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Criteria 2 Financial Choices and Decisions Report 2025/26

Quality Safety and Experience Committee

9 October 2025



Through the annual planning cycle ahead of 2025/26 the Health Board sought to balance delivery in the context of high quality, safe services which protected our population for the future, on balance with performance and financial requirements.

The Welsh Government (WG) expectation is that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m. Despite improving the forecast to £30.0m, the response has been clear and WG continues to assert the requirement that £24.1m is delivered.

Given the timescales required to make a further financial improvement, this inevitably requires consideration of short-term options to curtail expenditure. The majority of the Health Boards budget is pre-committed in respect of substantive salaries to staff, primary contracts, long term agreements with other health providers, contracts with suppliers etc, as a result short term options are limited and necessitate consideration of reactive cuts as opposed to planned strategic alternatives.

The following slides provide and update on progress to date. Should further financial decisions be made in this meeting, a revised and updated presentation will be shared with stakeholders.



The Board, at its meeting on the 27 March 2025, endorsed and approved the submission of the annual plan to Welsh Government (WG), noting that the financial plan does not deliver against our statutory requirement to. The 2025/26 financial plan represented a planned deficit of £31.5m, after the delivery of £44.4m of savings, split between £19.0m of recurrent and £25.4m of non-recurrent.

The Board, at its meeting on 31 July 2025, endorsed and approved a revised annual plan financial deficit of £30.0m, having made decisions to increase the savings target to £46.4m. Since the Board meeting on 31 July 2025, a further letter received from the Director General clarifying expectations that the Health Board should plan to deliver, as a minimum, the 2024/25 financial outturn of £24.1m

QIA Panels to consider proposals outlined in Criterion 1 were held on August 15th & 26th and presented to September Board. A QIA Panel was held on the 26th September to review the Category 2 proposals received. Category 2 Options are options which require more detailed assessment by CCGs to assess what can be delivered within specific services.

Due to the plethora of QIAs submitted a consolidated review was undertaken on some proposals e.g. overtime and contract agency.



Saving Option Categories

Saving options: Category 2



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Category 2: Options of consequences – options which require more detailed assessment by CCGs/Functions to assess what can be delivered within specific services.

Scheme	Opportunity Estimate	Latest Updates including QIA feedback	Opportunity Estimate
	Q1 £'000		Remaining £'000
Pause all overtime until the end of March	5,100	In respect of nursing, combined QIA received for agency and overtime implications; negative assessment. Current on contract agency spend approx £330k per month. RN vacancies / deficits will be significantly reduced from November 2025 (98.14wte NRNs due to start Sept /October 2025, M05 forecasts being reviewed to ensure alignment). Challenges will continue for GGH theatres and BGH EUCC, with emerging issues for critical care potentially. Surge beds will need to be withdrawn to enable further reductions. In respect of the nursing workforce, there is a statutory requirement 'to take all reasonable steps' which includes temporary nursing staff such as bank/agency. N.B. Increased review of on-contract HCSW agency planned via ECSCG.	96
Reduce/eliminate all on contract agency	4,900		0
Local Authority shared costs	450	Opportunity framed linked to prior year charges, ongoing charges are framed in an existing (red) saving scheme. Seeking discussion with LA, reliant on successful engagement and concluding a position which clarifies the agreement in place. QIA cites negative impact in respect of withdrawal from the arrangement in it's entirety which may jeopardise the continued service provision at Garreglwyd if it can't be afforded by the LA and knock on to other services, however clarity on multiple aspects of charging is required which may generate a benefit.	450
Non-renewal of contracts and or digital licences	1,300	QIA negative impact in respect of the principle to remove digital contracts, impact being weaker infrastructure to support safe and reliable care e.g. electronic health records and clinical decision support. Detailed review of contracts has identified some opportunity with minimal impact.	75
Hold LTA 25/26 activity to budget	140	Replaced with Neurology double charge and TOPS service, reliant on commissioning discussions with SB, level of risk to delivery. Potential implications for regional relationships. Neurology QIA cited the benefit of clarifying commissioning arrangements, positive score.	70
MHLD - Delay recruitment linked to approved MH business Case (and other plans)	1,900	QIA references negative impact. Will necessitate ongoing variable pay. The reality of recruitment is generating some delays in roles/costs starting. Element of recruitment slippage £0.7m within M05 forecast.	0
Dental recovery – consciously delay activity	300	Extend the time taken to recommission GDS contracts that have been handed back in order to slow expenditure. Shortfall in dental provision impacts urgent service demand. QIA included some positive scores, overall negative impact. Risk in respect of WG funding claw back, across dental underspend. Already a significant benefit factored into the current forecast, unlikely more.	0
Digital project investment case 2025/26: Integrated Digital Care Programme	300	QIA negative impact in preventing delivery of improvements linked to ePMA, eFlow and eObs. However timelines for delivery and recruitment / backfill arrangements enabling a level of slippage, £100k built into forecast at M05.	0
Pause Radiology activity increases	1,300	QIA frames negative impact, linked to delays in patient care and potential harm, non delivery of WG performance targets.	0
Equipment / Stores Further Faster Provision	400	No QIA. Challenge of RPB funding constraints, but being explored latest slippage estimate £238k	0
RIF Slippage	240	No QIA. Challenge of RPB funding constraints	0
HB wide ban on travel, Q1 average travel expenses £232k per month, taxis £14k per month	TBC	No options forthcoming through QIA and financial assessment process. Challenge of clinical vs non-clinical travel. Taxi spend is linked to clinical activity (transporting clinical staff between sites or patient discharges). Separate scheme focused on maximising virtual meetings is a more targeted opportunity.	0
Review contracts of temporary staff (who have worked < 2 years)	TBC	No options forthcoming through QIA and financial assessment process	0
TOTAL Category 2	16,330		691

QIA Summary (category 2)



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Scheme	IIA Matrix Scoring STEEP	QIA Feedback Summary	Opportunity Estimate
<p>Pause all overtime until the end of March 2026</p>	<p>Negative impact in all domains with the impact being -16 or -25</p> <p>Where the old QIA template was used, the impact in all domains was either 20 or 25 (except for the equitable domain in one assessment which scored 12)</p>	<p>The panel found it difficult to distinguish between “overtime” and “additional hours,” noting that many submissions did not clearly articulate the quality impact or specify which type of hours were being referenced. There was concern that some services might not actually use overtime, but rather additional hours, which are paid differently and may not be budgeted in the same way.</p> <p>The quality of QIAs was inconsistent, with narratives often failing to describe the impact on each quality domain (e.g., safety, equitable care). The panel requested that QIA authors clarify and improve their submissions, ensuring each domain was properly considered and risk scores justified.</p> <p>There was consensus that greater scrutiny is needed over both overtime and additional hours through Clinical Care Group (CCG) processes supported by Roster Scrutiny Group. The panel suggested that oversight should be strengthened and that financial partners should be involved to understand the scale of overtime spending.</p> <p>The panel noted that simply pausing overtime would not necessarily yield clear or predictable savings, as the actual use and financial impact of overtime versus additional hours was not well understood. The need for finance business partner input was highlighted.</p> <p>The panel discussed the risk that pausing overtime could lead to service reductions or require alternative staffing solutions. They also noted the importance of distinguishing between clinical and non-clinical roles when considering the impact.</p>	<p>5100</p>
<p>Reduce/eliminate all on contract agency</p>	<p>Negative impact in all domains with the impact being -16 or -25</p> <p>Where the old QIA template was used the impact in all domains was either 20 or 25</p>	<p>The panel found that many QIAs for reducing or eliminating on-contract agency staff were lacking in detail, with narratives often failing to clearly describe the specific quality impacts. This made it challenging to assess the true risks and implications.</p> <p>It was acknowledged that, while reducing agency use is preferred, complete elimination is not feasible due to ongoing service needs. The panel noted that agency staff are sometimes essential to maintain safe staffing levels, particularly in critical areas.</p> <p>The need for more detailed breakdowns of agency spend by staff group was highlighted, with finance partners expected to provide this information. The panel also discussed the importance of having robust escalation processes and standard operating procedures for requesting additional staffing, like those in place for nursing. The executive Team agreed Principles for Enhanced Financial Scrutiny for Locum Agency on October 1st.</p> <p>The panel noted that each speciality had unique requirements for variable pay and that this needed to be understood in further detail. e.g. the panel noted that reducing agency staff in primary care could have knock-on effects on secondary care, potentially increasing pressure elsewhere in the system. The panel emphasised the need for alignment with the organisation’s strategic direction and when agency is required consideration would need to be through the enhanced financial scrutiny process.</p>	<p>4900</p>

QIA Summary (category 2)



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Local Authority Shared Costs	S = -25 T = -25 E = -25 E = -8 E = -25 P = -25	<p>It was unclear about which specific residential home or service the QIA referred to, and whether it overlapped with other ongoing contract reviews.</p> <p>The panel noted that the current activity levels and financial impact of withdrawing health element funding were unclear. They requested an executive paper detailing current service delivery and financials before any decision could be made.</p> <p>It was highlighted that the agreement in question was never formalised with a section 33 or service level agreement, and health had not referred any children for many years. The panel viewed this as a business decision requiring further detail and executive oversight.</p> <p>The QIA indicated significant risk if funding was withdrawn, but the panel noted the absence of a screening EQIA to support the risk assessment.</p>	450
Non-renewal of contracts and or digital licences	S = -12 T = -16 E = -6 E = -8 E = not scored P = not scored	<p>The panel discussed that reviewing and not automatically renewing contracts or digital licences should be standard business practice, especially if it leads to efficiency and cost savings.</p> <p>For the digital contracts QIA, the panel noted the need for more detail on which specific licences would be affected, as the impact could vary significantly depending on the system (e.g., Datix vs. CoPilot). They suggested that ideally, a separate QIA should be completed for each licence to accurately assess risks.</p> <p>The panel estimated a potential saving of £70,000–£80,000 but emphasised that this figure was not tied to a specific QIA and required further breakdown and confirmation from finance.</p> <p>The panel recognised that stopping certain digital licences could have significant operational impacts and requested additional detail on which licences were being considered for non-renewal.</p> <p>There was some confusion about whether QIAs should be submitted by individual services or as a single organisational submission, particularly for digital contracts. The QIA received from MHLND Non-renewal of contracts and or digital licences was not considered</p>	75

QIA Summary (category 2)



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Scheme	IIA Matrix Scoring STEEP	QIA Feedback Summary	Opportunity Estimate
Hold LTA 25/26 activity to budget		<p>No QIA received</p> <p>The panel noted that LTAs are driven by population need/activity & are managed by well established LTA Governance arrangements. Will require review by Director of Delivery.</p>	140
MHLD - Delay recruitment linked to approved MH business Case	Negative impact in all domains with the impact being -25	<p>The panel recognised significant risks across all domains if recruitment was delayed, as described in the narrative. Mental health staffing had been calculated and approved through the planning process for 2025/26.</p> <p>Recruitment should continue to follow the established FCSG (Financial Control Scrutiny Group) process.</p> <p>No EQIA screening had been completed for this proposal, and the panel noted that it was required.</p>	0
Dental recovery – consciously delay activity	The panel found the QIA's impact score variable, with both positive (no further deterioration) and negative (no improvement) aspects	<p>The QIA stated that the organisation has the worst NHS dental access across Wales, with no improvement in children's dental health over 15 years and increased urgent access, indicating a lack of proactive and preventive dentistry.</p> <p>The QIA considered pausing or suspending investment of the dental allocation into NHS General Dental Services, effectively maintaining the status quo rather than improving the service.</p> <p>The panel found the QIA's impact score variable, with both positive (no further deterioration) and negative (no improvement) aspects. However, it was clarified that failing to invest would not improve the poor current service, and there would be a negative impact by not reducing waiting times.</p> <p>The panel could not make a final decision and required further information and assessment before proceeding.</p>	0

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Digital project investment case 2025/26: Integrated Digital Care Programme	S = -12 T = -12 E = -8 E = -12 E = no score P = -12	<p>The panel discussed the proposed £300,000 investment for the modular Electronic Health Record (EHR) and questioned what would be delivered if less investment was made.</p> <p>It was acknowledged that digitalisation supports proactive care, population health management, and risk response, and that documentation quality is a known issue across the health board.</p> <p>The QIA did not provide detail on what would be delivered with reduced investment, and the risk of maintaining the status quo (including continued incidents, complaints, and manual processes) would remain if the proposal was not enacted.</p> <p>The panel noted that the QIA did not consider hidden financial costs associated with not having a digital record, such as ongoing scanning and incident management resource.</p>	0
Pause Radiology activity increases	The old QIA template was used the impact in all domains was 15, 20 or 25	<p>The panel could not support the proposal to pause radiology activity increases due to the known fragility of the radiology service.</p> <p>The QIA narrative did not clearly describe the impact on quality, and the panel found it difficult to assess the true risks because the submission did not address each quality domain in detail.</p> <p>The panel's decision was based more on their own knowledge of the service than on the QIA content itself.</p> <p>There was a recommendation for greater scrutiny over additional hours and overtime via the CCG process.</p>	0
Equipment / Stores Further Faster Provision		No QIA received	0
RIF Slippage	Negative impact in all domains with the impact being -25	<p>The panel was concerned about potential reputational risk if RIF (Regional Integration Fund) slippage was used as a savings mechanism, especially since unspent RIF funds typically need to be returned to the Regional Partnership Board.</p> <p>The panel noted significant risk scores across all domains, but these were not backed up by a clear EQIA screening or detailed narrative.</p>	0

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HB wide ban on travel	<p>The assessment had both negative and positive impacts</p> <p>S = 12 & - 9 T = no score E = 12 & - 9 E = 12 E = no score P = no score</p>	<p>The proposed HB-wide ban on travel would stop non-essential travel, with clinical travel continuing; meetings would move to virtual platforms like Microsoft Teams.</p> <p>There was uncertainty about the actual financial savings, as it was unclear how much current travel was essential (clinical, HR, disciplinary) versus non-essential (meetings).</p> <p>The panel discussed the need for a single QIA for the organisation, rather than multiple assessments, and suggested developing clear principles to guide the reduction of travel.</p> <p>Communication and principles for the travel reduction were being drafted and shared with executive leadership for feedback.</p> <p>The group agreed that a principles-based approach was preferable to a blanket ban, to ensure essential activities were not disrupted. These were agreed at Formal Executive Team Meeting on the 1st October.</p>	0
Review contracts of temporary staff	<p>In clinical areas, the impact of the scheme is negative with scores of -20 to -25</p>	<p>The discussion focused on reviewing contracts for temporary staff, specifically those on fixed-term contracts for more than two years.</p> <p>The panel agreed that decisions regarding temporary staff should go through the FCSG (Financial Control Scrutiny Group) process, with support from workforce and consideration of legal implications.</p> <p>The need for agreed principles and direction from the board was highlighted, and the panel had not yet fully assessed the proposal.</p>	0

Enhanced Financial Scrutiny



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To support this process the Executive Team agreed a set of principles to enable enhanced financial scrutiny at its meeting on the 1st October 2025. These are aligned to the following areas:

- Learning & Development:
 - Statutory & Mandatory Training
 - CPD or Conference Attendance
- Recruitment:
 - Non-patient Facing
 - Newly created posts
 - Corporate Roles
 - Finder Fees
 - Expression of Interest Pathway
- On-Contact Agency & Locum Requests
- Off-Contact Agency & Locum Requests
- Pay:
 - Re-banding
 - Incremental Credit
 - Annex 21
- Travel Reduction
- Procurement Scrutiny
- Non Clinical Stationary



- Category 1 QIA summary – previously shared

QIA Summary (category 1)



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Scheme	Risk Score STEEEP	QIA Feedback Summary	Opportunity Estimate
Health Board Wide Recruitment Freeze on non-patient facing.	Red: 20 all domains	<p>No QIA for the whole organisation – 9 individual QIAs received. This proposal was to freeze all existing vacancies and not replace future leavers to contribute to the nonrecurring savings target given. Consideration to equity, service delivery and impact on staff. Was given</p> <p><u>Panel Decision:</u> Apply enhanced scrutiny process to all recruitment requests i.e. consideration/scrutiny at CCG then submission to FCSG for approval.</p>	1127
MHLN Neurodevelopment Outsourcing Core Funding	Red: 20/25 cross all domains	<p>Proposal to suspend further outsourcing of children and adult's ND diagnostic assessments.</p> <p><u>Action from Panel:</u> Obtain more detail on impact from service:</p> <p>Subsequently discussed at EITS & IQFPD in September.</p> <p><u>Summary:</u> £980k received from WG on condition that 3-year waits are eliminated and performance/capacity improvement of 30%. (In theory the £980k could be recalled if both conditions are not met in full). Plan developed to deliver the above that includes £897,600 spend on outsourcing 528 assessments and recruitment into 4 wte posts (awaiting approval)</p> <p>Category 1 saving identified of £580k in original proposal/paper: <u>Panel decision:</u> this cannot be achieved without compromising either one or both of the WG requirements and impact on quality(as per QIA).</p> <p><u>Update:</u> Following a detailed review, slippage identified of circa £230k – this is predominantly a saving against full year cost of employing 4 wte posts who are unlikely to be in post before the start of Qtr4 and some other minor slippage/savings the team have managed to achieve.</p> <p><u>Revised Options:</u></p> <ul style="list-style-type: none"> Achieve £580k saving as per Category 1 list but run the risk of having to repay £980k to WG and further delay assessments for up to 341 patients. Not Supported Achieve £230k saving – no risk of having to repay £980k to WG and reduce waiting times to 	230

QIA Summary (category 1)



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Scheme	Risk Score STEEP	QIA Feedback Summary	Opportunity Estimate
Strategic Planning Budget	Red 15-20: safe, timely, efficient effective Amber: 10 equitable/person	Removal of budget and delay in the expenditure associated with Clinical Services Plan and the development of the next phase of works associated with the infrastructure requirement to support the implementation of the Health and Care Strategy. <u>Action:</u> Request further information on strategic planning budget and its implications although no impact on quality identified in the short term up to end of fy.	250
Cease minor Works Other than Essential	Positive and negative impact against all domains Risk scores between 4 & 9.	Proposal to review process, establish governance and control for new requests for minor works based on new criteria around essential or non-essential. Panel supported this QIA as it was strengthening the current arrangements and driving efficiency. Following Board discussion this was moved into a category 2 scheme to be further reviewed.	100
Pause Procurement Non-essential Equipment	Efficiency: Positive 5 Person Centred: Negative	Proposal Stop stationery / non-clinical requisitions and Pause non-essential non-clinical equipment. The panel noted negative score due to potential inequity between clinical & non-clinical groups. <u>Decision:</u> Supported QIA	41
Mandate Virtual Meetings	Amber: 9 all domains	Negative across all domains – linked to travel QIA. Exceptions caveated in the QIA e.g. interviews, disciplinary procedures, clinical duties <u>Decision:</u> Mandate virtual meetings although necessary to target ‘non-essential’ travel. Following Board Principles are being developed to enact the mandating of virtual meetings.	33

QIA Summary (category 1)



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Scheme	Risk Score STEEP	QIA Feedback Summary	Opportunity Estimate
Invest To save Fund	No QIA Received	No options forthcoming.	
Review group for all revenue requisitions	No QIA Received	No options forthcoming	
Tritch Release of funds related to completed projects	No Score	<p><u>Proposal considered</u>: To enable the systematic release of any uncommitted financial surplus within the budgets of completed projects under the Tritech & Innovation division.</p> <p><u>Negative impact identified (no score)</u>:</p> <p>Staff experience/morale. No impact score.</p> <p>Legal: Need to consider non-compliance with contractual terms. No impact score.</p> <p><u>Recommendation</u>: No committed financial surplus within the budgets of ongoing initiatives be released. Ensuring protection of legally binding contracts.</p>	0
Pause non-statutory CPD Training & Conferences	Amber: 6 all domains	<p>Numerous QIAs received – reviewed WOD submission as overarching assessment. Panel noted impact on all leadership programmes which have supported a reduction in TI status. For CPD relating to clinical skills there is a direct impact on patient care. <u>Action</u>: Ensure enhanced scrutiny, enact temporary pause where appropriate, honour commitment already made & pursue options for charitable funding.</p> <p>Update Sept 9: Board decision to develop principles.</p>	0
2025/26 Velindre LTA Position	No QIA received		0
Reduce/eliminate Off Contact Agency	Nil QIA for Off-Contract Agency Received.	<p>Nil specific Off-Contract Agency QIAs submitted as nil used in Month 5.</p> <p><u>Panel decision</u>: all Off-contract agency use should be eliminated except via formal escalation (FCSG).</p> <p><u>Action</u>: Utilise enhanced scrutiny of off-contract agency requests via FCSG.</p>	0

- Category 3 QIA summary – Not Yet Assessed

Category 3: Least feasible – options which are either not deemed possible to pursue or require further exploration with Welsh Government.

Scheme	Opportunity Estimate Q1 £'000	Latest Updates including QIA feedback £'000	Opportunity Estimate Remaining £'000
Recovery Plan / Waiting List Funding to cost of delivery.	500	Planned care recovery will already be compromised in targeting variable pay initiatives. Despite opportunity being focused on core budget, there is a risk of additional WG monies confirmed for recovery initiatives not being released to afford insourcing/ outsourcing committed activity. Would require WG discussion.	0
HB wide recruitment freeze for patient facing roles	TBC	Risk of triggering variable pay in a number of clinical areas. FCSG process will continue to consider relevant roles.	0
Delay the Drugs NICE guidance implementation until 26/27	1,300	Statutory requirement	0
Strategic Planning budget including consultancy use, split B: CSP Consultancy	250	CSP consultancy costs already committed	0
TOTAL Category 3	2,050		0



- The Quality Safety & Experience Committee are asked to **Note** the process for assessing then quality impact of the proposed saving schemes and to take **Assurance** that any changes being considered have appropriate governance, scrutiny and mitigation arrangements in place.