deficit
£53.7m
Annual Plan **£58.5m**
Recognised as unsustainable

Financial Summary

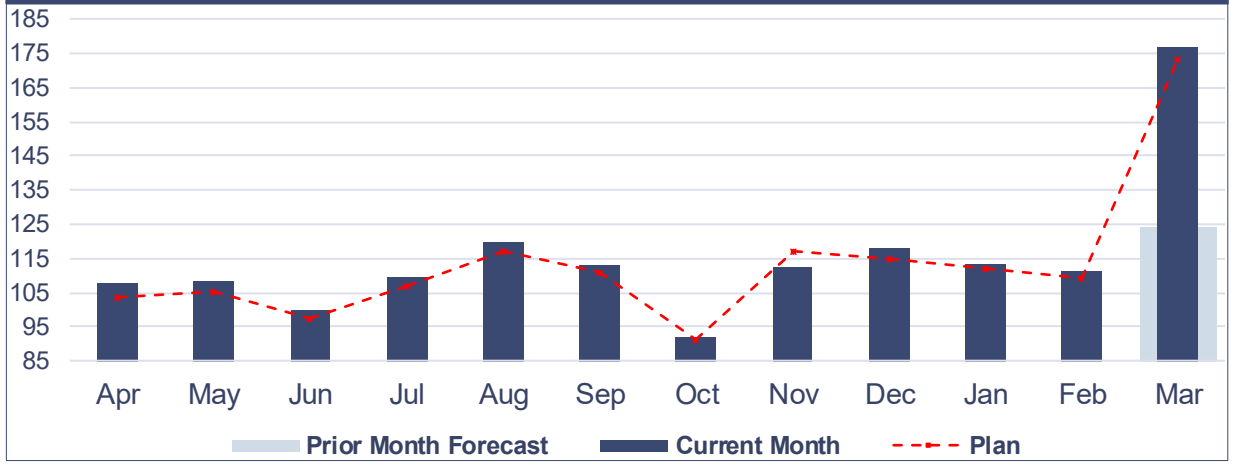
In-Month Actual
£177.0m
Variance to Plan **£1.5m**

End of Year Actual
£1,382.2m
Variance to Plan **£(7.9)m**

3-Year Growth
19.5%
2022-23 Outturn **£1,157m**

In-Year Growth
1.9%
2024-25 Outturn **£1,357m**

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



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Pay	**56.8**	**58.0**	**58.9**	**57.0**	**56.8**	**103.6**	**731.3**
Administration and Estates	11.5	11.7	12.2	11.6	11.7	21.2	148.9
Allied Health, Scientists and Other	7.3	7.2	7.3	7.2	7.2	13.1	91.9
Medical and Dental	13.3	13.4	13.9	13.0	13.8	22.5	169.4
Nursing, Midwifery and Clinical Support	24.8	25.7	25.5	25.2	24.2	46.8	321.2
Non Pay	**41.7**	**61.6**	**66.1**	**63.8**	**62.2**	**83.8**	**733.8**
Clinical Services and Supplies	4.7	4.4	4.8	4.5	4.1	4.5	51.7
Commissioned Healthcare Services	36.5	36.9	38.1	36.5	35.7	40.1	434.2
Drugs and Prescribing	7.3	11.7	13.8	13.3	12.6	13.5	148.8
Other Non-Pay	(6.7)	8.6	9.3	9.4	9.8	25.6	99.1
Income	**(6.6)**	**(7.0)**	**(7.2)**	**(7.3)**	**(7.8)**	**(10.4)**	**(82.9)**
Net Income and Expenditure	**91.9**	**112.5**	**117.8**	**113.4**	**111.3**	**177.0**	**1,382.2**
Allocations	**91.4**	**116.9**	**114.9**	**112.1**	**109.3**	**173.1**	**1,360.1**
Reported Position	**0.6**	**(4.4)**	**2.9**	**1.3**	**2.0**	**4.0**	**22.1**

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, increase largely 9.4% National Pension Resource in line with funding £42.8m, in addition to anticipated Depreciation and Amortisation Impairment increases £13.8m within Other Non-Pay. Further increases relate to Workforce Tribunal costs £0.8m and dual running of new Radiology Informatics System. Increase in Commissioned Healthcare Services relate to Planned and Specialist Care theatres outsourcing for Outpatients, Diagnostics and Waiting Times recovery £3.0m, and Long Term AgreementsVertex and Joint Commissioning Committee expenditure £2.5m in line with additional Welsh Government funding. Increase in pay largely relates to backdated recognition of outstanding claimsfor Band 2 to 3 rebanding dispute, with an increase in Nursing to support General Practices 7 day working. Increase in Medical relating to Planned and Specialist Care Waiting List Initiativesessions and Children and Women Medical variable pay. Increase in Housing with Care Fund projects income.

Total Pay Insights

In-Month Actual
£103.6m
Variance to Plan **£2.1m**

End of Year Actual
£731.3m
Variance to Plan **£1.9m**

3-Year Growth
28.8%
2022-23 Outturn **£567.6m**

In-Year Growth
8.2%
2024-25 Outturn **£675.8m**

Expenditure Monthly Trend (£'m)

Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Substantive	**51.7**	**52.9**	**52.8**	**52.3**	**51.2**	**97.8**	**667.8**
Administration and Estates	11.1	11.3	11.8	11.3	11.3	20.7	144.5
Allied Health, Scientists and Other	7.0	7.0	7.0	7.0	7.0	12.8	88.7
Medical and Dental	10.8	10.9	10.8	10.8	10.9	19.4	137.6
Nursing, Midwifery and Clinical Support	22.8	23.6	23.2	23.3	22.0	44.9	296.9
Variable	**4.2**	**4.3**	**5.0**	**3.6**	**4.6**	**4.9**	**53.2**
Administration and Estates	0.3	0.3	0.4	0.3	0.4	0.6	4.3
Allied Health, Scientists and Other	0.2	0.2	0.2	0.1	0.2	0.2	1.9
Medical and Dental	2.0	2.1	2.5	1.6	2.3	2.6	27.1
Nursing, Midwifery and Clinical Support	1.7	1.7	1.9	1.6	1.8	1.5	19.9
Agency (Premium)	**0.9**	**0.8**	**1.2**	**1.1**	**1.1**	**0.9**	**10.4**
Administration and Estates	-	-	-	-	-	-	-
Allied Health, Scientists and Other	0.1	0.1	0.1	0.1	0.1	-	1.3
Medical and Dental	0.4	0.4	0.6	0.6	0.6	0.5	4.8
Nursing, Midwifery and Clinical Support	0.4	0.4	0.4	0.3	0.4	0.4	4.3
Total Expenditure	**56.8**	**58.0**	**58.9**	**57.0**	**56.8**	**103.6**	**731.3**
Plan	**57.0**	**59.0**	**57.8**	**57.4**	**56.1**	**101.5**	**729.5**
Variance to Plan	**(0.2)**	**(1.0)**	**1.1**	**(0.4)**	**0.7**	**2.0**	**1.8**

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 rebanding uplift expenditure £0.6m.

Month 9, December, variable and premium pay increases relating to recovery performance backlog within Scheduled Care, inclusive of arrear 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.

Month 12, March, includes an increase of £42.8m relating to 9.4% National Pension Resource in line with funding, in addition to backdated recognition of outstanding claims for Band 2 to 3 rebanding dispute £0.8m. Additional Healthcare Support Workers and Fracture Liaison Service recruitment within Community and Integrated Medicine and increase in Nursing expenditure to support General Practices 7 day working, in addition to Planned and Specialist Care increase in Medical Waiting List Initiative sessions and Children and Women Medical variable pay.

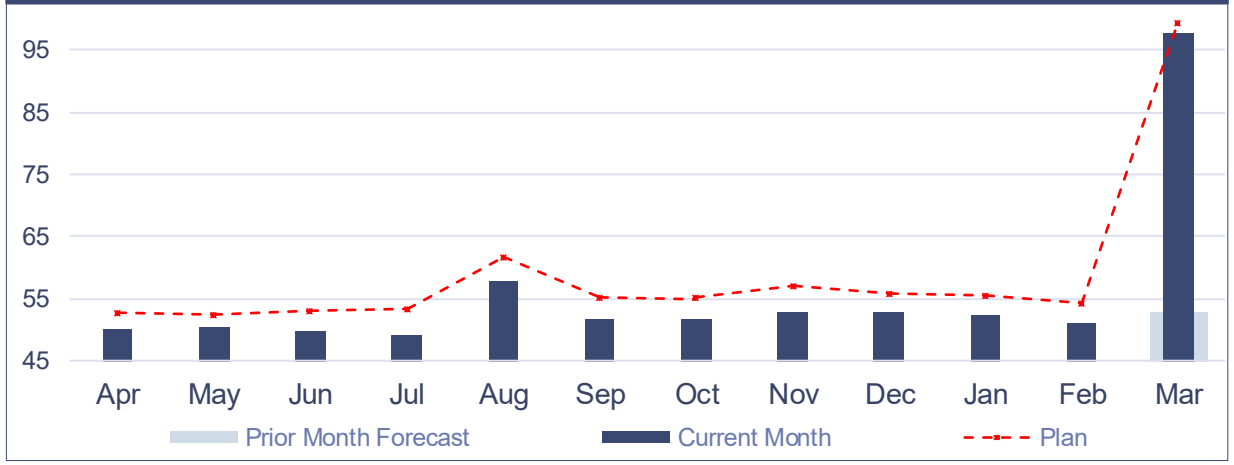
Substantive Insights

In-Month Actual
£97.8m
Variance to Plan **£(1.6)m**

End of Year Actual
£667.8m
Variance to Plan **£(38.4)m**

In-Year Growth
9.2%
2024-25 Outturn **£611.7m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Pay Groups	**51.7**	**52.9**	**52.8**	**52.3**	**51.2**	**97.8**	**667.8**
Administration and Estates	11.1	11.3	11.8	11.3	11.3	20.7	144.5
Allied Health, Scientists and Other	7.0	7.0	7.0	7.0	7.0	12.8	88.7
Medical and Dental	10.8	10.9	10.8	10.8	10.9	19.4	137.6
Nursing, Midwifery and Clinical Support	22.8	23.6	23.2	23.3	22.0	44.9	296.9
Functions	**51.7**	**52.9**	**52.8**	**52.3**	**51.2**	**97.8**	**667.8**
Chief Operating Officer Management	0.7	0.7	0.6	0.6	0.6	0.6	8.0
Community and Integrated Medicine	15.9	15.9	16.0	16.1	17.4	17.1	194.0
Mental Health and Learning Disabilities	5.7	5.8	5.8	5.9	6.0	5.8	69.0
Operational Allied Health and Health Sciences	5.6	5.5	5.6	5.6	5.5	5.6	66.0
Planned and Specialist Care	13.1	13.3	13.3	13.3	13.6	13.5	158.1
Primary Care	1.3	1.2	1.2	1.2	1.2	1.2	15.2
Executive Functions	9.4	10.4	10.2	9.7	6.8	54.0	157.5
Total Expenditure	**51.7**	**52.9**	**52.8**	**52.3**	**51.2**	**97.8**	**667.8**
Plan	**55.1**	**57.1**	**55.9**	**55.5**	**54.3**	**99.4**	**706.2**
Variance to Plan	**(3.4)**	**(4.2)**	**(3.2)**	**(3.2)**	**(3.1)**	**(1.6)**	**(38.4)**

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 relating to additional year to date Band 2 to 3 pay award and rebanding uplift expenditure mainly relating to Healthcare Support Workers within Nursing £0.6m.

Month 11, February, reduction in Nursing due to the retrospective back payment for Band 2 to 3 Healthcare Support Workers rebanding being £(1.0)m lower than anticipated.

Month 12, March, includes an increase of £42.8m relating to 9.4% National Pension Resource in line with funding, in addition to backdated recognition of outstanding claims for Band 2 to 3 rebanding dispute £0.8m, increase in carry forward Annual Leave accrual expenditure £0.8m and increase in pay and travel expenditure £0.3m. Additional Healthcare Support Workers and Fracture Liaison Service recruitment within Community and Integrated Medicine and increase in Nursing expenditure to support General Practices 7 day working.

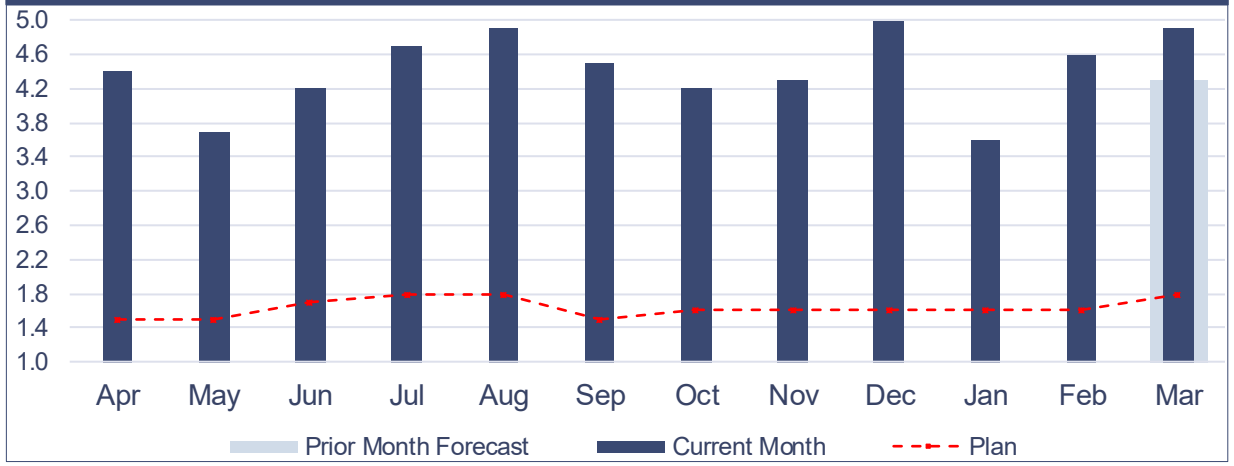
Variable Insights

In-Month Actual
£4.9m
Variance to Plan **£3.1m**

End of Year Actual
£53.2m
Variance to Plan **£33.9m**

In-Year Growth
(14.7)%
2024-25 Outturn **£62.4m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Pay Groups	**4.2**	**4.3**	**5.0**	**3.6**	**4.6**	**4.9**	**53.2**
Administration and Estates	0.3	0.3	0.4	0.3	0.4	0.6	4.3
Allied Health, Scientists and Other	0.2	0.2	0.2	0.1	0.2	0.2	1.9
Medical and Dental	2.0	2.1	2.5	1.6	2.3	2.6	27.1
Nursing, Midwifery and Clinical Support	1.7	1.7	1.9	1.6	1.8	1.5	19.9
Functions	**4.2**	**4.3**	**5.0**	**3.6**	**4.6**	**4.9**	**53.2**
Chief Operating Officer Management	-	-	-	-	-	(0.1)	
Community and Integrated Medicine	1.6	1.7	1.7	1.5	1.7	1.7	20.1
Mental Health and Learning Disabilities	0.3	0.3	0.3	0.2	0.2	0.2	3.5
Operational Allied Health and Health Sciences	0.3	0.3	0.3	0.2	0.3	0.4	3.0
Planned and Specialist Care	1.3	1.3	1.9	1.2	1.4	1.9	17.0
Primary Care	0.4	0.6	0.6	0.5	0.6	0.6	6.5
Executive Functions	0.3	0.3	0.3	(0.1)	0.3	0.3	3.0
Total Expenditure	**4.2**	**4.3**	**5.0**	**3.6**	**4.6**	**4.9**	**53.2**
Plan	**1.6**	**1.6**	**1.6**	**1.6**	**1.6**	**1.8**	**19.3**
Variance to Plan	**2.6**	**2.7**	**3.4**	**2.0**	**3.1**	**3.1**	**33.9**

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 due to Medical and Dental retrospective claims included in prior month, and 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 pay reduction due to unfilled shifts.

Month 11, February, increase in Variable Pay with an increase in the number of shifts filled from prior month and an increase in bank usage.

Month 12, March, increase relating to Medical Waiting List Initiative Sessions within Planned and Specialist Care in line with increased activity.

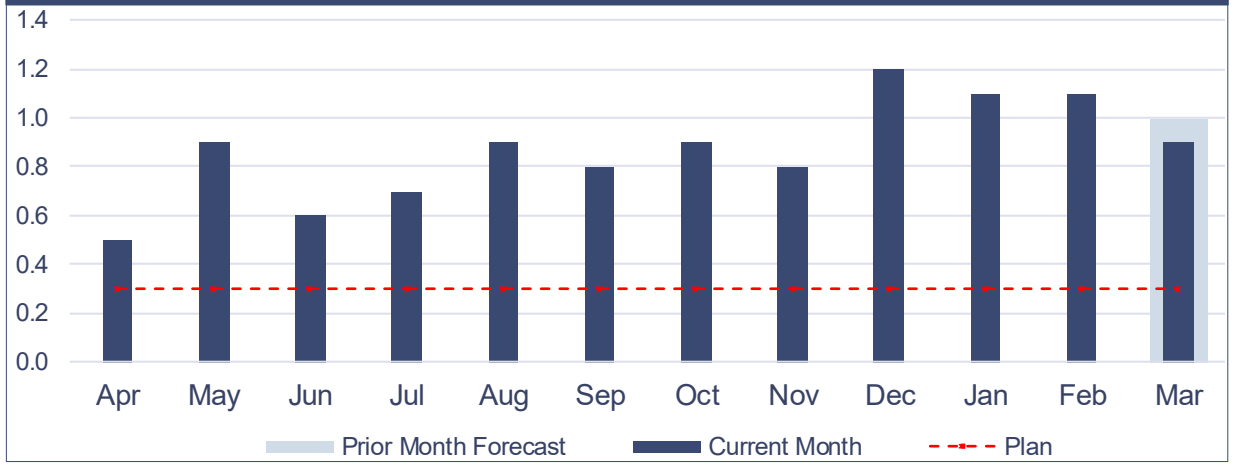
Agency Insights

In-Month Actual
£0.9m
Variance to Plan **£0.6m**

End of Year Actual
£10.4m
Variance to Plan **£6.3m**

In-Year Growth
(38.1)%
2024-25 Outturn **£16.8m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Pay Groups	**0.9**	**0.8**	**1.2**	**1.1**	**1.1**	**0.9**	**10.4**
Administration and Estates	-	-	-	-	-	-	
Allied Health, Scientists and Other	0.1	0.1	0.1	0.1	0.1	-	1.3
Medical and Dental	0.4	0.4	0.6	0.6	0.6	0.5	4.8
Nursing, Midwifery and Clinical Support	0.4	0.4	0.4	0.3	0.4	0.4	4.3
Functions	**0.9**	**0.8**	**1.2**	**1.1**	**1.1**	**0.9**	**10.4**
Chief Operating Officer Management	(0.0)	(0.0)	(0.0)	-	-	-	
Community and Integrated Medicine	0.5	0.4	0.6	0.6	0.6	0.5	5.3
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.1	0.1	0.1	1.0
Operational Allied Health and Health Sciences	0.2	0.1	0.3	0.2	0.2	0.2	2.3
Planned and Specialist Care	0.1	0.2	0.2	0.2	0.2	0.2	1.8
Primary Care	-	-	-	-	-	-	
Executive Functions	-	-	-	-	-	-	
Total Expenditure	**0.9**	**0.8**	**1.2**	**1.1**	**1.1**	**0.9**	**10.4**
Plan	**0.3**	**0.3**	**0.3**	**0.3**	**0.3**	**0.3**	**4.1**
Variance to Plan	**0.6**	**0.5**	**0.8**	**0.7**	**0.7**	**0.6**	**6.3**

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.

Month 12, March, slight reduction in agency reliance of Allied Health and Medical Locum agency mainly within Community and Integrated Medicine, with a reduction in retrospective shifts and filled shifts.

Clinical Services and Supplies Insights

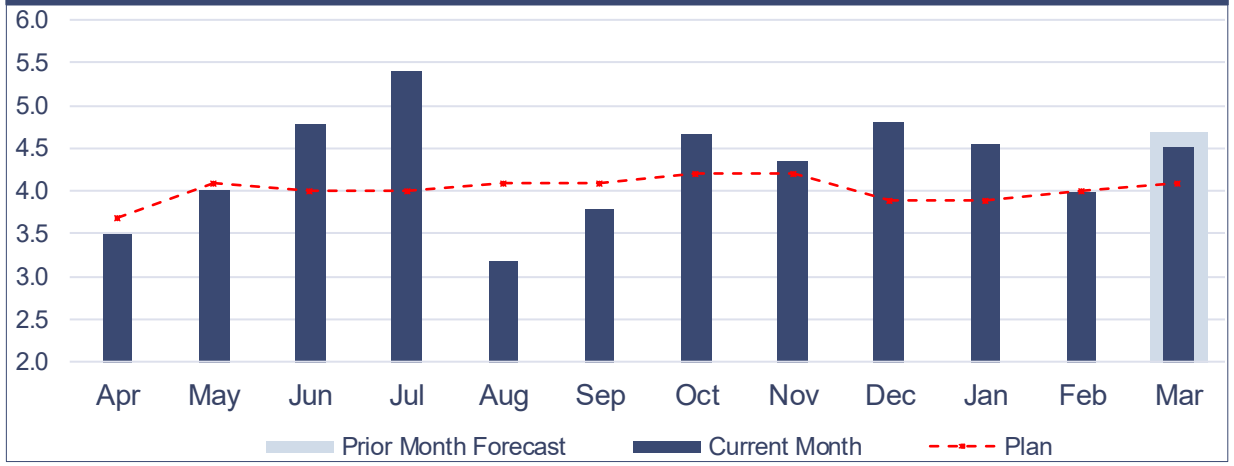
In-Month Actual
£4.5m
Variance to Plan **£0.4m**

End of Year Actual
£51.7m
Variance to Plan **£3.4m**

3-Year Growth
27.2%
2022-23 Outturn **£40.6m**

In-Year Growth
9.0%
2024-25 Outturn **£47.4m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Functions	**4.6**	**4.3**	**4.7**	**4.5**	**4.0**	**4.5**	**51.7**
Chief Operating Officer Management	-	-	-	-	-	-	0.2
Community and Integrated Medicine	1.2	1.3	1.2	1.3	1.1	1.6	14.3
Mental Health and Learning Disabilities	-	-	-	-	-	-	0.3
Operational Allied Health and Health Sciences	1.2	1.1	1.4	1.2	1.2	1.0	13.7
Planned and Specialist Care	2.2	1.8	2.2	1.9	1.9	2.4	23.1
Primary Care	-	-	(0.1)	0.1	-	-	0.4
Executive Functions	-	0.1	-	0.1	(0.2)	(0.5)	(0.2)
Total Expenditure	**4.6**	**4.3**	**4.7**	**4.5**	**4.0**	**4.5**	**51.7**
Plan	**4.2**	**4.2**	**3.9**	**3.9**	**4.0**	**4.1**	**48.3**
Variance to Plan	**0.4**	**0.1**	**0.9**	**0.6**	**0.0**	**0.4**	**3.4**

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 11, February, includes a reduction in Community and Integrated Medicine due to purchase of Heart Monitors in prior month and a recategorisation of expenditure to Other Non-Pay within Executive functions.

Month 12, March, increased consumables and insourcing within Planned and Specialist Care in line with increase in recovery activity and increase in insulin pump purchases and joint equipment stores within Community and Integrated Medicine.

Commissioned Healthcare Services Insights

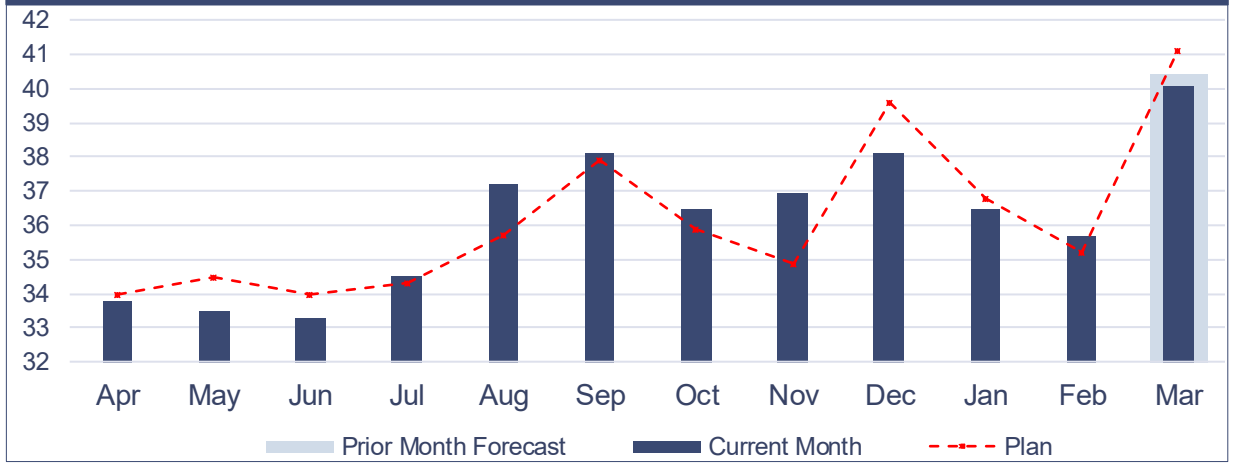
In-Month Actual
£40.1m
Variance to Plan **£(1.0)m**

End of Year Actual
£434.2m
Variance to Plan **£0.3m**

3-Year Growth
22.7%
2022-23 Outturn **£353.8m**

In-Year Growth
7.0%
2024-25 Outturn **£405.7m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Functions	**36.5**	**36.9**	**38.1**	**36.5**	**35.7**	**40.1**	**434.2**
Chief Operating Officer Management	-	-	-	-	-	-	-
Community and Integrated Medicine	2.6	2.6	3.0	2.4	2.4	2.9	31.1
Mental Health and Learning Disabilities	4.1	3.9	4.0	3.9	3.9	3.6	45.4
Operational Allied Health and Health Sciences	0.4	0.4	0.4	0.5	0.5	0.5	5.4
Planned and Specialist Care	1.0	1.3	(0.4)	1.0	0.9	4.0	12.1
Primary Care	10.3	10.3	13.4	10.6	9.7	10.1	123.4
Executive Functions	18.0	18.3	17.7	18.2	18.2	19.0	216.8
Total Expenditure	**36.5**	**36.9**	**38.1**	**36.5**	**35.7**	**40.1**	**434.2**
Plan	**35.9**	**34.9**	**39.6**	**36.8**	**35.2**	**41.1**	**433.9**
Variance to Plan	**0.6**	**1.9**	**(1.5)**	**(0.3)**	**0.5**	**(1.0)**	**0.3**

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 11, February, Primary Care General Medical Services Personally Administered Drugs and Appliances winter pressures beinglower than anticipated £(0.7)m.

Month 12, March, increase within Planned and Specialist Care £3.0m largely relating to increase in theatres outsourcing in line with additional Welsh Government recovery funding for Outpatients, Diagnostics and addressing Waiting Times. Additional expenditure within Long Term Agreements in line with additional Welsh Government funding for Vertex and Joint Commissioning Committee £2.5m, offset by reduction in Continuing Healthcare packages longstanding liability with Local Authority £(0.7)m.

Drugs and Prescribing Insights

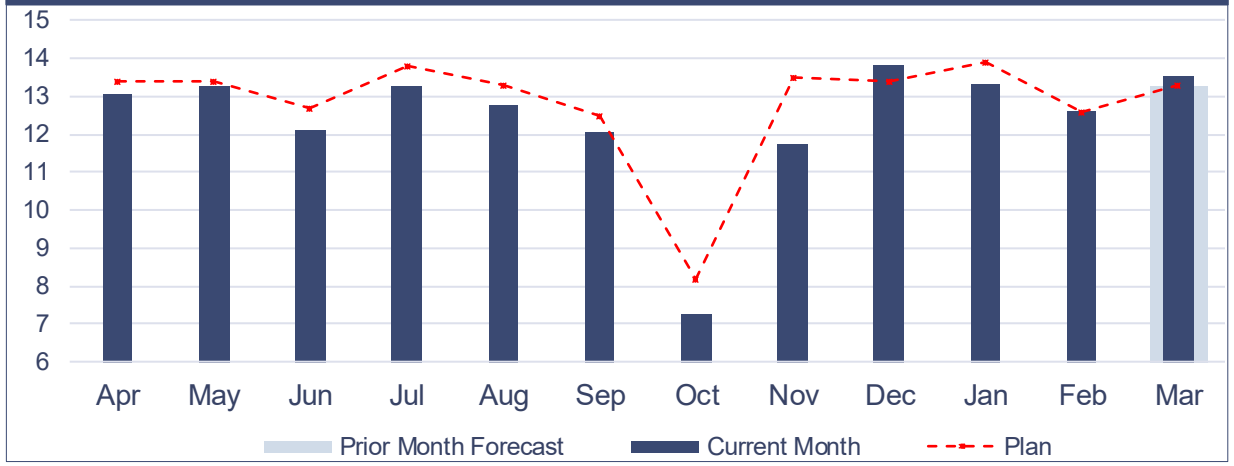
In-Month Actual
£13.5m
Variance to Plan **£0.2m**

End of Year Actual
£148.8m
Variance to Plan **£(5.1)m**

3-Year Growth
5.8%
2022-23 Outturn **£140.6m**

In-Year Growth
(3.9)%
2024-25 Outturn **£154.9m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Functions	**7.3**	**11.7**	**13.8**	**13.3**	**12.6**	**13.5**	**148.8**
Chief Operating Officer Management	(0.0)	(0.0)	(0.0)	-	-	-	-
Community and Integrated Medicine	1.3	1.4	1.5	1.4	1.4	1.7	17.6
Mental Health and Learning Disabilities	0.1	0.1	0.1	0.1	-	0.1	1.1
Operational Allied Health and Health Sciences	0.5	0.4	0.6	0.5	0.5	0.5	6.0
Planned and Specialist Care	3.0	2.9	3.3	2.9	3.1	3.3	36.9
Primary Care	-	-	-	-	-	-	0.1
Executive Functions	2.3	6.8	8.4	8.4	7.7	7.9	87.0
Total Expenditure	**7.3**	**11.7**	**13.8**	**13.3**	**12.6**	**13.5**	**148.8**
Plan	**8.2**	**13.5**	**13.4**	**13.9**	**12.6**	**13.3**	**153.9**
Variance to Plan	**(0.9)**	**(1.8)**	**0.4**	**(0.6)**	**0.1**	**0.2**	**(5.1)**

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 increasedprice 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%.

Month 11, February, includes a reduction due to a recategorisation of expenditure to Other Non-Pay within Executive functions.

Month 12, March, increase in Homecare Drugs expenditure within Community and Integrated Medicine and Planned and Specialist Care.

Other Non-Pay Insights

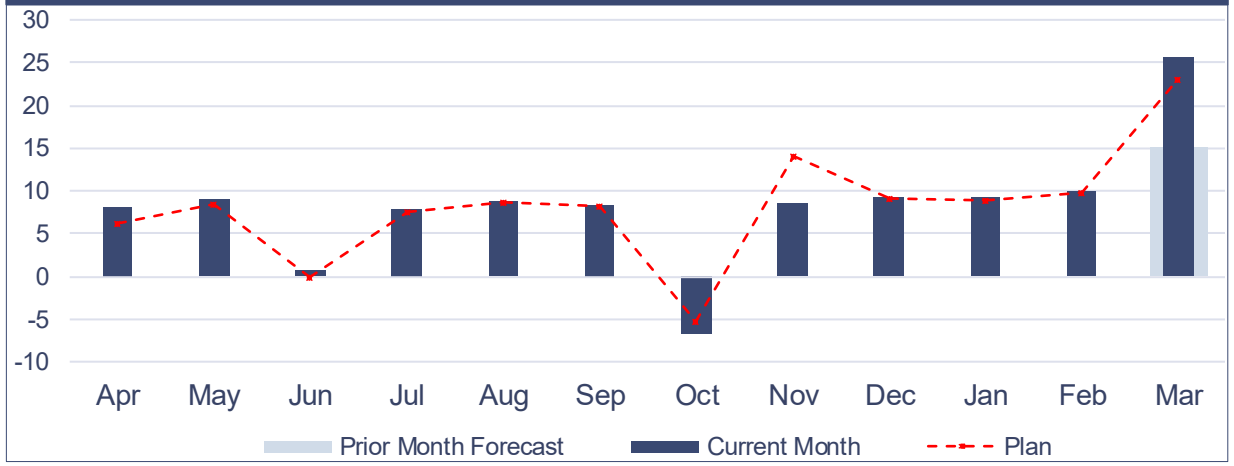
In-Month Actual
£25.6m
Variance to Plan **£2.5m**

End of Year Actual
£99.1m
Variance to Plan **£0.0m**

3-Year Growth
(10.8)%
2022-23 Outturn **£111.1m**

In-Year Growth
(30.0)%
2024-25 Outturn **£141.5m**

Expenditure Monthly Trend (£'m)



Expenditure Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Functions	**(6.7)**	**8.6**	**9.3**	**9.3**	**9.8**	**25.6**	**99.1**
Chief Operating Officer Management	0.1	-	0.2	-	-	0.1	0.9
Community and Integrated Medicine	0.8	1.0	0.8	1.2	1.1	1.3	11.4
Mental Health and Learning Disabilities	0.3	0.2	0.2	0.3	0.2	0.4	2.8
Operational Allied Health and Health Sciences	0.1	0.2	0.1	0.1	0.1	0.5	2.0
Planned and Specialist Care	0.3	0.4	0.4	0.3	0.4	0.7	4.4
Primary Care	0.2	0.1	0.2	0.2	0.2	0.3	2.0
Executive Functions	(8.5)	6.8	7.5	7.3	7.9	22.4	75.5
Total Expenditure	**(6.7)**	**8.6**	**9.3**	**9.3**	**9.8**	**25.6**	**99.1**
Plan	**(5.4)**	**14.1**	**9.2**	**9.0**	**9.9**	**23.1**	**99.1**
Variance to Plan	**(1.4)**	**(5.5)**	**0.2**	**0.3**	**(0.0)**	**2.5**	**0.0**

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 12, March, includes a £13.8m increase in relation to anticipated Depreciation and Amortisation Impairment increases. Additional increase in March relating to increase in Workforce Tribunal costs £0.8m, dual running of new Radiology Informatics System Procurement system within Operational and Allied Health £0.3m, and increase in marketing, development and producing costs within Medical £0.2m.

Income Insights

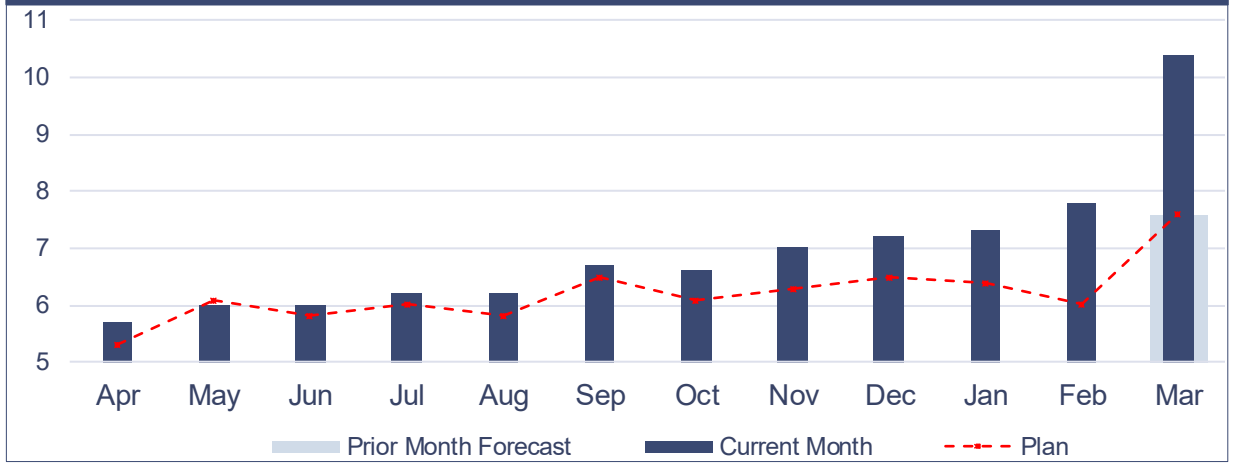
In-Month Actual
£10.4m
Variance to Plan **£2.8m**

End of Year Actual
£82.9m
Variance to Plan **£8.4m**

3-Year Growth
15.2%
2022-23 Outturn **£72.3m**

In-Year Growth
6.2%
2024-25 Outturn **£78.4m**

Income Monthly Trend (£'m)



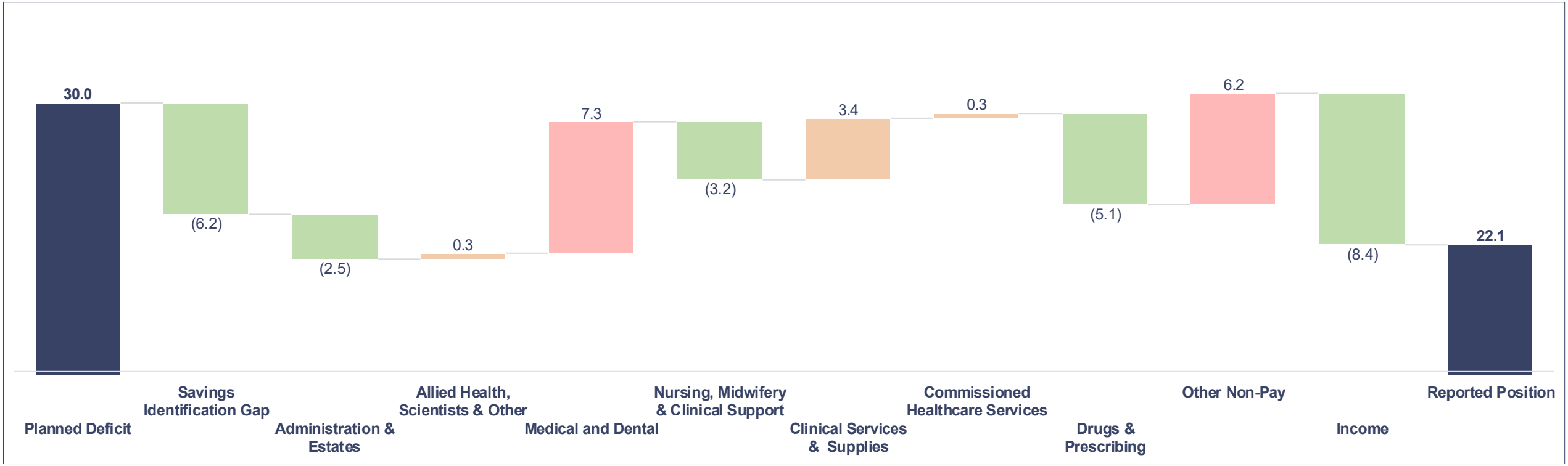
Income Trajectory Analysis (£'m)	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	EOY
Functions	**6.6**	**7.0**	**7.2**	**7.3**	**7.7**	**10.4**	**82.9**
Chief Operating Officer Management	-	-	-	-	-	0.1	0.4
Community and Integrated Medicine	0.2	0.5	0.6	0.4	0.4	0.7	4.6
Mental Health and Learning Disabilities	0.3	0.3	0.3	0.3	0.2	0.4	3.2
Operational Allied Health and Health Sciences	0.3	0.3	0.3	0.3	0.2	0.7	3.8
Planned and Specialist Care	0.5	0.4	0.6	0.5	0.4	0.6	6.2
Primary Care	0.3	0.3	0.2	0.3	0.3	0.3	2.8
Executive Functions	5.0	5.3	5.3	5.6	6.2	7.7	62.0
Total Income	**6.6**	**7.0**	**7.2**	**7.3**	**7.7**	**10.4**	**82.9**
Plan	**6.1**	**6.3**	**6.5**	**6.4**	**6.0**	**7.6**	**74.5**
Variance to Plan	**0.5**	**0.7**	**0.6**	**0.9**	**1.8**	**2.8**	**8.4**

Key Information

Month 11, February, includes a further increase in Velindre drugs rebate income relating to Mounjaro drugs in line with expenditure.

Month 12, March, additional income in relation to Housing with Care Funds projects expenditure £(1.2)m, additional income within Operational Allied Health £(0.5)m relating to Pathology Digital expenditure and Mortuary fees income, additional NWSSP income £(0.2)m and additional income for Diabetic consumables within Community and Integrated Medicine.

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.

Drugs & Prescribing – Oncology drugs underspend due to price increases being lower than planned, and delays in expected NICE treatment increases. Public Health drugs underspend with lower uptake for Shingles and Covid-19 vaccination programmes, offset by high-cost drugs and Mounjaro uptake within Pharmacy and Medicines Management.

Other Non-Pay – Joint equipment stores usage, interim care beds demand and prior year Patient Flow invoice within Community and Integrated Medicine, Estates inflationary contract uplifts for maintenance, premises, energy and laundry, Workforce Tribunal costs and ongoing high Legal and Patient Support costs.

Income – Pharmacy and Medicines Management Velindre drugs rebate largely relating to Mounjaro uptake £(3.4)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 £(0.4)m. Cost Recovery Unit of large cases and Non-Contracted Activity £(1.4)m.

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	(0.3)	0.0	(0.5)	**(0.8)**	Clinical Care Group management structures vacancies due to ongoing recruitment.
Community and Integrated Medicine	4.0	0.0	3.2	**7.2**	Joint equipment stores usage, interim care beds demand, purchases of consumables for Infection Prevention control, high use of medical agency and locum costs due to site pressures, sickness and vacancy cover.
Mental Health and Learning Disabilities	(0.2)	0.0	1.5	**1.3**	Net increase of 21 Continuing Healthcare packages, purchase of Psychiatric Intensive Care Unit beds and Medical locum usage.
Operational Allied Health & Health Sciences	3.3	0.0	0.1	**3.4**	Over-achievement of income offset by Physiotherapy and Occupational Therapy agency and variable pay, and Pathology medical locum costs.
Planned and Specialist Care	2.2	0.3	1.8	**4.3**	Oncology drugs lower than planned, income overachievement offset by theatres insourcing and outsourcing and ongoing Medical locum usage.
Primary Care	(4.3)	0.0	(2.6)	**(6.9)**	Underspend relating to Dental contracts underperformance and General Medical Services supplementary services and Managed Practices.
Executive Functions	(10.9)	0.0	(5.5)	**(16.4)**	Reduction in uptake of vaccinations within Public Health, Central Income overachievement for Non-Contracted Activity and Overseas income, VAT recovery, funding confirmation for Band 2 to 3 rebanding dispute, offset by increase in Swansea Bay Long Term Agreement for emergency activity.
Sub Total	**(6.2)**	**0.3**	**(2.0)**	**(7.9)**	
Unaudited 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				**22.1**	
Chief Operating Officer Management	(0.1)	0.0	0.0	**(0.1)**	Further identification of pay underspend savings from prior month.
Community and Integrated Medicine	0.0	0.0	1.1	**1.1**	Joint equipment stores £0.4m, increase in Nursing expenditure to support with GP's 7 day working £0.3m, prior year Local Authority invoice £0.2m, additional Homecare Drugs £0.2m and insulin pumps costs £0.1m.
Mental Health and Learning Disabilities	(0.2)	0.0	(0.2)	**(0.4)**	Net reduction of 8 Continuing Healthcare packages and year to date recognition of underutilised Continuing Healthcare package.
Operational Allied Health & Health Sciences	0.0	0.0	0.1	**0.1**	Dual running of the new Radiology Informatics System Procurement system.
Planned and Specialist Care	0.0	0.0	0.8	**0.8**	Additional outsourced theatres activity and Medical Waiting List Initiative sessions, Children and Women Medical variable pay and additional Homecare Drugs.
Primary Care	(0.3)	0.0	(0.3)	**(0.6)**	24/25 Dental contract recoveries £(1.1)m offset by 25/26 GMS Global Sum payment rate correction adjustment £0.9m.
Executive Functions	0.1	0.0	(1.0)	**(0.9)**	VAT recovery reviews £(0.8)m, reduction in Continuing Healthcare longstanding liability £(0.7)m offset by increased provision for Workforce Tribunal costs £0.8m.
Sub Total	**(0.5)**	**0.0**	**0.5**	**0.0**	
Unaudited Reported Position				**22.1**	

End of Year – Saving Delivery Performance

Savings

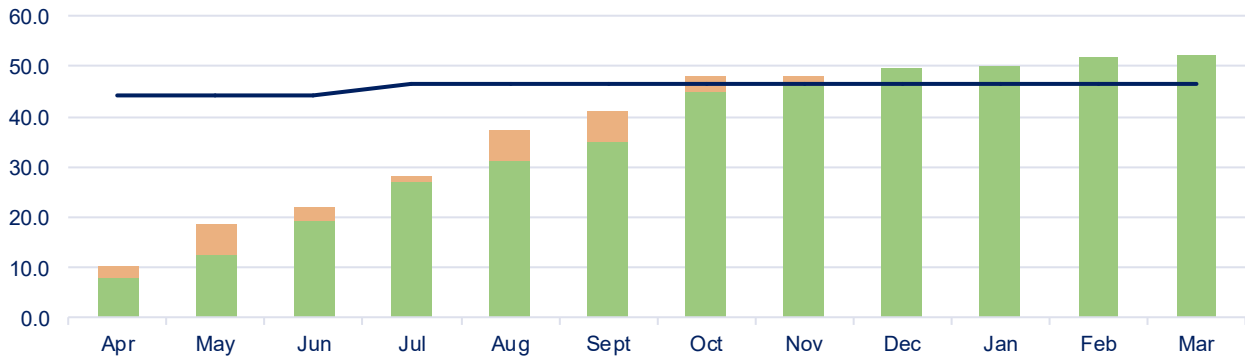
Savings Target
£46.4m
Recurrent = £19.0m
Non-Recurrent = £27.4m

In-Year Recurrent Gap
£4.6m
Target = £19.0m
Delivery = £14.4m

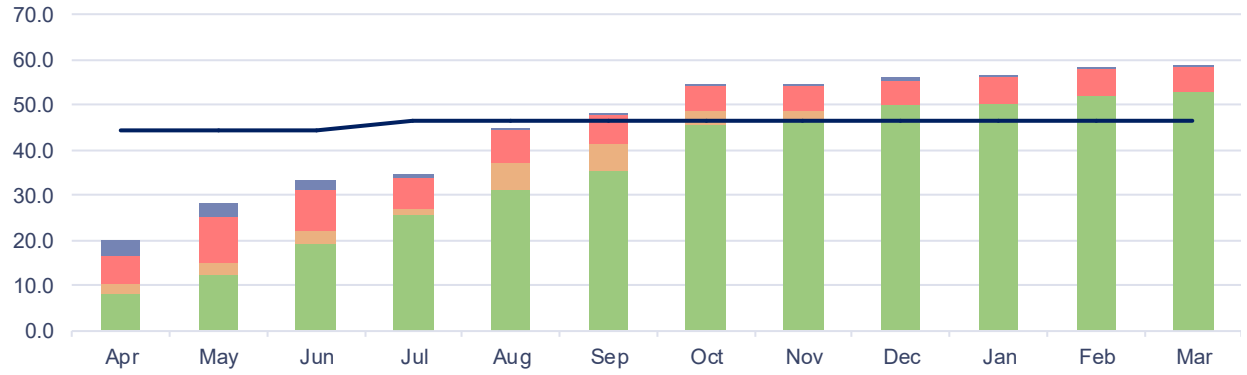
In-Year Non-Recurrent Gap
£(10.5)m
Target = £27.4m
Delivery = £37.9m

Full Year Recurrent Gap
£(4.1)m
Target = £19.0m
Delivery = £23.1m

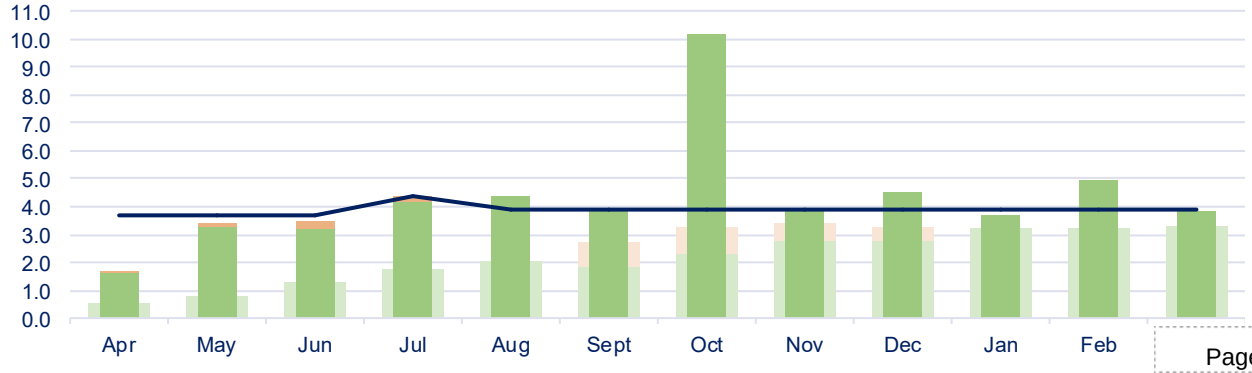
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



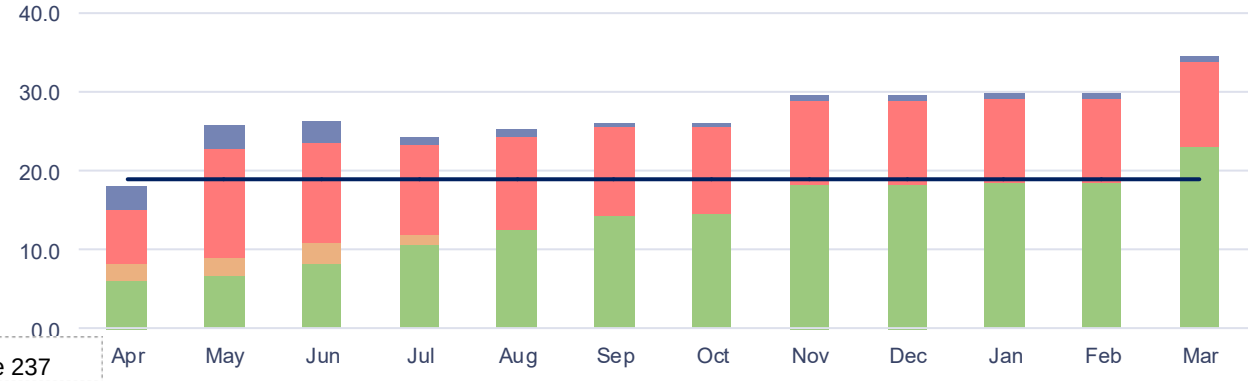
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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

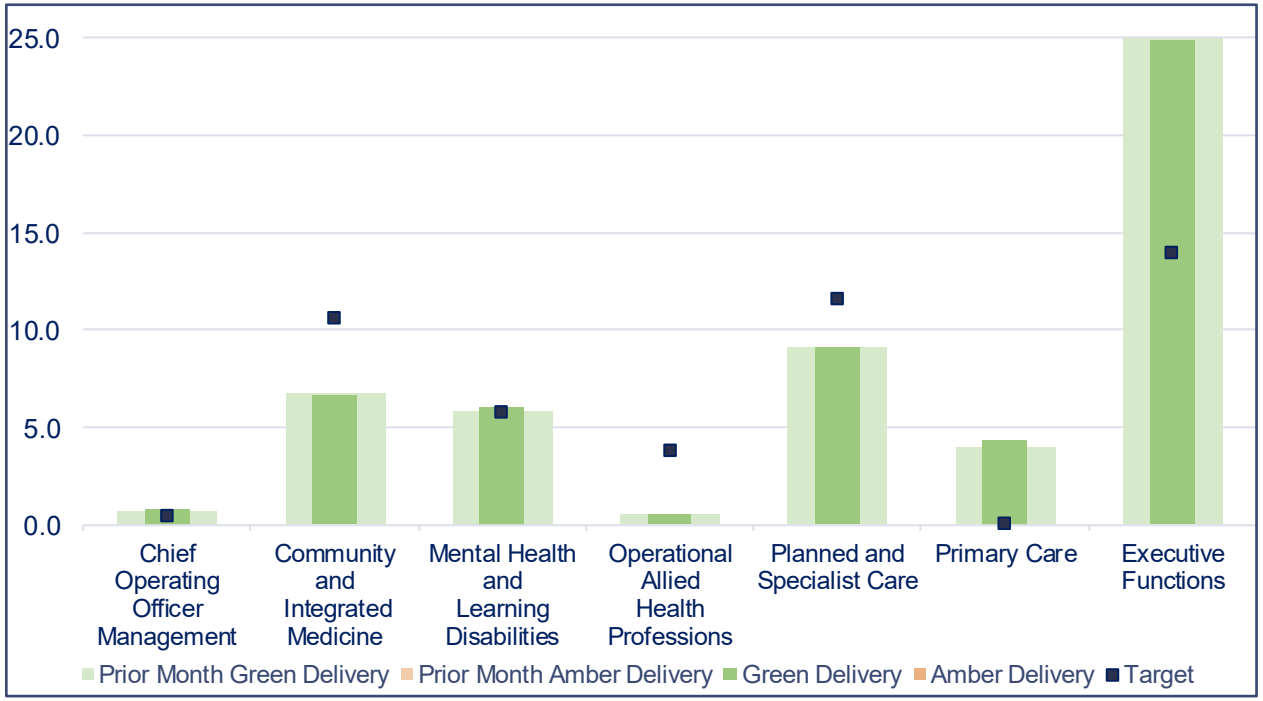


Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



End of Year – Savings Performance Breakdown

Savings Delivery vs Target (£'m)



Savings Performance Breakdown (£'m)

Clinical Care Group	Target	Plan	Delivery	Gap
Chief Operating Officer Management	0.5	0.8	0.8	(0.3)
Community and Integrated Medicine	10.6	6.6	6.6	4.0
Mental Health and Learning Disabilities	5.8	6.0	6.0	(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	4.4	4.4	(4.3)
Executive Functions	14.0	24.9	24.9	(10.9)
Grand Total	**46.4**	**52.6**	**52.3**	**(5.9)**

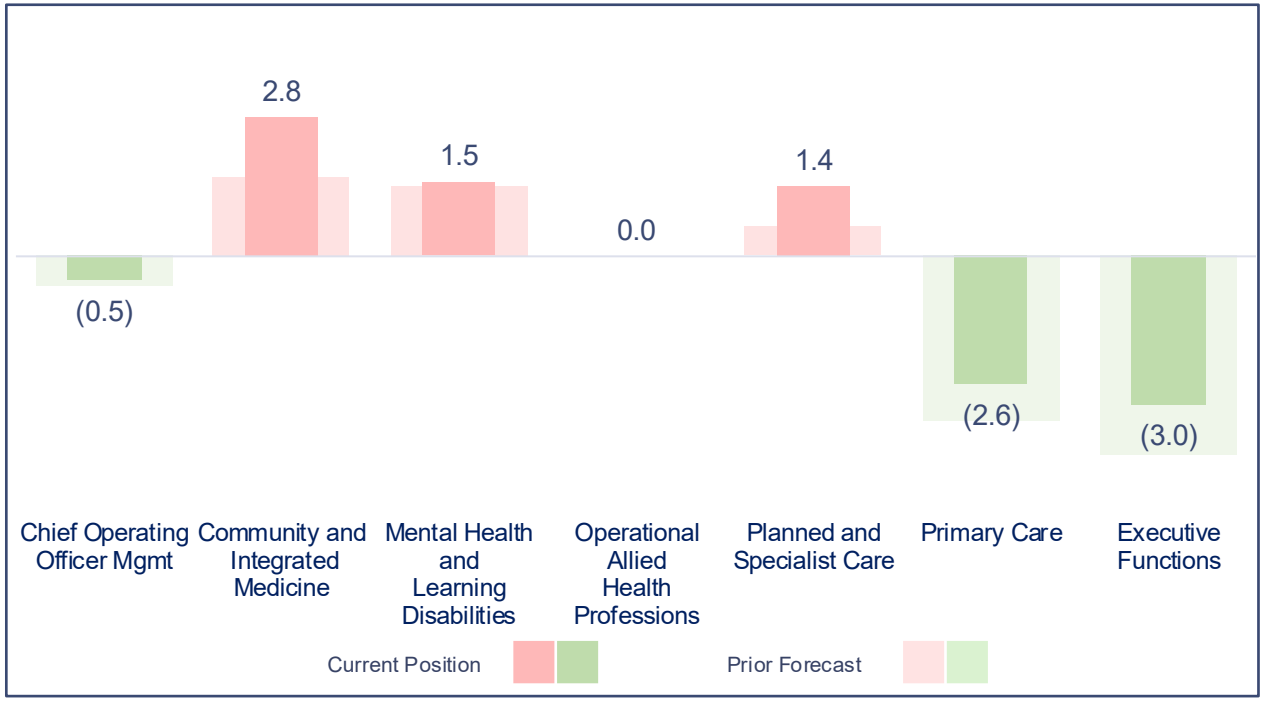
Key Information

Overall savings identification of £52.6m has been identified, resulting in a £(6.2)m savings over-identification against £46.4m target, with variations across Clinical Care Groups, and £0.3m under delivery within Planned and Specialist Care.

Newly identified schemes of £0.5m relate to underspend savings. Underspend savings identified related to £0.7m pay underspends across several Clinical Care Groups, and £0.3m related to Primary Care Dental underspends. Of the £0.7m pay underspend savings, £0.5m were to deliver in line with year to date run rate management of pay vacancy underspends

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	(0.2)	(0.4)	0.1	**(0.5)**
Community and Integrated Medicine	0.4	3.9	(1.1)	**3.2**
Mental Health and Learning Disabilities	(0.2)	1.6	0.1	**1.5**
Operational Allied Health and Health Sciences	1.5	(0.1)	(1.3)	**0.1**
Planned and Specialist Care	2.6	0.2	(1.0)	**1.8**
Primary Care	0.4	(4.2)	1.2	**(2.6)**
Executive Functions	(2.9)	3.8	(6.4)	**(5.5)**
Total	**1.6**	**4.8**	**(8.4)**	**(2.0)**

Key Information

Community and Integrated Medicine Clinical supplies relating to incontinence products, disposable consumables due to increased infection prevention control and insulin pumps, in addition to increased joint equipment stores costs, interim care beds demand, and prior year patient flow invoice, offset by income overachievement.

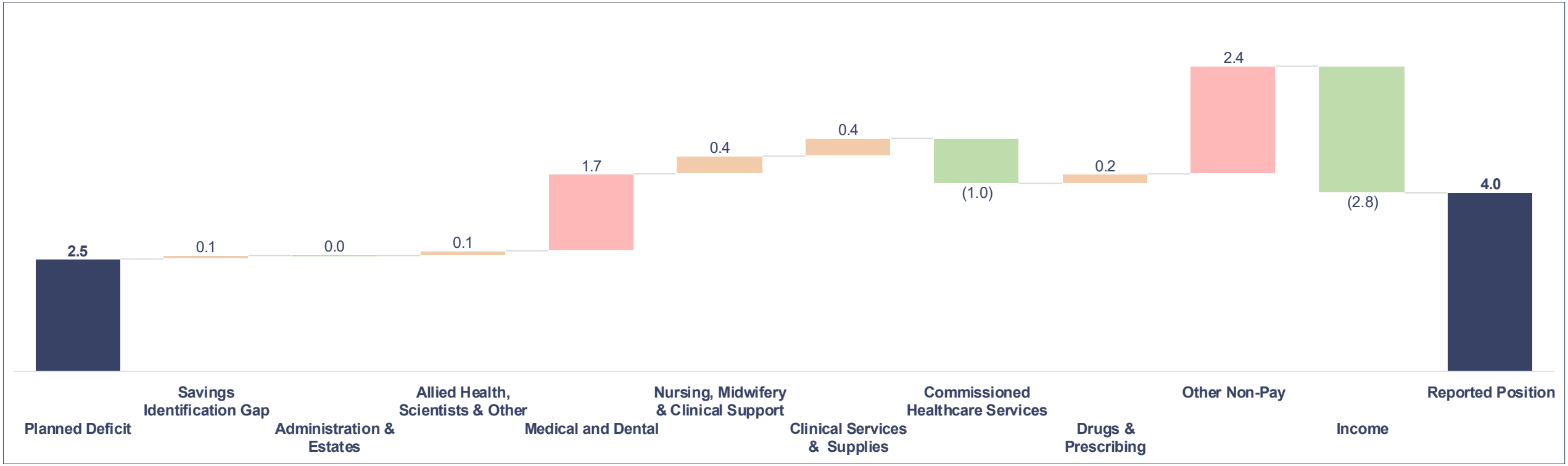
Mental Health Purchase of Psychiatric Intensive Care Unit beds from independent sector £1.4m and net increase of 21 Continuing Healthcare packages £0.7m.

Planned and Specialist Care Medical variable pay locum usage and Waiting List Initiative sessions. Theatres insourcing and outsourcing of activity,, offset by delayed impact of new NICE Horizon funded Oncology drugs and reduction in drug prices. Income overachievement for Bowel Screening & Wet Age-related Macular Degeneration.

Primary Care Dental contracts underperformance £(2.0)m, and General Medical Services supplementary services and Managed Practices £(2.5)m, offset by Dental income underachievement.

Executive Functions Reduction in uptake of vaccinations within Public Health, Central Income overachievement for Non-Contracted Activity, VAT recovery, funding confirmation for Band 2 to 3 rebanding dispute, offset by increase in Swansea Bay Long Term Agreement for emer[illegible]ncrease in high-cost drugs and Mounjaro uptake offset by Velindre income rebates.

In-Month – Key Drivers vs Plan



Key Information

Medical and Dental – Medical locum, premium rate card and waiting list initiative activity across Anaesthetics, Urology, Orthopaedics and Ophthalmology within Planned and Specialist Care and ongoing Medical Locum agency usage within Community and Integrated Medicine.

Commissioned Healthcare Services – General Medical Services supplementary services underspend and Dental contracts underperformance, in addition to reduction in Continuing Healthcare longstanding liability offset by Theatres outsourcing activity within Planned and Specialist Care.

Other Non-Pay – Increase in joint equipment stores within Community and Integrated Medicine, Workforce Tribunal costs provision and Medical marketing, development and producing costs

Income – Pharmacy Prescribing Rebates relating to Mounjaro drugs in line with increase in expenditure, Bowel and Breast Screening and Wet Age-related Macular Degeneration income overachievement and process change for Powys insulin pumps income.

In-Month – Key Performance vs Plan

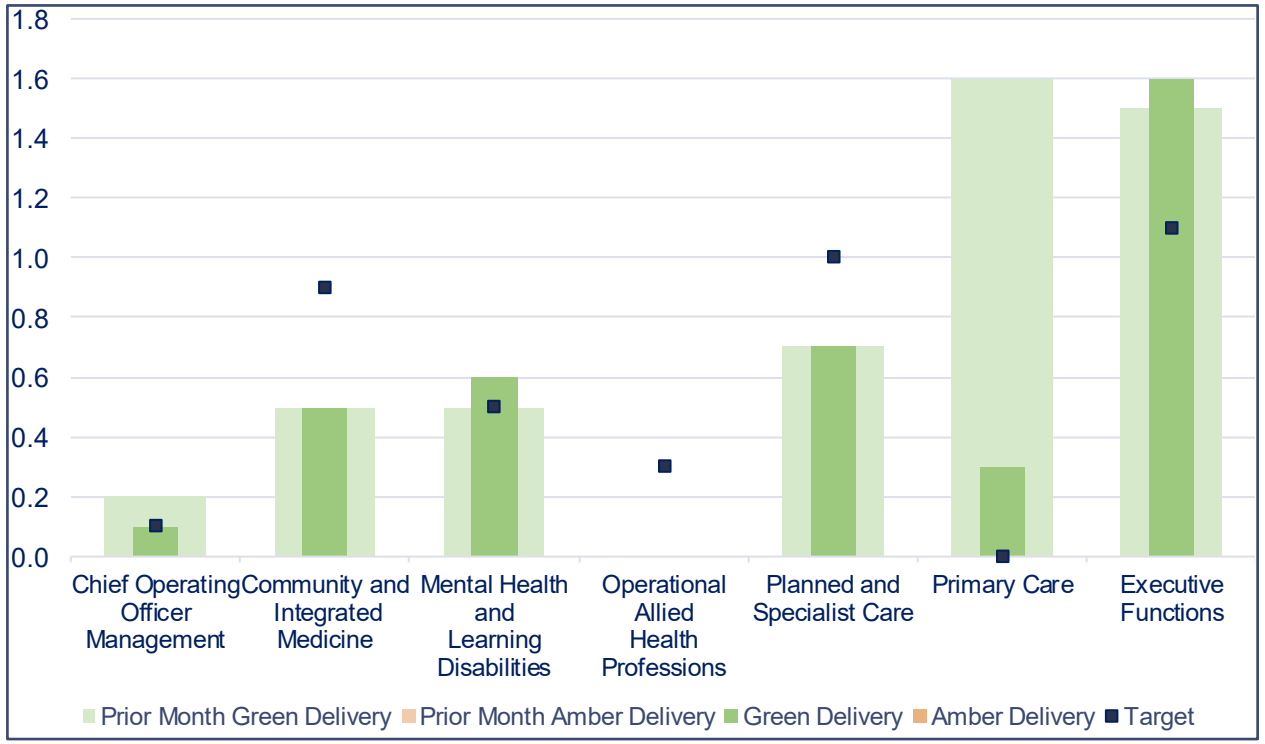
Clinical Care Groups and Executive Functions (£'m)	Savings Gap to Target	Savings Delivery vs Plan Benefits	Core Operational Variation	Total	Key Information
Planned Deficit				**2.5**	
Chief Operating Officer Management	0.0	0.0	(0.1)	**(0.1)**	Reduction in pay and travel expenditure.
Community and Integrated Medicine	0.4	0.0	1.8	**2.2**	Ongoing Medical Locum usage, Nursing expenditure to support 7 day working. Joint equipment stores and Insulin pumps purchases.
Mental Health and Learning Disabilities	(0.1)	0.0	0.0	**(0.1)**	Net reduction of 8 Continuing Healthcare packages with offsetting expenditure on outsourced Psychiatric Intensive Care Unit beds.
Operational Allied Health & Health Sciences	0.3	0.0	0.3	**0.6**	Dual running of new Radiology Informatics System Procurement system, Medical Locum usage within Pathology, partially offset by income overachievement.
Planned and Specialist Care	0.3	0.0	1.8	**2.1**	Medical Locum, premium rate card and Waiting List Initiative activity, theatres insourcing and outsourcing activity offset by Oncology drugs reduction in prices and income overachievement.
Primary Care	(0.3)	0.0	(0.9)	**(1.2)**	Dental and General Medical Services underspends, in addition to 2024/25 Dental contract underperformance recoveries £(1.1)m offset by General Medical Services Global Sum 2025/26 contract uplift £0.9m
Executive Functions	(0.5)	0.0	(1.5)	**(2.0)**	Central Income overachievement of Non-Contracted Activity and Overseas income, VAT recovery, reduction in Continuing Healthcare longstanding liability offset Workforce Tribunal costs increase.
Sub Total	**0.1**	**0.0**	**1.4**	**1.5**	
Unaudited Gross Position				**4.0**	

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	0.1	0.0	(0.1)	0.0	Reduction in pay and travel expenditure
Community and Integrated Medicine	0.0	0.0	1.5	1.5	Joint equipment stores £0.4m, increase in Nursing expenditure to support with GP's 7 day working £0.3m, prior year Local Authority invoice £0.2m, additional Homecare Drugs £0.2m and insulin pumps costs £0.1m.
Mental Health and Learning Disabilities	(0.1)	0.0	(0.1)	(0.2)	Net reduction of 8 Continuing Healthcare packages and year to date recognition of underutilised Continuing Healthcare package.
Operational Allied Health & Health Sciences	0.0	0.0	0.3	0.3	Dual running of new Radiology Informatics System Procurement system.
Planned and Specialist Care	0.0	0.0	1.3	1.3	Additional insourced and outsourced theatres activity in addition to increase in Medical Waiting List Initiative sessions in line with activity.
Primary Care	1.3	0.0	(0.8)	0.5	Reduction in General Medical Services agreements and Personally Administered Drugs and Appliances lower winter pressure savings. 24/25 Dental contract recoveries offset by Global Sum payment rate changes.
Executive Functions	(0.1)	0.0	(1.3)	(1.4)	VAT recovery reviews £(0.8)m, reduction in Continuing Healthcare longstanding liability £(0.7)m, reduction in LTAs JCC Heart surgery activity £(0.3)m, offset by increased provision for Workforce Tribunal costs £0.8m.
Sub Total	**1.2**	**0.0**	**0.8**	**2.0**	
Unaudited Gross Position				**2.0**	

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	0.1	0.1	0.0
Community and Integrated Medicine	0.9	0.5	0.5	0.4
Mental Health and Learning Disabilities	0.5	0.6	0.6	(0.1)
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	1.6	1.6	(0.5)
Grand Total	**3.9**	**3.8**	**3.8**	**0.1**

Key Information

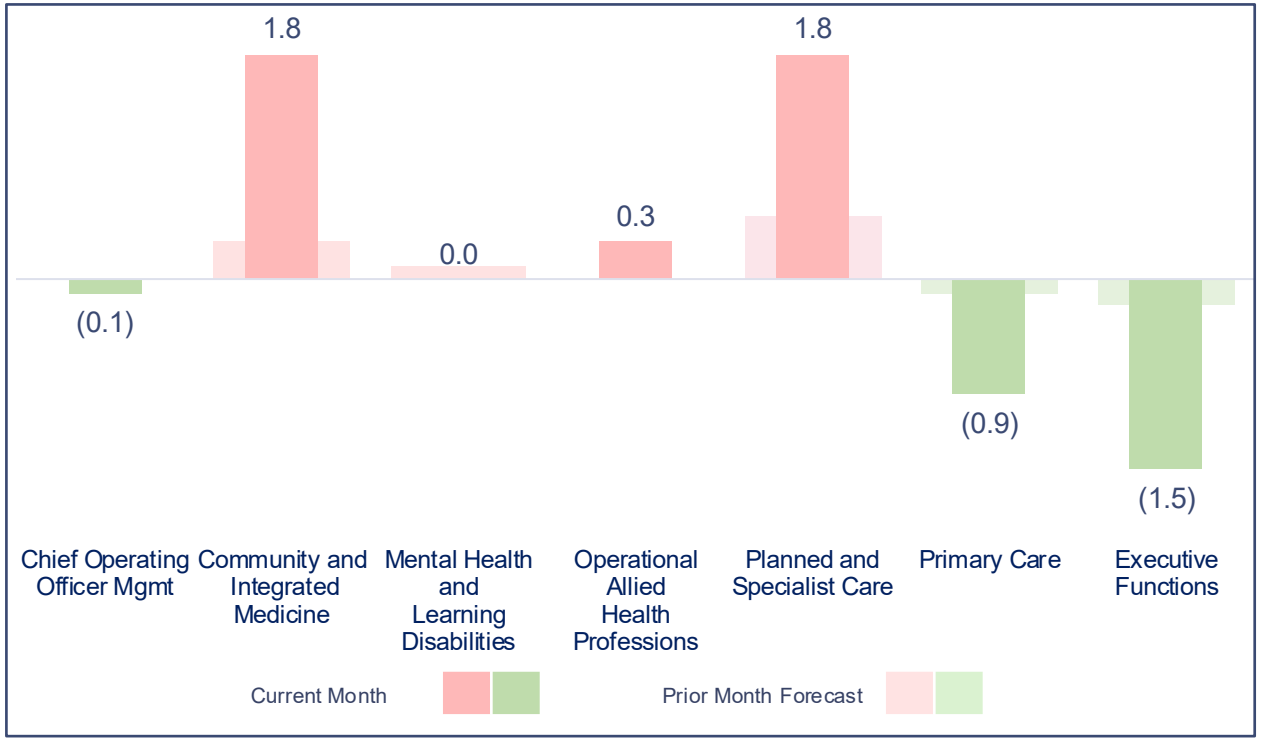
Overall savings delivery of £3.8m has been achieved, resulting in a £0.1m savings under-delivery against £3.9m target, with variations across Clinical Care Groups

Of the savings delivered in-month, £1.3m relate to recurrent schemes and £2.5m relate to non recurrent schemes.

Newly identified schemes relate to underspend conversion of £0.5m, £0.2m relate to pay underspends and £0.3m relate to Dental underspends. A significant reduction in savings delivered from prior month is seen in Primary Care due to General Medical Services agreements underspends £(0.6)m and General Medical Services Personally Administered Drugs and Appliances saving being identified in prior month due to v[illegible]es being lower than anticipated £(0.7)m.

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	(0.1)	0.0	0.0	**(0.1)**
Community and Integrated Medicine	0.7	1.5	(0.4)	**1.8**
Mental Health and Learning Disabilities	(0.1)	0.0	0.1	**0.0**
Operational Allied Health and Health Sciences	0.3	0.5	(0.5)	**0.3**
Planned and Specialist Care	0.8	1.2	(0.2)	**1.8**
Primary Care	(0.1)	(0.8)	0.0	**(0.9)**
Executive Functions	0.6	(0.3)	(1.8)	**(1.5)**
Total	**2.1**	**2.1**	**(2.8)**	**1.4**

Key Information

Community and Integrated Medicine Ongoing usage of Medical Locum agency, Nursing expenditure to support 7 day working, joint equipment stores and Insulin pumps.

Planned and Specialist Care Medical Locum, premium rate card and Waiting List Initiative activity, theatres insourcing and outsourcing activity offset by Oncology drugs reduction in prices.

Primary Care Dental and General Medical Services underspends, in addition to 2024/25 Dental contract underperformance recoveries £(1.1)m offset by General Medical Services Global Sum 2025/26 contract uplift £0.9m

Executive Functions Velindre income rebates in line with Mounjaro high-cost dr[u] Central Income overachievement in relation to non-contracted activity.

Capital Performance

Capital

Total Capital Performance

£42.4m

Annual Plan **£42.4m**

All Wales Capital

£32.6m

Annual Plan **£32.4m**

Discretionary Capital

£7.7m

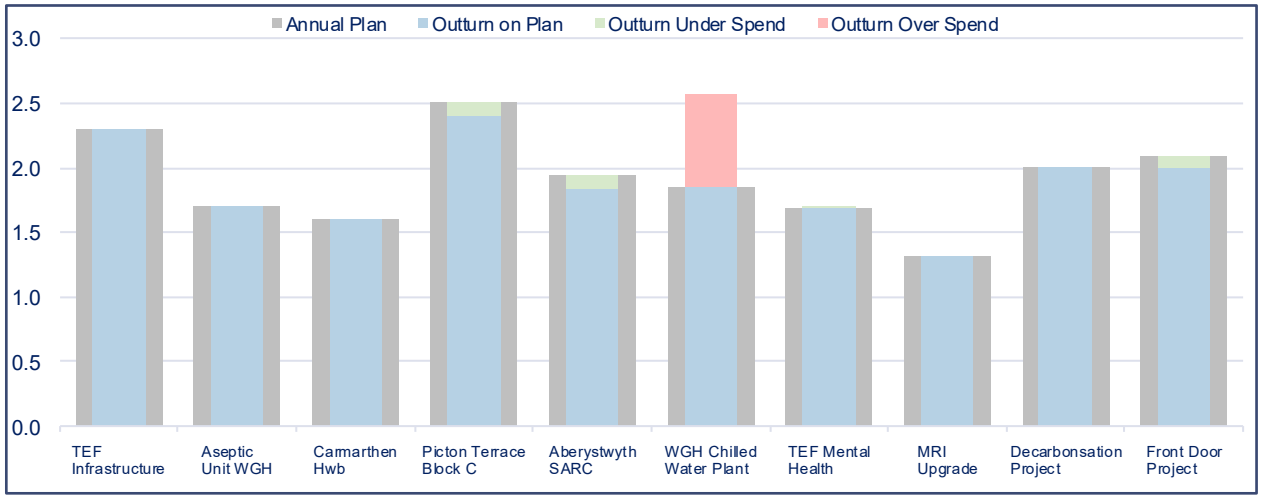
Annual Plan **£7.9m**

IFRS 16

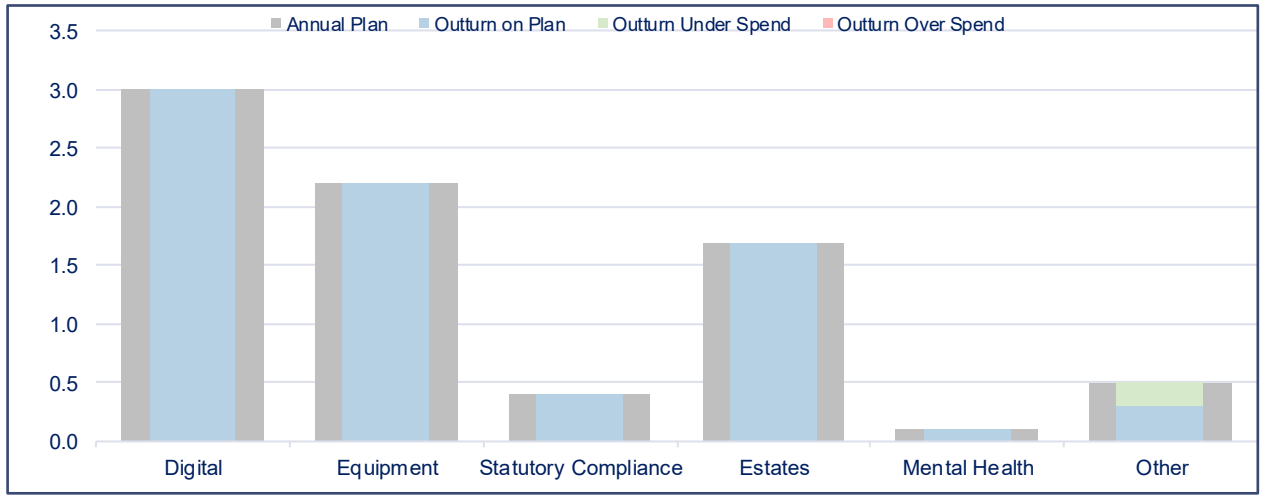
£2.1m

Capital Resource Limit **£2.1m**

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



Discretionary Capital Programme Category Summary (£'m)



Key Information

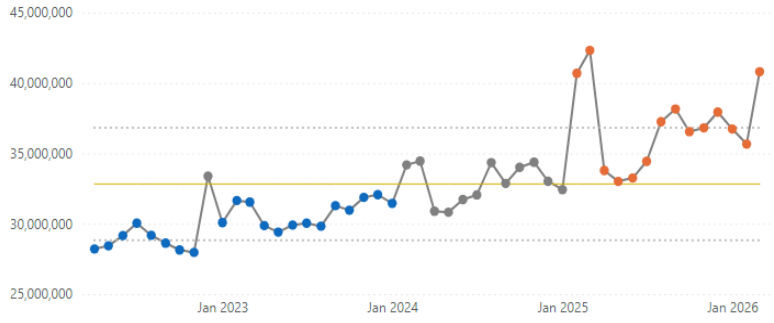
The Health Board has spent within its Capital Resource Limit. Variances from project allocations were managed internally across the capital programme, including through increased expenditure against discretionary schemes. Underspends against Carmarthen Hwb and Withybush Aseptics Unit have been managed through discretionary expenditure on Digital.

Annual plan figures above reflect the finalised Capital Resource Limit which is adjusted against discretionary for large All Wales Capital Programme project variances.

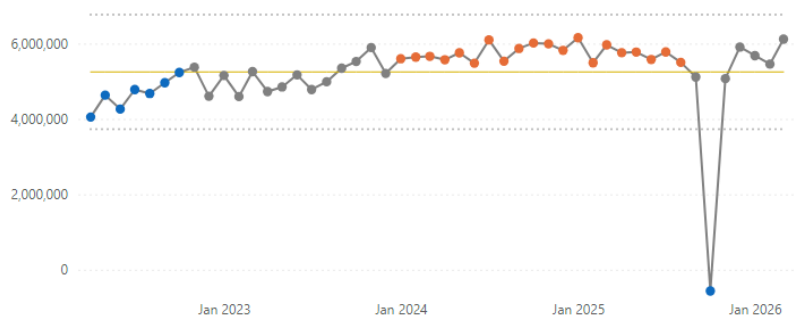
Expenditure in the month of March was significantly higher than prior months at £18.9m, being 45% of the annual expenditure.

Trend Analysis – Non-Pay and Income

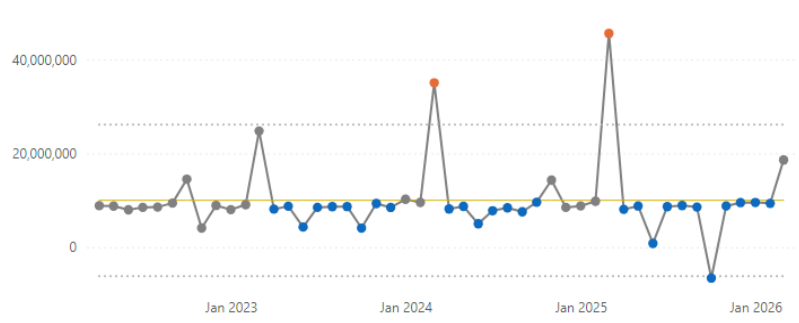
Commissioned Healthcare Services (£)



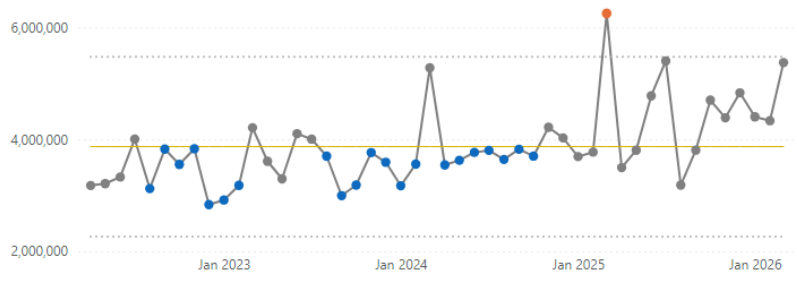
Secondary Care Drugs (£)



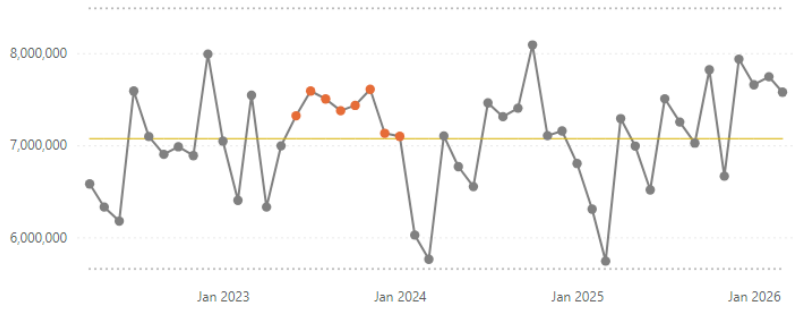
Other Non-Pay (£)



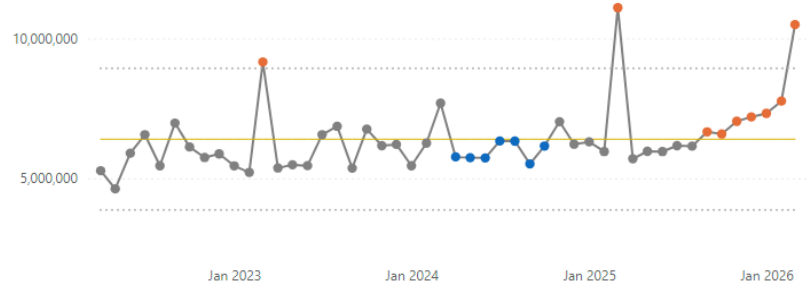
Clinical Services and Supplies (£)



Primary Care Prescribing (£)



Income (£)



Key Information

Commissioned Healthcare Services – Increase in Theatres outsourcing for Outpatients, Diagnostics and addressing Waiting Times within Planned and Specialist Care £3.0m and Long Term Agreements Vertex and Joint Commissioning Committee expenditure £2.5m in line with additional Welsh Government funding.

Secondary Care Drugs – Additional drug costs in-month relating to Homecare drugs, across Community and Integrated Medicine and Planned and Specialist Care.

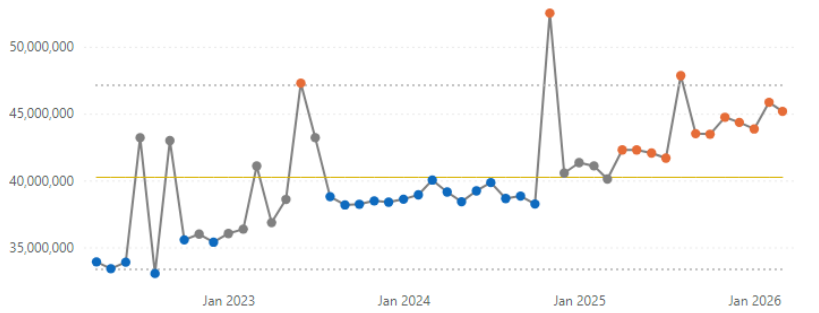
Other Non-Pay – Increase in relation to Depreciation and Amortisation Impairment increases.

Clinical Services & Supplies – Increased consumables and insourcing in line with activity within Planned and Specialist Care and increase in insulin pump purchases and joint equipment stores.

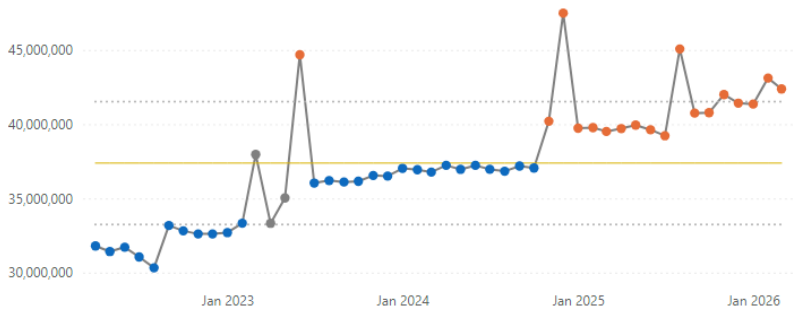
Income – Increase in income relating to Housing with Care Funds projects expenditure.

Trend Analysis – Pay Agenda for Change

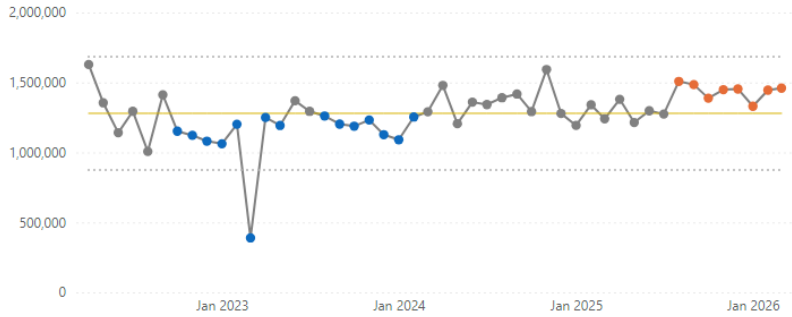
Total (£)



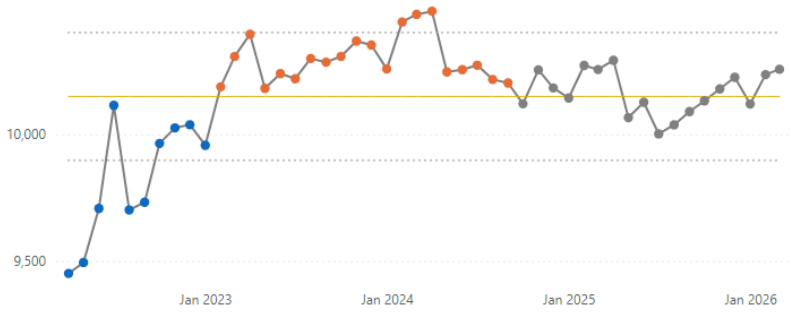
Substantive (£)



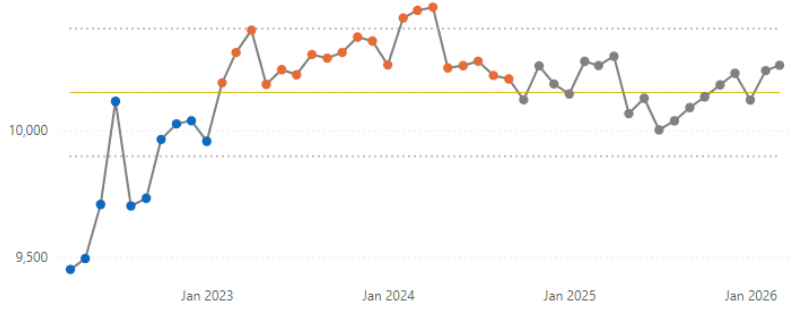
Bank (£)



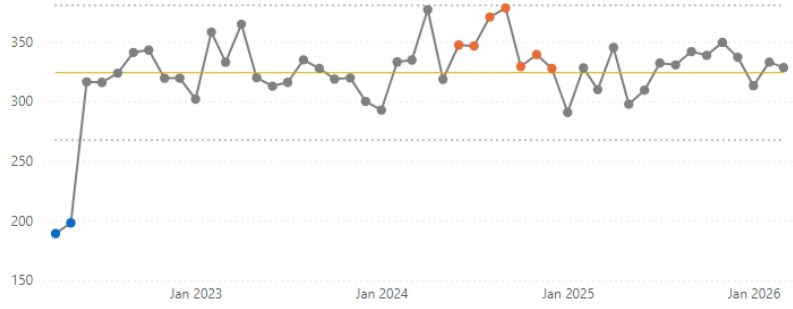
Total (WTE)



Substantive (WTE)



Bank (WTE)



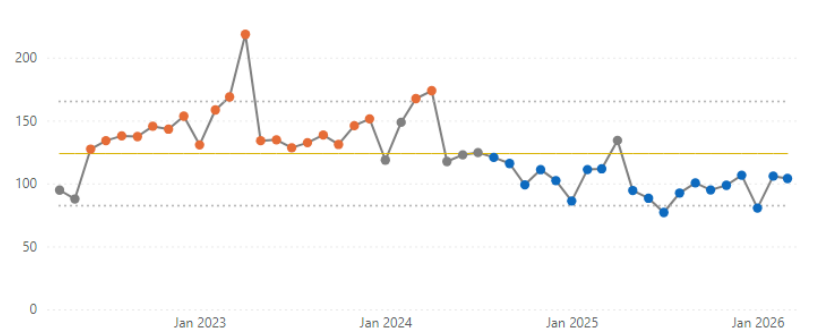
Key Information

Substantive £ and WTE – There is an increase in Substantive WTE of 21 WTE which were mainly in Estates and Factilites and Operational Allied Health and Health Sciences.

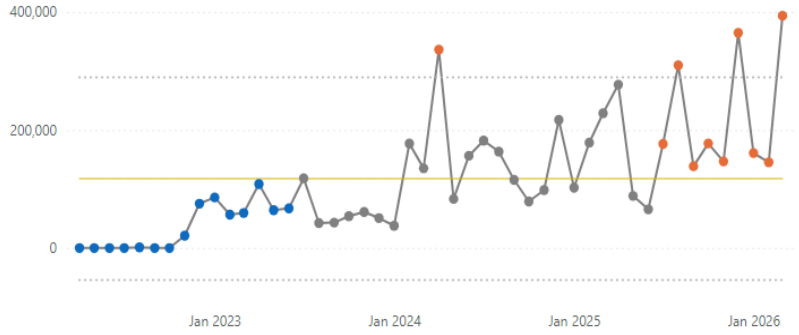
Bank £ and WTE – There has been overall reduction of 5 WTE seen in-month compared to Month 11.

Trend Analysis – Pay Agenda for Change

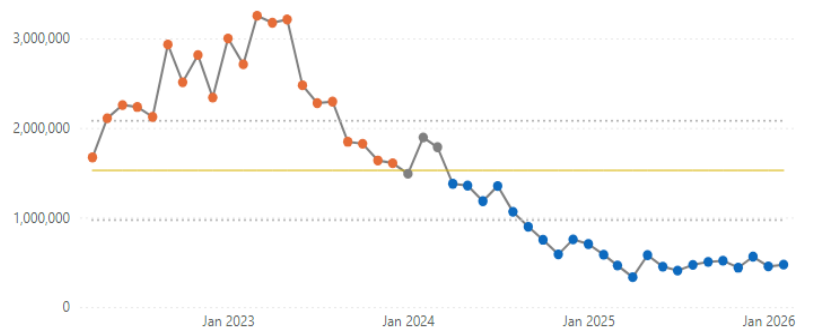
Overtime (£)



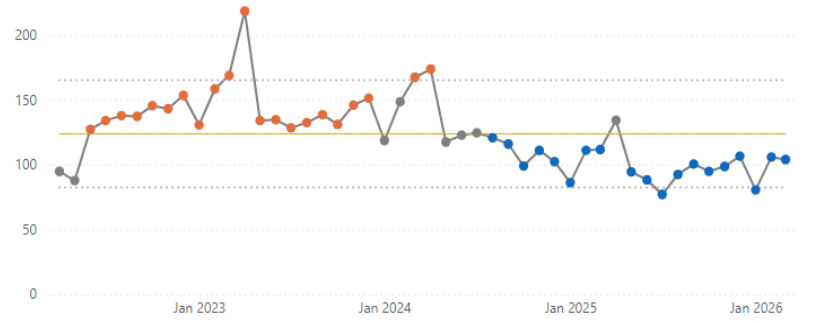
WLI (£)



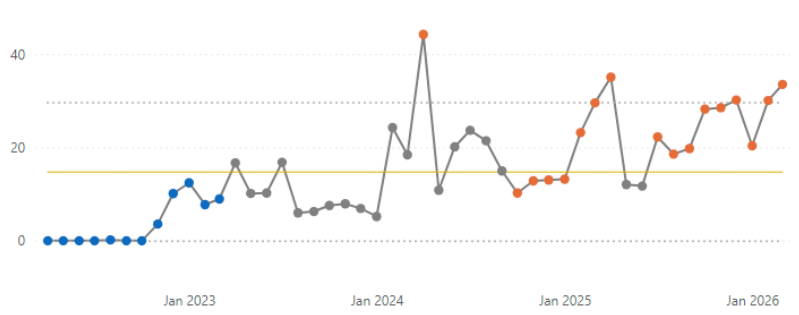
Agency (£)



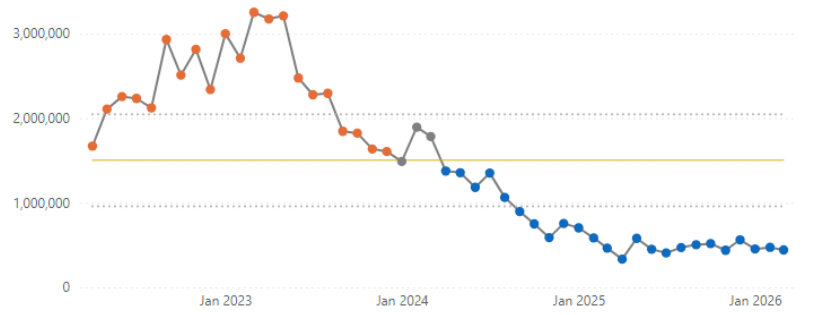
Overtime (WTE)



WLI (WTE)



Agency (WTE)

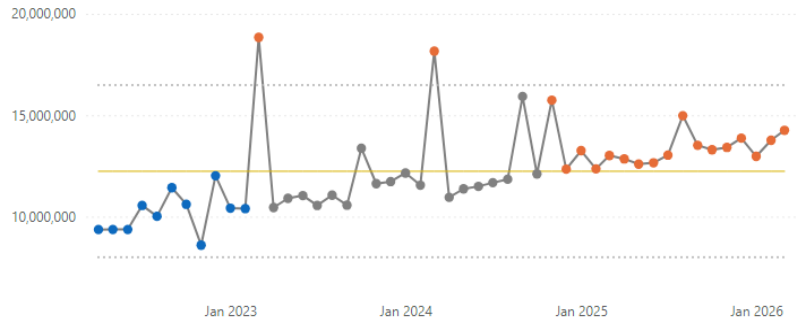


Key Information

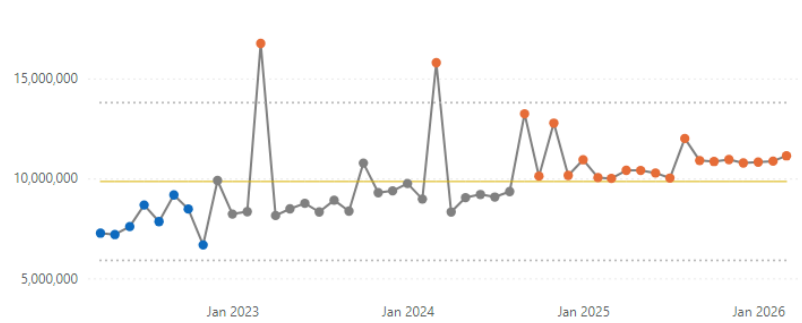
Waiting List Initiative – Waiting List Initiative expenditure has increased by circa £250k compared to Month 11 to cover additional activity within Planned and Specialist Care.

Trend Analysis – Pay Medical and Dental

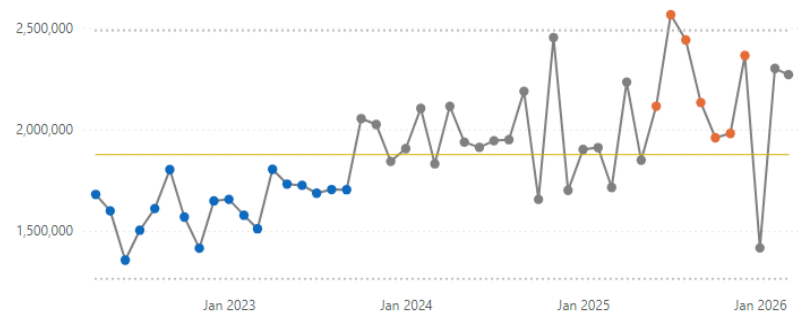
Total (£)



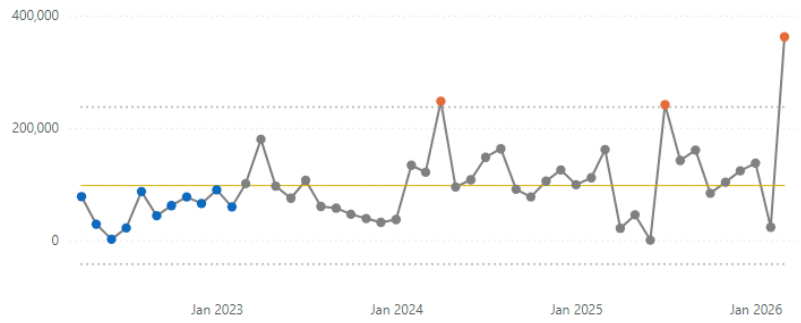
Substantive (£)



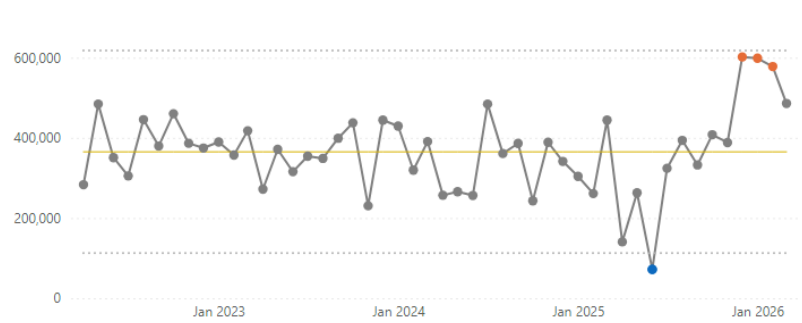
Additional Hours (£)



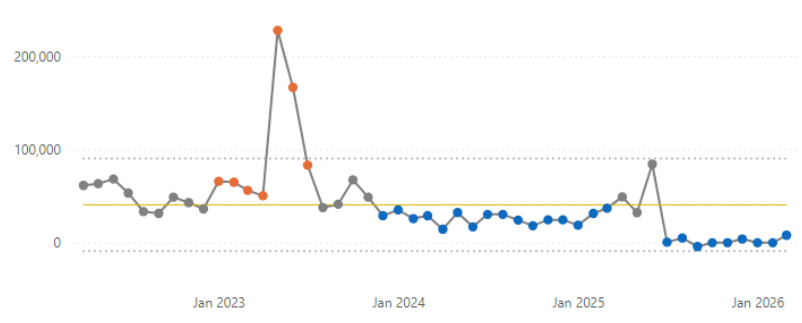
WLI (£)



On Contract Agency Premium (£)



Off Contract Agency Premium (£)



Key Information

Waiting List Initiative – Continued usage of Medical Waiting List Initiative expenditure mainly within Anaesthetics in Planned and Specialist Care to meet Waiting Time Targets, there's an increase of circa £340k from prior month.

On Contract Agency Premium – Reduction in Medical agency usage and shifts filled within Community and Integrated Medicine from 22 WTE in Month 11 to 13 WTE in Month 12.

Medical Stabilisation programme – The introduction of Medical Rate card will ensure that there will be a consistent rate across the Health Board and reduce variation.

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%**	**2,661**	**2,324**	**(264)**	**275**	**55**	**68**
Community and Integrated Medicine	**103.2%**	**1,907**	**1,649**	**(189)**	**205**	**49**	**64**
Carmarthenshire Integrated System	103.5%	1,142	999	(104)	125	17	37
Ceredigion Integrated System	107.5%	326	270	(30)	38	17	24
Pembrokeshire Integrated System	99.4%	439	380	(55)	42	15	3
Mental Health and Learning Disabilities	**104.7%**	**287**	**236**	**(38)**	**50**	**1**	**13**
Planned and Specialist Care	**96.6%**	**467**	**439**	**(37)**	**20**	**5**	**(9)**
Cancer and Scheduled Care	94.6%	165	148	(23)	10	5	(6)
Children, Women and Family Health	97.6%	302	291	(14)	10	-	(3)
Grand Total	**102.2%**	**2,661**	**2,324**	**(264)**	**275**	**55**	**68**

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%**	**87**	**86**	**(8)**	**-**	**-**	**(8)**
Chief Operating Officer	**93.7%**	**5,273**	**5,114**	**(452)**	**142**	**10**	**(297)**
Chief Operating Officer Management	81.6%	112	108	(20)	3	-	(17)
Community and Integrated Medicine	97.0%	1,409	1,366	(118)	39	3	(75)
Mental Health and Learning Disabilities	90.3%	916	905	(115)	10	-	(105)
Operational Allied Health and Health Sciences	97.2%	1,129	1,100	(45)	28	-	(17)
Planned and Specialist Care	95.0%	1,491	1,426	(97)	56	7	(32)
Primary Care	87.2%	216	209	(57)	6	-	(51)
Executive Director of Allied Health Professions and Health Sciences	**95.2%**	**896**	**840**	**(68)**	**55**	**-**	**(13)**
Executive Director of Finance	**89.9%**	**418**	**414**	**(60)**	**4**	**-**	**(55)**
Executive Director of Nursing, Quality and Patient Experience	**90.9%**	**177**	**176**	**(18)**	**-**	**-**	**(17)**
Executive Director of Public Health	**87.6%**	**143**	**143**	**(19)**	**-**	**-**	**(18)**
Executive Director of Strategy and Planning	**93.9%**	**49**	**49**	**(1)**	**-**	**-**	**(1)**
Executive Director of Workforce and Organisational Development	**74.6%**	**227**	**226**	**(73)**	**1**	**-**	**(71)**
Executive Medical Director	**87.0%**	**320**	**319**	**(35)**	**-**	**-**	**(34)**
Grand Total	**9**	**,590**	**7,367**	**(734)**	**202**	**10**	**(514)**

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	**(2)**							**(27)**	**15**	**(14)**
Chief Operating Officer	**53**	**(81)**	**1,194**	**331**	**1,427**	**79**	**(280)**	**1,155**	**(1,001)**	**2,877**
Chief Operating Officer Management	49	2	4	(135)	11	(3)		(30)	(23)	**(125)**
Community and Integrated Medicine	(105)	38	305	430	586	349	182	427	(443)	**1,771**
Mental Health and Learning Disabilities	11	(132)	65	(49)	(4)	3	0	50	88	**33**
Operational Allied Health and Health Sciences	5	22	190	99	207	21	(91)	340	(498)	**296**
Planned and Specialist Care	155	14	580	1	655	643	(350)	225	(170)	**1,753**
Primary Care	(62)	(25)	49	(16)	(28)	(934)	(22)	142	45	**(851)**
Executive Director of Allied Health Professions and Health Sciences	**16**	**(14)**		**(4)**	**(87)**	**0**	**0**	**219**	**(61)**	**70**
Estates and Facilities	4			(4)	(87)		0	219	(61)	**72**
Executive Allied Health Professions and Health Sciences	12	(14)				0				**(2)**
Executive Director of Finance	**13**	**7**	**(15)**	**(2)**	**1**	**(15)**		**219**	**(120)**	**87**
Digital	9	7	(15)	(2)	1	(15)		179	(118)	**47**
Finance	4					(1)		40	(2)	**41**
Executive Director of Nursing, Quality and Patient Experience	**30**	**(10)**		**(52)**	**1**	**(21)**		**61**	**16**	**24**
Executive Director of Public Health	**(14)**	**22**	**(1)**	**(48)**	**6**	**9**	**120**	**8**	**18**	**120**
Executive Director of Strategy and Planning	**4**	**0**	**(2)**		**1**	**203**	**(1)**	**53**	**(75)**	**182**
LTAs with other NHS Providers	4				1	209	(1)	(0)		**212**
Strategy and Planning	0	0	(2)			(6)		53	(75)	**(29)**
Executive Director of Workforce and Organisational Development	**57**	**(12)**	**11**	**(57)**	**(1)**	**61**	**(2)**	**160**	**(18)**	**199**
Executive Medical Director	**39**	**0**	**54**	**31**	**44**	**8**	**642**	**379**	**(1,056)**	**141**
Medical	42	13	54	16	28		0	313	(204)	**262**
Pharmacy and Medicines Management	(3)	(13)		15	16	8	642	66	(852)	**(121)**
Health Board Wide	**(218)**	**171**	**442**	**152**	**(967)**	**(1,321)**	**(267)**	**204**	**(472)**	**(2,275)**
Planned Deficit								**2,500**		**2,500**
Savings Identification								**51**		**51**
Grand Total	**(20)**	**83**	**1,684**	**350**	**425**	**(997)**	**211**	**4,981**	**(2,754)**	**3,963**

End of Year – 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	**(18)**				**0**	**1**		**(108)**	**15**	**(111)**
Chief Operating Officer	**(1,617)**	**367**	**7,255**	**(1,168)**	**4,321**	**217**	**(6,864)**	**3,284**	**(1,948)**	**3,846**
Chief Operating Officer Management	(123)	25	(12)	(114)	51	(34)		(420)	84	**(544)**
Community and Integrated Medicine	(1,277)	(51)	2,071	(344)	1,842	596	(491)	1,911	(1,054)	**3,202**
Mental Health and Learning Disabilities	(55)	(608)	943	(522)	45	1,983	(403)	(9)	138	**1,511**
Operational Allied Health and Health Sciences	58	535	460	454	281	(285)	(508)	446	(1,337)	**103**
Planned and Specialist Care	135	46	2,940	(107)	2,474	2,274	(5,358)	838	(1,022)	**2,220**
Primary Care	(354)	419	854	(534)	(372)	(4,317)	(103)	519	1,242	**(2,645)**
Executive Director of Allied Health Professions and Health Sciences	**(635)**	**(171)**		**(34)**	**(38)**	**0**	**4**	**1,053**	**(135)**	**45**
Estates and Facilities	(779)			(34)	(38)		4	1,052	(135)	**71**
Executive Allied Health Professions and Health Sciences	144	(171)				0		1		**(26)**
Executive Director of Finance	**(112)**	**80**	**(28)**	**7**	**1**	**(487)**	**0**	**354**	**(568)**	**(752)**
Digital	(61)	29	(28)	7	1	(468)		388	(564)	**(696)**
Finance	(51)	51				(19)	0	(34)	(3)	**(56)**
Executive Director of Nursing, Quality and Patient Experience	**(281)**	**(62)**	**0**	**(30)**	**(1)**	**28**		**474**	**160**	**288**
Executive Director of Public Health	**(265)**	**174**	**(83)**	**(341)**	**(24)**	**1**	**(500)**	**(17)**	**(166)**	**(1,220)**
Executive Director of Strategy and Planning	**(7)**	**41**	**(2)**		**1**	**1,999**	**1**	**134**	**(165)**	**2,001**
LTAs with other NHS Providers	43				1	2,005	1	(3)		**2,047**
Strategy and Planning	(50)	41	(2)			(6)		137	(165)	**(46)**
Executive Director of Workforce and Organisational Development	**2**	**48**	**(18)**	**(32)**	**2**	**174**	**(31)**	**(331)**	**(102)**	**(289)**
Executive Medical Director	**20**	**(382)**	**234**	**118**	**30**	**(19)**	**2,438**	**56**	**(3,605)**	**(1,109)**
Medical	30	9	234	(75)	50		(0)	(204)	(164)	**(119)**
Pharmacy and Medicines Management	(10)	(392)		194	(20)	(19)	2,438	260	(3,441)	**(990)**
Health Board Wide	**402**	**171**	**(65)**	**(1,711)**	**(920)**	**(1,637)**	**(120)**	**1,315**	**(1,862)**	**(4,426)**
Planned Deficit								**30,000**		**30,000**
Savings Identification								**(6,183)**		**(6,183)**
Grand Total	**(2,513)**	**265**	**7,294**	**(3,190)**	**3,372**	**276**	**(5,071)**	**30,031**	**(8,375)**	**22,089**

End of Year – Savings Detail (£'k)

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**	**545**	**84**	**461**	**545**	**(507)**	**16.1%**	**222**	**(184)**	**6.6%**
Chief Operating Officer	**32,438**	**27,729**	**8,596**	**18,860**	**27,456**	**4,982**	**4.2%**	**12,309**	**20,129**	**1.9%**
Chief Operating Officer Management	500	838	0	838	838	(338)	6.6%	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	6,053	1,375	4,678	6,053	(202)	5.9%	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	4,361	100	4,261	4,361	(4,263)	38.9%	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**	**2,574**	**493**	**2,081**	**2,574**	**(1,936)**	**11.1%**	**527**	**112**	**2.3%**
Digital	532	1,929	384	1,545	1,929	(1,397)	11.2%	417	115	2.4%
Finance	106	645	109	536	645	(539)	10.8%	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**	**1,763**	**518**	**1,245**	**1,763**	**139**	**2.9%**	**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	823	61	762	823	(762)	22.1%	61	(0)	1.6%
Executive Director Of Workforce and Organisational Development	**247**	**3,653**	**247**	**3,405**	**3,653**	**(3,406)**	**24.1%**	**247**	**(1)**	**1.6%**
Executive Medical Director	**6,421**	**2,865**	**2,440**	**425**	**2,865**	**3,555**	**2.9%**	**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	2,791	2,366	425	2,791	3,556	2.9%	2,382	3,965	2.5%
Health Board Wide	**2,303**	**11,486**	**1,371**	**10,115**	**11,486**	**(9,183)**	**31.7%**	**1,485**	**819**	**4.1%**
Grand Total	**46,400**	**52,583**	**14,373**	**37,936**	**52,309**	**(5,909)**	**5.4%**	**18,429**	**27,971**	**1.9%**

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

De-risking the 2026/27 Financial Plan – Improvement Framework

Finance and Performance Committee

30 April 2026

Objective and 4-Step Improvement Framework

- **Objective:** Board action taken to de-risk delivery of the 2026/27 Financial Plan and improve beyond to £22m
- **Starting position:** Existing run-rate deficit £54m ↔ £90m
- **WG and Board expectation:** Options to improve further to a deficit of £22m
- **Approach:** Structured, time-bound, 4-step improvement framework
- **Outcome:** Increased certainty of delivery, strengthened grip, and improved sustainability

4-Step Financial Improvement Framework

1 Stabilise the baseline run rate	2 De-risk £41m plan delivery	3 Create Q1 Performance headroom	4 Accelerate improvement to £22m
Review run-rate, rebutted non-recurrent and mitigation plans	Strengthen assurance around savings plans (£42.8m target)	Early in-year actions to raise performance capacity in Q1 only	Explore opportunities compendium to move from £41m to £22m

Delivery through Executive Portfolio structures via existing routine financial reporting cycle

Remaining opportunities catalogue options

Step 3 Update

With progress ongoing for step 1 and 2, it is proposed to remove step 3 as there is insufficient time to provide a clear line of sight to financial improvements beyond the Q1 budget to afford additional capacity. Capacity is to be held at the annual plan level

Milestones and Timelines

12 March 2026

WG Scrutiny Meeting

£41m not supportable or acceptable

26 March 2026

Board

Plan improvement action from £41m to £22m

27 March 2026

Director of Finance Improvement Plan Cascade

Actions issued

31 March 2026

Plan Submitted to WG

£41m Financial Defic

31 March 2026

WG Reply to Scrutiny Meeting

£41m not supportable or acceptable

8 April 2026

Executive Team

4-Step Framework shared for review

22, 29-30 April 2026

Chief Executive Review

Improvements to be complied from Executive plans

28 May 2026

Board

Action update to be presented (£41m to £22m)

Sensitivity Analysis for 2026/27

Key Component (£'m)	Best Case 0%	33%	66%	Worst Case 100%
Latest Three Month Normalised Run Rate	27.9			
Add 2026/27 savings requirement	42.8			
Add expenditure assumed from rebutted savings	0	7.0	14.1	21.3
Less Assured Amber and Green 2026/27 savings	(5.1)			
Less Blue and Red 2026/27 ideas	(8.7)	(5.8)	(2.9)	0.0
Less new plan expenditure without assured plans	(5.0)	(3.3)	(1.7)	0.0
Add service identified un-mitigated risks	-	1.2	2.3	3.5
Predicted 2026/27 Deficit / (Surplus)	**51.9**	**64.7**	**77.4**	**90.4**
2026/27 Financial Plan Deficit	41.0			
Adverse / (Favourable) Variance to Plan	**10.9**	**23.7**	**36.4**	**49.5**

Sensitivity percentage is based on how the best through to worst case could materialise through failure to deliver as per the assumptions contained within the 2026/27 financial plan.

The sensitivity percentages provide a sliding scale of adjustments for 0%, 33%, 66% and 100% delivery as per the plan.

With limited assured savings plans, there is a significant risk to delivering the financial plan, with the best case scenario requiring a minimum of £10.9m new savings actions to be delivered.

The variance to plan values equate to quantum of new savings actions that are required to be taken to deliver the planned deficit that are not identified.

Board Action Framing

Annual Plan £41.0m	• As originally submitted to WG on 31 March 2026
Configuration Deficit £25.0m	• Premium for provision of a rural Mid Wales Hospital (BGH) • Premium of 4 acute intakes and 3 A&Es until new hospital
Welsh Risk Pool £12.6m	• WG will provide funding should a breakeven position be presented excluding only the WRP impact
Additional Savings £3.4m	• Required to achieve a breakeven position, should WG support a Configuration Deficit. Total savings £46.2m

Detailed 4-Step Improvement Framework

1. Stabilise and Sustain the Financial Baseline

Confirm a credible opening position that is to be recurrent

- Review the underlying run-rate across pay, non-pay and income, including April 2026 outturn
- Identify and address reliance on non-recurrent measures by making them recurrent
- Clearly articulate residual risk and required mitigations with plans developed to address

Board assurance: A robust, transparent baseline with known risks and mitigations, which addresses the reliance on short-term and unsustainable non-recurrent actions

2. De-Risk Delivery of the Savings Plan

Confirm a credible opening position

- Strengthen assurance over delivery of the £42.8m savings requirement
- Challenge deliverability, timing and recurrence of schemes
- Replace or mitigate under-performing or high-risk plans

Board assurance: A credible, deliverable savings plan with strong ownership and controls

Detailed 4-Step Improvement Framework

~~3. Improve In-Year Run-Rate Performance~~

~~Create headroom and raise ambition~~

- ~~Drive early in-year performance improvement (Q1 focus)~~
- ~~Tighten financial grip and performance management~~
- ~~Use improved run-rate to increase performance expectations~~

~~Board assurance:~~ ~~Early financial grip enabling higher confidence in delivery~~

Step 3 Update

With progress ongoing for step 1 and 2, it is proposed to remove step 3 as there is insufficient time to provide a clear line of sight to financial improvements beyond the Q1 budget to afford additional capacity. Capacity is to be held at the annual plan level

4. Accelerate Further Financial Improvement

Move beyond plan towards sustainability

- Identify additional opportunities to improve performance beyond plan
- Prioritise recurrent, sustainable impact from opportunities compendium
- Deliver improvement trajectory from £41m to £22m deficit

Board assurance: A credible route to sustained financial improvement

Action Plans (by 22 & 29-30 April CEO Review)

Ref	Executive Action	Owner	Supporting Leads	Intended Outcome
1	Confirm preferred financial and operational option framework approach	Director of Finance	Deputy Director of Finance; Executive Directors	Clear strategic direction agreed to enable planning and assurance
2	Undertake rapid impact assessment of each option (financial sustainability, service/quality impact, workforce, delivery risk)	Executive Directors for their respective Portfolios	Director of Finance; Workforce & OD Director; Medical Director; Director of Nursing	Evidence-based comparison to support decision-making, with patient and staff implications identified
3	Develop implementation plan for preferred option(s), including milestones, governance, and dependencies	Chief Operating Officer	Finance; Planning; TPO	Controlled and realistic delivery plan
4	Refine financial trajectory and assumptions, including mitigations to downside risk	Deputy Director of Finance	Finance; Planning; Performance	Credible financial plan aligned to recovery expectations
5	Engage with Welsh Government on emerging position and options under confidence conditions	Chair; Chief Executive	Director of Finance; Director of Planning & Strategy	Early dialogue to manage risk and maintain trust
6	Prepare escalation Level 4, Programme Management Office and further contingency actions should plans not be deliverable in full	Chief Executive	Executive Team	Organisational readiness and resilience
7	Align internal communications plan to ensure consistent understanding at Executive and senior leadership level	Director of Communications	Chief Executive; Director of Finance; Director of Planning & Strategy	Controlled and consistent messaging
8	Agree timing and route for Board involvement, including private briefing if required	Chair; Chief Executive	Director of Finance; Director of Planning & Strategy	Appropriate governance and decision assurance
9	Establish monitoring and reporting arrangements to track delivery of agreed next steps	Chief Operating Officer	Finance; PMO	Grip, control and early identification of slippage

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

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

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Aneurin Bevan University Health Board

22 April 2026

Dear Phil

RE: Hywel Dda University Health Board's Annual Plan 2026-27

Thank you for the submission of Hywel Dda University Health Board's Annual Plan for 2026-27. I note the health board has breached its statutory duty to develop a financially balanced, 3-year IMTP. The Plan cannot therefore be considered for full assessment via collective review, nor recommended for Ministerial approval. A rapid assessment of the plan has therefore been undertaken. General feedback and detail of action now required is provided below. Full feedback will be provided at a later date.

The Plan was considered by the Board on 26 March, and it was approved for submission.

Overall, on the basis that the Plan represents a deteriorating financial position and does not meet the clear expectations set by Welsh Government. The Plan is considered to be unacceptable and unsupportable.

General Comments:

- The Plan is set within the context of the health board's longer-term strategy; *A Healthier Mid & West Wales*, and its Clinical Services Plan.
- We note commitments have been made to regional planning and delivery. However, the tangible impact of these developments is not described. I would expect the impact of the regional committee to be articulated in the plan as well as its impact on improving performance
- Overall, the narrative plan is long and difficult to follow, with very detailed descriptions of risk and underpinning analysis which are sometimes repetitive and disjointed. Within this, it is not always clear what delivery commitments the Board has signed up to. We would suggest that reviewing how other health board plans have been structured may be helpful.

Performance:

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Jacqueline.Totterdell@gov.wales

Gwefan • website: www.gov.wales

Performance is mixed. There are some areas of improvement, but also some areas which fall below expectations:

- Planned Care:
  - Despite making massive improvements towards eliminating 104-week breaches during 2025/26, the submitted plan projects 5,507 104-week breaches by March 2027. Given the target is zero, this is a concerning and unacceptable level of deterioration in performance and requires serious consideration and review.
  - 8-week diagnostic waits are forecast to be 4,407 by March 2027. This is considerably above the level required and is not acceptable.
- Urgent and Emergency Care
  - For 2026/2027, the health board has used targeted intervention trajectory figures for >1 hour ambulance patient handover delays; a baseline of 918 patients per month forecast to improve to 590 per month by Q4. This is unacceptable as the target is for no patients to wait longer than 45 minutes for ambulance patient handover.
  - The targeted intervention trajectories are also used for the >12-hour emergency department performance target. This is forecast to improve from 9.5% to 7.3%. Whilst this is an improvement, it is unambitious and the target is zero.
  - Pathway of Care Delays are forecast to reduce from 204 to 183. The number of days delayed are not included and is an omission.

Enabling Actions:
An assessment of the enabling actions has been included, along with the baseline position and quantified opportunities.

Finance:
The submitted plan describes a deficit of £41.0m for 2026/27.

The planned deficit is neither acceptable nor supportable. Further actions are required at pace to reduce this deficit, and a recovery plan to financial balance. It is expected that this will be finalised by **29 May**.

Key reflections from a rapid review of the plan are as follows:

- The carried forward underlying deficit is materially adrift from the forecast outturn for 2025-26 and the requirements of the planning framework. Further clarity and assurance is required that all in year mitigations have been tested for recurrent delivery.

- Cost pressure growth in secondary care drugs is above the health board average; the health board should examine the assumptions underpinning the calculation of expenditure growth and identify any opportunities for improvement.

- The total workforce deployed (including substantive staff in post, variable pay staff and agency) is planned to grow by a further 279 WTE between March 2026 and March 2027. Given the challenging financial outlook, the health board is required to justify why this continued growth is essential and how this will be afforded, or if further actions are required to mitigate this growth.

- Urgent action is required to close the savings gap, currently only £5.1m (12%) of the £42.8m savings plan is supported by Green & Amber Schemes. This suggests the health board has very little plans of detailed substance and action.

- The opportunities pipeline describes £56.1m of opportunities, with a delivery ambition of £18.7m for 2026/27. Clarity is needed on how these align to the £36.0m of pipeline schemes reported in the savings tracker, and if any actions can be taken to increase the pace of conversion to reduce the deficit. In addition, ongoing work is required to continue to strengthen both the depth of the opportunities pipeline, and the timescale for conversion to delivery in support of a balanced financial position.

- The plan describes a significant level of risk at £47.7m, of which £17.2m is described as medium or high risk. This includes £10.2m medium risk to savings delivery.

Further analysis and discussion on the technical aspects of the plan will be followed up by Financial Planning & Delivery Team of NHS Wales Performance & Improvement.

The health board is required to consider and address the above feedback and provide a response to the specific actions required by **29 May**. That response must demonstrate tangible improvements to the Plan in relation to performance and finance.

Yours sincerely

Jacqueline Totterdell

cc. Dr Neil Wooding, Chair HDUHB
Nick Wood
Hywel Jones
Jeremy Griffith
Samia Edmonds

4.2

11:30 AM, 5 Mins

4.2 - INVESTMENT AND BENEFITS REALISATION REPORT

Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance)

For assurance

Attachments

Investment and Benefits Realisation Report FPC 30 April 2026.pdf

Appendix 1 Investment Update.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Investment and Benefits Realisation Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Siân Jenkins, Deputy Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update on the status of investment cases for 2025/26 in ending the financial year with reference to associated benefits realisation.

Cefndir / Background

The Health Board approved an Annual Plan on 27 March 2025 which represented a planned deficit of £31.5m. This includes provision for investments totalling £11.9m, expected recurrent savings of £19.0m, plus a non-recurrent benefit of underspends and non-recurrent savings of £25.4m. Therefore, total savings delivery for the year of £46.4m.

Recognising that appropriate scrutiny of investment plans is required ahead of final approval being granted, the Annual Plan earmarked funding to support a number of priority proposals which had been highlighted through the planning cycle, total value £11.9m.

These cases were routed through an investment scrutiny process lead by representatives of the Finance, Operations, Planning, Workforce functions, with recommendations reported through to Formal Executive Team for decision.

Asesiad / Assessment

Investments

Within the Annual Plan £11.9m was supported to afford priority investment cases, these plans have been scrutinised ahead of formal approval and award of funding. Subsequent approvals total £10.2m on a recurrent basis, with a level of slippage identified in respect of in year spend for 2025/26 as a result of recruitment timescales and lead in times.

- **Process** – the cases included in the annual plan were split into 3 batches and a process of desktop review, feedback, follow up meetings and recommendations to Formal Executive Team. The intention had been to conclude the review process by early June, however, to ensure robust cases are presented to Formal Executive Team it has been necessary to allow more time for further work to be done on some cases. A handful of additional cases were also referred into the scrutiny process by Executive Directors.

- **Status** – Included in **Appendix 1** is a status update across all the investment cases at the end of 2025/26. Key updates since the previous report are noted below.

    - In respect of the £2.0m provision for the recurrent costs of the All-Wales Band 2/Band 3 Healthcare Support Worker (HCSW) changes, the national framework was signed off in November. Alongside the work already done within the Health Board to review Band 2 roles, payment can progress for all aspects, and these are being actioned in February payroll.

      An assessment of actual costs is being worked through with Payroll. This includes the recognition payment, corrective payment and update of current payment terms going forward. The data shared by Workforce to realise final payments has reflected a lower whole-time equivalent (WTE) compared to earlier estimates, the financial implications are being worked through.

    - Two cases originally included as part of the 2025/26 process were subsequently considered through the planning process for 2026/27, namely Health Coaches and Children and Young People Weight Management.

        - Health Coaches will be progressed utilising core budget for the Corporate Public Health function, recognising this will deplete the functions scope to realise non-recurrent savings. Also, the expansion of the Health Coaches programme will have to be scaled to align with what can be afforded through the budget available.

        - Children and Young People Weight Management was paused during 2025/26 as the plan exceeded available budget. The shortfall has been addressed through the prioritisation process for 2026/27, so this plan is approved to proceed.

- **Next steps** – Approval of cases was staggered over the past 12 months as plans developed. The initial cases approved are approaching the 12-month mark in respect of confirmed approval. In respect of the strategic investments, service leads have been approached for feedback to ensure that the intended benefits have been realised.

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

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **ACKNOWLEDGE** that investment cases for 2025/26 were being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team and all decision outcomes have been determined.
- **NOTE** that benefits realisation feedback for strategic investments has been sought.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.3 Receive assurance on the development and realisation of opportunities. This will be achieved through scrutiny of the bi-monthly savings and opportunities report to the Committee. 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2086 (score 20) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2025/26 due to significant deficit position.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

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

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

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

Gweithlu: **Workforce:**	The report considers the financial implications of our workforce.
Risg: **Risk:**	Financial risks are detailed in the report.
Cyfreithiol: **Legal:**	The Heath Board 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 the Health Board'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

Investment and Benefits Realisation Report Appendix

Finance and Performance Committee

24 February 2026

2025/26 Investment Case Update (1 of 3)

Key Commentary

Priority cases within the 2025/26 Annual Plan for which investment funding was supported, progressed through an internal review and scrutiny process over the course of the year. The status update of each proposal in respect of the investment scrutiny process is outlined below and across the following 2 slides. The plans have been categorised between Strategic Investments and Statutory Compliance Investments.

CCG / Directorate	Description	Approved Recurrent £	Status	Formal Executive Team consideration
2025/26 Strategic Investments:				
Planned and Specialist Care	Acute Oncology Service (AOS) provision improvement	398,013	**Approved**	16/04/2025
Planned and Specialist Care	Ophthalmology IVT recovery plan - clinic staffing capacity	350,000	**Approved**	16/04/2025
Planned and Specialist Care	Ophthalmology IVT recovery plan - drug consumption	1,300,000	**Approved**	16/04/2025
Planned and Specialist Care	Endoscopy, two elements; surveillance backlog and diagnostic improvement	475,719	**Approved**	16/04/2025
Allied Health and Health Scientists	Radiology diagnostic improvement	1,500,000	**Approved**	16/04/2025
Digital	Integrated Digital Care Programme (e-Flow, e-Obs and ePMA solutions)	1,800,000	**Approved**	16/04/2025
Director of Nursing	Legal Service	324,945	**Approved**	21/05/2025

2025/26 Investment Case Update (2 of 3)

2025/26 Statutory Compliance Investments:				
Estates and Facilities	RAAC revenue pressure	150,000	**Approved**	04/06/2025
Estates and Facilities	Additional fire wardens required at WGH	178,000	**Approved**	21/05/2025
Estates and Facilities	Additional fire wardens required at BGH	205,000	**Approved** (costs start Sept '26) In the absence of reserve funding, budget will be aligned through the 26/27 planning cycle.	04/06/2025
Estates and Facilities	Additional fire wardens required at GGH	205,000	**Approved** In the absence of reserve funding, costs in 25/26 generate a deficit variance - budget will be aligned through the 26/27 planning cycle.	04/06/2025
Central Reserves	Nurse Staffing 25b Provisional Autumn 2024 Review	164,551	**Approved**	N/A
Central Reserves	Nurse Staffing 25a Provisional MH&LD	988,657	**Approved**	N/A
Central Reserves	Band 2/3 HCSW Pay Dispute		National/HR/corporate nursing process enabled this, not an investment case per se. National framework agreed, majority of staff paid from February, ongoing process to resolve queries. Recurrent budget adjustment for B2 transfering to B3 being actioned for financial reporting M01 April 2026.	N/A
Community and Integrated Medicine	BGH EUCC Nursing	2,210,000	**Approved**. Funding implications being reviewed in respect of existing variable pay budget through the 26/27 annual plan process. N.B. Total investment required £2,210k to substantiate existing workforce and expand in certain areas, £1,660km cost already committed.	12/11/2025

2025/26 Investment Case Update (3 of 3)

2025/26 Deferred Investments:				
Estates and Facilities	Maintenance Volume	0	Deferred. Exec decision to release funding reserve, recognising new leadership arrangements for CCG and need for wider review of function to inform an investment plan. Any subsequent proposal will feed in through planning cycle. **Funding reserve released as a recurrent saving scheme.**	N/A
Director of Workforce	International Recruitment (Medical)	0	Deferred. Subsequent confirmation of WG funding to support recruitment. **No investment required, funding reserve released as a recurrent saving scheme.**	N/A
Medical Director	VBHC - Heart Failure	0	**Financial reserve converted to a non-recurrent saving scheme for 25/26. VBHC fund replenished for 2026/27.**	21/05/2025
Director of Public Health	Child Obesity PH	0	Proposal exceeds funding available. Exec decision to pause potential investment until latter stages of 25/26, non-recurrent saving to be transacted month on month in the interim. Non-recurrent funding allocated to support dietician capacity for selective eating disorders £80k. Plan considered through 26/27 planning priorities and additional funding approved to support full proposal. **Approved.**	TBC
Director of Public Health	Health Coaches		Exec decision to pause potential investment until latter stages of 25/26, dependent on availability of funding. Plan considered as part of 26/27 planning cycle, funding not prioritised through planning cycle, intention to consider level of investments through Public Health budget.	TBC
Community and Integrated Medicine	GGH ED Nursing		Deferred, pending paper	TBC

4.3

11:35 AM, 5 Mins

4.3 - DEEP DIVE: RISK LANDSCAPE OF HEALTH BOARD FINANCIAL POSITION

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Risk Landscape of Health Board Financial Position FPC 30 April 2026.pdf

Annual Plan 2026/27 - Deep Dive

Risk Landscape, Boundaries and Consequences

Hywel Dda University Health Board

Finance and Performance Committee, 30 April 2026

For scrutiny and discussion: the boundary of the plan, the reconciled risk landscape, and the consequences of both.

By Shaun Ayres

Executive Summary

- The plan is a deliberate, balanced construct. It reflects disciplined prioritisation within a 1.11% allocation uplift (£12.8m) that covers unavoidable demand and inflation only - with no discretionary investment headroom.
- The boundary is explicit. Areas outside the plan are classified by constraint - affordability, workforce, capacity/infrastructure, dependency, and deliberate deferral - not by omission.
- The risk position is being actively managed. 656 risks at baseline (2 March 2026): 9 extreme (score 25), 54 further at 20-24, 391 at or above the escalation threshold of 12. All 63 risks scoring ≥20 remain carried forward at 01/04/2026.
- The financial position is the live unknown. Year 1 deficit £41.0m including Welsh Risk Pool (WRP) (£27.9m excluding WRP) against a savings requirement of £47.5m. The Board has tasked the Executive Team with identifying a route from £41m forecast to a £22.1m Target Control Total — a gap of ~£18.9m of further mitigation yet to be assured.
- Quality and safety consequence is not abstract. Surge harm, Acute Medical Assessment Unit (AMAU) capacity, ENT procedure room displacement, medication safety and nutrition gaps represent current-year, real-world consequence — not future-tense risk.
- The Finance and Performance Committee is asked to **NOTE** the boundary, scrutinise the consequence of residual risk, acknowledge the financial unknown is being worked through, and endorse the discipline of managing within the envelope.

Implication for the Committee: *The plan is credible, deliverable and honest about its limits. Movement from this balanced position requires additional resource, re-prioritisation, or explicit acceptance of increased consequence elsewhere.*

The planning construct - balance of demand, workforce, capacity, finance and risk

- Risk-led, not target-led. The 2026/27 plan was built from the Corporate and Operational Risk Registers - 656 risks reviewed, 391 escalated at score ≥12, 15–20 top risks shaped the plan architecture.

- Three-layer prioritisation. Operational review → Clinical Care Group prioritisation (STEEP criteria) → Executive review of top 15-20 risks. Integrated with the £6m additional savings target, Strategy Refresh, Clinical Services Plan decisions and Targeted Intervention/Escalation status.

- Three Priority Bundles as the unit of delivery:
  - A - Flow and Frailty (Community and Integrated Medicine lead): orthogeriatric capacity, Same Day Emergency Care (SDEC) 7-day, Clinical Streaming Hubs (CSH).
  - B - Cancer, Diagnostics and Capacity (Planned and Specialist Care lead): radiology, cellular pathology, endoscopy stabilisation.
  - C - Scheduled Care Configuration and Sustainability (Planned and Specialist Care / Medical Directorate lead): theatres, Referral To Treatment (RTT) and productivity.

- Multiplier logic. Each priority tested across quality, performance, workforce and finance - not accepted unless it demonstrably impacts all four domains.

- Governance. Planning Co-ordination Group (fortnightly from July 2025); three planning workshops (October/November/January); Board Seminar February 2026; Finance and Performance Committee (FPC) scrutiny; Board approval 26 March 2026. Welsh Government (WG) Planning Maturity Self-Assessment applied throughout, with a further matrix to be completed.

Implication for the Committee: *The plan is a single integrated construct. Uplifting delivery expectation beyond the funded envelope requires additional resource, re-prioritisation against a funded commitment, or explicit acceptance of increased consequence elsewhere — there is no slack in the construct.*

The boundary of the plan - what is included (not necessarily funded)

- Priority Bundle A - Flow and Frailty. 7-day Clinical Streaming Hubs; SDEC expansion (Withybush Hospital (WGH) fully-funded £1.2m); orthogeriatric investment. Weekend SDEC pilot 91% same-day discharge; SDEC absorbs 56% of Emergency Department (ED) medical takes. Cost avoidance potential £3.9m–£9.9m.

- Priority Bundle B - Cancer, Diagnostics and Capacity. Non-recurrent stabilisation of radiology (Risk 1547), cellular pathology (Risks 1309/2133) and endoscopy (Risk 1488). SCP trajectory 65.8% → 66% Q4 (above de-escalation criterion).

- Priority Bundle C - Scheduled Care Configuration and Sustainability. Safer staffing; theatre efficiency; RTT quarterly profile; productivity agenda as medium-term enabler.

- Cross-cutting enablers. Consultant job planning target >90% by Sept 2026 (82% Q1); 30% agency reduction; HCSW/A&C/clerical agency elimination; value-based healthcare; medicines management; digital enablers.

- Prevalence modelling capped at £12.4m (Executive decisions £10.5m). Covers demographic prevalence growth and selected planning priorities - all items within the £12.4m require business case scrutiny via in-year process.

- Ministerial priorities covered. Timely Access to Care; Community by Design (cluster planning, GP managed practice sustainability, OOH resilience); Quality & Safety (new for 2026/27); Population Health and Prevention; Mental Health and Learning Disabilities (MHLD) Access (2 additional local crisis beds); Women's Health (Nurse-led Hysteroscopy, Point-of-Care USS interface service).

- Financial envelope. 1.11% allocation uplift £12.8m (inescapable demand and inflation only); £28.5m non-recurrent-to-recurrent conversion; £19.0m additional 2% savings target.

Implication for the Committee: *The plan's delivery commitments sit within a defined financial and operational envelope. Commitments are deliberate, costed and governance-assured. Everything outside that envelope is the subject of slide 6.*

The boundary of the plan — what is excluded, classified by constraint

Constraint	What is excluded (illustrative, not exhaustive)	Why excluded
Affordability	RTT recovery to national 26-week standard; full closure of 104-week breaches in 5 specialties; 12-hour ED ≤7.0% within Year 1; SCP cancer 75% target (plan: 64–67%); therapy waiting time breaches (physio, OT, stroke rehab).	Costed recovery plans exist (RTT alone £12.5m) but sit above the 1.11% uplift envelope. £19.0m savings target only £9.4m identified at Board Seminar.
Workforce	Sustainable ultrasound service (6.4 WTE deficit, 68,000 patient/yr demand gap); cellular pathology consultant cohort; acute OT capacity; weekend/OOH physiotherapy; MH workforce Ceredigion; unfunded respiratory on-call.	National shortage of sonographers means insourcing is not viable. Recruitment for senior clinical roles can exceed 6 months. No additional recurrent investment in therapy workforce within envelope.
Capacity / infrastructure	Glangwili theatre workforce and DSU/Theatre 6 fire safety suspension (min. 18-month reduced capacity from 2027); cellular pathology estate; roof failures at PPH and WGH; standby generators; end-of-life ophthalmic equipment; endoscopy decontamination at Bronglais.	Structural estate and equipment risks require capital investment and multi-year programme delivery; not resolvable within a single planning year.
Dependency	Welsh Government continuation of non-recurrent diagnostic funding (unconfirmed); £26m conditionally recurrent funding (at risk); Senedd election cycle; regional partner capacity (SW Wales Regional Joint Committee); local authority partnership on delayed pathways.	Outside the Health Board's direct operational control. Loss of WG diagnostic funding would materially worsen diagnostic and a potential impact on cancer positions.
Deliberate deferral	Broader productivity and performance programme benefits (signalled as medium-term enabler); Clinical Services Plan implementation (mostly 2027/28 and beyond); neurodevelopmental structural capacity expansion (dependent on national workforce programme).	Benefits not assumed within 2026/27 trajectories by design - to maintain realism and avoid untested assumptions.

Implication for the Committee: *Exclusions are classified and explicit, not oversights. Any decision to pull an excluded item into scope requires new funding, workforce release, capital, partner action, or explicit acceptance of increased consequence.*

Exclusion → consequence framework

- For every material exclusion, three consequence dimensions are applied consistently across the pack. This framework is the standard lens through which residual risk is articulated for Committee scrutiny.
- **Operational consequence -** Impact on access, waiting times, performance standards. Real-world examples: 104-week and 26-week RTT breach trajectories; 12-hour ED % trajectory; diagnostic 8-week breaches; therapy 14-week breaches.
- **Quality and safety consequence -** Clinical risk, patient experience, harm indicators. Real-world examples: inappropriate bed surging (Risk 2033, current harm); avoidable harm in AMAU (Risk 1431); ENT procedure room loss under surge (Risk 2258); medication safety composite (multiple risks); clinical records fragmentation (Risk 1898, 1319).
- **Financial consequence. -** Cost pressures (variable pay, outsourcing), unmitigated pressures on the underlying deficit, future liabilities. Real-world examples: variable pay cost pressure (Risk 2132, score 25); outsourced radiology costs (Risk 2131); podiatry non-pay pressures (Risk 2167, score 25).
- *These are not abstract risk descriptions. Many are producing current-year harm, not only future exposure. The system is not in a steady state - pressure is live. Therefore, many risks must be actively managed in-year.*

Implication for the Committee: *Every worked example in this pack is articulated through this 3-dimension lens. The Committee's scrutiny should focus on whether the mitigations committed are adequate against the consequence sized through this framework.*

Worked Example — Urgent and Emergency Care

- What is in. 7-Day Clinical Streaming Hubs; SDEC expansion (WGH fully funded £1.2m); Six Goals incremental improvements. Ambulance >1hr trajectory 918/mo (35-mo avg) → 650 Q1 → 590 Q2 → 560 Q3 → 590 Q4 against TI target ≤680/mo. 12-hour ED % 9.5% → 9.3% → 8.9% → 7.7% → 7.3% Q4 against ≤7.0% standard.
- What is out/Risks. Full achievement of ≤7.0% 12-hour ED target within Year 1; resolution of middle-grade medical staffing fragility (Risks 750, 1992, 2264, all score 20); full resolution of ED demand-capacity mismatch at WGH (Risk 2113) and Glangwili Hospital (GGH) (Risk 1115), both score 20.
- Operational consequence. Residual ED overcrowding and long waits for patients requiring admission; sustained pressure on ambulance handover despite improving trajectory; 12-hour standard deferred into the back end of the planning period.
- Quality and safety consequence. Inappropriate bed surging continues (Risk 2033 - current harm); avoidable harm in AMAU (Risk 1431); displaced elective activity from ENT procedure room loss under surge escalation at GGH (Risk 2258, score 20).
- Financial consequence. Continued premium medical locum and agency spend - a material contributor to the variable pay extreme risk (Risk 2132, score 25). Six Goals funding utilisation flagged at M12 2025/26 as requiring urgent review.

Implication for the Committee: *The plan delivers measurable UEC improvement but not national standard in Year 1 or the full Targeted Intervention de-escalation criteria. Current-year harm from sustained surge is a live quality risk, not a future-tense one. Reliance on the Six Goals programme continuation is a delivery assumption worth re-testing through Q1.*

Urgent and Emergency Care - front-door reform and same-day capacity

- Front-door architecture. 7-day Clinical Streaming Hubs (WGH, GGH, Bronglais Hospital (BGH)) providing triage, redirection and navigation at presentation; SDEC expansion with Withybush fully funded at £1.2m; Same-day discharge target ≥75% against streamed patients.
- SDEC evidence base. Weekend SDEC pilot achieved 91% same-day discharge. SDEC absorbs 56% of the medical takes currently presenting via ED at expanded sites — direct decompression of ED acuity.
- Surgical and ambulatory reach. Surgical SDEC development within Priority Bundle A; same-day ambulatory pathways (DVT, cellulitis, PE rule-out); nurse-led admission avoidance; Bundle A multiplier logic - quality, access, workforce, finance - applied to each component.
- Winter resilience. Surge plan tested October–February; ring-fenced escalation beds; geriatric liaison at front-door (Bundle A / Flow and Frailty); specialty surge protocols for medicine, care of the elderly and respiratory. Seasonal variance is anticipated and costed, not absorbed.
- Cost-avoidance modelling. Bundle A modelled at £3.9m (conservative) to £9.9m (ambitious). Avoidance is the counterpart to cost-out - same-day discharge avoids the admission cost and the downstream bed-day consumption.
- Risks carried forward. ED demand-capacity mismatch at WGH (Risk 2113, score 20) and GGH (Risk 1115, score 20); middle-grade medical staffing fragility (Risks 750, 1992, 2264 all score 20); Six Goals funding utilisation flagged at M12 as requiring urgent review.

Implication for the Committee: *Front-door reform is doing the heavy lifting. The SDEC evidence (56% absorption, 91% weekend same-day discharge) validates the investment case. But front-door investment cannot on its own compensate for exit-door constraints — the flow and discharge picture is on the next slide.*

Urgent and Emergency Care - flow, discharge and the 12-hour ED residual

- 12-hour ED trajectory. Baseline 9.5% → 9.3% (Q1) → 8.9% (Q2) → 7.7% (Q3) → 7.3% (Q4) against the ≤7.0% Targeted Intervention standard. Residual Q4 gap is 0.3 percentage points - the last fraction the plan cannot close within envelope.

- Residual means residual harm. Inappropriate bed-surging continues (Risk 2033 - current harm, not future exposure); avoidable harm events in AMAU (Risk 1431); ED overspill to ENT procedure room at GGH under surge (Risk 2258 score 20) potentially displaces elective activity.

- Delayed pathways of care. Pathway delays remain material; stranded (>7 days) and super-stranded (>21 days) volumes sustained. System-wide partnership with 3 local authorities sits beyond direct Health Board operational control - the dependency is named explicitly in the Accountable Officer letter, however, the Health Board recognises that they must improve their own processes

- Stranded-patient economics. Each super-stranded bed-day is £400-£500 of acute cost delivering community-equivalent care. The whole-system argument for pathway investment sits with partners, not the acute provider but the acute provider carries the operational, quality and financial consequence. The recent Structured Assessment Report highlighted circa £27-28m of cost associated with the DPOCs.

- Ambulance handover. 918/mo (35-month average) → 650 Q1 → 590 Q2 → 560 Q3 → 590 Q4 against the TI ceiling of 680/mo. The Q3 dip to Q4 rise is expected winter re-pressure, not a plan failure - seasonal variance is anticipated in the trajectory.

- Workforce reality check. The 30% agency reduction target and £26m conditional funding at risk (Risk 1199) both rest on substantive recruitment in a nationally competitive market. Failure to recruit extends locum reliance on middle-grade medical (Risks 750, 1992, 2264) - the extreme variable pay risk (Risk 2132 score 25).

Implication for the Committee: *The 12-hour ED Q4 residual is the last 0.3 percentage-point gap the plan cannot close within envelope. Closure depends on flow relief from internal processes and partner-dependent delayed pathways (especially in Carmarthenshire), not on further front-door investment – however, the SDEC being focused in WGH wil provide a benefit to this metric, which is appropriate given WGH is the most challenged in relation to 12 hours.*

Worked Example - planned and specialist care / RTT

- What is in. Day case rate >86% (vs 80% target); lowest follow-up waiting list in Wales; clinical validation programme; cataract cross-cover (Amman); safer staffing; theatre efficiency.
- What is out. National 26-week RTT standard; closure of 104-week breaches in 5 specialties; funded recovery programme (£12.5m costed but unfunded, not all RTT ADHD assessments were included). GGH theatre capacity (Risk 2028, score 20) constrained by fire safety suspension.

104-week trajectory at March 2027 (year-end, 4-specialty validated – please note there is a range on some cases T&O could be 472-808):

Specialty	Ophthalmology	T&O	Urology	ENT	Dermatology
Patients >104 wks	3,607	472	465	374	589

- 26-week trajectory. 9,316 patients against zero-breach national standard by March 2027.
- Operational consequence. Extended waits across 5 specialties; continued prioritisation of urgent/cancer over routine elective; outsourced activity where clinically suitable.
- Quality and safety consequence. Clinical deterioration whilst waiting; equity-of-access risk; (Risk 1786 off action listing at 01/04/26, underlying clinical risk persists)
- Financial consequence. Outsourced theatre activity (driving £4.5m Planned and Specialist Care CCG 2025/26 overspend); Risk 2131 outsourced radiology cost pressures (AHP CCG); continued premium-cost elective delivery.

Implication for the Committee: *5,507 patients projected >104 weeks at March 2027 across 5 specialties. Accelerating closure requires the £12.5m costed (Circa £10m for RTT) recovery programme to be funded or prioritised against another funded commitment - there is no headroom in the envelope. The only viable solution is a further increase within the enabling actions and better productivity and efficiency.*

Orthogeriatrics - hip fracture pathway (UEC ↔ planned care interface) – not in the Annual Plan

- Why this matters. Risk 1256 is one of the Health Board's 9 extreme risks (score 25). Hip fracture patient safety is compromised at GGH by the absence of a dedicated orthogeriatric service. Hip fracture is the archetypal UEC-to-planned-care transition: emergency admission, time-critical theatre access, prolonged ward-based recovery

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- Evidence base. Best-practice models (National Hip Fracture Database, BOAST standards) show consultant geriatrician input from admission reduces 30-day mortality, shortens length of stay by 2-4 days, cuts delirium incidence and medication error rates, and accelerates discharge readiness. The clinical case is settled (links to DPOCs)

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- Current state at GGH. No dedicated orthogeriatric service; intermittent geriatric input on demand; trauma ward nursing model not tailored to frailty; medication review and delirium screening inconsistent. Risk 1256 captures this as current-year harm.

- What was proposed in - Priority Bundle A (Flow and Frailty). Investment in geriatrician and AHP capacity sits within the Bundle A cost-avoidance case. The multiplier logic applies: rehabilitation (quality), length of stay (LOS) reduction (performance), agency reliance reduction (workforce), bed-day savings (finance).

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- What is out within Year 1. Full operational orthogeriatric service at Glangwili to BOAST standard; dedicated orthogeriatric ward configuration; 7-day consultant geriatrician cover across the acute Trauma and Orthopaedic (T&O) caseload. Year 1 delivers phased progression, not the full model.

- Consequence - operational. Length of stay for the hip fracture cohort remains elevated above national peers; discharge planning deferred; T&O elective admissions blocked when trauma beds are held open (which affects the previous slide around RTT performance). Financial - Extended LOS on acute orthopaedic beds blocks elective T&O admissions - a direct upstream driver of the planned care 104-week position (T&O 589 (noting range on previous slide) patients >104 weeks at March 2027). Theatre throughput, elective bed availability and agency cover are interlinked.

Implication for the Committee: *Orthogeriatrics is the clearest case study in the plan where a UEC/acute investment directly closes a planned-care harm and a planned-care bottleneck. Sustaining Priority Bundle A investment is the mechanism.*

Planned Care — 104-week, 26-week RTT and cancer trajectories

104-week breach closure at March 2027 (year-end validated projection by specialty):

Specialty	Ophthalmology	T&O	Urology	ENT	Dermatology	Total (4-spec)
Patients >104 wks	3,607	472	465	374	589	5,507

- RTT 26-week standard. 9,316 patients projected at March 2027 against zero-breach national standard. A £12.5m costed recovery programme would deliver the dedicated capacity to accelerate closure — currently unfunded, sitting above the 1.11% uplift envelope.
- SCP cancer 75% trajectory. 65.8% → 66% (Q4) against 75% national standard. Above the de-escalation criterion but below target. Cancer de-escalated to Level 1 (routine arrangements) in February 2026 after sustained focused recovery through 2025/26- a significant achievement to defend.
- The delivery engine (what is in). Day case rate >86% (vs 80% target); lowest follow-up waiting list in Wales; clinical validation programme reduces low-priority backlog; cataract cross-cover (Amman) absorbs ophthalmology volume; safer staffing; theatre efficiency programme.
- The unfunded tier (what is out). Acceleration to the 26-week national standard within Year 1; full 104-week breach closure across 5 specialties; the £12.5m dedicated recovery programme (does include non-RTT metrics). Costed, not funded.
- Patient-harm flagging. Clinical deterioration-whilst-waiting risk persists (low baseline score but live); CTD/systemic vasculitis (Risk 1786, off action listing, underlying clinical issue active); equity-of-access risk across 5 specialties.

Implication for the Committee: *The 5,507-patient 104-week position at March 2027 is the planning position, not a worst case. Accelerating closure requires recovery money/further Productivity and efficiency, or a re-prioritisation against another funded commitment, or Committee acceptance of extended waits. There is no structural (or at the very least), limited structural slack in the current envelope.*

Planned care - Glangwili theatre capacity and conversion to recurrent

- GGH Day Surgery Unit (DSU) / Theatre 6. Fire-safety suspension results in a minimum 18-month reduced theatre capacity from 2027. Risk 2028 (score 20) captures workforce impact; the capacity impact is multi-specialty - T&O, ophthalmology, ENT, urology, general surgery.

- Knock-on to 104-week trajectory. Sustained reduced theatre capacity at GGH from 2027 means the 2026/27 planning envelope must deliver most of the 104-week closure before the reduction bites - a front-loading requirement that is not costed separately within the envelope.

- ENT procedure room under UEC surge. Risk 2258 (score 20) - the ENT procedure room is displaced to medical overspill during urgent care surge at GGH, cutting into scheduled elective throughput. UEC flow therefore directly determines planned care output at this site - the two cannot be managed in isolation.

- Outsourcing - current position. Outsourced theatre activity is driving a material share of the 2025/26 Planned and Specialist Care CCG overspend (£4.5m). Outsourced radiology (Risk 2131) is a separate non-recurrent cost pressure (Allied Health Professions CCG), contingent on WG funding continuation.

- Non-recurrent to recurrent conversion. £28.5m of the £47.5m savings requirement is NR-to-recurrent conversion (2025/26). Conversion lands substantive recruitment, in-house delivery and sustainable unit cost. Failure to convert extends outsourcing and agency reliance - a direct contributor to Risk 2132 (variable pay, score 25, extreme).

- Insourcing and productivity. Selective insourcing complements the theatre productivity programme. The broader productivity programme is a medium-term enabler (signalled for 2027/28+), not a 2026/27 cost-out lever a deliberate deferral classification.

- Capability vulnerability. Every outsourced pathway carries three structural risks: continuity (provider exit), cost (premium pricing), and clinical governance (visibility of patient care). The strategic direction is towards repatriation; the financial direction must be matched.

Implication for the Committee: *Capacity and capability are interlocked. Reduced Glangwili theatre capacity from 2027, ENT procedure room displacement under UEC surge, and unconverted non-recurrent funding compound into sustained outsource and agency reliance - directly fuelling the extreme variable pay risk. 2026/27 is the critical window to convert.*

Worked Example — mental health, learning disabilities and women's health

- What is in. Two additional local crisis beds (reducing out-of-area placements - WG enabling action); suicide and self-harm prevention from a strong baseline; CAMHS de-escalated to Level 1 (July 2025); Women's Health Plan aligned to ministerial priority (Nurse-led Hysteroscopy, Point-of-Care USS interface).

- What is out. Children and Young People (CYP) Autistic Spectrum Disorder (ASD) 26-week assessment target (current 14% vs 40% target; Risk 1032 score 20); adult Attention-Deficit Hyperactivity Disorder (ADHD) waiting list pressure (Risk 1290 score 20); adult ASD assessment capacity (Risk 1287 score 20); mental health workforce Ceredigion (Risk 2090 score 20); selective eating referrals demand (Risk 1603 score 20).

- Operational consequence. CYP ASD waits continue to grow despite pathway redesign and outsourcing as pressure relief. Structural demand-capacity gap in neurodevelopmental services is a multi-year challenge.

- Quality and safety consequence. Delayed diagnosis with downstream impact on onward treatment; restrictive/harmful practice risk from low MH&LD training compliance (Risk 2191); staff wellbeing in weight management service (Risk 2169, score 25 - extreme); MH&LD dietetic access gap (Risk 1836).

- Financial consequence. Outsourced Paediatric Intensive Care Unit (PICU) bed costs continuing (Risk 2133/2219 activity flagged at M12); net Continuing Healthcare (CHC) package movement; regional commissioning under review.

- Dependencies. Structural demand-capacity gap requires national workforce development and regional partnership extending beyond a single planning year. Outside Health Board's direct control.

Implication for the Committee: *The neurodevelopmental structural gap cannot be closed in 2026/27 within the current envelope. Regional partnership and national workforce development are the critical unlocks. The Committee should note that CAMHS Level 1 is a de-escalation achievement that must be actively maintained.*

Worked example - diagnostics, theatres and pathology

- Radiology stabilisation (non-recurrent funding, Risk 1547); cellular pathology priority within Bundle B; endoscopy focus (Risk 1488); theatre efficiency programme; ultrasound pathway optimisation and skill-mixing (Risk 797 mitigation).
- What is out. Sustainable ultrasound service - 6.4 WTE sonographer structural deficit; demand exceeds capacity by -68,000 patients per year; national shortage means insourcing is not viable. Risks 797 and 1349 both score 25 (two of nine extreme risks).
- Cellular pathology estate (Risk 2133 score 20) and consultant workforce (Risk 1309 score 20). Specimen volumes 27,406 (22/23) → 38,800 (24/25) → 49,281 projected (26/27). USC share 24.5% (2019) → 37.7% (2025). Estate in extremely poor condition.
- Clinical haematology resilience (Risk 834 score 25 - extreme). Haematology/blood transfusion staffing (Risk 2136 score 20). Nuclear medicine equipment decline (Risk 1706 score 20). LIMS implementation delay (Risk 2079 score 20).
- Operational consequence. SCP trajectory 64-67% vs national 75%; diagnostic 8-week breach trajectory 5,138 projected; ongoing displaced elective activity; cancer pathway resilience depending on structurally fragile base.
- Quality and safety consequence. Risk of cellular pathology service collapse - noted explicitly in residual risk narrative. Cancer de-escalation from Level 3 to Level 1 (Feb 2026) is a significant achievement but is not secure without continued diagnostic capacity.
- Financial consequence. Non-recurrent funding exposure; WG diagnostic funding continuation unconfirmed for 2026/27 - its loss would materially worsen both diagnostic and cancer positions.

Implication for the Committee: *Two of the Health Board's nine extreme risks sit in ultrasound alone. Cancer performance rests on a diagnostic base that remains structurally fragile. Loss of non-recurrent WG diagnostic funding is the single most significant external dependency risk to cancer de-escalation.*

Worked Example - workforce and enabling actions

- What is in. Consultant job planning >90% target by Sept 2026 (82% Q1); 30% agency expenditure reduction; elimination of agency in Healthcare Support Worker (HCSW), administrative and clerical roles; value-based healthcare programme; medicines management; digital enablers; productivity and performance programme (medium-term enabler).

- What is out. Closure of the structural gap between funded establishment and the workforce required for safe services (Risk 2132 score 25 — extreme); full recurrent therapy workforce investment (Risks 1517, 2170, 1894, 2107, 2242 all at score 20); neurodevelopmental specialist capacity; aseptic services establishment (running at 130% capacity). Not all risks are financially driven; the plan reflects the realism of recruitment challenges too.

- Workforce footprint of risk. 1,459 risk actions linked to workforce themes; 1,291 linked to fragile services. Workforce is the single most pervasive theme across the register.

- Recruitment timelines. Senior clinical roles in diagnostics, theatres and acute medicine can exceed 6 months - a phased programme delivery risk.

- Operational consequence. Continued variable pay reliance; delivery risk to phased programmes (Bundles A/B/C); therapy gaps within recovery trajectory.

- Quality and safety consequence. Staff wellbeing pressure (Risk 2169 extreme); continued retention pressure; reduced training compliance risk in some services (Risk 2191 MHLD).

- Financial consequence. Variable pay cost pressure is an extreme risk (Risk 2132 score 25). The 30% agency reduction target is contingent on successful substantive recruitment in a nationally competitive market - a material delivery risk to the savings programme.

Implication for the Committee: *Workforce underpins the entire plan. The 30% agency reduction is an enabler for the savings programme but is contingent on recruitment that is not assured. Failure to land substantive recruitment will materially worsen both the operational and financial trajectories.*

Financial Position - the live unknown as savings work continues

- 2025/26 exit. Unaudited outturn £22.1m deficit against £30.0m planned deficit - improvement of £8m.
- 2026/27 deficit. Year 1 projects £40.9m including WRP (£27.8m excluding WRP). Two non-recurring drivers account for £20.1m of the deterioration: £13.1m WRP increase + £7.0m accountancy gains not repeating. Underlying trajectory is improving.
- Savings requirement £47.5m. £28.5m NR-to-recurrent conversion + £19.0m additional 2%. At Board Seminar, £9.4m of the £19.0m was identified (95% of schemes Blue/Red on FYE).
- Target Control Total £22.1m. Board has tasked the Executive Team with describing what would close the gap from £41m to the TCT £18.9m of further mitigation yet to be identified and assured – however, work is very much on-going and linked to points in the previous slides, re-variable pay etc.
- Five key financial plan risks (FPC February 2026): conditional funding £26m; WRP risk-share; rebuttable NR savings not landing; quantum of pre-year management actions; quality/performance trade-offs.
- Conditional funding. £26m at risk if the Health Board does not meet breakeven criterion in 2027/28 - which the current plan does not.
- £12.4m prevalence cap. Executive Team decisions totalled £10.5m (11 Feb 2026); all items require in-year business case scrutiny before spend.

Metric (£m, 2026/27 Plan)	Value
Underlying deficit entering 2026/27	58.4
Year 1 deficit inc. Welsh Risk Pool	40.9
Year 1 deficit exc. Welsh Risk Pool	27.8
2025/26 outturn (unaudited, M12)	22.1
Board-set Target Control Total	22.1

Implication for the Committee: *The financial position is a working position, not a settled number. Closing the savings residual introduces additional pressure on service, workforce and quality. Governance (including EIAs) mitigates change but does not remove consequence.*

Financial Position - the live unknown as savings work continues

What the Annual Plan 2026/27 set out

- Year 1 deficit £41.0m including WRP (£27.9m excluding WRP); three-year trajectory improves to £29.7m by Year 3.
- Year 1 cost pressures £42.9m: £10.8m inflation, £19.7m contractual or unavoidable, £12.4m prevalence (capped by the Executive Team).
- Savings requirement £42.8m in the plan (£23.8m carried forward from 2025/26 plus £19.0m additional), uplifted to £47.5m at the F&PC SBAR in Feb/Mar 2026 as the non-recurrent to recurrent conversion need crystallised.
- Welsh Government target control total £22.1m - closing the gap from £41.0m to the target control total requires a further £18.9m of mitigation, yet to be identified and assured.
- Five named financial plan risks: £26m conditional funding, Welsh Risk Pool risk-share, rebuttable non-recurrent savings not landing, pre-year management actions, and quality or performance trade-offs.

What the Month 12 pack now confirms for 2025/26

- Unaudited outturn £22.086m -delivered to the target control total (£22.100m) and £7.9m better than the £31.5m planned deficit (annual plan 25/26).
- Savings £52.3m delivered against a £46.4m target - but distribution is uneven: Executive Functions over-delivered by £10.9m whilst the clinical care groups are £9.8m short in aggregate (Community and Integrated Medicine £4.0m; Operational Allied Health and Health Sciences £3.3m; Planned and Specialist Care £2.5m).
- Route to the target control total relied on £1.6m of soft-close adjustments (continuing healthcare invoice release £0.8m; VAT recovery £0.8m), which moved the soft close of £23.7m down to £22.1m.

What this means for 2026/27 and for the Committee

- We exit 2025/26 on a strong number - but materially underpinned by non-recurrent items (WellSky £6.1m, accountancy gains c. £7.0m) that do not repeat in 2026/27.
- The clinical care group savings shortfalls in 2025/26 roll directly into the £23.8m brought-forward element of the 2026/27 savings requirement.
- Until the £18.9m gap to the target control total is identified and assured, plus the £42m of savings required to get to the 26/27 annual plan figure of £41m; the 2026/27 financial position is a live working number, not a settled one - and any action to close it carries consequences for service, workforce and quality, managed through governance but not eliminated by it.

Implication for the Committee: *The financial position is a working position, not a settled number. Closing the savings residual introduces additional pressure on service, workforce and quality. Governance (including EIAs) mitigates change but does not remove consequence.*

Risk Landscape - reconciled position, baseline vs current

Measure	Baseline 02/03/2026	Post-plan 01/04/2026	Movement
Total risks on register	656	661 (action listing)	+5 net
Extreme risks (score 25)	9	9 (all retained)	**Stable**
Risks scoring 20–24	54	54 (all retained)	**Stable**
Risks scoring ≥20 (total)	63	63	**Stable**
Risks scoring ≥12 (escalation threshold)	391	-	-
New risks appearing	-	18 (Refs 1857, 2301–2317)	+18
Risks no longer on action listing	-	13 (lower-score)	−13
Actions marked 'Done' (02/03 → 01/04)	-	91 across 60 risks	**Active management**

Landscape weighting (baseline)

- By directorate: Estates and Facilities 146; Community & Integrated Medicine 124; AH&HS 120; Planned & Specialist Care 117.
- By theme (risks ≥12): Patient safety 212; Workforce 196; Quality 168; Fragile Services 142; Business continuity 92.

Key reconciliation findings

- All 63 risks scoring ≥20 remain carried forward. No material risk has been closed within the month – score level reconciliation is subject to forthcoming Risk Listing Reporting
- 18 new risk refs have emerged (themes: Capital Estates/Equipment, Fragile Services, Patient Safety, Workforce, Business Continuity).
- 13 risks have dropped from the action listing - all lower-score (none ≥20).
- 2,647 active progress updates across the register — evidence of active management, not inertia, but the very real challenges across the Health Board.

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Implication for the Committee: *The landscape is stable in shape and weighted at extreme/very-high. No material movement at the most severe tier. Planning assumptions remain valid. The question is not whether the landscape has changed - but whether committed mitigations are adequate against a landscape that has not.*

Line of sight - inclusion, exclusion, risk and consequence

Area	Included	Excluded	Named risks	Named consequence
UEC	Bundle A / SDEC 7-day / Six Goals	Full 12-hour ED standard in Year 1; medical staffing fragility resolution	2113, 1115, 750, 1992, 2264, 2033	Sustained surge harm; 12-hour % at 7.3% Q4 vs ≤7.0% standard; variable pay exposure
Planned & Specialist Care	Theatre efficiency, safer staffing, validation	National 26-wk RTT; 104-wk full closure; £12.5m recovery	2028, 2296, 2258, 2265	5,507 patients >104 weeks at Mar 2027 across 5 specialties
MH&LD / Women's Health	2 crisis beds; CAMHS L1; Women's Health Plan	CYP ASD 40% target; adult ADHD closure	1032, 1287, 1290, 2090, 1603, 2169	Waits continue to grow; extreme staff wellbeing risk in weight management
Diagnostics / Pathology	Radiology, cellular pathology, endoscopy stabilisation	Sustainable ultrasound; cellular pathology estate	797, 1349, 2133, 1309, 1488, 1706, 2079, 2102, 2136	SCP 64–67% vs 75% target; cancer resilience fragile
Theatres	Theatre efficiency; safer staffing	GGH theatre capacity restoration; fire-lift programme	2028, 2258	Displaced elective; ENT procedure room loss under surge; min. 18-mo reduced capacity from 2027
Workforce	JP >90% by Sept 26; agency −30%	Structural establishment gap; therapy recurrent investment	2132, 1517, 2170, 1894, 2107, 2242, 2090, 2169	Variable pay extreme (score 25); delivery risk to all three Bundles
Finance	£12.8m uplift; £47.5m savings	Breakeven by 2027/28	1199, 2132, 2167, 2148, 1631, 2131	£26m conditional funding at risk; TI criteria breach; qualified regularity opinion
Estates	Unavoidable cost pressures (Hwb, fire safety, RAAC, digital)	Capital remediation at scale	1968, 2211, 1077, 2092, 1196, 1488, 2265	Structural service continuity risks; ageing/unfit estate cumulative effect

Implication for the Committee: *A single coherent map connecting plan scope to live consequence. No item sits in isolation; every consequence has a named risk owner and a named exclusion driver.*

Implications for the Committee - the aggregate position

- The plan is a deliberate, balanced construct, reflecting disciplined prioritisation within a constrained envelope. Exclusions are classified; trade-offs are explicit.

- The Health Board will not meet all Targeted Intervention criteria, nor its statutory breakeven duty, in 2026/27. Board approved the submission on 26 March 2026 as a novel or contentious action; the Accountable Officer notification has been made.

- The risk landscape is stable and weighted at extreme/very-high. 9 extreme risks (score 25) and 54 further at score 20-24 continue to be managed actively. All 63 risks scoring ≥20 remain carried forward to 01/04/2026. Net +5 risks in the month - incremental, not transformational.

- The financial position is a working position. A material portion of the £47.5m savings requirement remains unidentified. The Board has tasked the Executive Team with describing a route from £41m forecast to a £22.1m Target Control Total - approximately £18.9m of further mitigation to be assured, further, an in-year delivery of £42m of savings/run rate reduction is needed to achieve the £41m in the annual plan.

- Quality and safety consequence is current-year, not only future-tense. Surge harm, AMAU capacity, ENT room loss, medication safety, incident-reporting infrastructure, nutrition and rehabilitation gaps - these are producing live consequence.

- External dependencies are material. WG diagnostic funding continuation (unconfirmed); £26m conditional funding (at risk); regional partner capacity; internal processes and local authority partnership on delayed pathways; Senedd election cycle.

- De-escalation achievements must be actively maintained. CAMHS (Level 1 Jul 25), cancer (L1 Feb 26), planned care (L3 Mar 25), leadership & governance (L1 Dec 25). Sustaining these positions depends on the continued management of the residual exposure set out in this pack.

Implication for the Committee: *Movement from this position requires additional resource, re-prioritisation, or increased consequence. The Committee's scrutiny should focus on the adequacy of mitigation against the known risks, and on the credibility of the work to close the financial residual through Q1 2026/27.*

Recommendations - the ask of the Committee

The Finance and Performance Committee is asked to:

- **NOTE** the boundary of the Annual Plan 2026/27 and the classification of excluded items by constraint type (affordability, workforce , capacity/infrastructure, dependency, deliberate deferral).

- **SCRUTINISE** the reconciled risk landscape at April 2026, noting the stability of the 63 risks scoring ≥20, the emergence of 18 new risk refs within the month, and the data caveat around per-risk score reconciliation.

- **RECOGNISE** the consequence framework (operational / quality & safety / financial) as the standard lens for residual-risk scrutiny through 2026/27

- **ACKNOWLEDGE** that the financial position is a working position. Further savings identification, scrutiny and assurance through Q1 is the principal mechanism for closing the gap between £41m forecast and the £22.1m Target Control Total.

- **CONSIDER** that any movement in delivery expectation beyond the approved plan is likely to require either additional resource, re-prioritisation against another funded commitment, or explicit acceptance of increased consequence.

Appendix - baseline risk landscape and extreme risks

Ref	Directorate / Area	Title (abridged)
1199	Director of Finance	Achieving financial sustainability
2228	Medical Director	Patient safety - discontinuation of Vision electronic prescribing system
1349	AH&HS	Ultrasound services at WGH — lack of appropriately trained obstetric sonographers
797	AH&HS	Adverse patient/workforce outcomes -HB-wide ultrasound unsustainable
834	AH&HS	Clinical deterioration - reduced service resilience in Clinical Haematology
2132	AH&HS	Overspend -cost pressures related to variable pay
2167	AH&HS	Non-pay cost pressures in Podiatry impacting effective patient care
2169	AH&HS	Staff wellbeing in weight management - unrealistic expectations, limited capacity
1256	Planned & Specialist Care	Hip fracture patient safety - lack of Orthogeriatric service at GGH

Baseline score distribution (02/03/2026)

- Extreme (score 25) - 9
- Extreme (20–24) - 54
- Very High (15–19) - 115
- High (12–14) - 213
- Medium (8–11) - 176
- Low (<8) - 89

Total - 656 risks

New risk refs on post-plan action listing (01/04/2026)

1857, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317

Themes: Capital (Estates/Equipment), Fragile Services, Patient Safety, Workforce (Culture/Recruitment), Business Continuity, Medical Devices, Digital Transformation, NICE/National Guidance.

Implication for the Committee: *The 9 extreme risks and 54 at score 20-24 define the top of the residual landscape. Six of nine extreme risks sit within Operational AH&HS -reflecting concentrated structural fragility in diagnostic and specialist therapy services (797, 834, 1349, 2132, 2167, 2169).*

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11:40 AM, 5 Mins

4.4 - PROCUREMENT SCRUTINY

Gemma Deverill (NWSSP - Procurement)

For assurance

Attachments

Procurement Scrutiny FPC 30 April 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Procurement Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Gemma Deverill, Deputy Head of Procurement

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform Members of the:

1. Outcome of the following procurement exercise which has been undertaken on behalf of Hywel Dda University Health Board (HDdUHB). In line with Welsh Government (WG) approval procedures, the Health Board is required to approve the following new contract, as it has a cumulative contract value in excess of £1m over the term of the contract for HDdUHB.

Cefndir / Background

1. Hybrid Print and Post Extension

Proposed Outcome

Duration of Contract	Supplier	Original Total Contract Value	Extension Value	New Total Value Including the Extension
Original Term – 1 June 2023 to 31 May 2026 Extension Term – 1 June 2026 to 31 May 2028	PSL Print Management Limited	£731,214.76 ex VAT	£612,000.00 ex VAT	£1,343,214.70 ex VAT

Asesiad / Assessment

1. Hybrid Print and Post Extension

HDdUHB Digital Directorate is looking to extend their Hybrid Print and Post contract, which is in place to modernise communication with patients, allowing them to have a choice on how they receive communications from the Health Board and to provide a future proofed platform that optimises appointment attendance.

This extension is essential to maintain a safe, efficient and patient-centred communication service while supporting the Health Board's wider digital transformation ambitions. The system enables patients to record and manage their communication preferences in a simple digital format, ensuring that the Health Board can meet individual needs while reducing administrative burden.

The platform provides secure, auditable delivery of patient communications which cannot be guaranteed through standard email or traditional postal services. It also supports digital first communication options such as text reminders and digital letters, which significantly reduces cost and improves delivery times.

Digital letters typically reach patients within 24 hours, compared to several days via Royal Mail whilst also avoiding the operational uncertainty/disruption caused by reliance on third party couriers which could directly impact patient care and service delivery.

The contract is also critical to supporting the Health Board's strategic commitment to patient choice, improved engagement and a shift toward paper-light operations. The current system addresses a long-standing challenge in that once letters leave HDUHB, they cannot be tracked, and undelivered letters result in duplicated effort, wasted resources and potential delays in patient care.

The solution provides the digital infrastructure needed to track, manage and optimise communication flows, ensuring reliability, reducing waste and improving the patient experience.

The extension will run from 1 June 2026 to 31 May 2028 to utilise the maximum contract term.

The proposed value of the extension will be £612,000.00 ex VAT bringing the total contract value to £1,343,214.70 ex VAT ex VAT.

Argymhelliad / Recommendation

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

- **APPROVE** the extension of the Hybrid Print and Post contract with PSL Print Management Limited from the 1 June 2026 to the 31 May 2028 at a value of £612,000.00 ex VAT taking the total contract value to £1,343,214.70 ex VAT. This contract will have onwards submission to HDUHB Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.9 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue expenditure (all those over £1million requiring Board approval), business cases (except those that are capital and digital in nature), projects, and proposed investment decisions on behalf of the Board. 3.1.10 Scrutinise major procurements plans and tenders, and provide assurance to the Board as part of its approval process.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

4.5

11:45 AM, 5 Mins

4.5 - PLANNING OBJECTIVE UPDATE REPORT Q4 2025/26

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

Planning Objectives Update Report Q4 2025-26 FPC 30 April 2026.pdf

Annex 1 Planning Objective Highlight Report Q4 2025-26.pdf

Annex 2 Planning Objective Highlight Report 2025-26 Reflections.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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

A set of 10 Planning Objectives have been developed and reviewed through Q1 2025/26 as an integral part of the Hywel Dda University Health Board's (HDdUHB) Annual Plan for 2025/26.

The Planning Objectives set out the aims of the organisation, *i.e.* the horizon that 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.

For 2025/26, four Planning Objectives have been aligned to the Finance and Performance Committee (FPC), namely:

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

As in previous years it is the expectation that FPC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2025/26, and this report is presented as an update on the key elements of Planning Objectives 2,3,4 and 5 and can be found in **Annex 1**. The Planning Objective updates have been brought to the Committee for assurance of progress.

Asesiad / Assessment

The Planning Objectives remain a key element of the Annual Plan for 2025/26. Highlight reports are included as **Annex 1** for Q4 of 2025/26 and in **Annex 2** for 2025/26 as a whole.

Where there are outstanding actions as part of the 2025/26 plans, these are expected to be carried over into 2026/27 for completion.

Planning Objective	Executive Lead	Updated position on 2025/26 Planning Objectives
2: Financial Recovery and Roadmap	Director of Finance	Complete
3: Urgent and Emergency Care	Director of Operations	On Track to Achieve
4: Planned Care including Cancer and Diagnostics	Director of Operations	On Track to Achieve
5: Mental Health and Learning Disabilities	Director of Operations	On Track to Achieve

- For **PO2, Financial Recovery and Roadmap**, this is **Complete**: Having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government (WG).

  Whilst the expectation of the roadmap was to align to the targeted intervention criteria, for example, to meet financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29.

  There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a WG one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new Government is confirmed post the May 7, 2026, Senedd Elections.

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

- For **PO4, Planned Care including Cancer and Diagnostics**, the overarching progress is **On Track,** with the three individual components being:
  - RTT – On Track
  - Diagnostics – On Track
  - Cancer – On-track

- For **PO5, Mental Health and Learning Disabilities**, **On Track** the overarching progress is on-track, with progress having been made in a number of key areas, although there is acknowledgement that there is more to do.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked **RECEIVE ASSURANCE** and note the progress of the Planning Objectives which are aligned to it; 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 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 2025 (acceptance of 2025/26 Planning Objectives being developed through Quarter 1 25-26 as part of the 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

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annex 1

Planning Objectives Update Q4 2025/26

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Submitted By: Finance

Date Submitted: 10/04/2026

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

Planning Objective: Planning Objective 2 – Financial recovery and route map

Executive Lead: Huw Thomas, Director of Finance

Reporting Period: March 2026

Overall status: Complete ~~**/ Ahead / On-track / Behind**~~
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
Complete having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government. Whilst the expectation of the Roadmap was to align to the targeted intervention criteria, i.e. financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29. There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7 2026 Senedd elections.

Activities completed in previous reporting period

- Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.
- Full submission to Welsh Government on 31 March 2026, with Executive Team, Finance and Performance Committee and Board endorsement.
- Updated modelling undertaken for all three-year horizon costs 2026-29.
- Insight provided for an approach to cap investments linked to academic evidenced prevalence demand within our region.
- Long list of opportunities to over-achieve the required levels of savings.
- New approach agreed in principle to ensure sustainability by converting non-recurrent savings.

Activities planned for next milestone and reporting period

- Functional savings plans to be received to achieve the targets set – **current high risk** to met expectation.
- Continuous monthly review required at each stage to ensure latest modelling is reflected in updated financial forecasts.
- Welsh Government feedback has been received stating the annal plan is not supportable or approvable with its current financial deficit.
  Board action requested to de-risk the delivery of the annual plan and assess options for further improvement for 2026/27 from £41m to £22.1m. Executive Team briefing has been proposed by Finance clarify a 4-step framework approach.

Any other Comments

Matters for information: The adopted Planning Coordinate Group approach to ensure leadership scrutiny and prioritisation has not achieved its set goal, resulting in uncertainty to some of the priority investments that will be required.

Risks to delivery: Similarly, operational pressures are noted as reasons for Savings Plans not being fully developed at this stage, signally an element of risk and assumption that is taken into the roadmap.

Any other comments: A continuous planning cycle should be embedded within the organisation, looking forward 3 to 5 years in the first instance, including all service and workforce changes and latest financial modelling with commitments aligned to the clinical services plan and transformational uired.

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Submitted By: Peter Skitt

Date Submitted: 13/04/2026

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

Planning Objective: PO3 UEC

Executive Lead: Andrew Carruthers, Chief Operating Office

Reporting Period: Q4 2025

Overall status: On-track

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery): 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 provide SPC/data charts and an explanation of any variances): Please see subsequent slides Slide 3 and 5

Example Activities completed in previous reporting period

- The ED / MIU Redirection Policy has been ratified and is being embedded into frontline practice, supporting the safe redirection of appropriate patients to alternative pathways, reducing Emergency Department pressure, and improving overall system flow.
- County-level Seven-Day CSH Implementation Groups are now established with County System leads as Chairs and agreed Terms of Reference.
- Implementation is being coordinated through formal action logs, risk registers and dashboards.
- 7-Day Business Case Implementation meetings are in place, with recorded sessions and action escalation.
- Vacancy requests and job descriptions (including ACPs, Band 6 nurses, pharmacy support) have been prepared and submitted through local and Health Board wide financial scrutiny groups
- Detailed implementation plan live and being iterated, including: go-live dependencies such as estimated OCP and recruitment timelines.
- UEC programme plan completed for 26/27

Activities planned for next milestone and reporting period (Q1)

Please refer to UEC Programme Plan and slide 4 for Implementation of 7-day business case

Any other Comments

Risks to delivery:

- The Unscheduled care Risk remains the most challenging Risk for the care group and the transformation required will be a resource challenge as we move forward at pace to achieve a different model prior to next winter
- Project Management support – the rapid implementation requirements around the 7-day business case, in addition to the commitments from the Six Goals Programme, Winter Sprint and additional funded projects, may mean that the team are under capacity to support. To mitigate work plans will be reviewed once approvals have been made with regard to the scope of the 7-day business plan and Six Goals Programme plan, and shortfalls escalated appropriately
- OCP processes aligned to the Community Nursing OCP in Pembrokeshire could delay launch date of CSH for the Health Board. Working with Workforce teams to mitigate and minimalise this risk

Programme Metrics, Quarter Four 2025/2026

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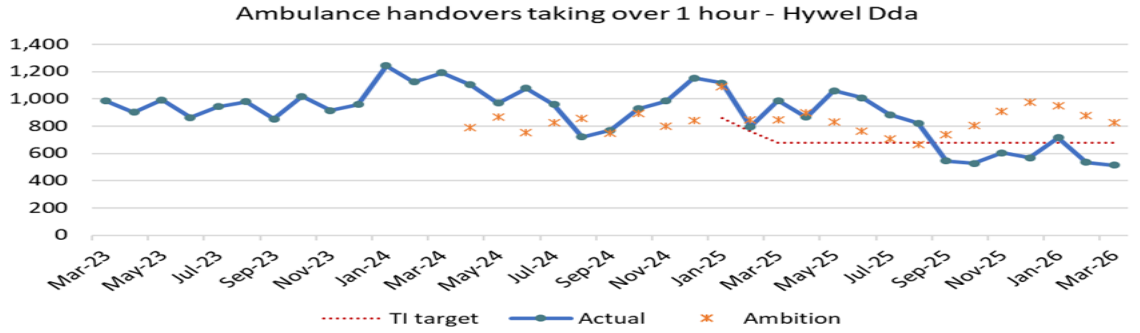

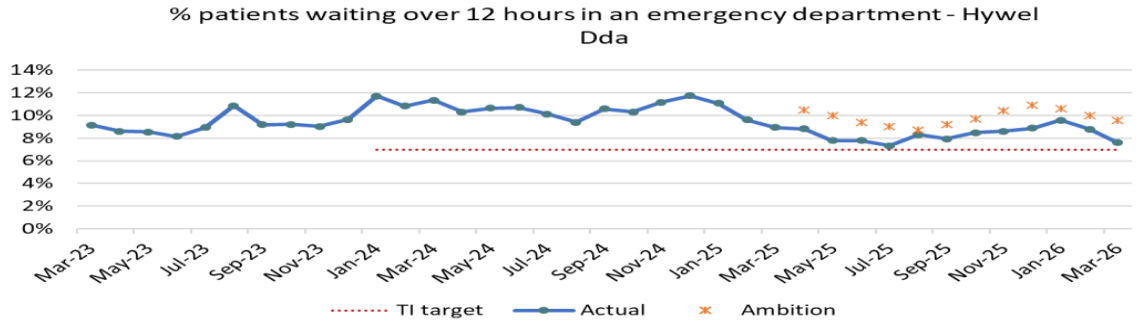

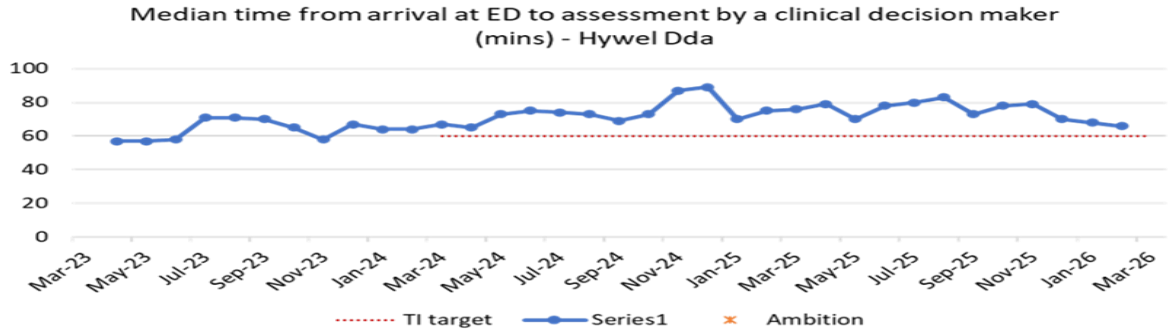

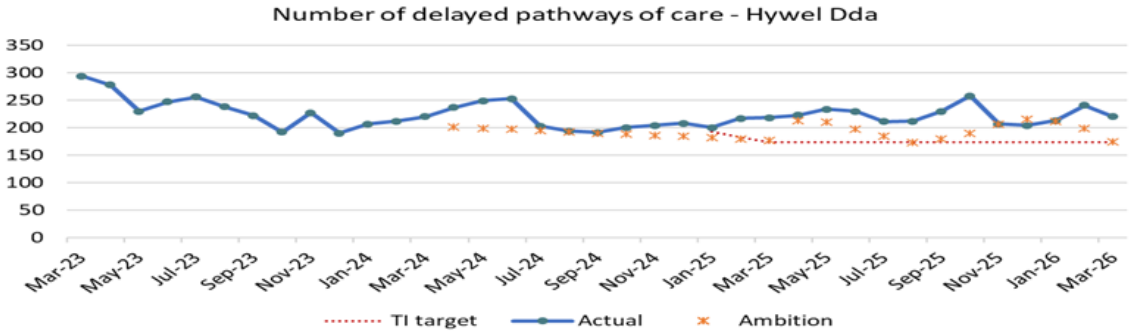

Targeted Intervention targets met for Ambulance Handover >1hr in last quarter, other targets remain over (last data point March 2026).

- Health Board >1hr ambulance delays have shown an improving trend over the last year, with the Health Board being below TI targets in February and March.
- Median time from arrival to assessment in March was 66 mins, remaining above TI target of 60 mins for the Health Board but an improving trend for Q4.
- % of patients waiting >12 hours has shown a decreasing trend for Quarter 3 and in March 2026 was at 7.6 %, just above TI target of 7%
- The number of POCDs has shown mixed results in Quarter 4, in March 2026 at 220, above TI target of 174 for the Health Board.

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Programme Manager: Thomas Alexander

Display Week: 1

Task	Progress	Start Date	End Date	Status
Business Case Governance / Sign off				
Governance Structure and Programme Papers Developed for Implementation of 7-Day Business Case		01/02/2026	13/02/2026	
Local Implementation Groups Established		16/02/2026	13/03/2026	
Carmarthenshire		16/02/2026	02/03/2026	
Ceredigion		16/02/2026	27/02/2026	
Pembrokeshire		16/02/2026	13/03/2026	
Job Descriptions Developed and signed off through Local Implementation Groups		02/03/2026	13/03/2026	
Carmarthenshire		02/03/2026	16/03/2026	
Ceredigion		27/02/2026	06/03/2026	
Pembrokeshire		13/03/2026	16/03/2026	
Local Finance Committeee agreement		06/03/2026	24/03/2026	
Carmarthenshire		16/03/2026	24/03/2026	
Ceredigion		06/03/2026	16/03/2026	
Pembrokeshire		16/03/2026	24/03/2026	
Care Group Agreement		16/03/2026	24/03/2026	
Carmarthenshire		24/03/2026	24/03/2026	
Ceredigion		16/03/2026	17/03/2026	
Pembrokeshire		24/03/2026	24/03/2026	
Financial Control Scrutiny Group Agreement		17/03/2026	07/04/2026	
Carmarthenshire		13/04/2026	17/04/2026	
Ceredigion		13/04/2026	17/04/2026	
Pembrokeshire		13/04/2026	17/04/2026	
Recruitment Processes				
Trac completed against all Job Adverts		20/04/2026	24/04/2026	
Job Adverts live		28/05/2026	21/06/2026	
Shortlisting		21/06/2026	26/06/2026	
Interviews		29/06/2026	03/07/2026	
Notice/expected start date (longes est. 3 months 8A)		03/07/2026	03/10/2026	
Human Resource/Organisational Change Requirements				
Review of current Staff		19/03/2026	10/04/2026	
OCP Briefing Document development and sign off		13/04/2026	17/04/2026	
Consultation		01/05/2026	28/05/2026	
Feedback Review Period		28/05/2026	12/06/2026	
OCP - notice period		12/06/2026	12/09/2026	
Standard Operating Procedure				
Digital Handover @weekends OOH/CSH Meeting				
CSH Weekend SOP Development Meeting		26/03/2026	26/03/2026	
Go Live Clinical Streaming				
Training?				
Go Live Date		03/10/2026	03	

Ministerial Priority	Reflections on Key Achievements
UEC1: Implement effective Community Based Falls Response Services	• Proposal approved and underway to strengthen older person care homes falls response capacity for equipment and training case.
UEC2: Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care	• CSH seven-day Business Case developed and submitted to Public Board for approval. (TBC approval) • Launched the short term SPoA Transport service provided by external providers to transport patient and clinical items.
UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals	• Appointed a Health Board Acute Frailty Lead • Established an Acute Frailty Delivery Group • Mapped acute frailty services against the National AF standards
UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	• Developed and ratified the Health Board ED / MIU Redirection Policy • Supported the operational teams to implement their ED G.I.R.F.T plans • Supported the operational teams to improve ED environment to prevent deconditioning , support nutrition and hydration and enh ance privacy and dignity for patients.
UEC5: Implement actions described in the Optimal Hospital Flow Framework	• Completed the Strengths Based Collaborative Training Programme to support with discharge planning and collaboration • Developed and implementation of an integrated POCD action plan • Developed in house training videos Developed resources to support Optimal Flow i.e blue print • Established a Health Board Preventing Deconditioning Oversight Group • Established an Operational Delivery Unit (ODU) to support flow • Four projects took part in the National Safe Care Partnership Deconditioning Programme. • Implementation of Criteria Led Discharge • Launched the Hospital Discharge Toolkit to house discharge related resources and guidance online for our staff • Maintaining the Optimal Flow A–Z online staff • Monthly Optimal Flow site leadership and data monitoring meetings • Ratification and implementation of the Patient Boarding protocol • Supported the implementation of MIYA flow for e flow system
Additional information	• Strengthened our staff facing communications for Six Goals Programme • Changed our public facing communication plan for urgent emergency care to direct patients to alternative services rather than ED • Agreed a definition for our Hospital at Home service • Developed and ratified a Health Board Hospital at Home SOP

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Submitted By: Amorelle Jones

Date Submitted: 16-3-26

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

Planning Objective: PO4

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q4 (25/26)

Overall status: On Track
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

52 Week Outpatients: The care group are aiming to have zero breaches over 52 weeks at the end of March 2026 for all specialties. Ongoing monthly delivery trajectories indicate that the Care group will achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.
RTT 104 Weeks: Whilst work is underway to achieve zero breaches over 104 weeks by the end of March 2026, there are high risks associated ENT (9) & Ophthalmology pathways (2). T&O modelling suggests circa 11 breaches due to the National shortage of cement. The focus through 2025/26 is to achieve and maintain the zero breach position by utilising demand and capacity forecasts to highlight risk areas and allocate any additional funding to appropriate specialties accordingly.

Activities completed in previous reporting period

- Recovery is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).
- Demand and capacity trajectories anticipate this target being maintained in most specialties.
- Recurrent recovery monies are being prioritised for areas that anticipate breaches
- Active management and triage of referrals has resulted in no waiting list growth.
- Recent waiting list initiatives for end of year targets contribute to the increase in follow up waiting lists as more patients are processed through their pathways.

Activities planned for next milestone and reporting period

- Recovery plans being progressed in ENT & Ophthalmology (Ocular Plastics) . These plans include insourcing of theatre staff to secure core capacity and mitigate cancellations, outsourcing of tonsillectomy procedures and delivery of additional lists to recover backlogs
- Key focus on maintaining waiting times targets into 2025/26 using capacity and demand forecasts to highlight risk areas in each specialty, with a view to allocate any additional funding to appropriate specialties.
- There is a refreshed Theatre Optimisation and Efficiency workstream led by the new Clinical Care Group to promote further improvements in theatre productivity across all specialties and achievement of GIRFT standards.

Any other Comments

Matters for information: Performance is reported monthly within the Integrated Performance Assurance Report (IPAR), Welsh Government Integrated Quality Performance and Delivery (IPQD). Additional scrutiny undertaken via weekly scrutiny meetings & external WG meetings.
Risks to delivery: Staffing due to national shortages. Demand exceeding capacity including additional cancer demand spikes.
Any other comments: The WG First outpatient plan has been approved by the Board and is planned to commence in September 2025 and run through until March 2026. Plan B is being progressed and will require support of insourced specialties and clinic OPD staff which is in the draft tender stage. These projects are managed by a well-established transformation team and underpinned by a Senior Governance review panel

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Submitted By: Debra Bennett, Service Delivery Manager
Cancer Services & Cancer Performance
Date Submitted: 19.3.26

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

Planning Objective: PO4 75% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion.

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: January – March 26

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

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

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Predicted Performance	65%	67%	68%	69%	70%	70%	65%	65%	60%	60%	68%	70%
Actual Performance	62.5%	66.1%	61.4%	62.3%	65.3%	60.1%	66.4%	63.3%	65.8%	60.9%		

Performance over the past 12 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated to level 1 for Cancer performance.

Activities completed in previous reporting period

1 Outsourcing of CT commenced 5th January 26 until March 26. This equates to 350 CT scans a month. 48-hour turnaround radiology reporting funded via recovery monies
2 Pilot Galeas Bladder commenced 10th March 26– 25 patients a week
3 Deep dives being undertaken per tumour site to inform improvement plans and trajectory for patients waiting in excess of 28 days for diagnostic tests
4 Pilot Capsule Sponge commenced January 26. Service evaluation to end March 26.
5 7 day turnaround pathology agreed for Q4

Activities planned for next milestone and reporting period

1 Agreement to continue outsourcing of CT to continue in Q1 26/27
2 Agreement to continue to 48-hour radiology reporting
3 Agreement to undertake additional GA Hysteroscopy activity (33 patients)
4 Agreement to continue MRI outsourcing for Prostate

Any other Comments
Matters for information:

Risks to delivery:

- Risk of not meeting the 75% SCP waiting times target by March 2026 due to diagnostics capacity and delays at tertiary centre.
- 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.

Any other comments:
Performance over the past 12 months has been above 60% in line with the TI de-escalation criteria. The health board has been de-escalated to level 1 for Cancer performance.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Sarah Procter, Deputy Head of Radiology

Date Submitted: 09/04/2026

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

Planning Objective: PO 4 over 8 weeks for a radiology diagnostic

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q4

Overall status: Behind - Projected end of 25/26 figure has increased due to radiology system replacement and increased demand from the OPD insou rcing contract.

Progress against planned outcomes / trajectories / milestones:

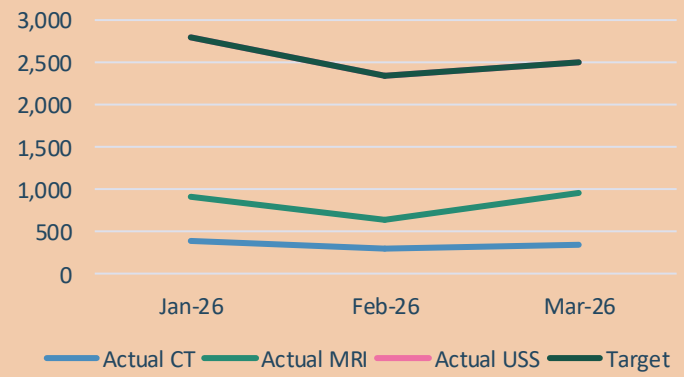


Figure - 8 wk+ breaches Jan 26 - Mar 26

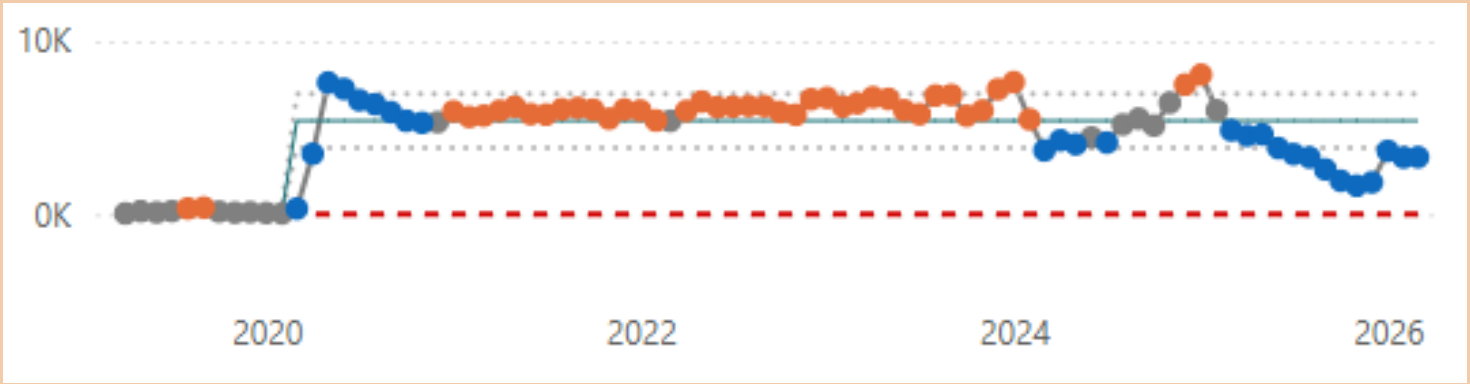


Figure - SPC chart of 8wk+ breaches

Activities completed in reporting period

- Mobile MRI van – January 25 – March 26 – 1887 patients scanned in Q4
- Mobile MRI van – August 25- March 26 – 1372 patients scanned in Q4
- Insourcing contract for ultrasound – 1981 patients scanned in Q4

Activities planned for next milestone and reporting period

- MRI van – April – August 26 – plan to scan 1372 patients in Q1
- USS Insourcing to continue – plan to scan 1900 patients in Q1

Any other Comments

Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Sarah Procter

Date Submitted: 09/04/2026

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

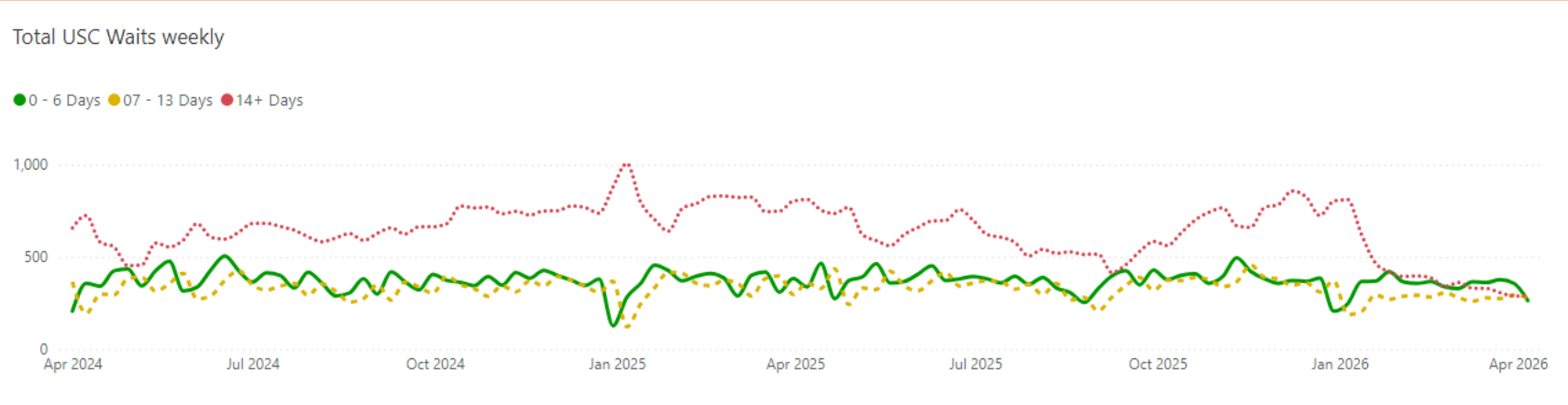
Planning Objective: PO4 USC Radiology Investigations – under 7 days.

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q4

Overall status: Behind - Funded capacity does not meet demand. Recovery funding used to provide some capacity, however will not result in diagnostics under 7 days.

Progress against planned outcomes / trajectories / milestones: Total USC waiting list has decreased from 946 Jan 26 to 361 Apr 26



Waiting times (number of patients):

- 0-6 days – 245 (Jan 26) 354 (Apr 26)
- 7-13 days – 188 (Jan 26) 290 (Apr 26)
- 14+ days – 813 (Jan 26) 141 (Apr 26)

Figure – Weekly snapshot of USC waiting list .

Activities completed in reporting period

- Mobile CT Van – Jan 26 – March 26 – 1400 USC and follow up cancer patients scanned.
- Outsourcing of reporting 48 hrs turnaround time - Jan – Mar 26 (with additional funding).
- Validation of Ultrasound Waiting lists – 12% reduction in USS breaches.

Activities planned for next milestone and reporting period

- Mobile CT Van – April 26 – June 26. – 1400 patients.
- Outsourcing of reporting (92hr TAT).
- Move to 7 day working in MRI on one site.
- Recruitment of a clinical validation post – June 26.

Any other Comments

Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Liz Carroll, Service Director (MHLD Clinical Care Group)

Date Submitted: 27th March 2026

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

Planning Objective 5 – PO5 Mental Health and Learning Disabilities

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Q4 2025/26

Overall status: On-track
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

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

Art Therapy - Continues to be a limited resource with 1.0wte covering 3 counties. All clients on the waiting list have been offered a supportive group interventions along with the therapist running Art Therapy groups to reduce the wait times as much as possible. We have strong links with the teaching institution, with regular student placements that support an increase in productivity for the duration of their placements.

Psychological therapy – The service has now commenced a prudent and tiered approach to high intensity intervention to support the increase in demand with a focus on groups as the initial intervention. Digital options continue to be explored, caps in therapy sessions in place, along with job plans to increase efficiencies across the service provision. The planned treatment groups have commenced across the 3 counties with further groups commencing over the next 2 months. The number of individuals waiting over 52 weeks has slightly decreased.

Child neurodevelopmental waits: The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position with the latter reported by Children's Services. Children's ASD performance in February 2026 of 23.3%, shows concerning variation but the target of 80% was not met. Performance is driven by ASD, where 641 of 3,590 (17.9%) patients had an ASD assessment < 26 weeks. Demand for assessment for continues to increase year on year, ranging from an average of 20 referrals per month (2016) to 117 per month (2025) with longest wait times approximately 4 years. An outsourcing contract eradicated over 4 year waits and plans are in place to eradicate over 3 year waits during Quarter 1 of 2026-27.

Adult neurodevelopmental waits: Adult ASD total waiting list is 2332 with a compliance of 16.3% waiting less than 26 weeks. This is contributed by demand outstripping capacity and no uplift in RIF budget since the service's inception in 2019. For Adult ADHD, the total waiting list has increased to 5428, with a compliance of 16.1% waiting less than 26 weeks for diagnostic assessment. 1,019 adults are waiting to start treatment and trial medication. Lack of recurrent, ring-fenced money for adult ND services is creating unsustainable demand on services and extensive waiting times.

Activities completed in previous reporting period

1. Workforce stabilisation for in-patient areas continues. All wards are participating in the HCSW pay band review and recruitment for HCSWs is underway.
2. Outsourcing of 585 ASD Children's neurodevelopment assessments commenced and due for completion by 31.3.26.
3. The development of a Single Point of Assessment service as part of 111 # 2 transformation, requires a location on the Prince Philip site. A meeting to identify a clinical area to provide this has been held but no progress to date.

Activities planned for next milestone and reporting period

- Review job plans and implementation of stepped care model in adult psychological therapies

Any other Comments

Matters for information:

- 72 hour follow up following discharge from adult inpatient consistently 100% achievement throughout reporting period.

Risks to delivery:

- Delays in sign off impacting ability to commence Organisational Change Process within Learn rvices.

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Hywel Dda
University Health Board

Annex 2

Planning Objectives Update 2025/26

Full Year

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Finance

Date Submitted: 10/04/2026

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

Planning Objective: Planning Objective 2 – Financial recovery and route map

Executive Lead: Huw Thomas, Director of Finance

Reporting Period: March 2026

Overall status: Complete ~~**/ Ahead / On-track / Behind**~~

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

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

Complete having undertaken a number of reviews across the Executive Team, Board Seminar and Finance and Performance Committee and submitted a three-year financial plan as part of the 2026-29 planning cycle to Welsh Government. Whilst the expectation of the Roadmap was to align to the targeted intervention criteria, i.e. financial breakeven by 2027/28, with the recent budget allocation confirmations, the three-year plan/roadmap does not achieve this, but delivers a financial improvement to a structural deficit by 2028/29. There is a suite of opportunities in excess of the required savings requirement to achieve the targeted intervention criteria, but this level of change delivery is not deemed reasonable in a three-year period. It should be noted that a Welsh Government one year budget was committed, with clarity around 2027-28 and beyond not yet provided until the new government is confirmed post the May 7, 2026, Senedd elections.

Activities completed in previous reporting period

- Launched recovery route map within finance, collaborating to ensure owners are identified for all component parts.
- Full submission to Welsh Government on 31 March 2026, with Executive Team, Finance and Performance Committee and Board endorsement.
- Updated modelling undertaken for all three-year horizon costs 2026-29.
- Insight provided for an approach to cap investments linked to academic evidenced prevalence demand within our region.
- Long list of opportunities to over-achieve the required levels of savings.
- New approach agreed in principle to ensure sustainability by converting non-recurrent savings.

Activities planned for next milestone and reporting period

- Functional savings plans to be received to achieve the targets set – **current high risk** to met expectation.
- Continuous monthly review required at each stage to ensure latest modelling is reflected in updated financial forecasts.
- Welsh Government feedback has been received stating the annal plan is not supportable or approvable with its current financial deficit.
  Board action requested to de-risk the delivery of the annual plan and assess options for further improvement for 2026/27 from £41m to £22.1m. Executive Team briefing has been proposed by Finance clarify a 4-step framework approach.

Any other Comments:

Matters for information: The adopted Planning Coordinate Group approach to ensure leadership scrutiny and prioritisation has not achieved its set goal, resulting in uncertainty to some of the priority investments that will be required.

Risks to delivery: Similarly, operational pressures are noted as reasons for Savings Plans not being fully developed at this stage, signally an element of risk and assumption that is taken into the roadmap.

Any other comments: A continuous planning cycle should be embedded within the organisation, looking forward 3 to 5 years in the first instance, including all service and workforce changes and latest financial modelling with commitments aligned to the clinical services plan and transformational savings plans required.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
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Submitted By: Debra Bennett SDM Cancer Services & Cancer Performance
Date Submitted: 25.3.26

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

Planning Objective: PO 4 75% of patients on a USC pathway will receive their first definitive treatment within 62 days from their point of suspicion.

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: April 25- March 26

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):
The combined activities of sustainable pathway changes within LGI, changes to the FIT pathway to primary Care, additional radiology and pathology capacity have enabled a consistent improvement trajectory throughout 25/26 with performance above 60% improving to mid 60's allowing the health board in line with the TI de-escalation criteria to be de-escalated to level 1 for Cancer Performance.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Predicted Performance	65%	67%	68%	69%	70%	70%	65%	65%	60%	60%	68%	70%
Actual Performance	62.5%	66.1%	61.4%	62.3%	65.3%	60.1%	66.4%	63.3%	65.8%	60.9%		

Activities completed in previous reporting period

1. Commenced Teledermoscopy for USC patients April 25
2. Increased provision of local anaesthetic trans-perineal (LATP) biopsies will help meet growing demand
3. Increase capacity for flexi cystoscopy by 30% by increasing nurse cystoscopist by 1 WTE
4. Development and launch of a third one stop clinic offer for the diagnosis of suspected endometrial cancer patients in Glangwili General hospital and a fourth in WGH.
5. Clinical Leadership for AOS in line with National Specification for AOS in NHS Wales and Royal College of Physicians Wales report "Cancer Care at the Front Door"
6. Transfer the faecal immunochemical testing (FIT) service from Secondary to Primary Care in line with the lower GI National Optimal Pathway30.9.25.
7. Dermoscopic attachments and cameras circulated in Primary Care to support referrals to improve triage for urgent suspected skin cancer, reducing in-person clinic pressure while maintaining diagnostic accuracy.
8. Outsourcing of CT commenced 5th January 26 until March 26. This equates to 350 CT scans a month.
9. 48-hour turnaround radiology reporting funded via recovery monies
10. Pilot Galeas Bladder commenced 10th March 26– 25 patients a week
11. Deep dives were undertaken per tumour site to inform improvement plans and trajectory for patients waiting in excess of 28 days for diagnostic

Activities planned for next milestone and reporting period

1 The PSC CCG has prioritised improvement of 26 diagnosis within the Annual Plan 26/27
2 Agreement to continue outsourcing of CT to continue in Q1 26/27
3 Agreement to continue to 48-hour radiology reporting
4 Agreement to undertake additional GA Hysteroscopy activity (33 patients)
5 Agreement to continue MRI outsourcing for Prostate

Any other Comments
Matters for information: Achievement of 75% cancer performance is reliant on securing additional diagnostic capacity provided by the AHP CCG. The Annual Plan/ Demand & Capacity 26/27 informs us that in the absence of access to WG recovery funding or HB support for In house funding, cancer performance will only be maintained to the mid 60% and will fail to achieve the 75 % WG target 26/27.
Risks to delivery: Inability to secure funding for diagnostic capacity within Radiology, Pathology &

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Sarah Procter, Deputy Head of Radiology

Date Submitted: 09/04/2026

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

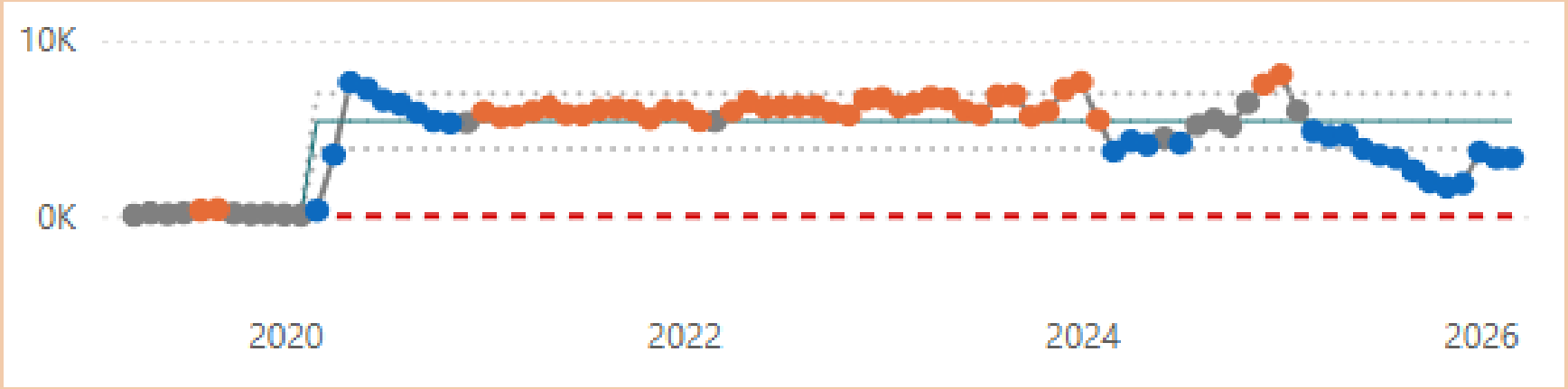
Planning Objective: PO4 over 8 weeks for a radiology diagnostic

Executive Lead: Andrew Carruthers, Chief Operating Officer

Reporting Period: Financial Year 2025/2026

Overall status: Behind plan - Projected end of 25/26 figure has increased due to radiology system replacement and increased demand from the OP D insourcing contract.

Progress against planned outcomes / trajectories / milestones: 2630 end of March breach position



- March 26 breach position by modality
- CT – 343
- MRI – 612
- NOUS – 1556
- Others – 119

Figure – SPC chart of 8wk+ breaches

Activities completed in reporting period

- Mobile MRI van – January 25 – March 26 – 9336 patients scanned
- Mobile MRI van – August 25- March 26 –1746 patients scanned
- Insourcing contract for ultrasound (April 25 – April 26) 4551 patients scanned.

Activities planned for next milestone and reporting period

- MRI van – April – August 26 – 700 patients
- USS Insourcing to continue – contract to November (likely to extend)
- Annual Plan – stabilisation funding for Ultrasound to increase capacity meet demand. Three-year plan due to shortage of sonographers and two/three-year training programme.

Any other Comments:

Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
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Submitted By: Sarah Procter, Deputy Head of Radiology

Date Submitted: 09/04/2026

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

Planning Objective: PO4 USC Radiology Investigations – under 7 days.

Executive Lead: Andrew Carruthers , Chief Operating Officer

Reporting Period: Financial Year 25/26

Overall status: Behind - Funded capacity does not meet demand. Recovery funding used to bridge gap however will not result in diagnostics under 7 days.

Progress against planned outcomes / trajectories / milestones: Total USC waiting list has decreased from 1508April 25 to 361 Apr 26.

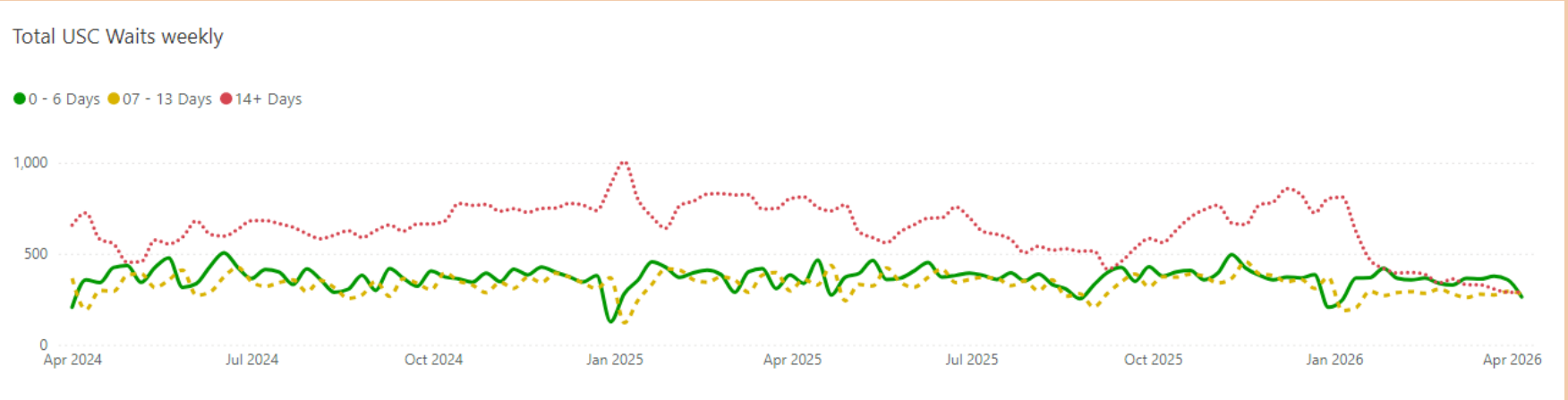

Figure - Weekly snapshot of USC waiting list

Waiting times (number of patients):

- 0-6 days – 337 (Apr 25) 354 (Apr 26)
- 7-13 days – 359 (Apr 25) 290 (Apr 26)
- 14+ days – 812 (Apr 25) 141 (Apr 26)

Activities completed in reporting period

- Mobile CT Van – Jan 26 – March 26 – 1400 USC and follow up cancer patients scanned
- Outsourcing of reporting 48 hrs turnaround time - Jan – Mar 26 (with additional funding).
- 2025/26 Stabilisation funding has resulted in 7 radiographers being recruited into CT and MRI to increase capacity (In training period); Advanced Practice Sonographer recruited Oct 26 – Wait for FNA neck patients from 6 weeks to under 2 weeks.
- Validation of Ultrasound Waiting lists – 12% reduction in USS breaches.

Activities planned for next milestone and reporting period

- Mobile CT Van – April 26 – June 26. – 1400 patients
- Move to 7-day MRI on one site -
- Recruitment of a clinical validation post – June 26.

Any other Comments:

Matters for information: Risks to delivery: Recruitment of key clinical posts – shortages in both radiographers, sonographers and radiologists. OCP required for key management posts. Reliance on locum positions in CT particularly to staff out of hours if any sickness/ Maternity Leave.

Any other comments: MRI demand has increased and demand outstrips capacity – particularly ck and Liver for USC patients.

PO3 –TUEC Ministerial Priority	Reflections on Key Achievements
UEC1: Implement effective Community Based Falls Response Services	• Proposal approved and underway to strengthen older person care homes falls response capacity for equipment and training case.
UEC2: Implement a robust 'Single Point of Access' (SPOA) for urgent and emergency care	• CSH seven-day Business Case developed and submitted to Public Board for approval. (TBC approval) • Launched the short term SPoA Transport service provided by external providers to transport patient and clinical items.
UEC3: Implement an Acute Front Door Frailty Service at all acute hospitals	• Appointed a Health Board Acute Frailty Lead • Established an Acute Frailty Delivery Group • Mapped acute frailty services against the National AF standards
UEC4: Implement the Welsh Health Circular - Ambulance Patient Handover Guidance	• Developed and ratified the Health Board ED / MIU Redirection Policy • Supported the operational teams to implement their ED G.I.R.F.T plans • Supported the operational teams to improve ED environment to prevent deconditioning , support nutrition and hydration and enh ance privacy and dignity for patients.
UEC5: Implement actions described in the Optimal Hospital Flow Framework	• Completed the Strengths Based Collaborative Training Programme to support with discharge planning and collaboration • Developed and implementation of an integrated POCD action plan • Developed in house training videos Developed resources to support Optimal Flow i.e blue print • Established a Health Board Preventing Deconditioning Oversight Group • Established an Operational Delivery Unit (ODU) to support flow • Four projects took part in the National Safe Care Partnership Deconditioning Programme. • Implementation of Criteria Led Discharge • Launched the Hospital Discharge Toolkit to house discharge related resources and guidance online for our staff • Maintaining the Optimal Flow A–Z online staff • Monthly Optimal Flow site leadership and data monitoring meetings • Ratification and implementation of the Patient Boarding protocol • Supported the implementation of MIYA flow for e flow system
Additional information	• Strengthened our staff facing communications for Six Goals Programme • Changed our public facing communication plan for urgent emergency care to direct patients to alternative services rather than ED • Agreed a definition for our Hospital at Home service • Developed and ratified a Health Board Hospital at Home SOP

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By: Liz Carroll, Service Director MH&LD

Date Submitted: 14th April 2026

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

Planning Objective:PO5 MH+LD

Executive Lead: Andrew Carruthers , Chief Operating Officer

Reporting Period: 2025/26 Reflection

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

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

Art Therapy: Unable to increase substantive workforce due to financial constraints however creative approaches in place to increase capacity from student placements.

Psychological Therapies: Waiting times within the Integrated Psychological Service have not reduced as significantly as expected however, on completion of the roll-out of the group model by July 2026 we should see a reduction in the number of people waiting over 26 weeks.

Childrens ASD waits: Performance remains fairly static despite the additional Welsh Government funding and considerable volume of outsourcing. Further funds available from Welsh Government in 2026/27 which will support further outsourcing. The waiting list of those waiting over 4 years has been eradicated. Prioritisation will now be focussed on those waiting over 3 years.

Adult ADHD: Is now the focus of a value-based health care approach. Alterations to the current pathway is to be explored in order to provide a timely response to those in need of this diagnostic service.

Activities completed in previous reporting period

- Inpatient establishment review and enhanced staffing is being successfully recruited to.
- The development of the North Ceredigion Adult Mental Health pathway implementation with further roll-out across the wider Health Board to be undertaken.
- In year savings target has been met.
- Successful recruitment into the revised Learning Disabilities service.

Activities planned for next milestone and reporting period

- As per Annual Plan submission 2026/27

Any other Comments:
Matters for information:

Risks to delivery: Various pieces of MH&LD Estate have been utilised for wider Health Board requirements and timescales on these have all over run, which has an impact on MH&LD service delivery. For example, the Single Point of Assessment service as part of 111#2 transformation.

5

11:50 AM, 0 Mins

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5 - PERFORMANCE

5.1

11:50 AM, 5 Mins

5.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

Anthony Tracey (Hywel Dda UHB - Digital Director)

For assurance

Attachments

M12 2025-26 IPAR FPC 30 April 2026.pdf

Appendix 1 M12 2025-26 IPAR Overview.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 12 2025/2026
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, 2025/26 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The IPAR consists of this report and the following supporting documents:

- **Appendix 1:** 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 (IPAR) dashboard as of 31 March 2026. Ahead of the Committee meeting, the dashboard will also be made available via our internet site. For help navigating the IPAR dashboard, email the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

We have adopted the '3As assessment' approach to highlight either an alert, advise or assure status for each of our key performance metrics:

- **Alert (may require discussion):** There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise (to monitor):** There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure (to note):** There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Note:

- The year end finance position will be reported separately to committee and will go via the IPAR, to the next Board meeting.

- The latest diabetes data is not currently available due to technical issues with the national reporting system.

Cefndir / Background

Welsh Government published the 2025/26 NHS Wales Performance Framework in January 2025. The framework outlines the Ministerial priorities for this financial year, along with key targets.

Asesiad / Assessment

Performance overview

The table below summarises the latest position for the 2025/26 ministerial priorities and our local key performance metrics. Additional data, details of key issues and actions being taken to address can be found in the supporting document *IPAR overview*.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Number of Pathways of Care delayed discharges	n/a	Mar 2026	220	Usual	n/a	Trajectory missed by over 5%	Alert
% pts on single cancer pathway within 62 days	75%	Feb 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Mar 2026	1,206	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Feb 2026	10	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Mar 2026	3,308	Improving	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Feb 2026	23.3%	Usual	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Feb 2026	56.1%	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Feb 2026	57.8%	Concerning	Missing target	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Sep 2025	28.5%	Concerning	n/a	n/a	Alert
% patients spending <4 hours in A&E/MIU Hywel Dda	95%	Mar 2026	75.1%	Improving	Missing target	n/a	Alert
% sickness absence rate of staff	6.60%	Mar 2026	6.70%	Concerning	Hitting target	n/a	Advise
Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	0	Mar 2026	2,423	Concerning	Missing target	n/a	Advise
% R1 eyecare patients waiting within 25% delay to target date	95%	Feb 2026	41.5%	Improving	Missing target	Trajectory missed by over 5%	Advise
% Autumn 2025 COVID booster uptake for eligible residents	75%	Feb 2026	57.4%	n/a	n/a	n/a	Advise
Ambulance handover > 4 hours Hywel Dda	0	Mar 2026	117	Improving	Missing target	Trajectory met	Advise
Ambulance handovers > 1 hour Hywel Dda	0	Mar 2026	514	Improving	Missing target	Trajectory met	Advise
Ambulance handover > 45 minutes Hywel Dda	0	Mar 2026	610	Improving	Missing target	n/a	Advise
% of children receiving HPV by age 15	90%	Dec 2025	77.1%	n/a	n/a	n/a	Advise
Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	n/a	Sep 2025	40.7%	Improving	n/a	n/a	Advise
% uptake of flu vacc - 65+ years	75%	Mar 2026	70.1%	n/a	n/a	n/a	Advise
S. aureus: Number of confirmed cases (in-month)	6	Mar 2026	10	Usual	Hit and miss	n/a	Advise
E. coli: Number of confirmed cases (in-month)	21	Mar 2026	23	Usual	Hit and miss	n/a	Advise
% of children who are up to date with scheduled vaccinations by age 5	95%	Dec 2025	88.2%	Usual	Missing target	n/a	Advise
Pts 12yrs+ with diabetes receiving all 8 NICE care processes	n/a	Feb 2026	44.2%	Improving	n/a	n/a	Advise
C. difficile: Number of confirmed cases (in-month)	8	Mar 2026	7	Usual	Hit and miss	n/a	Advise
Median time ambulance arrest category calls	8	Feb 2026	6	n/a	n/a	n/a	Advise
Follow-up appts - delayed >100%	0	Mar 2026	15,182	Improving	Missing target	n/a	Advise
Patients waiting 104 weeks+ RTT	0	Mar 2026	3	Improving	Missing target	n/a	Advise
Patients waiting over 52 weeks RTT	0	Mar 2026	10,102	Improving	Missing target	n/a	Advise
% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Mar 2026	0	Improving	Missing target	n/a	Assure
% MH assess within 28 days (age 0-17)	80%	Feb 2026	88.4%	Improving	Hit and miss	n/a	Assure
% MH assess within 28 days (age 18+)	80%	Feb 2026	88.9%	Usual	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 0-17)	80%	Feb 2026	83.3%	Improving	Hit and miss	n/a	Assure
% therapy interven post LPMHSS assess (age 18+)	80%	Feb 2026	98.6%	Usual	Hitting target	n/a	Assure
Consultations delivered through PIPS	n/a	Jan 2026	2,647	Improving	n/a	Trajectory met	Assure
Financial in month deficit	n/a	Feb 2026	£2,014,000	Improving	n/a	Trajectory met	Not yet assessed

Triangulating our data: 1st April 2022 to 31st March 2026.

- Quality safety and risk – the number of incidents causing moderate harm or above reported by month continues to decrease since July 2025 (185), with March reporting 118, the lowest recorded. March showed an increase in the number of patient falls (241) from February (200). Medication errors have decreased slightly from 109 in February to 105 in March 2026. We continue to have significant numbers of high and extreme risks on the risk register with 560 in March 2026. There has been a significant decrease in the number of new complaints received since September 2025 (250) with 28 in March. The number of new infections decreased from February reporting 64 cases and March 51 cases (S. aureus = 10 cases, E. coli = 24 cases, C. difficile = 8 cases).
- Workforce – In month, staff sickness decreased slightly with 6.4% in March. Short-term sickness remained static at 2.2% for March whilst long-term sickness decreased slightly to 4.2%. Note: The sickness metric reported in the alert section of this SBAR includes 12 month rolling data. Nursing and midwifery agency usage continues to decrease since March 2024 (255). In March it was 72.81 whole time equivalent (WTE). Rolling 12-month staff turnover percentage has decreased slightly to 6.6%.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	118	305	118	
Patient falls	189	301	241	
Medication errors	61	149	105	
Pressure damage developing or worsening during care	54	215	71	
New complaints by month received	28	250	28	
Number of high and extreme risks	381	560	560	
Infections: new cases	51	81	51	
Infections: C. difficile cases	8	23	8	
Workforce				
Number of staff/contractor related incidents	98	186	116	
Sickness - short term	1.7%	2.6%	2.2%	
Sickness - long term	3.8%	4.9%	4.2%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	6.6%	9.8%	6.6%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	56.38	379.79	72.81	
Bank (WTE)	212.99	352.85	328.32	

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **DISCUSS** the IPAR – Month 12 2025/2026 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 experience, and any specific issues where financial performance is showing deterioration or there are areas of concern. 2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2025/2026 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Contained within the body of the report

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

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

Integrated Performance Assurance Report (IPAR) Overview

As at 31st March 2026

For further details see the latest IPAR dashboard.

Contents

Statistical process control (SPC) charts

This document summarises performance against our key improvement measures for 2025/26. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included measures for delayed ways of care, nurses in pos 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 2026.

Metric	Target	Period	Actual	Variation	Assurance	Trajectory	3A
Number of Pathways of Care delayed discharges	n/a	Mar 2026	220	Usual	n/a	Trajectory missed by over 5%	Alert
% pts on single cancer pathway within 62 days	75%	Feb 2026	60%	Improving	Missing target	Trajectory missed by over 5%	Alert
Patients spending > 12 hours in A&E/MIU Hywel Dda	0	Mar 2026	1,206	Usual	Missing target	n/a	Alert
Median time ambulance emergency category calls	8	Feb 2026	10	n/a	n/a	n/a	Alert
Pts waiting 8 wks+ for specified diagnostic	0	Mar 2026	3,308	Improving	Missing target	n/a	Alert
% child neurodevelopment assess waits <26 weeks	80%	Feb 2026	23.3%	Usual	Missing target	n/a	Alert
% adult psychological therapy waits <26 weeks	80%	Feb 2026	56.1%	Concerning	Missing target	n/a	Alert
% R1 eyecare appts attended in target or 25% delay	95%	Feb 2026	57.8%	Concerning	Missing target	n/a	Alert
Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	n/a	Sep 2025	28.5%	Concerning	n/a	n/a	Alert
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% of practices achieving National Access Standards	100%	Mar 2025	95.7%	n/a	n/a	n/a	Advise
Waits over 52 weeks: new outpatient appointment	0	Mar 2026	0	Improving	Missing target	n/a	Assure
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% therapy interven post LPMHSS assess (age 18+)	80%	Feb 2026	98.6%	Usual	Hitting target	n/a	Assure
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Financial in month deficit	n/a	Feb 2026	£2,014,000	Improving	n/a	Trajectory met	Not yet assessed

Alert
(may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

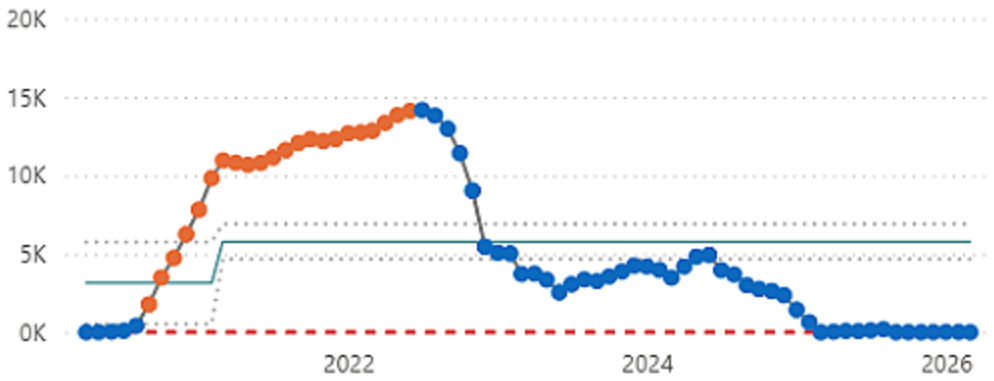
Advise
(to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

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

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

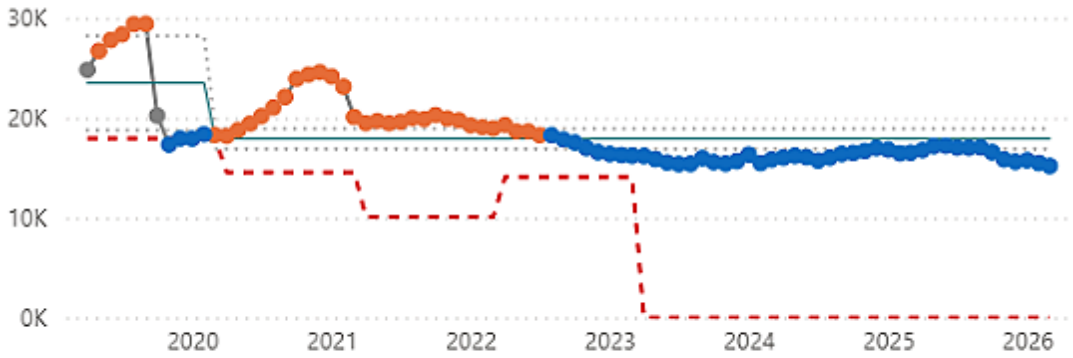
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Performance is showing improving variation, meeting the national target at the end of March 2026 with zero breaches recorded.

Follow up outpatient appointments delayed over 100% past target date



Performance is showing improving variation. March 2026 (15,182) is the best performance recorded, improving by over 1,300 since March 2025.

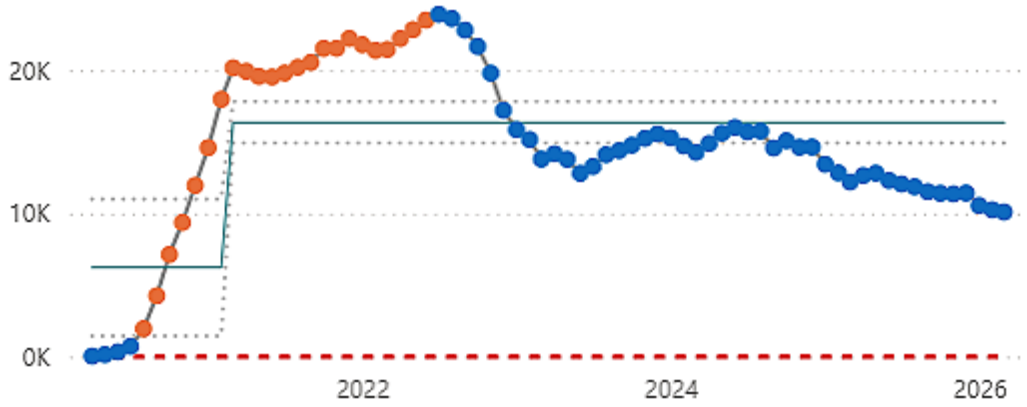
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board met the 52-week target across all specialties at the end of March. • Active management and triage of referrals has resulted in no waiting list growth, whilst a reduction in 36-week new outpatient breaches since June 2024 signifies positive indications for further recovery in future. • A Welsh Government initiative to reduce outpatient waiting list volumes via an insourcing company, Healthcare Business Solutions (UK) (HBSUK), running from September 2025 to March 2026, provided additional outpatient capacity. This resulted in a 50% reduction of patients waiting over 26 weeks for a first outpatient appointment. • Initiatives for reducing new outpatient waits have increased follow-up waits as more patients progress through pathways.	• Outpatient Transformation Programme in place, with targeted actions for each specialty covering all National Planned Care Programme priorities, including referral management, clinical triage, and maximising the use of self-management pathways like See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU). • Delayed follow-up wait reduction to below 12,000 supported by national clinical leadership and CIN (Clinical Implementation Network) guidelines was not met at the end of March 2026. However, improvements across many specialties were evident with increased clinical validation, referring mild glaucoma patients back into primary care and use of CIN guidelines. This continues throughout 2026/27.	31/03/27 31/03/27

Waits over 52 and 104 weeks from referral to treatment (RTT)

(Enhanced monitoring condition and Ministerial priority)

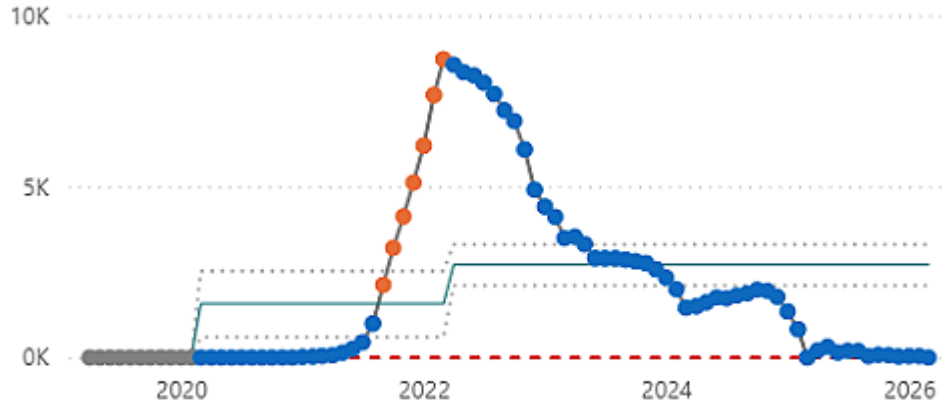
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance is showing improving variation. March 2026 (10,102) is the best performance since November 2020, an improvement of over 2,000 since March 2025.

Patients waiting over 104 weeks from referral to treatment



Performance is showing improving variation. The national target of zero was narrowly missed in March 2026 (3).

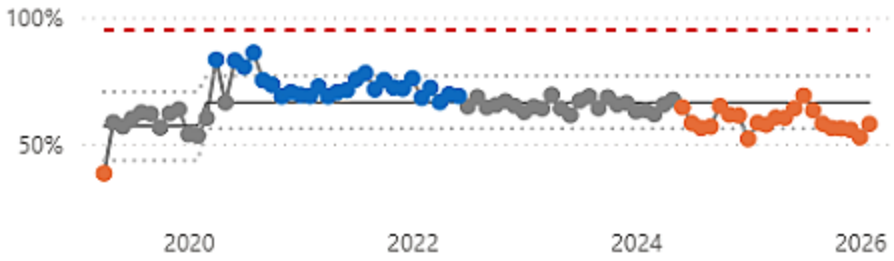
Key challenges / issues	Key actions / initiatives	Due date
• The Health Board met the 104-week maximum wait with the exception of 3 patients in Trauma and Orthopaedics. A national bone cement shortage and a subsequent cyber attack at Stryker, the main supplier of product used throughout Wales, resulted in 42 patients being cancelled at short notice during the months of February and March 2026. The service were able to mitigate all but 3 of the 42 patients either by providing alternatives to bone cement or use of alternative products. All other specialties met the target. • Patient complexity and co-morbidities affect suitability for outsourced or day-case procedures, affecting treatment timelines. • Getting It Right First Time (GIRFT) ambitions are influenced by clinical confidence and pre-op process variations across specialties. • Additional risks include prioritisation of cancer backlogs, and urgent cases consuming rescheduled theatre slots. • Inpatient/day case activity exceeds pre-pandemic levels, but challenges remain with late starts, early finishes, and fallow (non-utilised) theatre lists due to workforce constraints. • Maintaining and reducing waiting times into quarter one 2026/27 with levels of additional funding currently unknown.	• The Clinical Care Group continues to focus on maintaining waiting time targets in 2026/27 using demand and capacity forecasts to highlight risks and guide funding allocation. • Theatre Optimisation workstream led by the Clinical Care Group aims to improve productivity and meet GIRFT standards across specialties. This includes a full staffing review and implementing evidence-based guidelines on appropriate staffing and list loading per procedure bundle with a view to eliminating variation between sites. The Theatre steering group will also be looking at theatre utilisation of funded sessions.	31/03/27 30/06/26

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

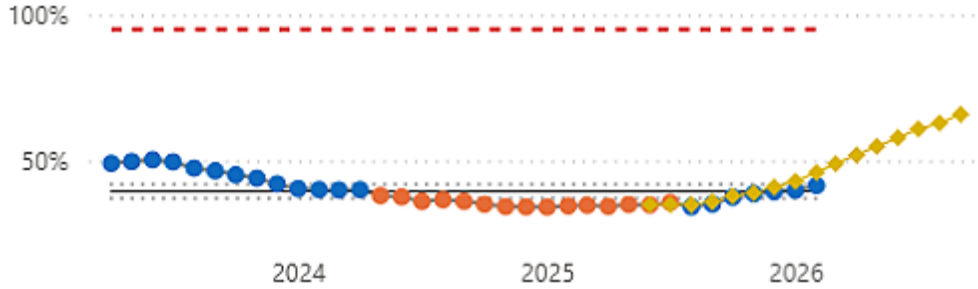
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



Performance is showing concerning variation. February 2026 = 57.8% against the national target of 95%.

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



Performance is showing improving variation. February 2026 (41.5%) is the sixth consecutive month of improvement; however, our ambition (46%) was not met.

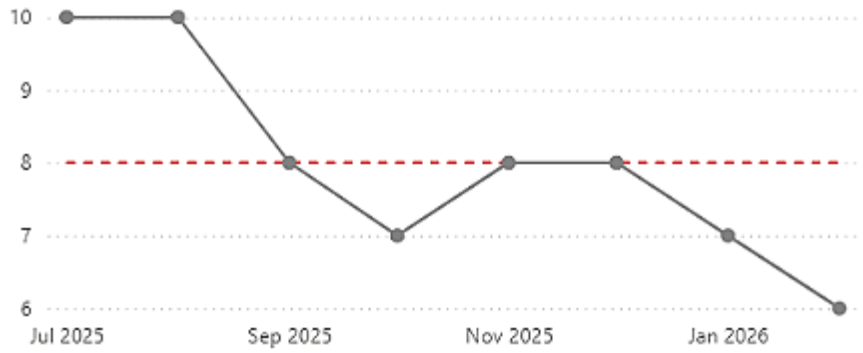
Key challenges / issues	Key actions / initiatives	Due date
• Improvements in R1 patients waiting performance has led to a deterioration in R1 appointments attended performance. The advice from the Welsh Government is to focus on the patients waiting target as these are higher risk. Booking these patients, who have already breached, will improve this trajectory but will directly affect the appointments attended trajectory as patients have already breached. Once corrected, R1 appointments attended performance will naturally improve as capacity grows and the backlog reduces.	• Monies awarded to improve the patients waiting target have been utilised to onboard and train the necessary staff to improve this trajectory. More activity is being incrementally introduced. The next key action is to recruit the replacement SAS doctor in North Road Eye Clinic (NREC) to increase delivery. The second key action is to move the Intravitreal (IVT) service into Amman Valley Hospital (AVH) outpatients 5 days a week.	01/07/26
• Increasing outpatient delivery has been stalled by interdependencies, including outpatient staffing and medical records constraints in Carmarthenshire and staff sickness in Pembrokeshire. This has prevented increasing outpatient delivery by seven clinics per week, which is part of the recovery plan for R1 delivery.	• Outpatient staff requirements outlined in annual planning cycle to build into Ophthalmology staffing model, with the intention of Ophthalmology staffing blue suite in Glangwili Hospital (GGH) entirely allowing for incremental increases in clinics by 11 sessions per week. This requires staff to be recruited and trained in Ophthalmology.	01/07/26
• Expansion to intravitreal service hindered by general clinics in Amman Valley Hospital (AVH) being run out of the outpatient department utilising the injection room. A room is being refurbished in AVH to accommodate some of these clinics, but progress is slow.	• Two SAS doctor posts are being onboarded.	01/10/26
• Reduced workforce continues to impact delivery, with vacancies for two whole time equivalent (WTE) consultant posts and two WTE specialty, associate specialist and specialist (SAS) doctor posts.	• One part time SAS agency doctor in post for four-month period to cover work break to be extended. Discussion held with Medical Workforce to recruit this agency into a bank consultant contract.	01/07/26
• SAS doctor took a work break from September 2025 to May 2026 resulting in the loss of 10 sessions per week for a period of 6 months, impacting on delivery.	• Administrative and clinical validation has been increased to maximise use of Welsh General Ophthalmic Service (WGOS), See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) opportunities. This resulted in over 100 patients being transferred onto different pathways of care (i.e., community management). This will continue to March 2027 with trackers created to maximise yield and ensure only patients waiting	31/03/27
• Two regional consultant posts advertised with no suitable candidates applying.	dary care intervention are on our waiting lists.	

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

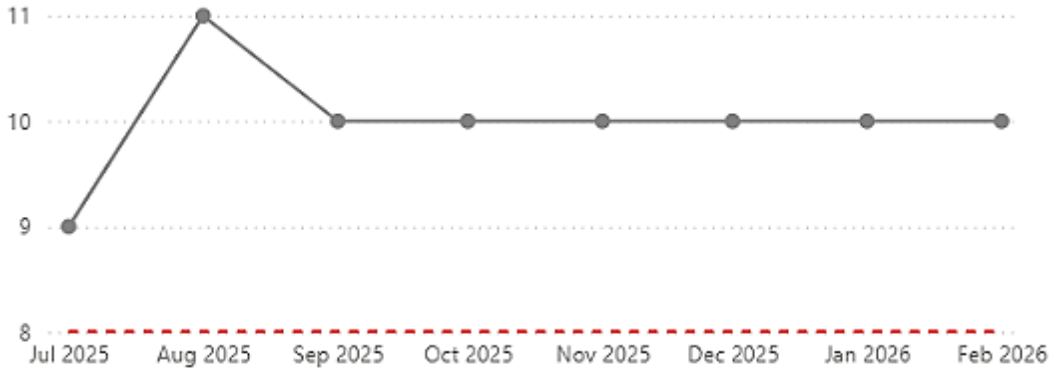
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Median emergency ambulance response time to purple: arrest category calls



In February, the median response time was 08:28 minutes for ARREST (Purple) Calls. There were 148 ARREST calls. Official WAST data is delayed by 1 additional reporting month

Median emergency ambulance response time to red: emergency category calls



In February, the median response time was 09:33 minutes for RED (Emergency) calls there were 507 calls. Official WAST data is delayed by 1 additional reporting month

Key challenges / issues

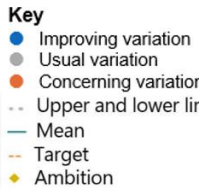
- Unverified March performance was 08:28 minutes for arrest and 10:48 minutes for emergency calls. With 49 arrest calls and 584 emergency calls.
- Overall attended demand in Hywel Dda Health Board area for March 2026 on average has been above forecast.
- Hospital delays in ambulance hand over for WAST ambulance crews, 1,697 hours lost at the 4 acute Hywel Dda hospital sites during March 2026, showing an improvement from February 2026 by 200 hours. Notification to Handover within 15 minutes was at 46% in March for the 4 acute general hospitals, showing slight improvement over February 2026.
- There were 7 immediate vehicle release (IVR) request in March 2026 of which all were accepted representing an acceptance rate of 100%.
- WASTs financial picture from April 2026 will likely see Overtime reduced, resulting in decisions about cover to maximise performance.

Embedded improvement actions

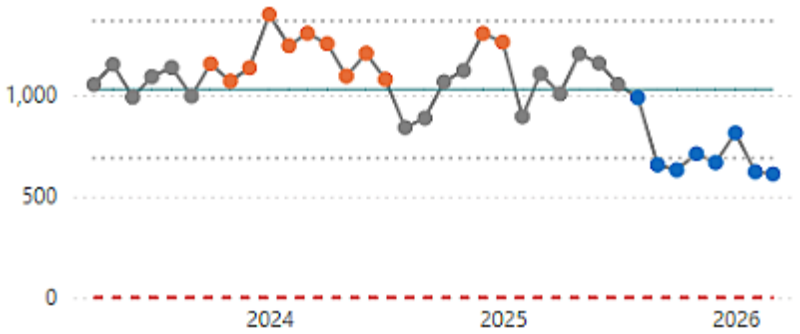
- Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts.
- Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST 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 ED – 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 Pembrokeshire and Carmarthenshire. Improvements being made with uplifting cover as additional APPs complete necessary training.
- WAST resourcing reviews and targeted overtime allocation
- Wait 45 initiative implemented, which will reduce length of ambulance wait times outside emergency departments.

Urgent and Emergency Care – Ambulances – Hywel Dda

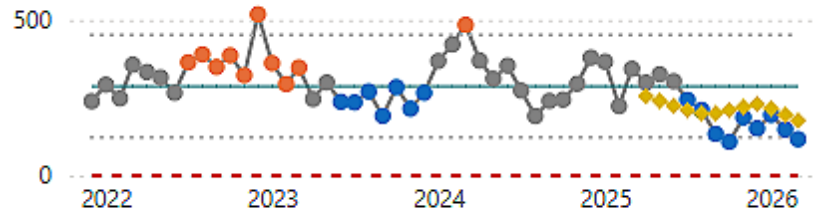
(Enhanced monitoring condition and Ministerial priority)



Ambulance handovers taking over 45 minutes



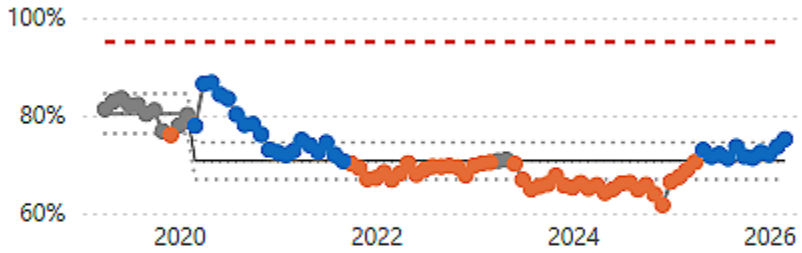
Ambulance handovers taking over 4 hours



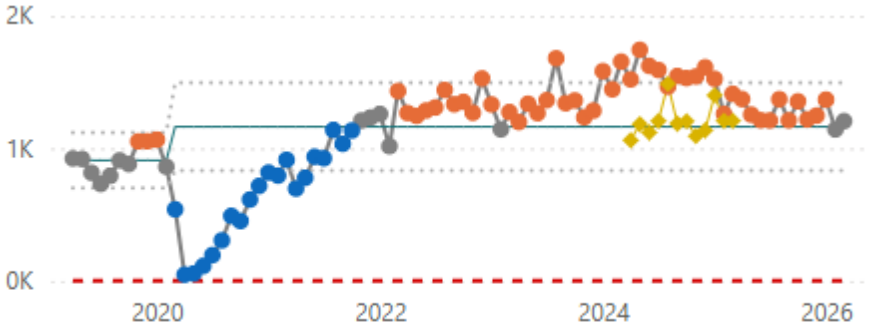
>45 Minutes handovers:
Latest data is showing improving variation
610 handovers > 45 minutes out of a total of 2,070 handovers.

>4 hours handovers:
Latest data is showing improving variation. 117 handovers > 4 hour out of a total of 2,070, 5.7%.

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



Patients waiting over 12 hours in A&E/MIU



Waits < 4 hours:
Latest data is showing improving variation. 75% of patients were seen within 4 hours, 11,908 out of 15,849 new attendances.

Waits > 12 hours:
Latest data is usual variation.
1,206 patients waited over 12 hours, out of 15,849 new attendances, 7.6%.

Key actions / initiatives – tactical urgent and emergency programme

In response to long-standing performance challenges within Urgent and Emergency Care (UEC) which has resulted in sub-optimal patient experience and performance, the Executive Team has issued a series of instructions to be enacted at pace, in order to deliver a step change improvement, known as the UEC Accelerated Transformation Programme. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients. Welsh Government asked all health boards to take urgent, focused action to improve patient flow and reduce delays to discharge of patients from our care. The first Early and Weekend Discharge Winter Sprint Fortnight ran from 8–22 December and aimed to strengthen resilience across both health and social care. Working in partnership with teams across our whole system, including our local authorities, is crucial in enabling better patient outcomes and experience, reduced harm from delays, and more beds available for those who need them most. A second Winter sprint from 21 January – 4 February 2026, allowed systems to apply learning from the 1st sprint to those areas that had deteriorated and allowing a focus to sustained improvement across all systems

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

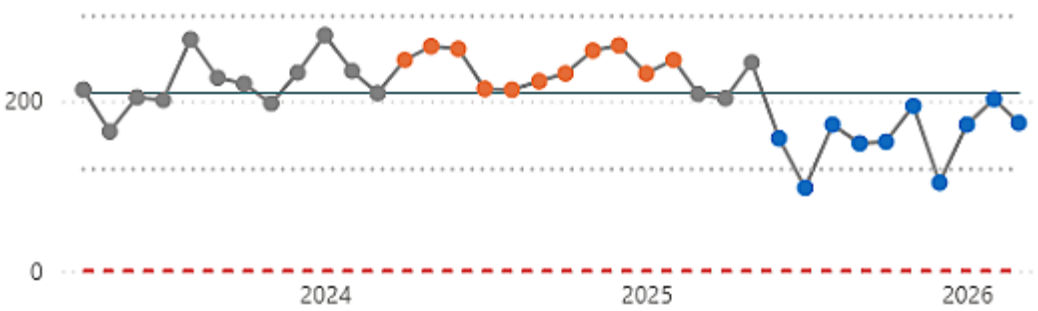
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

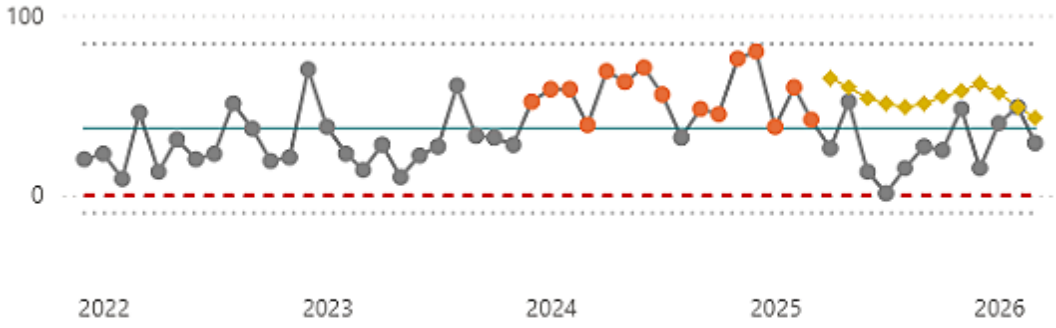
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 174 handovers >45 minutes reported out of a total of 392 handovers, 44.4%.

Ambulance handovers taking over 4 hours



Latest data is showing usual variation. 29 handovers >4 hours was reported out of 392 total handovers 7.4%.

Key challenges / issues

- Overcrowding in Emergency Department (ED) – reliance on corridor care to meet compliance with 45 minute ambulance handover target. The Emergency Department has 2 resus bays and 5 majors bays and can very quickly become overcrowded.
- Lack of senior decision makers at the front door.
- Ability to surge (additional pressure due to demand) and follow boarding protocol across the site with wards regularly surged to maximum capacity, which reduces the ability to create patient flow through the department. Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation.

Key actions / initiatives

	Due date
• Recruitment of 3 speciality doctors and 1 substantive Consultant in ED will enable a 24/7 rota – ED consultant now in post .	30/04/26
• Data from the Same Day Urgent Care pilot being scrutinised to assess impact and viability.	30/04/26
• 5 x band 7 emergency and urgent care navigators / Team leaders being onboarded following successful application process.	30/04/26

Embedded improvement actions

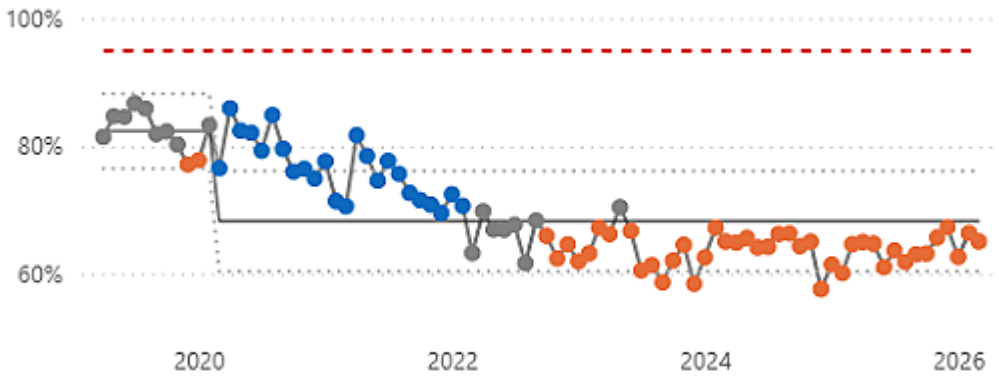
- Red release plans are almost always supported, with emergency and urgent care navigators reviewing and establishing plans in advance.
- Whole acute community system working with Local Authority partners to improve flow and reduce delays.
- Adjustment of the Manager of the Day model and dialogue with the Patient Flow Unit to manage and meet expectations.

Urgent and Emergency Care – Emergency Departments – Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

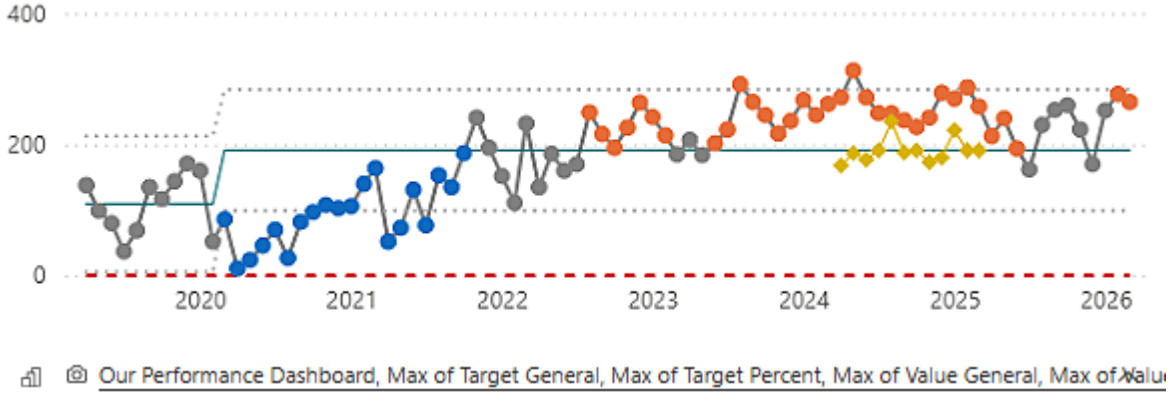
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



65.1% latest data, 961 breaches out of 2,753 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E/MIU



265 breaches out of 2,753 new attendances, 9.6%. The chart is showing concerning variation.

Key challenges / issues

- Continued significant overcrowding of the emergency department.
- Excessive front door demand remains which limits ability to support ambulance handover targets.
- Continued reliance on corridor care.
- Lack of senior decision maker at the front door.
- Delays in patient flow across the wider system – Bronglais General Hospital provides acute healthcare to 3 separate local authorities.
- Nurse staffing deficits and gaps.
- Limited physiotherapy resource in Emergency and Urgent Care Centre
- Small clinical teams i.e. lone consultant working.

Key actions / initiatives

Key actions / initiatives	Due date
• Reconfiguration of Emergency and Urgent Care Centre/Clinical Decision Unit (CDU) to more adequately meet the demands at the front door with options being discussed by the Multi Disciplinary Team (MDT)	30/04/26
• Implementation of 24/7 speciality doctor rota.	30/04/26

Embedded improvement actions

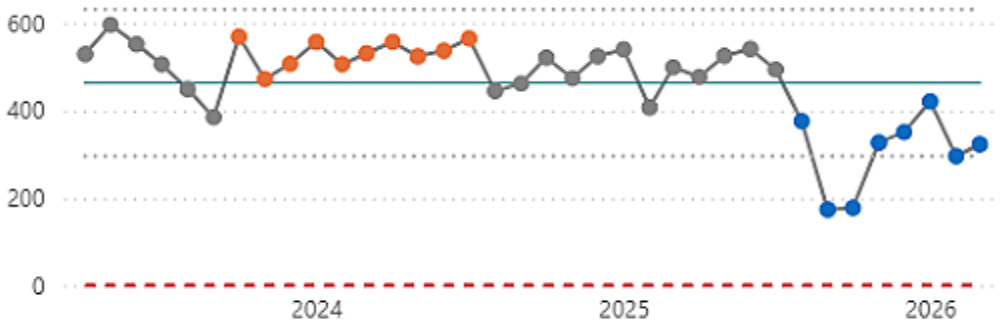
- Recruitment of substantive A&E consultant – now in post.
- Review of the Same Day Urgent Care pilot to assess impact and scope for further actions.
- Ongoing review of clinically optimised patients with Local Authority partners in Powys, Gwynedd and Ceredigion.
- Red release plans are almost always supported with escalation by Emergency and Urgent Care Centre navigators if no plans are achievable.
- Whole acute and community system working with Local Authority partners to enhance flow and reduce blockages.
- Discharge lounge pilot assessment.
- Review and adjustment of the Manager of the Day system with dialogue continuing with the Patient Flow anage expectations.

Urgent and Emergency Care – Ambulances – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

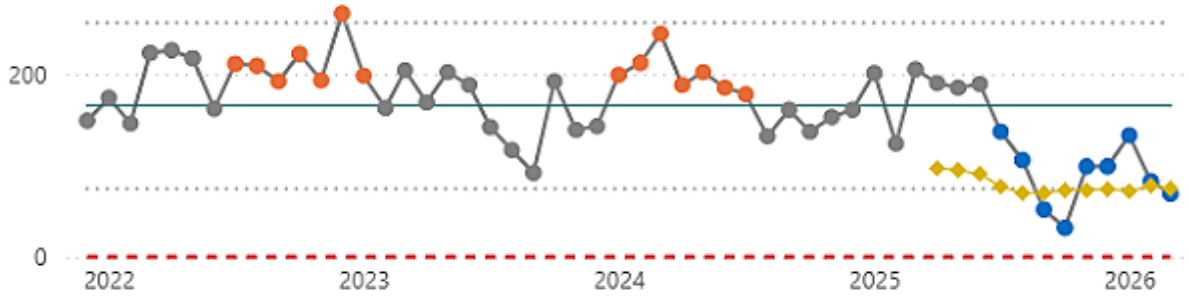
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 323 handovers >45 minutes reported out of a total of 831 handovers, 38.9%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 69 handovers >4 hours reported out of a total of 831 handovers, 8.3%.

Key challenges / issues

- Overcrowding within the Emergency Department continues to be challenging with ward areas continuing to be fully surged and boarded to full capacity.
- Challenges with staffing levels compared to demand and the skill mix within the middle grade doctor team and contribute to delays, particularly overnight.
- Specialty pathways from across the Health Board contribute to the increased demand at Glangwili.

Key actions / initiatives

Key actions / initiatives	Due date
• Firm up action on 7 day working Clinical Streaming Hub and conveyance avoidance into the acute hospital. Waiting for the release of funding to enable posts to go out to advert.	30/06/26
• Await additional revenue for uplift of staffing to support Same Day Emergency Care (SDEC) staffing.	30/03/27
• Improve and fully implement the 45 minute ambulance handover actions.	30/04/26

Embedded improvement actions

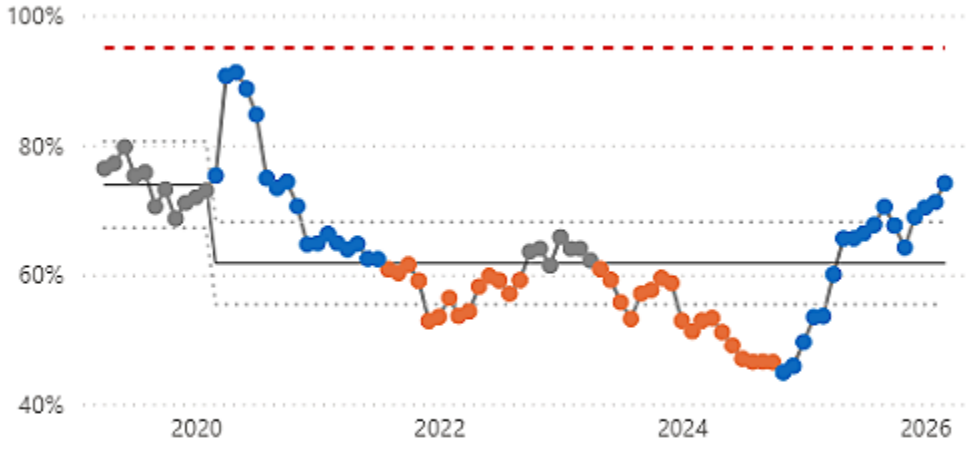
- Ongoing recruitment process being followed.
- Infection, Prevention and Control (IP+C) scrutiny continues.
- Miya Flow system is now being actively used to support real-time pull from ED, improving visibility and patient movement. Pull from ED is where wards directly and actively request patients from ED.

Urgent and Emergency Care – Emergency Departments – Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

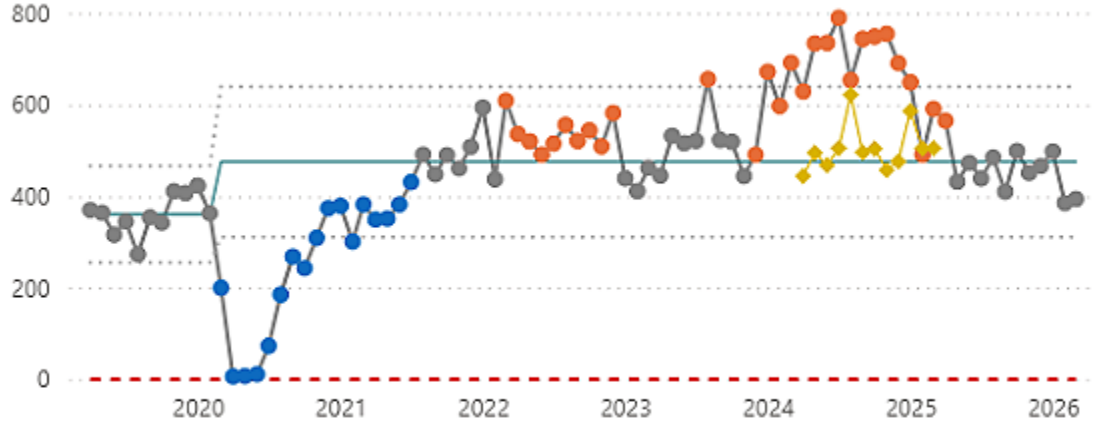
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



74.1% reported for March, 1,280 breaches out of 4,947 new attendances. Chart is showing improving variation.

Patients waiting over 12 hours in A&E



394 breaches out of 4,947 new attendances, 8%. The chart is showing usual variation

Key challenges / issues

- Patient flow co-ordinator has contributed to improvement in 4 hour performance through live data accuracy.
- High volume of clinically optimised patients (no longer requiring acute care) continues across all ward areas.
- Large volume of frail patients who require comprehensive support to allow safe discharge.

Key actions / initiatives

Key actions / initiatives	Due date
• Improve the Frailty pathway in GGH and the wider Carmarthenshire acute and community system.	30/09/26
• To review, improve and fully implement the 7 day working Clinical Hub actions	30/06/26
• Revised standard operating procedure (SOP) and clinical guidelines for SDEC	30/04/26
• Additional resource to support winter pressures have contributed to improved performance. During the winter sprints additional resources were funded, phlebotomy and administration support for ED. This improved MYIA flow system compliance and timely investigations. Situation, Background, Assessment, Recommendation (SBAR) report will be need, to secure substantive funding.	30/06/26

Embedded improvement actions

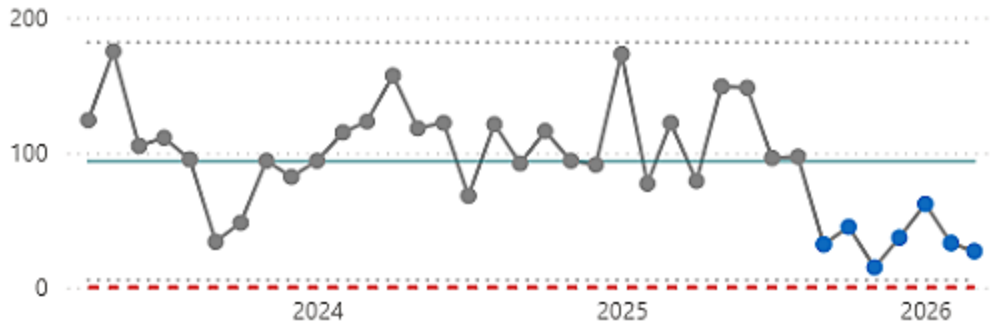
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- Working as a whole system GGH/PPH and the community, to avoid delays in the patient's pathway
- New Acute Frailty Consultant has been appointment and starting in May.
- T[illegible]ppointed a Clinical Lead for Care of the Elderly (COTE).

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

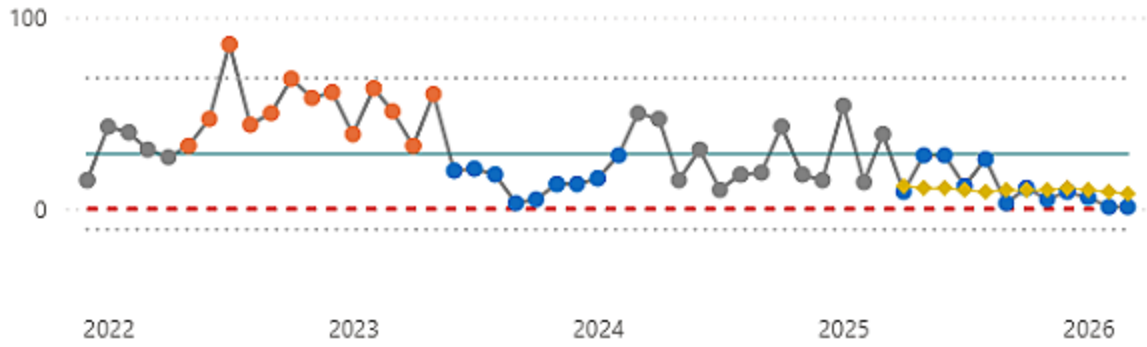
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 27 handovers >45 minutes reported out of a total of 244 handovers, 11%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 1 handovers >4 hours reported out of a total of 244 handovers, 0.4%.

Key challenges / issues

- Continued front door pressure resulting in very limited capacity at point of patient handover. Area still highly impacted with issues around IP&C (Infection Prevention and Control) which continue to be present going through winter months and although now starting to ease are still a barrier.
- We are continuing to maintain handover 45 handover target which enabled us to handover ambulances within a timely manner however, this continues to add pressure internally on our ward areas where we surged as a result. IPC also playing a part in delays as areas are required a deep clean more often.
- Prioritisation of medical patients in Minor Injury Unit (MIU) to come across to Acute Medical Assessment Unit (AMAU) remains, these patients are discussed daily in site flow calls and tracked until transferred. Meeting in relation to patient handover criteria - discussions started to support this pathway this continues with weekly task and finish groups looking to support and re-model flow activity.
- Boarding protocol (Our next patient) where patients are moved early to areas where discharges or query discharges have been identified at escalation points via patient flow meetings and manager of the day escalation.

Embedded improvement actions

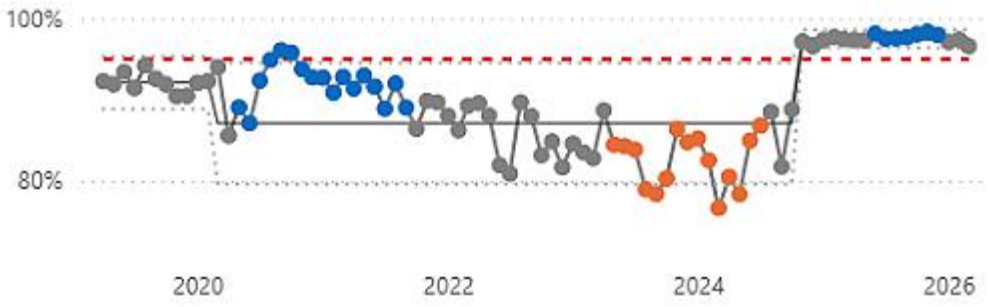
- Immediate ambulance release is still almost always supported only delay causes mentioned in key challenges change this.
- AMAU acute medical model is now functional, to support early discharge at the front door, this team is now also supported by Acute Response Team (ART) who attend weekly to support the medical team in identifying patients for community support which enables faster discharge. Development of training posts are being discussed with updates due in May.
- Clear communication channels with the newly named PFU (Patient Flow Unit) team on site to support with hospital flow and patient transfer.
- SDEC (Same Day Emergency Care) continue to support AMAU/MIU to reduce pressure at the front door. SDEC has opened throughout 2026 on weekends to provide additional support.
- Development and implementation of ‘Our next patient’ operation procedure now active in AMAU to ensure that each patient is assigned to the right ward so they can receive specialist care in a timely manner under the care of the appropriate team.

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

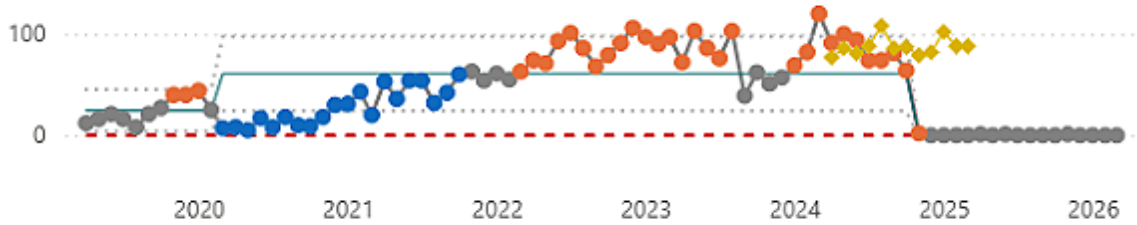
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



96.6% reported for March, 89 breaches out of 2,608 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,608 new attendances. Chart is showing usual variation performance trend. The control limits were adjusted from November 2024 due to change of front door model

Key challenges / issues

- We continue to monitor patient numbers, and our Minor Injury Unit (MIU) new patient attendance has returned to similar levels prior to closing overnight. (Since November 2024) There has been a significant decrease in the number of patients presenting with major complaints although they do still happen on a regular basis. However, the overall decline in tread continues to be the case with a small number of medical patients presenting. Patient type is being monitored in our morning flow meetings.
- Patients who are medically optimised, who are no longer requiring medical intervention, needing discharge support due to complex needs remain a challenge with around 40 patients a day. The level of patent group does have a negative effect on patient flow and impacts the ability to create flow through the hospital resulting in delays for patients in MIU requiring a bed.
- Medical Hot Clinic have grown in frequency with an additional general medicine hot clinic still being added to the rotation where possible in job planning. Hot clinics are outpatient services that allow for a patent to be assessed within the same day.

Embedded improvement actions

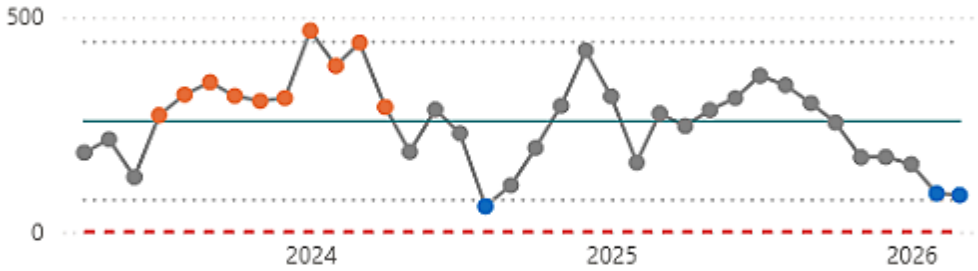
- Locum consultant has created weekly hot clinics. These allow for prompt treatment of patients through SDEC that supports hospital flow and admission avoidance. Additional General Medicine clinics concerned to extend.
- SDEC has been open throughout 2026 on weekends to support acute medical take in both PPH and GGH. Agreed referral pathways between sites has been implemented. Going forward from April 2026 it has been suggested that SDEC will open as a six-day service (additional day on a Saturday) as a trail run for the urgent care centre, however this will require a Financial review
- Ongoing works around the UCC (Urgent Care Centre) to join working teams of MIU and SDEC, weekly task and finish groups are looking at the potential operating models, and staffing plans.

Urgent and Emergency Care – Ambulances – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

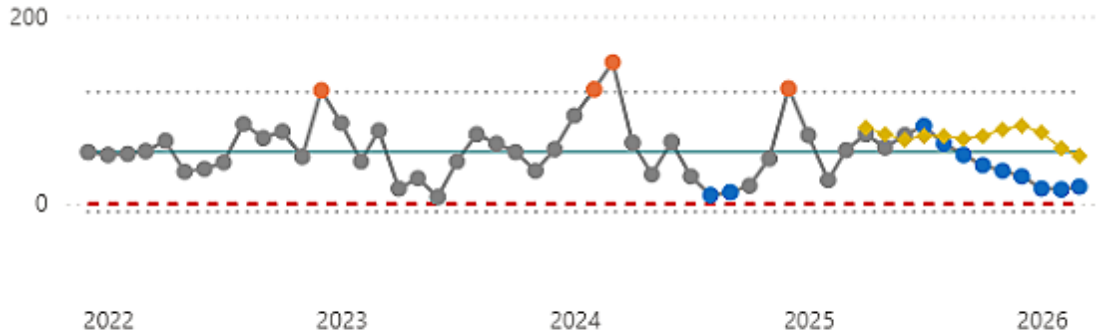
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 45 minutes



Latest data is showing improving variation. 86 handovers >45 minutes reported out of a total of 603 handovers, 14.3%.

Ambulance handovers taking over 4 hours



Latest data is showing improving variation. 18 handovers >4 hours reported out of a total of 603 handovers, 3%.

Key challenges / issues

- Daily monitoring, hour to hour, of the ambulances awaiting patient handover and the 999 call stack (demand) has been resource intensive but has yielded positive results in terms of faster average handover times, and less of WAST's time lost to handover waits.
- The main challenge for Withybush is that the ED becomes busier as it fills up all of its treatment areas to support ambulance handovers as a priority.
- Overcrowding of ED as a consequence remains a risk, and there is a balance with meeting the walk-in demand in additional to 999 conveyances, as sometimes walk-in cases can be the most clinically unwell.

Key actions / initiatives

Key actions / initiatives	Due date
• Expansion of Porth Preseli Clinical Streaming Hub (with App Nav support) to support more ambulance redirects to ED alternatives across 7 days	31/07/26

Embedded improvement actions

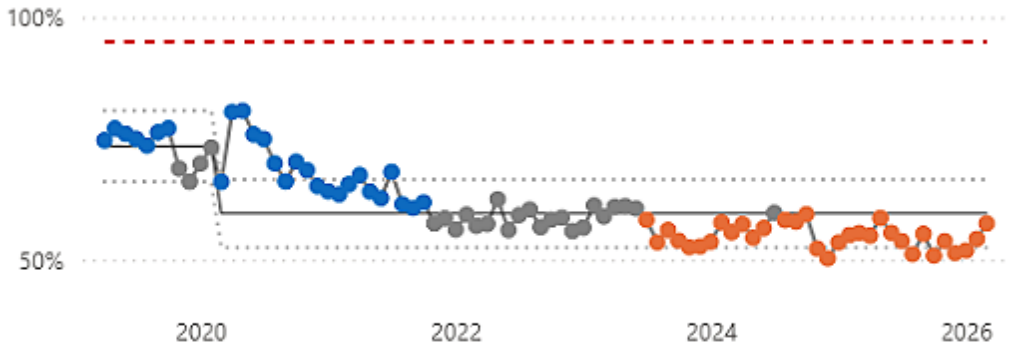
- Dedicated senior nurse allocated (daily) to cover Rapid Assessment and Triage area and focus on ambulance handovers.
- Ongoing use of MIYA patient flow system; wards engaging with pull model to move bed-requested patients out of ED proactively supporting departmental flow

Urgent and Emergency Care – Emergency Departments – Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

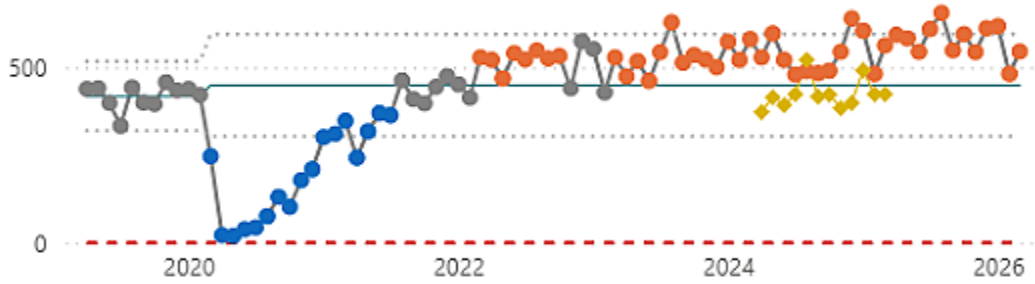
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



57.5% reported for March, 1,579 breaches out of 3,719 new attendances. Chart is showing concerning variation.

Patients waiting over 12 hours in A&E



546 breaches out of 3,719 new attendances, 14.7%. Chart is showing concerning variation.

Key challenges / issues

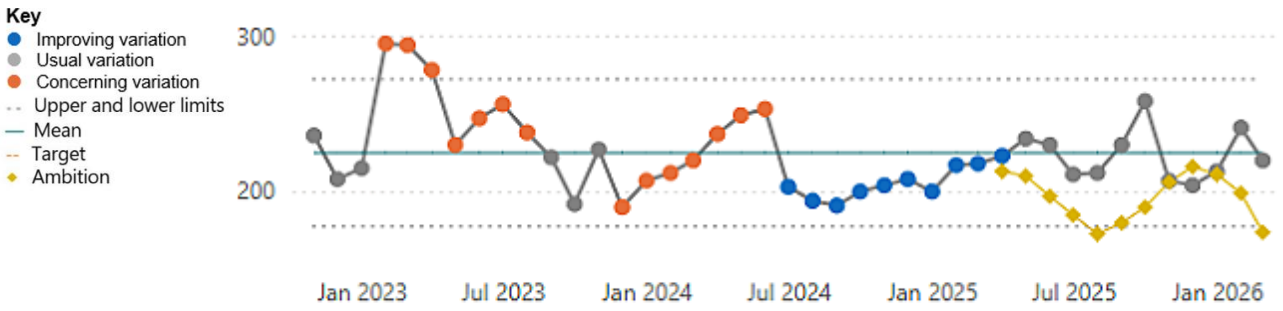
- 4 hour target and waits over 12 hours are impacted negatively by the positive improvement made with ambulance handovers as the ED proactively takes on the clinical responsibility of handing patients over into a busy department, utilising escalation spaces (area round the nurses station, see and treat rooms etc).
- Increased trend in complex Mental Health presentations (with increased risk of longer stay in dept. >12 hours) which has impacted on 12 hour waits.
- ED and management team are scoping the possible role of a Flow Navigator to help support the management of ED patient flow in hours, 4 hour breach management – in the meantime we have re-aligned administrators to better support some of this work

Key actions / initiatives	Due date
• Expansion of Clinical Streaming Hub to 7 day model	31/07/26
• Expansion of Medical SDEC to 7 day model	30/11/26
• Monday - Friday reintegration of Frailty SDEC pathway	31/04/26

Embedded improvement actions

- MIYA patient flow pull model to support bed moves from ED

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



- Number of pathway of care delays as at 18th March 2026 census was 220 patients and the chart shows usual variation.
- The total days delayed for non-mental health decreased in March to 7,652 days from 7,657 in February. Mental health and learning disability delays increased from 605 in February to 613 in March. Assessment delays remain the largest proportion of delays.
- The census count is based on any patients delayed in one of our hospitals, regardless of their area of residence i.e. will include patients living outside of Carmarthenshire, Ceredigion and Pembrokeshire.

Key challenges / issues	Key actions / initiatives	Due date
Non Mental Health: Engagement from patients/families/carers in the discharge process (disputes/delays). Timely identification of care homes despite the home of choice policy. High level of acuity/frailty patients across hospitals, patient/family/carers expectation driving the need for multiple assessments. Hospital-acquired deconditioning and limited access to appropriate rehabilitation due to the Allied Health Professional (AHP) staffing shortage, impacts delays relating to AHP assessments, re-ablement and new packages of care on discharge. Ongoing challenges relating to housing, homelessness, care home availability, healthcare equipment and staffing/recruitment. **Mental Health & Learning Difficulties**: Delays within Older Adult Mental Health (OAMH), accounting for 7 out of 9 medically optimised delays in March. Reflecting the dependency on external care home and specialist placement capacity. A patient with delay > 100 days due to lack of available Elderly Mental Infirm (EMI) nursing provision rather than discharge processes. Case noted on HB risk register. Care home and specialist placement availability impacting delays across OAMH wards. Adult Mental Health (AMH) PoCD low volumes, increased from 1 to 2 cases in March. Delays linked to housing insecurity and homelessness. Best-interest decision-making and associated legal processes contribute to a small number of OAMH cases, impacting clinically optimised discharge timelines, rather than an avoidable delay.	**Non Mental Health:** 1) Memorandum of Understanding (MOU) agreed between health and local authority partners and submitted to the national team. 2) Carmarthenshire PoCD Improvement Group being established **Mental Health & Learning Difficulties:** 1) Focused review of AMH homelessness-related delays is progressing, with strengthened multi-agency liaison involving Local Authority housing services and policing partners. A multi-agency workshop in development to reduce recurrence of PoCD associated with non-clinical discharge barriers for AMH inpatients. 2) Ongoing scrutiny of best-interest decision timelines continues to ensure legal and safeguarding processes remain proportionate, timely and clearly aligned to patients' clinical optimisation status and discharge readiness.	30/04/26 30/04/26 30/04/26 30/04/26

Embedded improvement actions

Non Mental health: Regional PoCD Delivery Group to oversee implementation of PoCD Action Plan, share learning across the system and embed Trusted Assessor models.

- Preventing Deconditioning Oversight Group: hospital-acquired deconditioning focus supported by the Quality Improvement and Service Transformation team across all hospital sites.
- Ongoing work to improve timely Discharge to Recover to Assess (D2RA) pathway allocation.

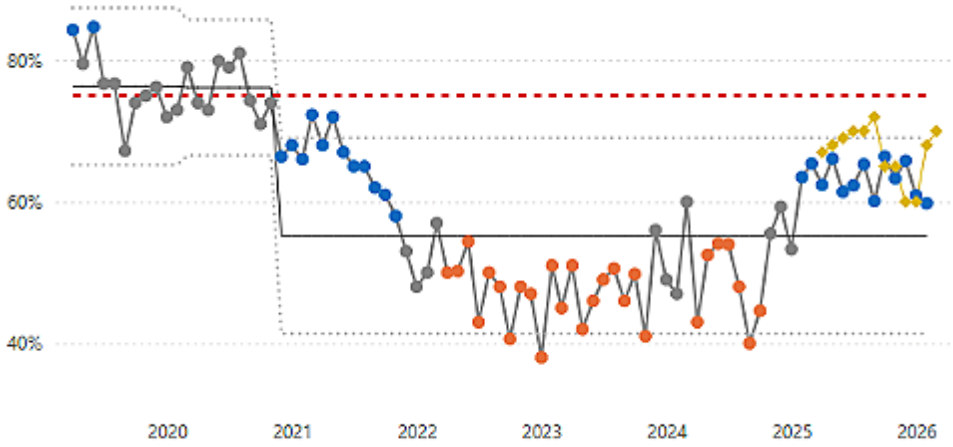
Mental Health & Learning Disabilities: Targeted escalation of the >100-day patient continues, awaiting identification of a specific suitable EMI Nursing Home placement. The appointment of a new Consultant Psychiatrist from April will further consolidate medical leadership and oversight, including linkage to the OAMH Risk Register.

- Continued system-level engagement with Local Authorities and independent sector providers is underway to address dementia and EMI nursing placement shortages.
- Daily multidisciplinary and multi-agency escalation arrangements, weekly acute pathway PoCD deep dives and escalation meetings are embedded across AMH and OAMH inpatient services, to providing oversight of medically optimised patients and discharge barriers.
- National learning and workshops on D2RA pathway application are being implemented, reinforcing consistent pathway allocation and early discharge planning from the point of admission.
- Dementia Wellbeing stepped-care model is established within approximately 20 regional care homes with benefit realisation analysis underway. Scope to spread and scale this approach.
- Multi-agency working with Local Authorities is embedded, including routine validation c[illegible]nd shared accountability for resolving non-clinical discharge delays.

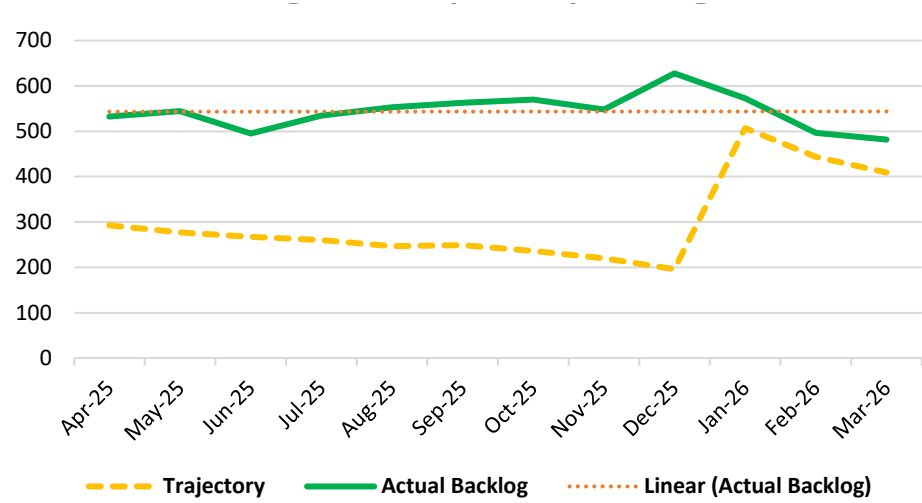
Single cancer pathway
(Enhanced monitoring condition and Ministerial priority)

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

% single cancer pathway patients starting treatment within 62 days



Number of single cancer pathway patients waiting over 62 days



In February 2026, performance was 59.8% against the trajectory of 68%. Urology continues to be our most challenged pathway with 262 patients waiting over 62 days.
266 patients were waiting in excess of 104 days for investigations or treatment (where needed).
It is important to note that not all patients waiting will have a confirmed cancer diagnosis..

In March 2026, 482 patients were waiting over 62 days on the single cancer pathway, although the trajectory was not met, this is a 3-month improvement trend.

Key challenges / issues	Key actions / initiatives	Due date
Single cancer pathway Overall treatment activity in February 26: 238 patients started treatment within 62 days, 165 patients were waiting over 62 days. First treatment rates decreased by 52 patients. The decrease in performance was due to focussed activity for patients waiting over 62 days, Performance in March is expected to improve. **Backlog and Diagnostics** To meet the 28-day diagnostic target, the testing components of the pathway must be provided within 7 days.	• Outsourcing of MRI for prostate patients started in November 2025. This equates to 20 patients per week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed. This has been extended for Q1 – 2026/27 • Robust improvement plans agreed for Urology prostate diagnostics for 2026/27. • Piloting the use of the Galeas Bladder Test from January 2026 – 300 patients. Delayed from January 2026 to March 2026. This has been extended for Q1 – 2026/27 • Outsourcing of CT until March 2026. This equates to 260 CT scans per month with a 7-day reporting turnaround. This has been extended for Q1 – 2026/27	30/06/26 31/03/27 30/06/26 30/06/26

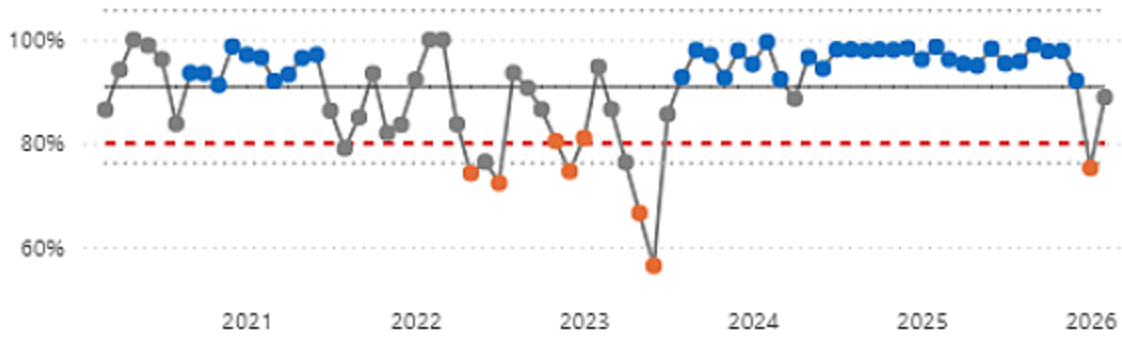
Mental health assessments within 28 days

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

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

Latest performance of 88.4% is showing improving variation and the target of 80% was met.

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



Latest performance of 88.9% is showing usual variation and the target of 80% was met.

Key challenges / issues

% mental health assessments undertaken within 28 days (persons aged 0-17):
61 of 69 assessments were undertaken within target in February. Sickness in our Carmarthenshire team has contributed to a dip in performance although we are still within target. We anticipate March may see further decline with improved performance anticipated in April.

% mental health assessments undertaken within 28 days (persons aged 18+):
Performance has increased back into the required target since January; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time or the requirement for follow up assessment appointments which has an impact on compliance. Sickness has reduced across the service.

Key actions / initiatives

Key actions / initiatives	Due date
% mental health assessments undertaken within 28 days (persons aged 18+): To manage the surge in referrals, teams have increased their assessment slots which will affect treatment slots.	30/04/26
All vacant posts have been recruited.	Complete

Embedded improvement actions

% mental health assessments undertaken within 28 days (persons aged 0-17):
We have agreed a Demonstrator project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.

% mental health assessments undertaken within 28 days (persons aged 18+):
All teams are utilising the Primary Care Liaison Service (PCLS) at the point of referral supporting a reduction in pre Primary Mental Health Support Services (LPMHSS).

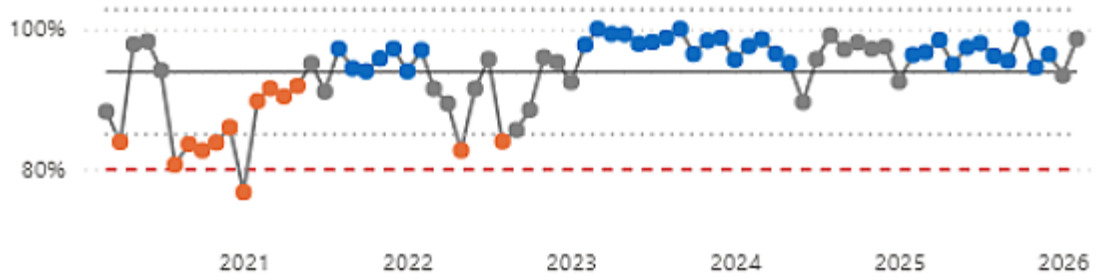
Therapeutic interventions following primary mental health assessment
(Enhanced monitoring condition)

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

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

Latest performance of 83.3% is showing improving variation but the target of 80% was met.

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



Latest performance of 98.6% is showing usual variation and the target of 80% was met.

Key challenges / issues

% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):
30 of 36 interventions commenced within target in February. Sickness in our Carmarthenshire team has contributed to a dip in performance although we are still within target. We anticipate March may see further decline with improved performance anticipated in April.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Compliance remains above the required target; however, increased referral numbers are limiting the number of available treatment sessions. The impact of the reduction in compliance for our mental health assessments target this month should not impact on compliance for therapeutic interventions next month, but this will be monitored. Estates access continues to be challenging across the three counties.

Key actions / initiatives

Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): We have recruited into the practitioner vacancies in both Carmarthenshire and Ceredigion to mitigate some of the issues identified.	Complete

Embedded improvement actions

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):
We have agreed a Demonstrator project with NHS Performance & Improvement as part of the 10-year Mental Health Strategy to trial 'One at a Time' support for the current cohort of patients.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):
Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service (PCLS) which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS. A focus on group interventions remains; however, as a service we will be reviewing the current treatment menu to ensure effe atment options.

Psychological therapy waits
(Enhanced monitoring condition and Ministerial priority)

Performance in February of 57% shows usual variation and the target of 80% was not met.

- 447 out of 807 (55.4%) patients were waiting <26 weeks to start an integrated psychological therapy;
- 6 out of 13 (46.2%) were waiting <26 weeks to start an adult psychology assessment;
- 31 out of 66 (47%) were waiting <26 weeks to start a learning disability psychology within 26 weeks.

Key challenges / issues

Learning disabilities (LDs):
Long-term sickness, maternity leave and vacancies, particularly across Pembrokeshire and Ceredigion, are resulting in service fragility which is covered by other areas of the service as needed. There continues to be high demand for complex Court of Protection (CoP) work which is intensive and resource heavy. We are also seeing increased demands on Psychology and Behaviour specialists (P&Bs) for highly specialist complex assessments requiring therapeutic input, complex behaviour challenging assessments and treatment/intervention which contributed to waits over 26 weeks.

Integrated Psychological Therapies Service (IPTS):
IPTS have seen a slight decrease in compliance by 0.6%. The service continues to strive towards stabilisation with the stepped model approach to high intensity to support an improved trajectory moving forward. Recruitment to support the ongoing groups has been delayed due to streamlining which will impact on the service's ability to maintain current activity.

Adult Psychology Mental Health (AMH):
The waiting list for patients waiting for treatment over 26 weeks increased by one patient in February. An improvement is expected following the commencement of a Practitioner Psychologist, based in an area in Carmarthenshire where there was no community provision.

Key actions / initiatives

Key actions / initiatives	Due date
LDs: • Develop the Memory Clinic pathway and the Behaviour that Challenges pathway which aim to upskill other colleagues to reduce lower-level demands on P&Bs.	30/04/26

Embedded improvement actions

LDs:

- As part of our organisational change process, we seek to recruit a co-ordinator for CoP cases who can link in with legal services, to support writing court reports/managing cases to enable professionals to continue to effectively undertake their clinical roles. We are offering additional training to all staff within the network around CoP work.
- Developing group therapy work with plan to upskill colleagues to develop skills in therapeutic models to support in delivery. Monthly meetings to develop this are in place.

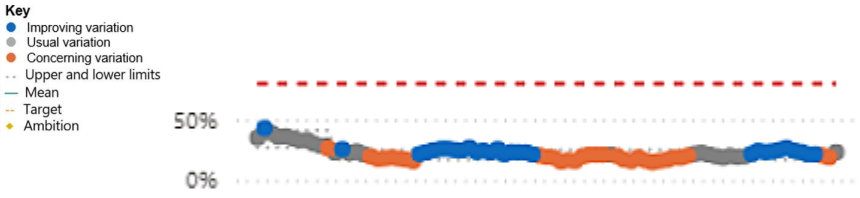
IPTS:
Several high intensity evidence-based interventions are now part of the service model with caps in therapy session in place and reviewed regularly in supervision.
All therapists have job plans that are reviewed and updated to increase capacity of service where possible.
Several staff have undertaken new training in Dialectical Behaviour Therapy (DBT) for Complex Post-Traumatic Stress Disorder (PTSD) which will support the trauma waiting list.

AMH:

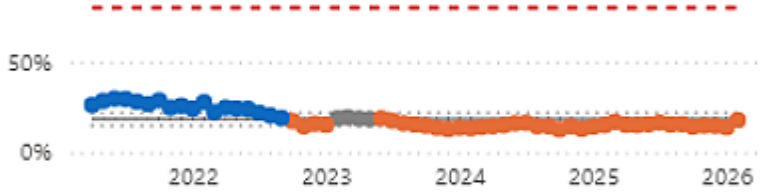
- All four clinicians are providing consultations to other services, decreasing referrals to AMH.
- [illegible]kforce' plans are in place.

Neurodevelopmental assessment waits
(Enhanced monitoring condition and Ministerial priority)

% children & young people waiting < 26 weeks to start a neurodevelopment assessment



% children & young people waiting < 26 weeks: ASD



% children & young people waiting < 26 weeks: ADHD

The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in February 2026 of 18.9% shows usual variation but the target of 80% was not met. Performance is driven by ASD, where 641 of 3,490 (17.9%) patients were waiting for an assessment <26 weeks. 442 of 1,066 (41.5%) were waiting for an ADHD assessment <26 weeks.

Key challenges / issues

Attention Deficit Hyperactivity Disorder (ADHD)

The longest current wait for an ADHD assessment stands at 104 weeks, with 228 individuals waiting longer than 52 weeks. The service has experienced a 100% increase in referrals, creating a significant requirement to expand core clinical capacity to meet national targets. Despite efforts to maximise current resources, demand continues to exceed available capacity, even when accounting for a fully established medical workforce. In addition, demand for Quantitative Behavioural (QB) testing, which forms a key part of the diagnostic pathway, also surpasses current testing capacity, contributing further to pathway delays. Clinic room availability across all sites remains a persistent constraint, limiting the ability to increase activity levels. Short-term mitigations have been implemented where possible; however, sustainable, long-term solutions are required.

Autism Spectrum Disorder (ASD)

As of February 2026, there were 3,590 children and young people waiting for an ASD assessment. There are 2,949 individuals waiting more than 26 weeks. Demand for assessment continues to outstrip capacity and remains consistently high with referrals averaging 114 per month. A waiting list coordinator role is being embedded within the team and reducing administrative burden on clinical staff. Job plans are in place for all staff to maximise efficiency. Significant progress is being made internally to bring about more efficiencies, but key challenges include the absence of a regional strategic action plan around neurodivergence and a regional approach to bring about sustainable change which should include reduced demand for diagnostic assessment.

Key actions / initiatives

Key actions / initiatives	Due date
ADHD	
• Long-term solutions to clinic room availability are currently being explored through the Bandi appeal process and the proposed reconfiguration of Puffin Ward, which aim to address both clinical and estate limitations and support future service resilience.	31/03/27
• Increase core capacity through provision of additional QB Tests and follow up sessions. Currently only one device is available to carry these out across the counties and a limited number of Healthcare Support Workers are trained to use. Funding streams being sought to support the purchase of additional devices.	30/06/26
• Continue to manage clinic capacity flexibly and maximise through rigorous job planning.	30/06/26
ASD	
• Outsourcing contract in place from 6th February to 31st March to enable the completion of 585 assessments for waits over 3 years.	Complete
• Magic Notes AI scribe to support production of structured case notes extended for a further 4 weeks.	31/05/26
• Management of clinic booking being strengthened to reduce burden on clinical staff.	31/05/26
• School cluster pilot being developed to increase throughput of assessments and increase quality of information via multi-agency working. Review and adaptation of panel process underway to reduce the number of cases requiring a full panel decision. Working towards a system that creates space for swift decision-making where cases are not complex.	30/06/26

Embedded improvement actions

ADHD

- P[illegible]d circulated outlining service development improvements and actions for the ADHD service.

Diagnostics waits over 8 weeks
(Ministerial priority)

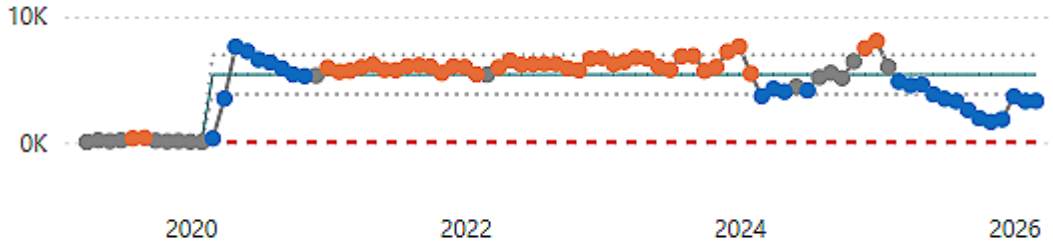
Key
- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time
- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Patients waiting >8 weeks for a specified diagnostic



Latest performance of 3,308 is showing improving variation

Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Mar 2026	3,308	●	▣	n/a
Radiology		2,564	●	▣	n/a
Cardiology		533	●	▣	n/a
Endoscopy		127	●	▣	n/a
Phys measure		49	●	▣	n/a
Imaging		35	●	▣	n/a
Neurophysiology		0	●	▣	n/a

Key challenges / issues

Radiology
- Demand exceeding capacity for timely investigations and reporting. Cancer and inpatient reporting is being prioritised.
- Welsh Government Outpatient initiative work has contributed to an increase in the overall waiting list as there are a higher number of patients requiring radiology than were predicted.
- An upgrade of the Magnetic Resonance Imaging scanner at Glangwili during March – April 2026 reduced capacity to meet demand thus impacting waiting times..

Endoscopy
- Additional endoscopy outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. This was funded by the Welsh Government Improvement Scheme.
- Ongoing capital replacement programme for old/fragile endoscope equipment.

Cardiology
- Cardiology breaches are in relation to outpatient activity via outsourcing (external), generated a demand that exceeded internal staffing capacity. There is a chronic in-house deficit in Cardiology diagnostics saw breaches increase. This was funded by the Welsh Government Improvement Scheme.

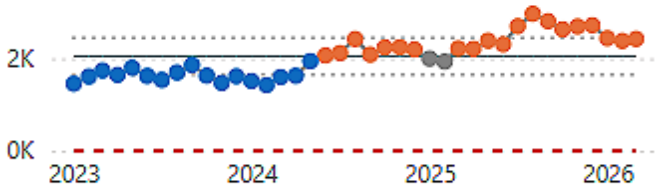
Key actions / initiatives

Key actions / initiatives	Due date
• Non-Obstetric Ultrasound external contract has been extended, and additional capacity has been sought. Additional sonographers started 02/02/26. Validation of ultrasound waiting list reduced waiting list by 15%. Extended contract funded using existing budget from a vacancy.	31/08/26
• Magnetic Resonance Imaging –1 van extended from April 26 – Aug 26 using core funding (vacancy lag)	31/08/26
• Computed Tomography – Van has been extended to end of Q1 with additional funding to scan 250 additional urgent suspected cancer patients per month.	30/06/26
• Internal staffing resource solutions (insourcing) commenced in late February and continuing into April to uplift Gastrointestinal endoscopy and Urology Cystoscopy capacity to accommodate the additional demand from the Welsh Government Improvement Scheme generated by the outsourcing (external) activity.	31/04/26
• Galeas Bladder Urine test trial has started in March, with 111 referrals thus far. This has released capacity for urgent suspected cancer and routine cystoscopies. Initial trial of 300 patients planned through April and May.	31/05/26
• Utilisation of internal and external (third party) staffing for echocardiograms to continue into April to reduce the breach position.	30/04/26

Therapy waits over 14 weeks
(Ministerial priority)

Performance is showing concerning variation. Breaches reduced by over 500 since the high point in August 2025 to 2,423 in March 2026.

Patients waiting >14 weeks for a specified therapy



Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

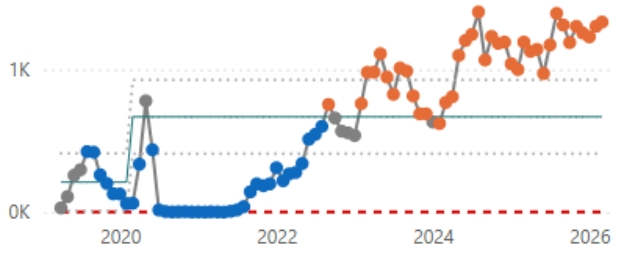
Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

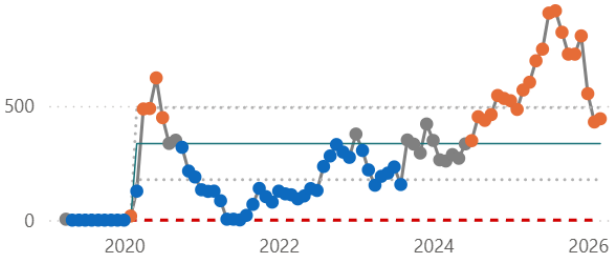
Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

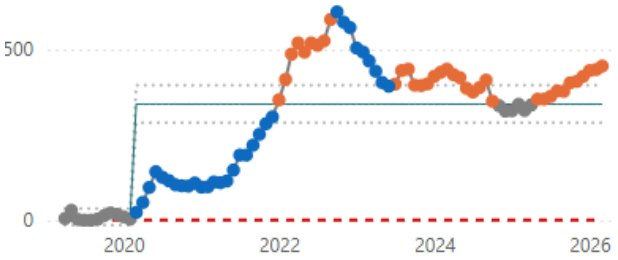
Number of patients waiting 14 weeks plus for Physiotherapy



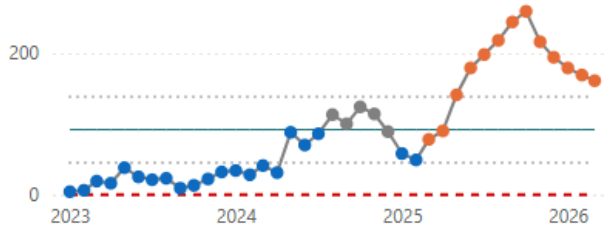
Number of patients waiting 14 weeks plus for Podiatry



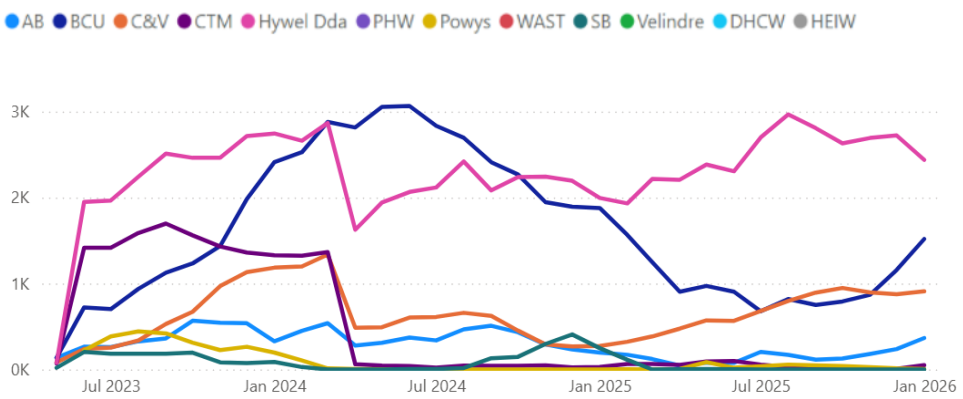
Number of patients waiting 14 weeks plus for Occupational Therapy



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



Patients waiting 14 weeks or more for a specified therapy: Welsh Health Boards (January 2026)



Therapy	Latest period	Latest actual	Variation	Assurance	% children waiting < 14 weeks
All	Mar 2026	2,423	●	▣	61%
Physiotherapy		1,333	●	▣	91.2%
Occupational Therapy		452	●	▣	14.4%
Podiatry		444	●	▣	79.2%
Dietetics		161	●	▣	37.5%
Art therapy		29	●	▣	n/a
Speech & Language Thera		4	●	▣	100%

Key challenges / issues

Physiotherapy
93% of breaches are within the Musculoskeletal (MSK) Physiotherapy specialty. Demand is growing and is greater than capacity, with changes to Community Health Pathways and other national pathways (E.g. South Wales Spinal Network Guidance) causing a shift of work from primary and secondary care towards community MSK Physiotherapy services. There is an increase in the proportion of urgent and complex work in community services as pathways have an increased focus on admission avoidance and early supported discharge.

The remaining 7% of breaches are within community and paediatric services.

Occupational Therapy (Paediatrics)
New patient referrals have increased by around 30% in the last 3 years compounded by high staff turnover across 12 month rolling average compared to other occupational therapy services. The service is constantly assessing its current capacity and adjusting performance improvement plans to mitigate as best able.

Podiatry
New patient referrals have increased by around 40% in the last six years without subsequent increase in capacity while patient complexity has increased, resulting in longer appointment times and therefore a decrease in patient contacts over the same time period. Podiatry is first point of contact/triage service for Orthopaedics and Vascular services. To meet modern expectations for timely assessments and interventions, the service now includes 7 Independent Prescribers and 5 Ultra Sonographers, achieved through internal reconfiguration without additional funding.

Reduction in breaches to 430 in February 2026 due to temporary management led clinics has stabilised in March to 444. However, this is unsustainable as temporary clinics will cease, and the expectation is that the position is highly likely to deteriorate.

Dietetics
Paediatrics: Service is still challenged by new demand for paediatric selective eating (with associated nutritional risk) as the predominant reason for service waiting times breaches. Additional fixed term capacity is having a modest impact and there is a risk of rebound due to this fixed term agreement coming to an end in September 2026.

Community: Small number of community service waiting time breaches due to fragility (ongoing sickness within the service)

Key actions / initiatives

Key actions / initiatives	Due date
Physiotherapy	
• A standard operating procedure (SOP) for a targeted telephone triage pilot, for patients who could be signposted towards supported self-management in place with further refinement of this process now planned using PDSA (plan-do-study-act) cycles to test the effectiveness of clinical risk stratification and patient activation tools to broaden the scope of the project.	31/08/26
• Financial Control Group approval given to actively recruit Band 5 bank staff. 5 job offers made 3rd March 2026. Aim for commencement in roles by 1st May 2026.	01/05/26
• 3-month pilot starting on 20/04/26 to validate routine MSK waiting lists using new Microsoft Forms methodology.	17/07/26
Occupational Therapy (Paediatrics)	
• Clinics established in all 3 counties. Continuing to explore opportunities to increase clinic capacity across all counties by identifying suitable accommodation	31/06/26
• Team increasing number of sensory workshops for parents in order to increase flow through the service	31/06/26
• Reviewing job plans within the service to maximise direct clinical capacity	31/06/26

Embedded improvement actions

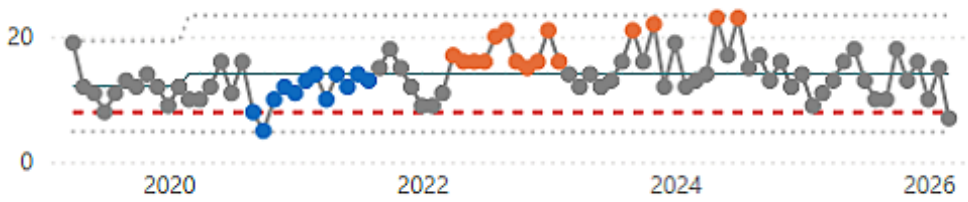
Podiatry
New patient demand and capacity tool implemented and indicated that service was efficient, all staff on 10 session template booked by office and strong discharge and eligibility procedures in place. Significant skill mixing undertaken. Service review undertaken to strengthen management structure to maximise efficiency. Demand and capacity review indicated that a proposed increase in 3 whole time equivalent staff was required to meet new patient demand.

Dietetics
Paediatrics: First line information developed and shared with referrers to support management of risk while waiting. Review of service delivery model underway, including access criteria and triage process.

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

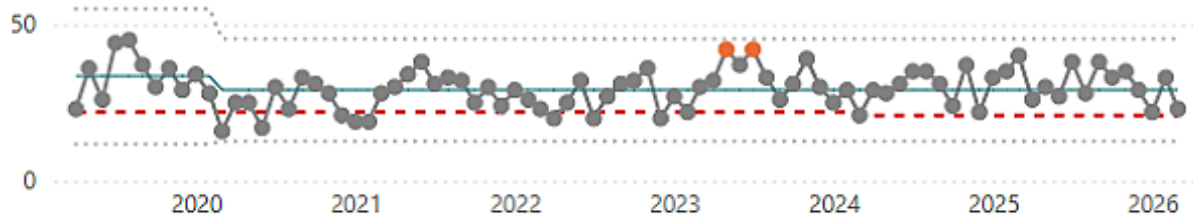
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limit
- Mean
- Target
- Ambition

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



Latest performance of 7 is showing usual variation

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



Latest performance of 23 is showing usual variation

Key challenges / issues

C. difficile:
- March total count of 7 cases, the lowest in 2025/26. Hospital onset infections is the lowest seen in 2025/26. 23 fewer cases than in 2024/25.
- Period of increased incidence of C. difficile Polymerase Chain Reaction only (x6) and C. difficile Toxin (x3) being investigated at Bronglais hospital. Antibiotic Stewardship: inconsistent completion of Start Smart Then Focus (SSTF) audits; vacancies in Antimicrobial Pharmacy team risk affecting stewardship.
- Delayed Infection, Prevention, and Control Actions: Recognition, isolation, and diagnosis delays noted in some cases.
- Environmental Cleaning: HPV technology is now across all hospital sites and compliance to this decontamination intervention after discharge of each C. difficile case to be scrutinised .
- Mandatory Training: Level 2 Infection Prevention Control compliance at 73.77%, below the 85% target and a marginal increase from the previous month.h

E. coli:
- 2025/26 saw 17 less infections than the equivalent period in 2024/25. Infections remain primarily community-onset, linked to urinary tract and some catheter-related infections with most cases occurring in the 80–89 age group.
- Non-compliance observed in hand hygiene and bare-below-the-elbow practices across staff.
- Aseptic non-touch technique compliance target was met and stands at 85.02%.

Key actions / initiatives

	Due date
C. difficile:	
• Close monitoring of infection rates to understand January's and March reductions	23/05/26
• C. difficile Improvement Group to progress the work with the C.difficile collaborative and identify improvement projects.	30/04/26
E. coli:	
• Health & Wellbeing booklet under final review and pending publication.	30/04/26
• Ongoing review of hand hygiene products and promotional posters.	30/04/26
• Aseptic Non-Touch Technique training to be further profiled through Clinical Care Group's, Senior nurse meetings to reduce risks with devices i.e. urinary catheters .	30/04/26

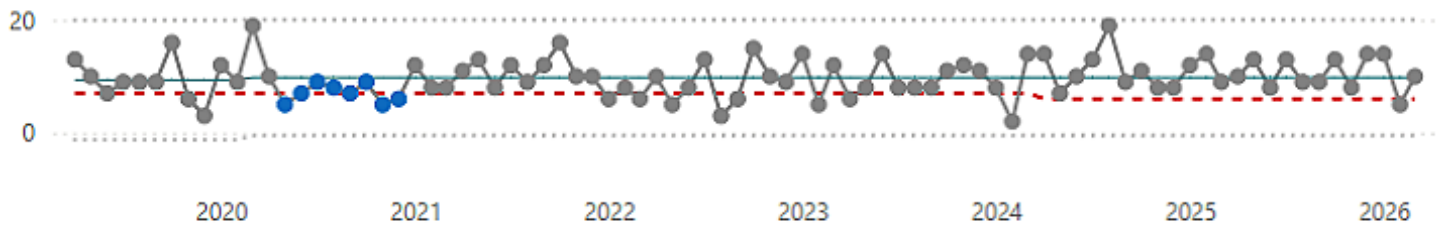
Embedded improvement actions

- Learning & Governance: Healthcare associated infections cases reviewed monthly
- Assurance Group; learning shared via Clinical Care Groups. Issues escalated through governance structures. This requires all members of the multi-disciplinary team in attendance
- Monthly hand hygiene audits by Ward Managers, monitored and reviewed.

S. aureus
(Enhanced monitoring condition)

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

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

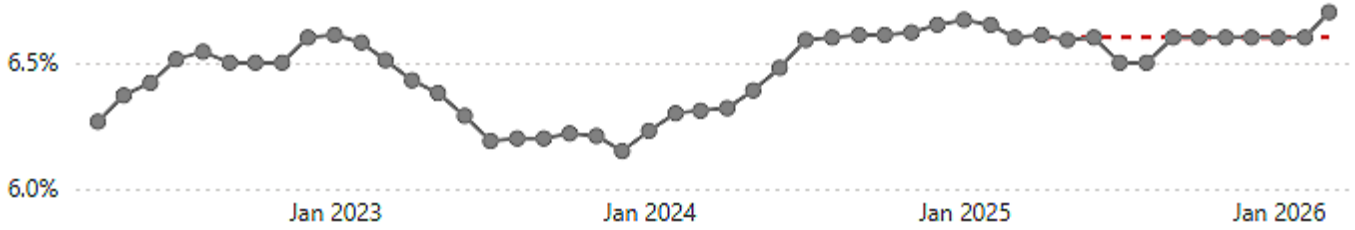


Latest performance of 10 is showing usual variation

Key challenges / issues	Key actions / initiatives	Due date
S. aureus: • Cases are 11 fewer than in equivalent period in 2024/25. • The majority of S. aureus infections burden remains community-based, primarily from wounds but intravenous devices continue to feature in hospital onset cases . • Aseptic non-touch technique compliance target was met and stands at 85.02%. • Environmental/equipment contamination contributing to transmission due to cleaning challenges and surge. • Ongoing lapses in hand hygiene and bare-below-the-elbow compliance across staff	• Close monitoring of infection rates to understand fluctuations Clinical Care Groups to monito Aseptic non-touch technique compliance and assessor training offered to clinical areas. • Proposal to make competency mandatory via Electronic Staff Record- awaiting feedback. • Healthcare associated infections cases reviewed monthly at Assurance Group; learning and high-rate areas shared with Clinical Care Groups. • Hand hygiene validation and observational audits conducted based on senior nurse monthly audits. • Ongoing review of hand hygiene products and promotional posters.	23/05/26 30/04/26 30/04/26 30/04/26 30/05/26

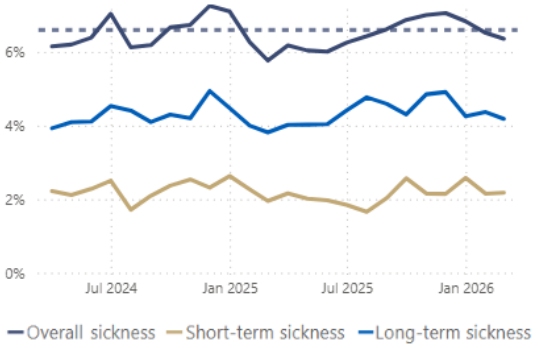
% staff sickness rate (12 months rolling)

March 2026 (12 month rolling) = 6.7%



% staff sickness rate (in month)

March 2026 (in month) = 6.4%
Short-term sickness = 2.2%
Long-term sickness = 4.2%



Services with 60+ staff with the highest levels of in-month sickness rates in March 2026:

Team	Staff	R12m %	In-month %
Glangwili Domestic Services	136 staff	13.9%	11.1%
Sunderland Ward	73 staff	13.2%	16.7%
Health Protection – Immunisation Team	65 staff	11.6%	14.6%
Prince Philip AMAU	73 staff	11.4%	12.5%
Teifi Ward	65 staff	10.8%	12.8%
PDT - Domestics	144 staff	10.5%	9.5%

Glangwili Domestic Services breakdown:

March 2026: 2.7% ST, 8.4% LT = Total:11.1%. 12-month rolling: 13.9%

March 2025: 4.6% ST, 8.5% LT = Total: 13%. 12-month rolling: 14.8%

Key challenges / issues

Figures are indicative of a monthly downward trend for absences in March at 6.36%, however the Health Board's rolling absence rate has increased slightly above the 6.60% target and at year end is at 6.68%.

Absence rates attributed to anxiety, stress and depression continues to be the highest reason for absences across the Health Board at 32.2%, with absences attributed to other musculoskeletal problems as the second highest reason at 10.01%.

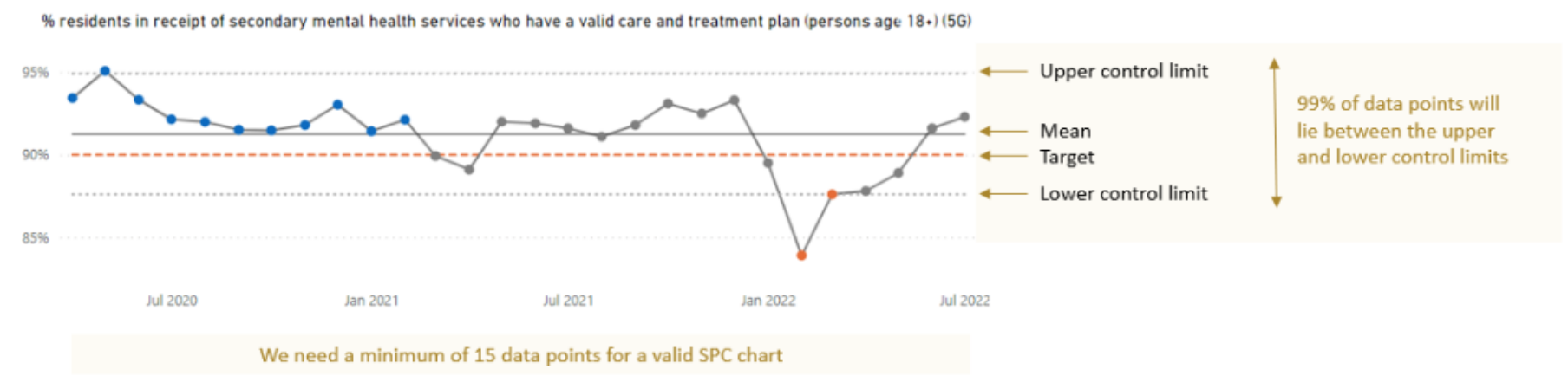
Embedded improvement actions

- Both sickness absence advisors have commenced in their roles to ensure a more focused support for sickness absence management. Action & work plans to be developed to support objective to reduce sickness absence.
- Ongoing support from the Workforce Teams continues in collaboration with Senior Managers with a focus on hot spots across all Clinical Care Groups.
- Deep dives of data and analysis to ensure underlying issues are identified and appropriate support is in place.
- Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters
- Two sessions have been delivered on reasonable adjustments and a further eight training sessions on reasonable adjustments are planned.
- Finalising an Occupational Health training course to be delivered to all "newly recruited" managers to the NHS.
- Currently exploring the development of an Occupational Health Wellbeing newsletter.

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:

A single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e.. one for variation and another for assurance.

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target
Note: remember **blue** is good, orange is **bad**		

6

11:55 AM, 0 Mins

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6 - FOR APPROVAL

6.1

11:55 AM, 5 Mins

6.1 - FINANCIAL PROCEDURES

Huw Thomas (Hywel Dda UHB - Director of Finance)

For approval

Attachments

Financial Procedures FPC 30 April 2026.pdf

FP069 VAT Financial Procedure.pdf

FP069 VAT Financial Procedure EqIA.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Procedures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Head of Accounting and Statutory Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Each year planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

The Finance and Performance Committee can take assurance that there is a robust review process in place in respect of financial procedures.

Cefndir / Background

The following procedure has been reviewed and is presented to the Finance and Performance Committee for approval:

- **Financial Procedure 069** – VAT

The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the above-named financial procedure and to set out associated roles and responsibilities.

Asesiad / Assessment

- **Financial Procedure 069** – VAT

The financial procedure is covered by a specific Financial Procedures Equality Impact Assessment (EqIA) with no negative impact.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to **APPROVE** the following updated financial procedure:

- **Financial Procedure 069** – VAT

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Review and approve financial procedures on behalf of the Health Board
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions.

Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid a Pherfformiad Parties / Committees consulted prior to Finance and Performance Committee:	HDdUHB Finance HDdUHB Local Counter Fraud Service

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial procedures are required to ensure sound financial control.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Financial procedures are required to ensure good governance and therefore minimise risk.
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Financial procedures are required to ensure good governance and sound financial control.
Gyfrinachedd: **Privacy:**	Not Applicable

Cydraddoldeb: **Equality:**	EqIA has been undertaken with no negative impacts on those with protected characteristics.

VAT

Procedure information

Procedure number: 069

Classification:

Financial

Supersedes:

Version 4

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

N/A

Version number:

5.0

Date of Equality Impact Assessment:

03/03/2026

Approval information

Approved by:

Finance and Performance Committee (FPC)

Date of approval:

Enter approval date

Date made active:

Enter date made active (completion by policy team)

Review date:

Enter review date

Summary of document:

The purpose of this document is to outline the key processes to be followed by Hywel Dda University Health Board (HDdUHB) staff in connection with VAT and to set out associated roles and responsibilities.

Scope:

The procedure applies to all Health Board staff.

To be read in conjunction with:

Standing Orders and Standing Financial Instructions (opens in new tab)
815 - Counter Fraud, Bribery and Corruption Policy (opens in new tab)
1054 - Purchase to Pay Financial Procedure (opens in new tab)

Patient information:

Patient Information Library

Owning group:

Finance Directorate

Executive Director job title:

Director of Finance

Reviews and updates:

Version 1.0	New procedure	Approved October 2009
Version 2.0	Revised	Approved April 2017
Version 3.0	Full review	Approved July 2020
Version 4.0	Full review	Approved June 2023
Version 5.0	Full review	Approved XXX 2026

Keywords

Value Added Tax (VAT)

Glossary of terms

Supply	Goods or services provided
HMRC	His Majesty's Revenue & Customs
Non-business activities	Activities performed under a statutory obligation or for no consideration
Business activities	Discretionary activities usually performed in return for a charge
COS VAT	VAT recoverable under the Contracted-out Services VAT regime.
Contract manager	The manager responsible for the contract.

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the procedure All Wales Procedure for NHS Staff to Raise Concerns (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods;

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk,
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the 815 - Counter Fraud, Bribery and Corruption Policy (opens in a new tab) for further information.

Contents

Aim

The aim of this document is to assign clear accountability in respect of the processing of VAT and to be a helpful reference document for staff with relevant responsibilities. The document will assist the Health Board to:

- be compliant with relevant laws and regulations and
- mitigate the impact of VAT as a cost to the organisation.

Objectives

The aim of this document will be achieved by way of the following objectives:

- Confirming roles and responsibilities of staff groups in connection with VAT in order to ensure clear accountability.
- Providing clear procedures and guidance for relevant teams.
- Confirming how further support can be obtained.

Roles and responsibilities

Responsibility	Staff/team responsible
Determine the VAT treatment of income contracts	Contract manager
Specify the correct tax treatment on Requests to Raise Bills	Staff member completing RRB
Mitigate the financial impact of VAT on expenditure contracts where possible	Contract manager
Action the recovery of VAT	Requisition preparer
Accounting for VAT and VAT returns processing	Finance

Determine the VAT treatment of income contracts

Contract managers shall:

- Correctly determine and understand the VAT treatment of an income contract or an income-generating activity for which they are responsible.
- Document and retain for future inspection evidence of how the VAT treatment was determined, including a copy of any advice received.

The above shall be completed before the commencement of the related contract or activity.

Following the above procedures will ensure that the financial implications of contracts and proposed transactions are fully understood in advance, avoiding the financial and customer relationship risks which may arise from not having taken potential VAT charges into account at the outset.

Background

Value Added Tax ("VAT") is a tax on:

- The supply of goods or services
- in the UK
- by a VAT-registered business
- for business purposes.

Where applicable, a VAT-registered business such as HDdUHB must charge VAT when making sales of goods and services to customers. VAT collected from customers must then be paid over to His Majesty's Revenue and Customs ("HMRC"), which collects taxes on behalf of the Government.

Possible VAT treatments

Whether and how much VAT the Health Board must charge on its supplies depends on the VAT treatment of the type of transaction in question as per VAT legislation or as per published guidance by HMRC.

There are five possible VAT treatments in the UK. These are summarised in the following table:

VAT treatment	Implication
Standard-rated	VAT is chargeable at the standard rate of UK VAT (currently 20%)
Reduced-rated	VAT is chargeable at the reduced rate of UK VAT (currently 5%)
Zero-rated	VAT is chargeable at a rate of 0%

VAT exempt	VAT is not chargeable on the supply
Outside the scope	VAT is not applicable to the transaction because it does not fall within the scope of UK VAT legislation due to e.g., not being a supply made in the UK by a VAT-registered business.

All goods and services provided by the Health Board and all receipts of income or other monies will fall into one of the five different VAT liabilities stated above.

All supplies within the scope of UK VAT are standard-rated supplies unless they specifically fall within one of the other three VAT liabilities by way of a specific provision in the legislation or otherwise by way of a special concession.

VAT treatment of NHS healthcare activities

The principal activity of HDdUHB is the provision of free NHS healthcare to the general population. This activity is performed under a statutory duty and therefore not carried out for business purposes. Accordingly, the provision of NHS healthcare is **outside the scope** of VAT.

VAT treatment of other activities

Other activities carried out by the Health Board which are discretionary and commonly provided in return for a charge, are likely to be considered business activities and are therefore likely to fall within the scope of UK VAT and may require the health board to charge VAT on top of any charges raised.

Examples of business activities carried on by HDdUHB and their respective VAT treatments are listed in the table below.

Business activity	VAT treatment
Catering to staff and visitors at restaurants	Mostly standard-rated
Room hire/space rental	Exempt
Supply of pharmaceuticals to local surgeries	Standard-rated
Private healthcare	Exempt
Mortuary services	Mostly standard-rated
Employee benefits schemes	Mostly standard-rated

How to determine the correct VAT treatment

Staff may make use of the HDdUHB VAT treatment of income tool to assist them in correctly determining the VAT treatment of a contract. This is a Microsoft Forms based tool which can be worked through in order to determine the VAT treatment of common supplies and activities carried out by the health board.

Alternatively, staff may use the resources listed in the External links.

Where staff remain unsure of the VAT treatment of a contract, further advice and specific assistance may be obtained from the Compliance and Tax Team within the Finance Department.

Staff shall consult the Compliance and Tax Team before entering into large or complex contracts, including any contracts involving supplies of goods or services to overseas businesses.

Specify the correct tax treatment on Requests to Raise Bills

Staff members completing a Request to Raise a Bill form ("RRB" form) in order to request the raising of an invoice by HDdUHB's Accounts Receivable team must specify on the form the VAT treatment of the charges to be raised.

Staff should liaise with Contract managers to obtain the correctly determined VAT treatment for this purpose.

Mitigate the financial impact of VAT on expenditure contracts where possible

Before entering into an expenditure contract for which they are responsible, Contract managers shall:

1. Consider the VAT treatment of any goods and services to be provided under the contract and understand whether VAT will be charged under the contract by the supplier.
2. Determine the eligibility of the health board to any VAT reliefs which may reduce the amount of VAT charged.
3. Determine whether any VAT charged under the contract can be recovered from HMRC.
4. Ensure that action is taken to secure any VAT reliefs or VAT recovery opportunities which are available.

Background

VAT is chargeable on most goods and services procured by the health board and represents a significant cost to the organisation. Often, there are means by which the cost of VAT on individual expenditure contracts can be mitigated, presenting opportunities for cost savings.

The financial impact of VAT can be mitigated by way of two principal means:

VAT relief	Taking advantage of favourable VAT treatments which result in a lower rate of VAT being charged by the supplier.
VAT recovery	Claiming a refund from HMRC for the VAT incurred.

VAT relief and VAT recovery will only be available to contracts which meet specific criteria and, in most cases, will not apply automatically and so will need to be requested or claimed. It is therefore important that any opportunities for VAT relief or recovery are considered in respect of all contracts and relevant actions are taken in order to secure any favourable treatments which may be available. Where the impact of VAT cannot or has not been mitigated, it is important that it is taken into account in procurement decisions and financial budgets.

Determining whether VAT will be charged by the supplier

VAT-registered suppliers to the health board are responsible for correctly determining the VAT treatment of supplies made to the health board and charging VAT to the health board where applicable.

Contract managers should engage with potential suppliers during the arrangement of contracts in order to understand the supplier's proposed VAT treatment in respect of any supplies to be made under the contract and therefore whether it intends to charge VAT.

Determining eligibility to VAT reliefs

Once the supplier's proposed VAT treatment is understood, Contract managers shall consider whether the supplier's proposed VAT treatment is technically correct or whether an alternative, potentially more favourable, VAT treatment, such as a reduced-rate of VAT or a VAT exemption, should apply. Where this is the case, Contract managers should discuss with the potential supplier.

VAT relief for charitable-funded equipment for medical use

A common VAT relief available to NHS bodies is the zero-rating of purchases of certain equipment to be used for a medical purpose using charitable or donated funds.

Further detail regarding this VAT relief, including instructions on how to request the relief, is provided within the following financial procedure: 420 - Charitable Funds Financial Administration and Governance Procedure (opens in new tab).

Conclude whether any VAT charged can be recovered

VAT incurred by NHS bodies in connection with NHS healthcare activities can be recovered where it is incurred on the purchase of specific categories of services which have been "contracted-out" to external providers. The relevant rules regarding the recovery of VAT on NHS healthcare activities are referred to as the Contracted-out services ("COS") VAT regime.

The following 5 conditions must be met for VAT incurred by an NHS body to be recoverable under the COS VAT regime:

Conditions for recovery of VAT under the COS VAT regime	
1. The supply must be a service.	*NHS bodies cannot therefore recover VAT incurred on the purchase of goods and equipment items.*
2. The service in question must be of a type which falls within one of a number of eligible categories of services referred to as COS VAT "headings".	*A list of the COS headings most relevant to NHS bodies can be seen in Appendix A*
3. The service must have been "contracted-out" to the external supplier, that is, it must be a service which the NHS body could have performed in-house but instead chose to outsource.	*This provision therefore removes the possibility for VAT recovery on supplies such as statutory audit or certification services, which are required to be carried out by an independent body.*
4. The service must have been obtained for non-business NHS healthcare purposes.	

5. The VAT is recovered by 30 June after the end of the financial year in which the supply is received.	

Where a Contract Manager concludes that the contract for which they are responsible satisfies all 5 conditions, the Contract Manager may accept that the VAT incurred under the contract is recoverable and shall proceed to Action the recovery of VAT.

Where staff are unsure of the recoverability of the VAT incurred under a contract, further advice and specific assistance may be obtained from the Compliance and Tax Team within the Finance Department.

Specialist VAT advice should be obtained in order to confirm the recoverability of VAT on large or complex contracts for goods or services, this includes capital building projects and transactions involving overseas businesses. Such specialist advice can be obtained from the Finance Department.

All recoveries of VAT must be supported by a valid VAT invoice.

Action the recovery of VAT

Where a contract for the purchase of services has been determined to be VAT-recoverable, staff preparing the related purchase requisition shall action the recovery of VAT by assigning the requisition with a VAT-recoverable “Tax classification”.

A VAT-recoverable tax classification assigned to the resulting Purchase Order will automatically action the recovery of VAT on the related VAT invoice when it is processed.

Instructions on how to change the tax classification of a requisition are included within Appendix B. A list of commonly used Tax classification codes available via the iProcurement system are listed in Appendix A. Staff should note that there is a specific tax classification relating to each COS VAT heading. Staff shall ensure that the tax classification used corresponds to the COS VAT heading under which the service in question falls.

Accounting for VAT and VAT returns processing

Accounting for VAT

The Finance department shall ensure that all invoices which are to include a charge for VAT (as specified in the related RRB form) shall be raised as a valid VAT invoice. Details of what constitutes a valid VAT invoice is set out in section 4 of HMRC VAT Notice 700/21 Record keeping.

All non-invoiced income, including cash and card payments, shall be linked to an activity code set up within the finance system. Each activity shall be assigned a VAT liability, enabling all income subject to VAT to be split-coded. The Finance department shall determine and periodically review the VAT liability of all activity codes.

Processing of monthly VAT returns

A business must declare to HMRC, within a VAT return, the amount of VAT it has accounted for on its income and the amount of VAT it wishes to recover in connection with its expenditure. A VAT return will cover a period of activity, this being one calendar month for NHS bodies. Where there is an excess of VAT recoverable over VAT payable within a particular VAT return period, the health board will be due a net repayment of VAT from HMRC. This repayment will be made shortly after the submission of the return.

The Compliance and Tax Team within the Finance department shall prepare and submit a VAT return to HMRC in respect of each calendar month in advance of the relevant monthly filing deadline, which is one month and 7 days after the end of the month in question. Each VAT return shall be based on activity within the VAT Control Account in the month to which it relates subject to any corrective or mandatory VAT adjustments. The Compliance and Tax Team shall reconcile the VAT control account on a monthly basis.

The Finance department shall ensure that information required to substantiate the contents of VAT returns is retained for six years.

Correspondence with HMRC

All correspondence with HMRC shall be managed by the Compliance and Tax Team within the Finance department. In the event of a compliance review or statutory enquiry raised by HMRC, HDdUHB shall fully comply with any requests for information and co-operate fully with HMRC in order to assist in bringing any review efficiently to a close.

External links

Resource	Link
HMRC VAT notices Summary VAT guidance documents published by HMRC	HMRC VAT notices
HMRC internal VAT manuals Detailed technical VAT guidance published by HMRC	HMRC VAT manuals
HMRC COS VAT guidance	HMRC COS VAT guidance
Primary VAT legislation The VAT Act 1994 (VATA 1994)	Value Added Tax Act 1994

Compliance and Tax Team

For further advice and assistance in connection with this procedure, please contact:

Gareth H Jones
Deputy Head of Compliance and Tax
Gareth.Jones19@wales.nhs.uk

Kimberley Mason
Senior Accounts Assistant (Compliance and Tax)
Kimberley.Mason@wales.nhs.uk

Monitoring and review

The Finance department shall be responsible for the on-going monitoring and review of this procedure. Reviews shall be undertaken every 3 years, or when changes are identified prior to the review date, in line with the Health Board's review policy.

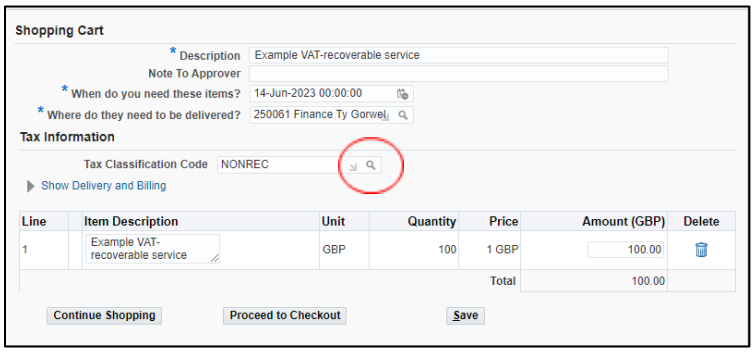
Appendix A – COS VAT headings relevant to the NHS

The following shall be read in conjunction with HMRC's COS VAT guidance.

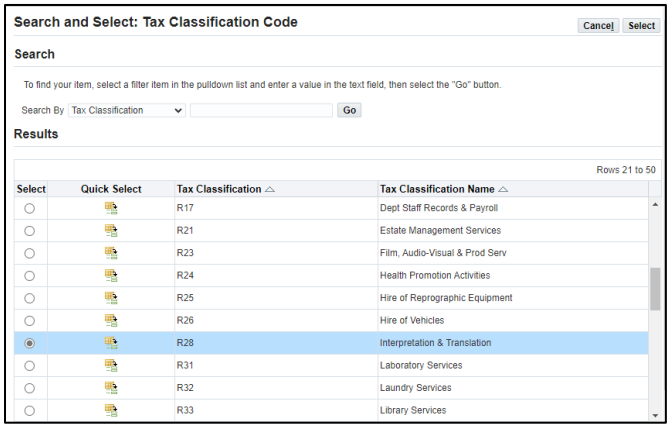
COS Heading	Oracle tax classification	Description
1	*R01*	Accounting, invoicing and related services
9	*R09*	Cash in transit services
10	*R10*	Catering
13	*R13*	Collection, delivery and distribution services
14	*R14*	Computer services supplied to the specification of the recipient
15	*R15*	Conference and exhibition services
16	*R16*	Debt collection
17	*R17*	Departmental staff records and payroll systems incl. pension administration
21	*R21*	Estate management services
23	*R23*	Filming, audio-visual and production services
24	*R24*	Health promotion activities
25	*R25*	Hire of reprographic equipment including repair and maintenance
26	*R26*	Hire of vehicles, including repair and maintenance
28	*R28*	Interpretation and translation services
31	*R31*	Laboratory services
32	*R32*	Laundry services
33	*R33*	Library services
35	*R35*	Maintenance, repair and cleaning of buildings
37	*R37*	Maintenance, repair and cleaning of equipment, plant, vehicles and vessels
39	*R39*	Medical and social surveys
40	*R40*	Messenger, portering and reception services
41	*R41*	Nursing services
42	*R42*	Office removals
45	*R45*	Operation, including the provision of any related services, of hospitals, health care establishments and health care facilities
47	*R47*	Passenger transport services
48	*R48*	Pest control services
49	*R49*	Photographic, reprographic, graphic and design services
52	*R52*	Professional advice
54	*R54*	Publicity services including those provided through a digital medium
55	*R55*	Purchasing and procurement services
56	*R56*	Broadcasting services via radio, radio bandwidth or the internet
57	*R57*	Recruitment and relocation of staff and other related services
60	*R60*	Security services, incl. security guards, CCTV monitoring and secure transport
61	*R61*	Services of printing, copying, reproducing or mailing of any documents or publications
63	*R63*	Storage, distribution and goods disposal services
65	*R65*	Training, tuition or education
69	*R69*	Typing, secretarial, telephonist and clerical services
70	*R70*	Waste disposal services
71	*R71*	Welfare services
74	*R74*	Original research undertaken in order to gain knowledge and understanding

Appendix B – How to change the tax classification of a requisition on the Oracle iProcurement system

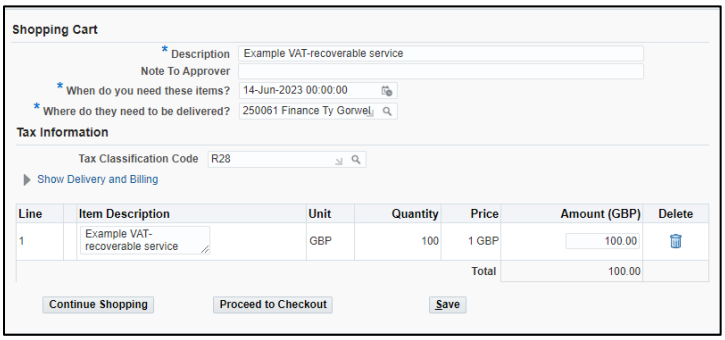
1) Within the Shopping Cart, click on the magnifying glass next to the Tax Classification Code box.



2) In the pop-up window, remove “NONREC” from the search box to return a list of all possible tax classification codes.



3) Select the desired code (in this example, “R28” means “Recoverable under COS heading 28”). Click “Select”. Your requisition will now be assigned the newly selected tax classification code.



Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Huw Thomas, Finance
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	069 - VAT

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The purpose of this procedure is to outline the key processes to be followed by Hywel Dda University Health Board (HDdUHB) staff in connection with VAT and to set out associated roles and responsibilities.

The aim of this document is to assign clear accountability in respect of the processing of VAT and to be a helpful reference document for staff with relevant responsibilities. The document will assist the Health Board to:

- be compliant with relevant laws and regulations and
- mitigate the impact of VAT as a cost to the organisation.

The aim of this document will be achieved by way of the following objectives:

- Confirming roles and responsibilities of staff groups in connection with VAT in order to ensure clear accountability.
- Providing clear procedures and guidance for relevant teams.
- Confirming how further support can be obtained.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders and Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Purchase to Pay Financial Procedure
- HMRC VAT notices
- HMRC VAT manuals
- HMRC COS VAT guidance
- Value Added Tax Act 1994

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will no impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on those who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is in relation to workplace and employment only and is therefore not relevant for this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on those who are pregnant or have recently had a baby.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on people who have a religion or belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The processes to be followed by staff in connection with VAT will have no impact on opportunities for people to use the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	27/2/26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Timothy John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	27.02.26
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	3/3/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

7

12:00 PM, 0 Mins

7 - FOR INFORMATION

7.1

12:00 PM, 0 Mins

7.1 - ALL-WALES CAPITAL PROGRAMME 2026/27, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Huw Thomas (Hywel Dda UHB - Director of Finance)

For information

Attachments

Capital Update FPC 30 April 2026.pdf

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 April 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	All-Wales Capital Programme 2026/27, Capital Resource Limit and Capital Financial Management
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sarah Welsby, Senior Finance Business Partner Planning and Major Projects

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This update report is presented to the Finance and Performance Committee to:

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

Cefndir / Background

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

Asesiad / Assessment

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

Allocation	£'m
All Wales Capital Programme (AWCP)	33.434
Discretionary Programme (DCP)	6.850
Disposal Proceeds	0.019
International Financial Reporting Standards (IFRS) 16 Leases	2.133
Total	**42.436**

*Adjustments are expected between the AWCP and DCP allocations to account for year end slippages on AWCP schemes.

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

- £0.578m of value added tax (VAT) recovery following completion of the review of the 2024/25 programme.
- £0.923m 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.

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

Scheme	£m	Description
Microbiology Lab Work	0.018	Transfer of funding from public Health Wales for remedial works in microbiology labs at Glangwili
Commercial Research Delivery Equipment Call Funding	0.048	Clinical Research Facility refurbishment and equipment
National Programme Theatre Laptop	0.003	Transfer of funding from HEIW. Laptops for theatre training
Transfer from DHCW - WICIS Monitors	0.005	Transfer of funding from DHCW, to fund monitors for the WICIS (Welsh Intensive Care Information System) project.
Total	**0.074**	

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)	33.434
Discretionary Programme (gross allocation)	6.850
Disposal Proceeds	0.019
Donations	0.200
International Financial Reporting Standards (IFRS) 16 leases	2.133
Total Resource Available	**42.636**

The un-audited Capital Expenditure position for 2025/26 is detailed in the table below:

Scheme	Un-audited Spend 2025/26 £m
AWCP	
Glangwili - Fire Enforcement works - Phase 2 - Fees	0.802
Backlog Maintenance - 2024-25	0.995
Diagnostic Equipment 2024-25	0.000
Aberystwyth Sexual Assault Referral Centre	1.801
Block C, Picton Terrace, Carmarthenshire	2.430
Main Chilled Water Plant, Withybush General Hospital	2.539
EFAB - Infrastructure	0.070
Year End Funding – October 2024	0.150
TEF - Fire	0.537
TEF - Infrastructure	2.313
TEF - Decarbonisation	0.011
TEF - Mental Health	1.733
TEF - Infection Prevention Control	0.591
TEF - Decontamination	0.419
Carmarthen Hwb - Equipment and Fit-out costs	1.633

Fishguard Health and Wellbeing Centre	0.054
DPIF - Digital Maternity Cymru System Programme 2025/26	0.203
Non-Radiology Ultrasound Replacement	0.765
DPIF - RISP	0.429
Aseptic Unit, Withybush Hospital	1.658
Gamma Camera/SPECT-CT Upgrade, Withybush General Hospital	0.483
Mental Health Quality and Safety Schemes	1.330
MRI Upgrade, Glangwili General Hospital	1.277
Radiology Ultrasound Replacement, Prince Philip Hospital	0.104
Hospital Helicopter Landing Sites Schemes 2025-26	0.034
Withybush - RAAC Fees and Works VAT Recovery	(0.900)
EFAB VAT Recovery	(0.394)
Front Door Project, Glangwili General Hospital	2.028
Fire Enforcement and Associated Works, Withybush General Hospital - Phase 2	0.879
Decarbonisation Project	1.969
DPIF - Connecting Care	0.655
End of Year Digital Funding 2025-26	0.630
Bronglais - Fire Precaution Upgrade Works - Fees	0.429
Major Infrastructure Investment Plan, Phase 1 BJC Fees	0.061
End of Year Funding 2025-26	1.379
Ultrasound Replacement	0.210
End of Year Digital Funding - December 2025	0.935
End of Year Estates and Equipment Funding - December 2025	0.980
End of Year Funding - January	0.842
End of Year Digital Funding - January	0.300
End of Year Estates Funding - January	0.182
Microbiology Lab Work, Bronglais General Hospital	0.018
Commercial Research Delivery Equipment Call Funding	0.024
Transfer from HEIW for National Programme Theatre Laptop	0.003
Transfer from DHCW - WICIS Monitors	0.005
Sub-total AWCP	**32.596**
Discretionary	
Digital	2.994
Equipment	2.241
Statutory Compliance	0.409
Estates	1.662
Mental Health	0.06
Other	0.304
Sub-total Discretionary	**7.670**
Donated & Granted Assets	**0.200**
IFRS 16	
New and renewed leases	2.133
Sub-total IFRS 16	**2.133**
TOTAL	**42.599**

Against the resource available, the unaudited expenditure position for the year is expenditure of £42.599m. This represents an underspend against the CRL of £0.037m

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.

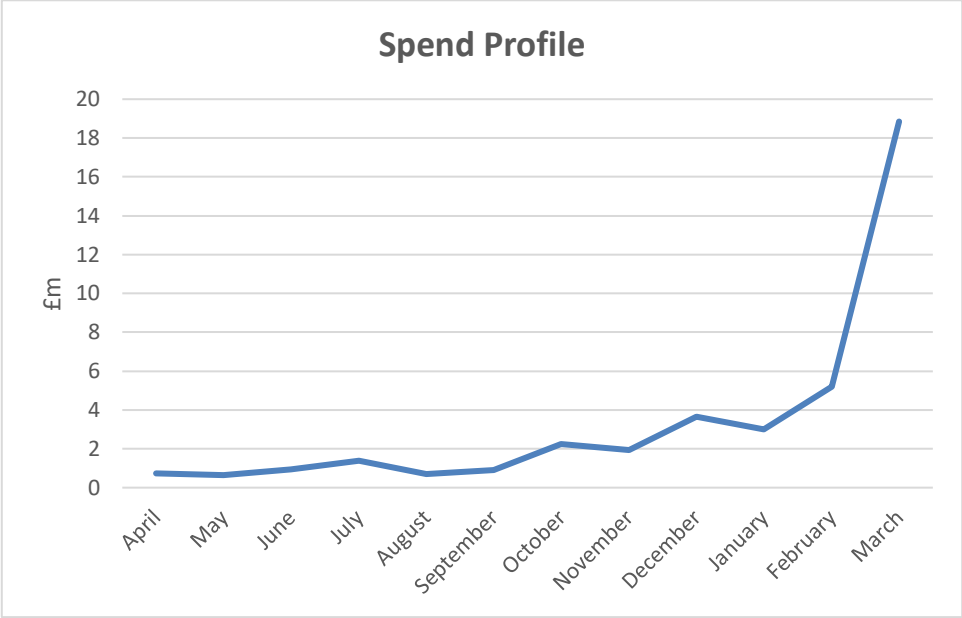
These are detailed below:

Item of equipment	£m
Decarbonisation Project – LED lighting	1.760
Carmarthen Hwb Furniture	0.223
Total	**1.983**

Capital Spend Profile

The below graph illustrates the significant spend which was incurred in March 2026.
Whilst capital spend is typically skewed to the latter quarter of the financial year the below highlights the significant risk which the Health Board had in terms of delivering against the CRL and maximising the capital resource available to it.

An 'additional lessons' learnt exercise will be undertaken building on those steps which had been taken during the review of the 2024/25 capital programme.



CAPITAL SCHEME UPDATES (SCHEMES GREATER THAN £1M)

Withybush Hosptal Fluoroscopy and Chiller
The Fluoroscopy scanner has been installed and is operational.

Aberystwyth Sexual Assault Referral Centre (SARC)
The project construction works has achieved completion and unspent funds returned to WG.

Cross Hands Health and Wellbeing Centre
The Health Board have received funding from Welsh Government (WG) to re-develop the Full Business Case within the funding envelope available. This is expected to be completed during 2026/27.

Picton Terrace
Funding has been provided by Welsh Government to develop Corporate Headquarters within Carmarthen. This has rationalised the Health Board estate by reducing a number of freehold and leasehold properties which are currently being occupied. Scheme has progressed as expected and final account is due imminently.

Carmarthen Hwb
This project is led by Carmarthenshire County Council, in partnership with the Health Board and University of Wales Trinity St David. A number of services will be co-located within the building which are currently being delivered across a number of different locations.

Funding has been provided to the Health Board for equipment, furniture and digital items which are in the process of being ordered/bought. Commissioning costs will be deferred to 2026/27 in line with the revised timescale for completion.

Aseptic Unit Withybush
A sustainable compliant Aseptic Unit will be built at Withybush Hospital in advance of the development of a South-West Regional Aseptic Unit. This will ensure that the facilities and delivery of aseptic services within Hywel Dda will meet the required regulatory standards. Whilst there has been a slight delay to the original completion date, the scheme is progressing well with commissioning and occupation of the new unit due to occur towards the end of 2026.

Same Day Emergency Care, Glangwili Hospital
Works to increase capacity in the Same Day Emegency Care (SDEC) service at Glangwili Hospital (GGH) commenced in November 2025 and have completed in March 2026.

Decarbonisation Project
Funding has been provided towards several energy performance improvements across Health Board sites.

Withybush Hospital Fire Enforcement - Phase 2
Phase 2 of the major Fire Precaution Upgrade works at Withybush Hospital (WGH) started on site in January 2026, with programme completion currently October 2027.

Funding of £8.175m has been provided, with £0.912m in the current year, with the project currently forecast to be within budget, and expenditure to 31 March 2026 is in line with the current year allocation.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** the draft year end outturn against the CRL for 2025/26, 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: 3.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16
Parthau Ansawdd: Domains of Quality 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 Termau: Glossary of Terms:	Explanation of terms is included in the main body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Capital Monitoring Forum Capital Planning Group Individual Project Boards of Capital Schemes Welsh Government Capital Review Meeting Capital Sub-Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Included within individual business cases and Capital prioritisation process
Gweithlu: **Workforce:**	Included within individual business cases and Capital prioritisation process
Risg: **Risk:**	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
Cyfreithiol: **Legal:**	Included within individual business cases and Capital prioritisation process
Enw Da: **Reputational:**	Included within individual business cases and Capital prioritisation process
Gyfrinachedd: **Privacy:**	Included within individual business cases and Capital prioritisation process

Cydraddoldeb: **Equality:**	Included within individual business cases and Capital prioritisation process

APPENDIX 1
REVENUE CONSEQUENCES OF CAPITAL SCHEMES

The below table summarises the revenue consequences of capital schemes of which funding has been received in 2025/26:

Scheme	Total £'m	Additional £'m	Costs included in current budgets (replacements) £'m
AWCP			
Glangwili - Fire Enforcement works - Phase 2 - Fees	0.00	0.00	0.00
Backlog Maintenance - 2024-25	0.00	0.00	0.00
Diagnostic Equipment - WBH Fluro & Chilled Water Plant	0.00	0.00	0.00
Aberystwyth Sexual Assault Referral Centre	0.00	0.00	0.00
Block C, Picton Terrace, Carmarthenshire	Occupation expected to generate efficiencies of at least £100k through rationalisation of freehold and leasehold estate.		
EFAB - Infrastructure	0.00	0.00	0.00
EOY Funding 24/25 - Pentre Awel	0.48	0.48	0.00
TEF - Fire	0.00	0.00	0.00
TEF - Infrastructure	0.00	0.00	0.00
TEF - Decarbonisation	0.00	0.00	0.00
TEF - Mental Health	0.00	0.00	0.00
TEF - Infection Prevention Control	0.00	0.00	0.00
TEF - Decontamination	0.00	0.00	0.00
DPIF (Digital Priorities Investment Fund) - RISP	Business Case approved by Board in 2023. Minimal additional revenue costs expected over the life of the contract.		
Digital Maternity Cymru System Programme 2025/26	Business Case approved by March '2025 Board. Project expected to generate a net revenue saving through cost avoidance / efficiency.		
Non-Radiology Ultrasound Replacement	0.08	0.00	0.08
Aseptic Unit, Withybush Hospital	Efficiencies of at least £0.033m will be generated		
Carmarthen Hwb - Equipment and Fit-out costs	0.45	0.45	0.00
Fishguard Health and Wellbeing Centre	Business case under development – revenue consequences of project not yet known		
Non-Radiology Ultrasound Replacement	0.00	0.00	0.00
Gamma Camera Upgrade, WGH	0.00	0.00	0.00
Mental Health Quality and Safety Schemes	0.00	0.00	0.00
MRI Upgrade, GGH	0.00	0.00	0.00
Radiology Ultrasound Replacement, PPH	0.00	0.00	0.00
Hospital Helicopter Landing Sites	0.00	0.00	0.00
SDEC Front Door Project, GGH	0.00	0.00	0.00
Fire Enforcement WGH – Phase 2	0.00	0.00	0.00

Decarbonisation Project	Spend to save project. Revenue savings will be utilised to repay capital costs.		
DPIF – Connecting Care	0.00	0.00	0.00
End of Year Digital Funding 2025/26	0.00	0.00	0.00
Bronglais - Fire Precaution Upgrade Works - Fees	0.00	0.00	0.00
Major Infrastructure Investment Plan, Phase 1 BJC Fees	0.00	0.00	0.00
End of Year Funding 2025-26	0.00	0.00	0.00
Ultrasound Replacement	0.00	0.00	0.00
End of Year Digital Funding - December 2025	0.00	0.00	0.00
End of Year Estates and Equipment Funding - December 2025	0.00	0.00	0.00
End of Year Funding - January	0.00	0.00	0.00
End of Year Digital Funding - January	0.00	0.00	0.00
End of Year Estates Funding - January	0.00	0.00	0.00
Sub-total AWCP	**1.01**	**0.93**	**0.08**
Discretionary			
IT	0.00	0.00	0.00
Equipment	0.18	0.00	0.18
Estates – Statutory	0.00	0.00	0.00
Estates Infrastructure	0.00	0.00	0.00
Other	0.00	0.00	0.00
Sub-total Discretionary	**0.18**	**0.00**	**0.18**
TOTAL	**1.19**	**0.93**	**0.26**

The above table shows the total revenue costs as a consequence of capital expenditure in 2024/25 as £1.19m. Total additional costs are estimated at £0.93m and costs assumed to be included in current revenue budgets, as they are equipment replacements, totals £0.26m.

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.

7.2

12:00 PM, 0 Mins

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

Huw Thomas (Hywel Dda UHB - Director of Finance)

For information

Attachments

2.3.2 PPF Highlight Report 26 February 2026 Final.pdf

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards		Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 26 February 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted - February 2026 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	The NWJCC Finance Report - Month 10 2025/26 was received. The end of year forecasted financial deficit has reduced to £6.9m. The JCC is confident in delivering the forecast position, with key issues resolved, including reimbursement for Caswell related to out-of-area placements. There has also been a positive impact seen as a result of capping activity with NHS English providers. Winter pressures are being managed and risks related to Individual Funding Patient Requests (IPFR) are minimal with most approvals expected to be realised in the new financial year. The JCC Chief Commissioner has been invited to a Welsh Government scrutiny session in March 2026, with JCC director attendance to be confirmed. Following anticipated approval of the of the NWJCC Integrated Medium-Term Plan at the end of March, Service Level Agreements (SLAs) will be secured with health boards, contingent on final funding allocations.
Advise	The NWJCC Combined Operational Performance Report was received. Highlights noted included improvements in outpatient waiting times performance, a small number of breaches in ambulance performance rates and that the mental health section of the report had been updated to include median stays and utilisation rates. Assurances were provided around Welsh patients placed at St Andrews Healthcare, and the increased level of monitoring and weekly multi-agency meetings were noted. Members discussed the positive feedback that Caswell Clinic had reopened to admissions and that repatriation plans for both medium secure and Child and Adolescent Mental Health Services (CAMHS) were in place. Expected improvement trajectories and the financial impact of the repatriation plans would be shared outside the meeting. Ambulance response times were slightly above performance targets but improving in recent months, recognising that the new response model was still in its infancy. An external three-year evaluation of the model has been commissioned with Swansea and Edge Hill University, and ongoing work focuses on total patient wait times and technological improvements in queue management on the Dashboard.

Status	Update
Assure	The PPF Organisational Risk Register (ORR) was received for the assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After PPF scrutiny and review, the JC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted: • Three commissioning risks and two corporate risks, with a score of fifteen or above, have been assigned to PPF. • One risk has been escalated; six risks have been de-escalated; one emerging risk has been highlighted which had been considered by the Senior Leadership team (SLT) on 18 February and agreed for inclusion on the ORR following further refinement of the risk description. However, since then Welsh Government has issued a response to the JCC Medical Director's letter clarifying the pathway to request funding. As such, it is no longer considered as a high risk to the JCC and will be removed from the ORR, and managed locally by the Medical team. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which are under development. It was recognised that this is an iterative process, and that work to align and integrate organisational and strategic risks with the Integrated Medium-Term Plan (IMTP), specifically the impact of decisions made around investment, is planned over the coming months. • Members were pleased with the progress made to date. The NWJCC Foundation Plan Quarterly Delivery Update was received against the Quarter 1, 2 and 3 deliverables. The report was noted, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the IMTP discussions to not invest in previously agreed legacy areas. Members received and endorsed, subject to minor amendments, the following end of year governance documents: • Annual Review of PPF Terms of Reference • Review of PPF Sub-Committee Effectiveness - Survey Questions • PPF Annual Report 2025/26 • PPF Forward Plan of Business 2026/27

Status	Update
Inform	A verbal update on the final stages of the development of the IMTP was provided. The reduction of the IMTP deficit from £39 million in December 2025 to £16.2 million was noted. The plan will be discussed at the JC meeting on 17 March and further presented for approval on 23 March to align with health board IMTP Board approvals. There is a need for additional scrutiny post approval of the IMTP with a timeline and process to be shared for identifying further options to improve the financial position beyond March 2026. Additionally, members discussed the need for a transparent narrative within the IMTP describing the difficult choices already made to date and outlining the ongoing scale of challenge, the steps required to achieve a stabilised, recurrent financial balance, and the impact of potential service changes, including the possibility of decommissioning or reconfiguring of services.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
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 Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 2 of this report.
- **Receive** the **report** as assurance.

7.3

12:00 PM, 0 Mins

7.3 - FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2026/27

Huw Thomas (Hywel Dda UHB - Director of Finance)

For information

Attachments

FPC Work Programme 2026-27 Draft.pdf

FINANCE AND PERFORMANCE COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

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 2026 – March 2027.

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	30 Apr 2026	30 Jun 2026	27 Aug 2026	27 Oct 2026	15 Dec 2026	23 Feb 2027
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					✓	
FPC Annual Report 2025/26 (10.4.1)	Chair	HT	✓					
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW						✓
Self-Assessment of Committee Effectiveness: Six-Month Review (10.5)	Chair	JW			✓			
Assurance and Risk Report (3.1.18 & 3.1.19)	CW	RW	✓	✓	✓	✓	✓	✓
ESCALATION OVERVIEW								
Escalation Oversight and Highlight Report (3.1.8)	SA	SA			✓		✓	✓
ESCALATION RESPONSE – RECOVERY ACTIONS AND IMPROVEMENT TRAJECTORIES (Areas to be agreed at Agenda Setting)								
Hospital Flow Processes	AC	AC	✓					
Q1 2026/27 Planned Care Trajectories	AC	AC	✓					
Enabling Actions: Value and Opportunities	HT	HT	✓					

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	30 Apr 2026	30 Jun 2026	27 Aug 2026	27 Oct 2026	15 Dec 2026	23 Feb 2027
Q1 2026/27 Financial Trajectory	HT	HT	✓					
FINANCE								
Financial Performance Assurance Report (3.1.5) to include: • Deficit Drivers Annual Refresh (3.1.2) • Financial Outlook 2025/26 (3.1.5) • Financial Recovery/In-Year Savings Programme (3.1.5) • Risks on delivery of key financial targets key income sources & contractual safeguards (3.1.7)	HT	AS	✓	✓	✓	✓	✓	✓
Financial Plan and Strategy (3.1.4)	HT	AS	✓					
(Investments and) Benefits Realisation Report (3.1.13)	HT	SJ	✓	✓	✓	✓	✓	✓
Planning for 2027/28 (3.1.4)	HT	HT					✓	
Financial Systems Assurance Report (3.1.6)	HT	AS						
Finance Targeted Intervention Actions (3.1.8)	HT	SA	Incorporated within Escalation Oversight and Highlight Report					
Procurement Plan (3.1.10)	HT	GD		✓				
Contract Management	HT	GD	✓					
Procurement Scrutiny (3.1.10 & 3.1.13) • Review any investment/disinvestment	HT	GD	✓	✓	✓	✓	✓	✓
Planning Objective Update Report (3.1.17)	HT	ALP	✓ Q4/Closure	✓ Q1		✓ Q2		✓ Q3
Contracts Assurance Report (3.1.11 &12)	HT							
Balance Sheet Report (3.1.5)	HT	AS		✓				✓
Deep Dive: Risk Landscape of Health Board Financial Position	HT	HT	✓					
PERFORMANCE								

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	30 Apr 2026	30 Jun 2026	27 Aug 2026	27 Oct 2026	15 Dec 2026	23 Feb 2027
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 2024/25 (quarterly) (3.1.16)	HT	RD		✓ (Q4)	✓ (Q1)		✓ (Q2)	
Public Sector Emissions Reporting	HT	DW						
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	✓	✓	✓	✓	✓	✓
• UEC Business Case: Implementation and Evaluation				✓				
FOR INFORMATION								
Capital Financial Management Update (3.5.3)	HT	RD	✓	✓	✓	✓	✓	✓
JCC Planning, Performance and Finance Sub-Committee Reports (3.1.20)	HT	JM	✓	✓	✓	✓	✓	✓
Finance and Performance Committee Work Plan 2025/26	Chair	Chair	✓	✓	✓	✓	✓	✓
COMMITTEE 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	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	30 Apr 2026	30 Jun 2026	27 Aug 2026	27 Oct 2026	15 Dec 2026	23 Feb 2027
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	✓	✓	✓	✓	✓	✓
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	**SJ**	Sian Jenkins				

8

12:00 PM, 0 Mins

8 - ANY OTHER BUSINESS

9

12:00 PM, 0 Mins

9 - DATE OF NEXT MEETING

- **Tuesday 30 June 2026; 09:30 - 12:30**