Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 June 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 is to conclude the updates in respect of investment cases for 2025/26. The final outcome in respect of funding was reported at the Finance and Performance Committee meeting 30 April 2026. This final update provides insight into the benefits realised in respect of the strategic investments made.

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, a 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.

Subsequent approvals totalled £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. The investment cases, their status and funding levels are summarised in the following table.

CCG / Function	Description	Approved Recurrent £k
2025/26 Strategic Investments:		
Planned and Specialist Care	Acute Oncology Service (AOS) provision improvement	398
Planned and Specialist Care	Ophthalmology IVT recovery plan - clinic staffing capacity	350
Planned and Specialist Care	Ophthalmology IVT recovery plan - drug consumption	1,300
Planned and Specialist Care	Endoscopy, two elements; surveillance backlog and	476
Operational Allied Health and	Radiology diagnostic improvement	1,500
Digital	Integrated Digital Care Programme (e-Flow, e-Obs and	1,800
Director of Nursing	Legal Service	325
2025/26 Statutory Compliance Investments:		
Estates and Facilities	RAAC revenue pressure	150
Estates and Facilities	Additional fire wardens required at WGH	178
Estates and Facilities	Additional fire wardens required at BGH	205
Estates and Facilities	Additional fire wardens required at GGH	205
Central Reserves	Nurse Staffing 25b Provisional Autumn 2024 Review	165
Central Reserves	Nurse Staffing 25a Provisional MH&LD	989
Community and Integrated	BGH EUCC Nursing	2,210
2025/26 Deferred Investments:		
Estates and Facilities	Maintenance Volume	0
Director of Workforce	International Recruitment (Medical)	0
Medical Director	VBHC - Heart Failure	0
Director of Public Health	Child Obesity PH	0
Director of Public Health	Health Coaches	0
Community and Integrated	GGH ED Nursing	0

Asesiad / Assessment

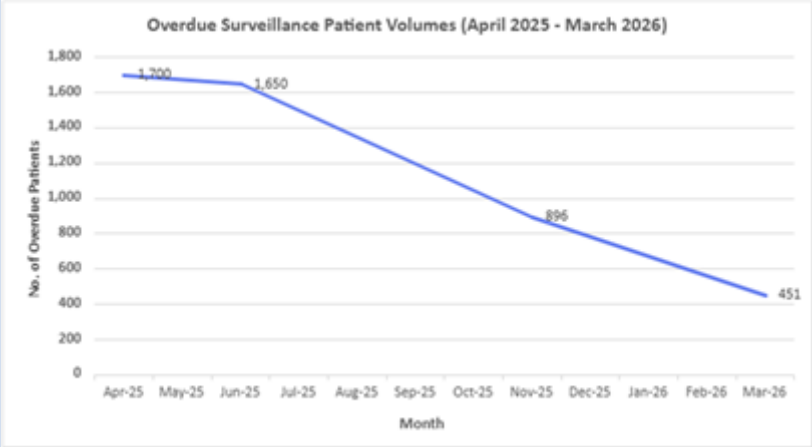
Approval of cases was staggered over the past 12 months as plans developed. The initial cases approved are reaching the 12-month mark in respect of confirmed approval. In respect of the strategic investments, service leads have been approached for feedback to ensure that the intended benefits have been realised.

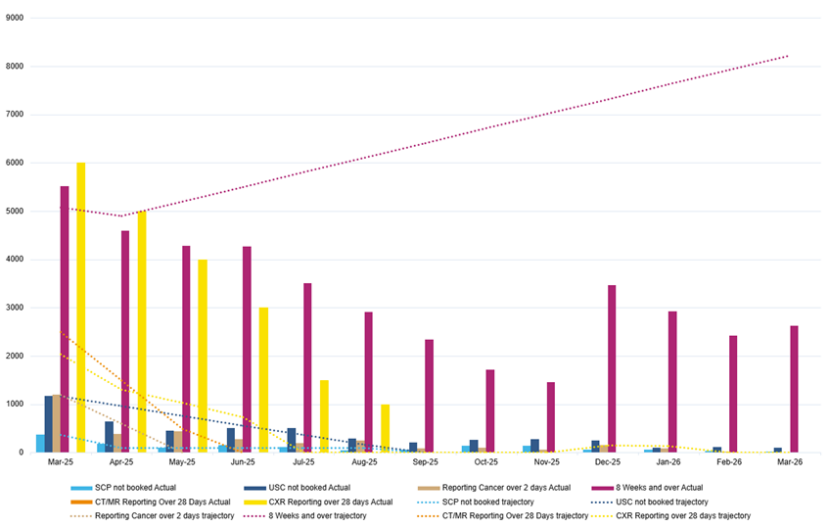
Feedback summary captured in table below. Implementation continues for certain schemes, particularly the Legal Service and Acute Oncology, therefore intended service change has not yet been realised and cannot be measured at this point. Overall, the intended benefits have been realised where plans are implemented. The intended improvement trajectory hasn't been reached withing Ophthalmology yet, but sustained progress has been achieved.

Case	Summary feedback
Acute Oncology Service 7 day service	Recruitment and training ongoing, alongside relevant organisational change process. 7-day service expected to be fully implemented during the summer to enable full service/patient impact.
Ophthalmology IVT recovery plan	Staff in post, though slightly different skill mix compared to original plan. Funding was used to afford outsourced activity whilst staff were recruited. Plan framed an improvement in overall R1 performance from 34% to 53% over 12 months; reaching 43% in March after 7 months of consecutive improvement since August 2025. (Follow up query raised, when will performance reach 53%, TBC).

				Total number of pathways beyond target date (end of month census snapshot)								
R1 category	Total number of pathways without a target date allocated	Total number of pathways within target date)	Up to 25% beyond target date	> 25% up to 50% beyond target date	>50% up to 100% beyond target date	>100% beyond target date	Total	Total number of open pathways on the combined waiting list	Total within TD plus 25% beyond	Target %	Achieved %
Aug-25	0	5244	928	782	1259	9816	12785	18029	6172	95%	34%
Sep-25	0	5527	831	799	1301	9604	12535	18062	6358	95%	35%
Oct-25	0	5841	916	677	1327	9237	12157	17998	6757	95%	38%
Nov-25	0	6064	859	707	1185	9058	11809	17873	6923	95%	39%
Dec-25	0	6095	943	613	1176	9021	11753	17848	7038	95%	39%
Jan-26	0	6217	883	715	1118	8843	11559	17776	7100	95%	40%
Feb-26	0	6474	917	656	1107	8638	11318	17792	7391	95%	42%
Mar-26	0	6567	899	695	1130	8199	10923	17490	7466	95%	43%

Endoscopy surveillance backlog	Additional capacity was mobilised with immediate effect following approval of the case, June 2025. Intention to reduce the waiting list such that approximately 500 patients remaining on the surveillance backlog by March 2026. Figures, in fact, reduced to 450 and the backlog wait has reduced from 5 years (as of March 2025) to 2 years (as of March 2026). Aim to clear the backlog by September 2026, however associated workforce to enable Waiting List Initiatives (WLIs) is less consistent in the absence of Planned Additional Activity Rates (PAAR) rates, so alternative staffing model required which will be more costly and may compromise full delivery.
Endoscopy diagnostic improvement	Successful recruitment to associated roles, all staff in post by October 2025, in line with planned timelines. Additional capacity sustained the 8-week ministerial standard throughout 2025/26, without the need for WLIs. Also supported Joint Accreditation Group (JAG) accreditation in Glangwili Hospital (GGH).
Radiology demand and capacity gap	Successful recruitment into Radiography posts including, CT, GGH and Withybush Hosptal (WGH) and a Sonographer. Further capacity to be realised in 26/27 as competencies are achieved to support Band 6 roles. Funding was used effectively across staff and external capacity according to recruitment timelines. This was supplemented with £1.6m Welsh Government (WG) non-recurrent monies. The investment aimed to shorten waiting times for USC patients and to prevent further decline in meeting the 8-week diagnostic waiting times, both were achieved. Additional capacity alongside improved governance and clinical working arrangements continue to enable improvements. As a result of WG funding ceasing the 8-week breach position is expected to deteriorate in 2026/27, though the USC performance is expected to remain stable. The graph below demonstrates the overall Radiology position from March 2025 for USC, SCP and 8-week waits along with the trajectories provided within the initial investment proposal.



	
Integrated Digital Care Programme	Phase 1a of Patient Flow has been delivered broadly in line with the approved plan, with the core people, process and technology elements in place and operational. The Patient Flow solution (Miya) is live for acute adult wards, mental health and maternity, with full integration to WPAS for demographics, ADT and wait list/TCI data. There was no material delay against the approved delivery plan. Delivered within the agreed financial scope. The early phases of eObservations deployment have delivered a safe, controlled foundation for digitised patient observations, aligned to the approved phased roadmap. The programme is proceeding at an appropriate pace for a clinically sensitive capability, prioritising patient safety, clinical confidence and long-term sustainability over rapid implementation. The early phases of the ePMA programme have established a secure, clinically safe foundation for digitised prescribing and medicines administration. Delivery has progressed in line with the approved phased approach, balancing pace with patient safety, clinical engagement and long-term sustainability. Full benefits realisation is dependent on scale, integration and adoption maturity, as originally anticipated.
Legal Services	Part way through implementation. Staff recruitment complete, partial starts and training underway.

Assure (to note)
There is confidence that implementation has been progressed as intended following investment. Delivery of planned objectives have predominantly been met where timescales have been sufficient.

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 as outlined.

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 Cyllid a Pherfformiad: Parties / Committees consulted prior to Finance and Performance 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