



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **17/12/2024**  
Time **9:30 AM - 12:30 PM**  
Location **Ystwyth Boardroom/Microsoft Teams Meeting**

# Sustainable Resources Committee Meeting

17 December 2024

# Agenda - 17 December 2024

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## 1 GOVERNANCE

9:30 AM, 20 min

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### 1.1 WELCOME AND APOLOGIES

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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### 1.2 DECLARATION OF INTERESTS

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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### 1.3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE HELD ON 22 OCTOBER 2024

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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### 1.4 MINUTES OF EXTRAORDINARY SUSTAINABLE RESOURCES COMMITTEE HELD ON 14 NOVEMBER 2024

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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### 1.5 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 22 OCTOBER 2024

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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### 1.6 TABLE OF ACTIONS FROM EXTRAORDINARY SUSTAINABLE RESOURCES COMMITTEE HELD ON 14 NOVEMBER 2024

9:50 AM, 0 min

*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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## 2 FINANCE

9:50 AM, 2 hr

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### 2.1 FINANCE TARGETED INTERVENTION ACTIONS

11:50 AM, 0 min

*Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)*

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## **2.2 FINANCE REPORT**

11:50 AM, 0 min

*Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)*

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## **2.3 FINANCIAL PLAN AND STRATEGY**

11:50 AM, 0 min

*Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance)*

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## **2.4 SAVINGS AND OPPORTUNITIES REPORT**

11:50 AM, 0 min

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

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## **2.5 DEEP DIVE: NON-PAY AND PROCUREMENT**

11:50 AM, 0 min

*Katharine Fletcher (NWSSP - Procurement)*

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## **2.6 DEEP DIVE: COMMISSIONED CARE**

11:50 AM, 0 min

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

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## **2.7 CORPORATE RISK REPORT**

11:50 AM, 0 min

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

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## **2.8 OPERATIONAL RISK REPORT**

11:50 AM, 0 min

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

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## **2.9 PROCUREMENT UPDATE**

11:50 AM, 0 min

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

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## **2.10 DECARBONISATION TASK FORCE GROUP UPDATE**

11:50 AM, 0 min

*Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning)*

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**2.11 FINANCIAL PROCEDURES**

11:50 AM, 0 min  
*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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**3 DIGITAL**

11:50 AM, 10 min

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**3.1 INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE**

12:00 PM, 0 min  
*Anthony Tracey (Hywel Dda UHB - Digital Director)*

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**3.2 DIGITAL OVERSIGHT GROUP UPDATE**

12:00 PM, 0 min  
*Anthony Tracey (Hywel Dda UHB - Digital Director)*

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**4 FOR INFORMATION**

12:00 PM, 20 min

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**4.1 INTEGRATED PERFORMANCE ASSURANCE REPORT**

12:20 PM, 0 min  
*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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

12:20 PM, 0 min  
*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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**4.3 NWSSP PERFORMANCE REPORT Q2 2024/25**

12:20 PM, 0 min  
*Huw Thomas (Hywel Dda UHB - Director of Finance)*

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**4.4 SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN**

12:20 PM, 0 min  
*Winston Weir (Hywel Dda UHB - Independent Board Member)*

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**5 ANY OTHER BUSINESS**

12:20 PM, 10 min

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**6**

**DATE OF NEXT MEETING**

12:30 PM, 0 min

Tuesday 25 February 2025; 09:30 - 12:30

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1 - GOVERNANCE

1.1

9:50 AM, 0 Mins

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1.1 - WELCOME AND APOLOGIES

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

1.2

9:50 AM, 0 Mins

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1.2 - DECLARATION OF INTERESTS

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

1.3

9:50 AM, 0 Mins

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1.3 - MINUTES OF SUSTAINABLE  
RESOURCES COMMITTEE HELD ON 22  
OCTOBER 2024

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[Unapproved Minutes SRC 22 October 2024](#)

## MINUTES OF THE SUSTAINABLE RESOURCES COMMITTEE MEETING

**DATE OF MEETING:** 9:30 AM, Tuesday 22 October 2024  
**VENUE:** Ystwyth Boardroom/Microsoft Teams Meeting

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

**IN ATTENDANCE:** Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning) (VC) (part)  
 Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer) (VC) (part)  
 Sharon Daniel (Hywel Dda UHB - Interim Executive Director of Nursing, Quality & Patient Experience) (VC) (part)  
 Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning) (VC)  
 Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation) (VC) (part)  
 Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care) (VC)  
 Huw Thomas (Hywel Dda UHB - Director of Finance) (VC)  
 Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)  
 Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary) (VC)  
 John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
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SRC(24)110	<b>WELCOME AND APOLOGIES</b>	
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Mr Winston Weir welcomed all to the Sustainable Resources Committee (SRC) meeting and expressed his sympathy to the family of the passenger who had died following a crash involving two trains near Llanbryn-mair, Powys, on the evening of 21 October 2024 and commended the response of Hywel Dda University Health Board staff (HDdUHB) at Bronglais Hospital (BGH) where many of the casualties of the train accident had been taken for treatment.

Apologies had been received from:

- Mr Andrew Spratt

- Mr Anthony Tracey

**SRC(24)111      DECLARATION OF INTERESTS**

There were no declarations of interest.

**SRC(24)112      MINUTES OF SUSTAINABLE RESOURCES COMMITTEE MEETING HELD ON 27 AUGUST 2024**

The minutes of the SRC held on 27 August 2024 were reviewed and agreed as an accurate record of proceedings.

**Decision:** The minutes of the Sustainable Resources Committee meeting held on the 27 August 2024 were **APPROVED** as a correct record of proceedings.

**SRC(24)113      TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 27 AUGUST 2024**

The Table of Actions from the SRC meeting held on 27 August 2024 was reviewed.

In response to a question from Mrs Delyth Raynsford on **SRC(24)86** ('Finance Report') on the timescale to calculate the measures implemented to mitigate the recurrent savings reduction related to bed reconfiguration, Mr Huw Thomas advised that the information was being sought from operational directorates.

It was advised that the financial savings attributed to the decarbonisation programme referred to in the action relating to **SRC(24)94** ('Decarbonisation Taskforce Group Update') was included within the current and future Decarbonisation Taskforce Group Update and that the action could be closed.

**Decision:** The Sustainable Resources Committee **REVIEWED, UPDATED** and **NOTED** the Table of Actions from the meeting held on 27 August 2024.

**SRC(24)114      SUSTAINABLE RESOURCES COMMITTEE SELF-ASSESSMENT UPDATE REPORT**

Mr Weir presented the SRC Self-Assessment Update Report to the Committee and advised that of the outstanding actions

contained within the report relating to the Terms of Reference and remit and name of the Committee, that the Health Board's Committee structure was currently being reviewed and that any proposals would be reported through the Health Board's governance structure in due course.

Mrs Joanne Wilson advised that the review of the Health Board's committees would be reviewed and implemented in either the new calendar year or the new financial year. Mrs Wilson advised that a revised reporting template was being developed based on feedback received through the self-assessment process.

**Decision:** The Sustainable Resources Committee **TOOK ASSURANCE** from the progress made so far against the actions being undertaken to improve its effectiveness.

SRC(24)115

## FINANCE TARGETED INTERVENTION ACTIONS

Mr Shaun Ayres presented the Finance Targeted Intervention Actions update to the Committee and advised that the Health Board have achieved £29.1m of savings within 2024/25, of which £20m were recurrent savings. Mr Ayres advised that the current end-of-year forecast deficit was £64.2m compared to the target contained within the Annual Plan of £64m.

Mr Ayres believed that the key component of the savings delivery related to a reduction of nursing agency expenditure of 58% that reduced monthly expenditure on nursing agency from nearly £3m a month to under £1m a month and advised that a similar approach to medical agency and allied health professionals agency usage was being applied from 1 November 2024 with a plan for a 65% reduction in agency usage across both areas.

Mr Ayres advised that the annual planning cycle for 2025/26 had commenced with an initial workshop having already been held with a focus on examining where the Health Board can achieve de-escalation status by March 2026 as part of the two-year plan to meet the finance and performance criteria to enable de-escalation.

Mr Ayres highlighted areas of concern relating to a shortfall of £3.3m in savings requirements and the non-recurrent nature of savings, of which £12m of savings are currently non-recurrent that will be in addition to any savings requirements in the second year of the two-year plan. Mr Ayres believed there was significant pressures within Oncology and Urgent Care relating to both finance and performance.

Mr Ayres highlighted the letter received from Welsh Government (WG) on the 3 October 2024 that contained a specific expectation for the Health Board to provide a financial road map on how the

Health Board plans to meet its Target Control Total of £44.8m, Mr Ayres believed that oversight of this action was a matter for the SRC to oversee and would be a focus of the Targeted Intervention Update at the 17 December 2024 SRC meeting.

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Mr Thomas asserted that the focus needed to be on tackling the underlying deficit as part of the Financial Recovery Plan that would form part of the Health Board's submission to WG in response to the letter received on the 3 October 2024.

Mr Lee Davies believed that there was an increasing level of confidence in the delivery of the 2024/25 financial plan and that the challenge would be in developing the 2025/26 Annual Plan and converting non-recurrent savings from 2024/25 into recurrent savings.

Mr Lee Davies believed that the increased challenge in 2025/26 would be due to the level of savings made in 2024/25 leaving less areas for savings to be identified in 2025/26 as existing savings opportunities having been exhausted.

In response to a question from Mr Maynard Davies on the level of risk to the £29.1m of identified savings within 2024/25, Mr Thomas believed that the £29.1m of planned savings were of a high level of confidence to be delivered and were classed as Green or Amber savings schemes in the 'Black/Red/Amber/Green' (BRAG) rating.

In response to a question from Mr Maynard Davies regarding the level of savings realised from Bronglais Hospital (BGH) Paediatric Ambulatory Care Unit (PACU) interim urgent interim operational service change approved at Board on 26 September 2024 following successful recruitment potentially allowing for the reinstatement of the service earlier than anticipated, Mr Thomas advised that any financial savings as a consequence of the urgent interim operational service change were minimal and that any recruitment would be on a substantive contract that would result in a reduction in variable pay.

*Mr Andrew Carruthers joined the meeting*

In response to a question from Mr Maynard Davies regarding any savings or additional costs being anticipated in the current financial year as a consequence of the Clinical Services Plan (CSP), Mr Lee Davies believed that there would be no cost or savings consequences in the current financial year in relation to any changes to the CSP. Mr Lee Davies advised that the CSP discussion will result in option being presented to the Board that will relate to service configuration that will have a cost-reduction consequence in addition to quality and safety benefits or have be an investment decision with a cost implication for raising standards and reducing waiting times.

*Mr Stuart Rees, Mr Owain Williams and Ms Gina Williams joined the meeting*

In response to a question from Mrs Raynsford regarding collaborative working and the effect on staff morale, Mr Ayres advised that the workshop had been asked to consider the delivery of the £44.8 Target Control Total and believed that there were positive conversations held at the workshop between different services and believed that the mood in the workshop was very positive and upbeat. Mr Lee Davies added that in addition to the workshops, changes being made to the operational structure of the organisation were important with revised accountabilities resulting in an opportunity to sharpen the Health Board's delivery model that would provide further enhancements and convert ideas and opportunities into tangible savings.

In response to a question from Mr Michael Imperato regarding the timescale for developing the financial route map to the Health Board's £44.8 Target Control Total, Mr Thomas advised that he had asked for £20m of savings to be identified by Christmas 2024 ahead of the WG allocation for 2025/26 being received on 23 December 2024 to assist inform the savings gap ahead of the last quarter of the financial year.

In response to a question from Mrs Eleanor Marks regarding the mitigation of the risk to the delivery of financial savings through public engagement, Mr Ayres advised that representatives from Communications and Engagement were part of the workshops and believed that not every option considered by the Health Board that would deliver a financial benefit would be seen as a negative by the population and that in addition to inviting representation from external partner organisations, such as Local Authorities, to future workshops, Mr Ayres believed it was important to ensure that relevant clinical leads were part of the workshops to support the development of the public message that any proposed service changes were to promote quality and sustainability. Mr Thomas believed that the approach was more than delivering financial savings and that public engagement was necessary to reassure the public that any service changes are driven by quality and safety considerations or to address staffing fragility concerns as part of the CSP discussion at the Board Seminar on 24 October 2024.

In response to a question from Mr Weir on whether any agreement had been reached with agreeing a medical rate card to assist contain the costs of medical variable pay, Mr Andrew Carruthers advised that a draft proposal had been considered by Executive Team on 2 October 2024 and an agreed rate card would be presented to a future Executive Team meeting to be agreed to discuss with the Local Negotiating Committee (LNC).

In response to a question from Mr Weir on what grip and control measures the Health Board had in place to contain spending to

within agreed budgets, Mr Thomas advised that grip and control measures had improved across the organisation and highlighted the Escalation Meetings that directorates who are in escalation have to attend on a monthly basis to provide assurance on their grip and control measures in place to manage their spending and the Financial Control Sub-Group (FCSG) that provides robust scrutiny over new clinical roles that were created and administration and clerical roles, escalation processes to use agency and over new non-pay contractual arrangements through procurement.

*Mr Shaun Ayres left the meeting*

**Decision:** The Sustainable Resources Committee:

- **ACKNOWLEDGED** and **ENDORSED** the significant progress made in achieving £29.1m in savings, recognising this as an unprecedented milestone for the Health Board.
- **RECOGNISED** that the £13.3m of financial risk posed by the non-recurrent nature of a portion of these savings, necessitating continued efforts to identify recurrent opportunities.
- **SUPPORTED** and **ENDORSED** the early commencement of the planning cycle, which is focused on ensuring next year's plans are fully identified and aligned with financial sustainability, aiding in the triangulation of financial, operational, and workforce planning.
- **ACKNOWLEDGED** the gravity of the letter from Welsh Government dated 3 October 2024, outlining key expectations for securing further financial improvements, including a roadmap to achieve the £44.8m control total by March 2026.

## SRC(24)116 FINANCE REPORT

Mr Thomas presented the Month 6 2024/25 Finance Report to the Committee and advised that Month 6 position had shown a deficit of £5.3m, which was less than the average monthly deficit required to meet the £64m annual deficit compared to an average of £5.8m over Months 1 to 5 that Mr Thomas advised needed to be recovered during the second half of the financial year to show a continued reduction in the budget deficit.

Mr Thomas highlighted the positive improvements on nurse staffing expenditure however highlighted the pressures facing Primary and Secondary Care Drugs and medical locum expenditure with Continuing Healthcare (CHC) costs presenting a risk for the second half of the 2024/25 financial year.

Ms Jennifer Thomas advised that in relation to grip and control measures, that grip and control measures in relation to

administration and clerical staffing were being introduced on 1 November 2024 in addition to nursing agency measures.

Ms Thomas believed that the risk to cash was a continued risk to the Health Board in addition to the non-recurrent savings and the need to convert them into recurrent savings. Ms Thomas advised that there was a line of sight to the £64m target annual deficit in the current financial year with the recurrent savings gap a concern for the Health Board when planning to tackle the underlying deficit in 2025/26.

In response to a question from Mr Weir on whether the mitigating actions were having an impact on the financial forecast for 2024/25, Mr Thomas advised that the mitigating actions were part of the financial position and provided a level of assurance that the actions were being operationalised and that the Health Board was very close to being on target to meet its £64m target annual deficit for 2024/25. Mr Thomas advised that the financial position was highly sensitive to any slippage in its position with risks highlighted as increases to the prices of Category M medicines within Primary Care prescribing due to the effect of their large multiplier impact, winter surge pressures and challenges and the ability of the Health Board to control them and increasing demand pressures for packages of care.

In response to a question from Mr Weir on directorates adversely performing against their core budgets, Mr Thomas believed that directorates with challenging budget positions have seen an improving trend on expenditure with a significantly improved projected run-rate. Mr Lee Davies advised that his directorate's forecast year-end position was due to the Long Term Agreement (LTA) position with the main consideration being how the directorate forecasts the LTAs as the LTAs account for £190m of expenditure with any slight variations within the forecast resulting in a significant difference in the end-of-year forecast. Mr Lee Davies gave the example of how a review of assumptions around Intensive Therapy Unit (ITU) usage at Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB) could reduce the end-of-year forecast from £600k down to £90k.

**Decision:** The Sustainable Resources Committee:

- **RECOGNISED** that the Health Board's opening budget deficit of £64.0m is not an acceptable position for the Board, or Welsh Government. This position is not backed by cash support from Welsh Government at this stage, as it is in excess of the Target Control Total of £44.8m, which represents a key corporate risk for the Health Board
- **ENDORSED** the savings delivery and actions undertaken to date, in particular the actions presented to Public Board in September 2024, and that these actions are progressing well

- **ACKNOWLEDGED** that the forecast trajectory is now on course to be lower than the monthly Annual plan deficit of £5.3m and therefore is now projected to achieve the annual plan deficit of £64.0m.
- **SCRUTINISED** the Executive Delegated Officer portfolios which are overspending against their delegated budgets;
- **RECOGNISED** that the Escalation Framework has been put in place, with directorates assessed across six domains, of which one domain is Finance and Planning (details reported within the IPAR)
- **RECEIVED ASSURANCE** that:
  - Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group
  - Mitigating actions are being developed to address areas of overspending
  - Actions are being taken to deliver across all of the schemes contained within the £4.2m Board agreed actions
  - Executive leads are generating schemes to develop into robust recurring savings plans by December 2024 for the £20m commitment made during September 2024

SRC(24)117

## DEEP DIVE: MEDICINES VALUE AND SUSTAINABILITY

Miss Jill Paterson introduced the Deep Dive into Medicines Value and Sustainability to the Committee and advised that the Deep Dive would focus on the cost effectiveness and the quality and efficiency of the Health Board's prescribing with an overview of the savings made through efficient prescribing based on the four strategic aims:

- Improving the use of technology
- Standardisation across the Health Board of systems and processes
- Developing the workforce
- Helping patients to manage their own self-care

Miss Paterson advised that the Deep Dive would take a separate focus on Primary and Secondary Care with a complete overview on how challenges are responded to and improved outcomes are delivered.

Mr Stuart Rees presented the Secondary Care element of the Deep Dive and advised that the Deep Dive would focus on the financial aspects of medicines value and sustainability. Mr Rees advised that the Secondary Care budget was forecasting an end-of-year overspend of £407k however a significant intervention of switching Ustekinumab to a biosimilar was projected to mitigate

the overspend by £589k with switching having commenced on 1 October 2024.

Mr Rees believed that the mitigation efforts were a result of collaboration between the pharmacy Medicines Management Team and the Directorate that has enabled a focussed effort on where to accelerate switching the maximise benefits during the current financial year.

Mr Rees provided an overview of the Secondary Care drugs spend and activity and highlighted that 10% of the drugs used in Secondary Care accounted for 90% of the total spend. Mr Rees advised that 49 drugs accounted for 65% of drug expenditure and observed that while activity for those 49 drugs had increased by 46%, the average item cost had decreased by 3%. Mr Rees believed this demonstrated the positive impact of improved drug procurement and efforts to switch to lower acquisition cost alternative drugs.

Mr Rees highlighted the Secondary Care Performance heatmap from the national Value and Sustainability Board that showed Hywel Dda University Health Board (HDdUHB) containing drug expenditure despite an increase in drug usage volume.

Mr Rees advised that the Health Board aims to undertake switches of medication within 2 months whereas the national Medicines Value Unit Plan for Health Boards in Wales plans for switching to be undertaken within 6 months and as a result, the mitigation derived from switching from Ustekinumab to a biosimilar of £589k was £300k higher than forecasted by the Medicines Value Unit.

Mr Owain Williams provided an overview of Primary Care prescribing and advised that the volatility on drug prices caused by national factors was having an impact on the Health Board and gave the example of one cost change can vary expenditure by £200k-£300k with little local influence due to the drug prices being agreed by the UK Department of Health. Mr Williams advised that price changes were a result of market forces, a response to drug shortages and in response to the Community Pharmacy margins.

Mr Williams advised that in addition to price volatility, there was a significant growth in demand for drugs in key therapeutic areas where the financial impact was substantive, with an anticipated £3m increase in drug costs within just 5 medication groups.

Mr Williams advised that to offset cost pressures that were outside of the Health Board's control, other opportunities for cost reduction and efficiency were being explored. Mr Williams advised that there has been a reduction in oral anticoagulant costs with the drugs Apixaban and Rivaroxaban having lost their patency with the cost price of a generic alternative being lower. The Health Board were also seeking to promote cost-effective prescribing within Primary

Care through targeted switches to more cost-effective options, to promote deprescribing of medication to identified patients and to undertake a review of all high-cost medication to ensure that medication is appropriately prescribed and supplied within Primary Care.

Mr Williams presented a Savings Plan update and believed that based on the Q1 2024/25 data, the Health Board was performing at a better level than planned and believed that the SRC could take assurance that despite factors outside of the Health Board's control, such as national market forces and growth in key prescribing areas, the Health Board was over-achieving in areas that were within the Health Board's control in mitigation.

In response to a question from Mrs Raynsford on public health messaging and promoting self-care, Miss Paterson advised that there had been a change in the community pharmacy contract from one that incentivised community pharmacies based on the levels of prescribing to one whereby 50% of the community pharmacy contract was directed to health prevention services. Mr Williams advised that business intelligence was used to monitor where prescribing was occurring with a view to preventing inappropriate prescribing and promoting cost-effective prescribing.

In response to a question from Mrs Marks on how patients prescribed multiple medications are reviewed, Miss Paterson believed that one of the consequences of supporting more patients in the community for longer would be an increase in expenditure on continuing care packages and drug costs and that the challenge would be to make the drug costs as effective as possible by undertaking due diligence to ensure value for money whilst improving patient outcomes. Miss Paterson advised that the responsibility for the management of patients prescribed multiple medications was with the prescriber at the point of prescribing.

In response to a question from Mrs Marks regarding the potential impact on the prescribing of lifestyle drugs, Miss Paterson believed that this was an area that the Health Board would have to monitor as more national information becomes available however Miss Paterson believed that part of the response would be in changing lifestyle behaviours to promote better health as prescribing weight-loss drugs would be ineffective without changing the patients' behaviour.

In response to a question from Mrs Marks on who took ownership for the cost of prescribing when patients move from Secondary to Primary Care, Miss Paterson advised that General Practices (GPs) were provided with detailed expenditure reports and drug budgets and each Practice was linked to an individual within the Medicines Management Team who meets with each GP Practice to discuss all areas of that Practice's prescribing and to arrange medication review of individual patients. Miss Paterson also believed that there was a peer pressure through a review of GP

Practice prescribing at GP Cluster meetings. Mr Williams believed that in relation to patients moving between Secondary and Primary Care, developments within the Digital Medicines Strategy relating to Electronic Prescribing and Medicines Administration (ePMA) would improve the quality and safety of prescribing by having a single patient record.

In response to a question from Mr Maynard Davies regarding the timescale of the development of an Aseptic Facility within the Health Board, Mr Rees advised that Transforming Access to Medicines (TrAMs) programme was seeking to provide a south-west Wales hub by 2027/28 with the Health Board developing a Business Case for a temporary demountable facility at Withybush Hospital (WGH) with an interim solution of a cold storage facility being used to enable to bulk purchase of medication to maximise savings as opposed to ordering individual patient-specific medication. The interim cold storage facility would be in place from the first week of December 2024.

*Mr Stuart Rees, Mr Owain Williams and Ms Gina Williams left the meeting*

**Decision:** The Sustainable Resources Committee **RECEIVED** and **NOTED** the Deep Dive into Medicines Value and Sustainability.

**SRC(24)118      PROCUREMENT UPDATE**

*There was no Procurement Update to present to the Committee.*

**SRC(24)119      FINANCIAL PLAN PRINCIPLES AND APPROACH**

Mr Thomas presented the Financial Plan Principles and Approach report to the Committee and advised that the purpose of the report was to outline the Health Board's approach to developing the annual financial plan, set within the Health Board's wider planning cycle.

Mr Thomas advised that the report outlined the guiding principles for setting out the Annual Plan and the approval process for approving any income and expenditure and the opportunities for change that the Health Board is required to undertake and ensuring that each change is assessed through the BRAG assessment process.

Mr Thomas advised that it was the ambition to create an internal 'Invest in Value' fund that would be owned by the Chief Executive with investments approved by the Executive Team and subject to scrutiny by SRC. Mr Thomas believed that to impact change on pathways there was a prerequisite for a degree of investment that

would require a transparent process by which to make that investment.

Mr Thomas believed that there was a need to attach similar controls and oversight to GP Cluster funding, Regional Integration Funds (RIF) and service improvement funds to ensure a transparent and tangible benefits realisation process. Mr Thomas advised that with Planned Care Recovery Funding, reforms to the structure of the Operational Team allowed for the ability to split the allocation of funding away from the delivery of funding to segregate duties and responsibilities.

Mr Thomas advised that he wished to explore and investigate the opportunity to consolidate a number of budgets:

- Clinical equipment maintenance (consolidated into the Clinical Engineering Directorate)
- Digital maintenance and all digital-related spend (Consolidated into the Digital Directorate)
- Postage (Consolidated into the Digital Directorate)
- Secondary Care drugs, Homecare drugs and Primary Care drugs to create a new Health Board-wide drugs portfolio (consolidated into the Medicines Management Directorate);
- Printing services (consolidated into the Digital Directorate);
- Training and Development (consolidated into the Workforce and Organisational Development Directorate).

Mr Thomas advised that this was undertaken with the aspiration to consolidate the budgets into a centre of excellence with centralised controls as opposed to the current devolved nature of managing budgets.

Mr Thomas advised that WG had established their expectations for HDdUHB, setting out three challenges to the Health Board:

- System affordability in the short term (cash releasing efficiency opportunities)
- System sustainability in the longer term (productivity and prevention opportunities)
- Impact of expenditure (performance, outcomes and broader impact on economy, environment, and culture of our communities)

Mr Thomas advised that the three WG themes that would be considered when implementing the principles for financial allocations.

In response to a question from Mr Weir on Public Health involvement in the Financial Plan principles and approach, Mr Thomas advised that consideration of how public health preventative measures could be incorporated within the Principles and Approach Financial Plan.

HT

In response to a question from Mr Weir on the ambition of the 2025/26 savings plan, Mr Thomas believed that the 2025/26 savings plan was more of a risk than 2024/25 and that to deliver £30m of savings in a single financial year would be a challenge to the Health Board and that efforts were better placed into delivering £20m of recurrent savings and that meeting the WG Control Total Target of £44.8m by the end of 2025/26 would be more acceptable.

In response to a question from Mr Maynard Davies on whether seeking £39.2m of the £43.5m of savings from the two Operations and Primary Care Directorates was realistic, Mr Thomas advised that the ask was for Directorates to deliver 5% of savings in the current financial year that would have to be delivered retrospectively in the following financial year in addition to the aspiration to save an additional 1.5% in 2025/26. Mr Carruthers believed that further savings could potentially require services changes that require consultation and engagement or involve a service reconfiguration and that the current aspiration was to identify the initial £20m of savings as part of the current planning cycle before developing the detail behind any plans to make the additional savings.

In response to a question from Mr Imperato regarding the consolidation of budgets, Mr Thomas believed that there was a long-standing debate between the need to consolidate budgets into a centre of excellence against the devolution of budget ownership and usage and believed that there was benefit to be derived from having management of consolidated budgets as a core job for a number of individuals as opposed to devolving the management to a number of separate teams. Mr Thomas has the example of the case to be made for consolidating Primary Care and Secondary Care drug budgets with clinical involvement however further work would be needed to be undertaken to explore staffing need around managing consolidated budgets.

In response to a question from Mr Imperato regarding the Invest to Save Fund and the level of initial investment in the fund necessary to make the scheme practical and effective, Mr Thomas advised that conversations had been held with WG on the development of a national Invest to Save Fund however the challenge to the debate was how a fund could be established when the NHS nationally was in financial deficit. Mr Thomas believed that the Health Board would need to invest between £1m-£2m initially to establish the Fund with the establishment of the Fund at that level being considered secondary to reducing the comparable amount from the Health Board's financial deficit.

*Mrs Sharon Daniel left the meeting*

**Decision:** The Sustainable Resources Committee:

- **RECOGNISED** that the Health Board is proposing to submit an Annual Plan, set within a three-year context, not an IMTP;
- **CONSIDERED** the appropriateness of the principles, assumptions and approach to achieve the target control total deficit of £44.8m;
- **ENDORSED** the contents of the document to allow the planning cycle to continue to operate within the principles and assumptions set out in the paper.

SRC(24)120

## CORPORATE RISK REPORT

Mr Thomas presented the Corporate Risk Report to the Committee and advised that Risk 1843 ('Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position') could be reviewed with the possibility of being reduced due to the presence of a route map to meeting the Health Board's £64m target deficit figure.

Mr Thomas advised that Risk 1352 ('Risk of business disruption and delays in patient care due to a cyber attack') would be considered in-committee however Mr Thomas advised that there was no reason to believe that the risk level was going to change in the foreseeable future.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** that all identified controls are in place and working effectively;
- **RECEIVED ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises;
- **CHALLENGED** where assurances are inadequate.

SRC(24)121

## NET ZERO QUANTITATIVE REPORT

Mr Thomas presented the Net Zero Quantitative Report to the Committee and advised that the guidance relating to Net Zero Reporting was still changing and changeable and advised that the Health Board's emissions had increased in 2023/24 compared to 2022/23 due to an increase in the scope of measurements with measurements within Primary Care and the Primary Care supply chain being included within the 2023/24 reported figures.

Mr Thomas advised that the per capita contribution of the Health Board had reduced through the Health Board pursuing a more economic approach such as switching from oil to gas at Glangwili

Hospital (GGH), an improvement to street lighting at WGH and improvements to the Health Board's fleet contributing to an improvement in the Health Board's reported figures.

*Mrs Sharon Hughes joined the meeting*

In response to a question from Mrs Raynsford on how HDdUHB compares to other Health Boards in Wales given the rural nature of HDdUHB, Mr Thomas believed that it was difficult to compare HDdUHB to other Health Boards in Wales given the rural nature of the Health Board with the increased need to travel further distances within HDdUHB, the relative lack of access to public transport between sites within HDdUHB compared to more urban Health Boards such as CVUHB in addition to the Health Board's ageing estate.

Mr Thomas believed that a significant component of the Health Board's carbon footprint was its supply chain and the use of medical gasses and that there was work on-going to decarbonise the Health Board's supply chain. Mr Thomas believed that there was an opportunity to use public Board meetings to communicate the Health Board's carbon impact.

Mrs Sharon Hughes advised that she had requested further information from WG on how HDdUHB compares to other Health Boards in Wales and believed that the Net Zero reporting had become more challenging given the changes in the accounting and reporting of supply chain data with the Health Board having limited control over the accounting and reporting data that is collated by NHS Wales Shared Services Partnership (NWSSP) with local procurement teams completing the data and NWSSP having the final review and quantification. Mrs Hughes advised that there had been a change in the quantification methodology for the 2023/24 report and advised that the 2024/25 would report figures based on a consistent and comparable methodology for recording and reporting data. Mrs Hughes anticipated that this would evidence a levelling off of carbon production by the Health Board.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **RECEIVED** and **NOTED** the Net Zero Quantitative Report.

**SRC(24)122**

## **DECARBONISATION TASK FORCE GROUP UPDATE**

Mrs Hughes presented the Decarbonisation Task Force Group (DTFG) Update to the Committee and advised that there had been improvements in the completion of initiatives of the 46 initiatives set out in the NHS Wales Strategic Decarbonisation Delivery Plan.

Mrs Hughes advised that the NHS Wales Strategic Decarbonisation Delivery Plan was currently undergoing a review and an update has been received by the Health Board from the WG Health and Social Care Climate Change Team that the national strategic plan has been reviewed and refreshed with the revised plan having an increased focus on adaptation and resilience as opposed to the previous approach focussing on mitigation measures.

Mrs Hughes advised that the revised plan would have an increased focus on how the Health Board's services and pathways can adapt to climate change eventualities such as extreme weather events such as extreme heat.

Mrs Hughes also advised the Committee of a change of Senior Responsible Officer (SRO) for the climate change works from the Director of Strategy and Planning to the Director of Public Health as the focus of the decarbonisation agenda changes from procurement, transport, buildings and estates that have become part of the standard delivery framework as "business as usual" as decarbonisation becomes a standard component of the construction and design framework of buildings with the focus within HDdUHB becoming more relating to adaption and resilience to climate events.

*Mr Andrew Carruthers left the meeting*

In response to a question from Mr Weir on the impact on the Health Board's carbon footprint from the move to the Picton Terrace development, Mr Lee Davies advised that the Health Board would have a smaller carbon footprint following the occupation of the Picton Terrace development and the disposal of older elements of the Health Board's estate with the move supporting the Health Board's wider agile working approach to support the decarbonisation agenda.

Mrs Hughes advised that in response to the request for the provision of additional financial information within the DTFG Update Report, in addition to the financial information contained within the October update report, future reporting would include the levels of carbon saved from smaller projects and the financial savings made through the mitigation activities.

In response to a question from Mr Weir regarding the presentation of the data tables displayed in the appendices, Mrs Hughes advised that future reporting will highlight the key points of information and highlight the savings.

SH

*Mrs Sharon Hughes left the meeting*

**Decision:** The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the actions/activity being progressed by the Climate Change Taskforce Group/Decarbonisation Taskforce Group as part of the Health Board Decarbonisation Delivery Plan.
- **APPROVED** the Q1/Q2 2024/25 Qualitative Report.

**SRC(24)123**

## **PLANNING OBJECTIVES UPDATE REPORT**

Mr Thomas presented the Planning Objectives (PO) Update Report and advised that the Health Board was behind schedule on PO2 ('Developing Roadmap to Financial Sustainability'). Mr Thomas believed that the focus in 2024/25 was to achieve a line of sight to the £64m end-of-year target deficit from which to use to build as a foundation for 2025/26.

Mr Thomas advised that the Health Board was broadly on target to complete PO9 ('Digital Agenda') dependant on progress on the award of the Digital Transformational Partner that was still in progress.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **RECEIVED ASSURANCE** on the current position in regard to the progress of the Planning Objectives PO2 ('Developing Roadmap to Financial Sustainability') and PO9 ('Digital Agenda') aligned to the Sustainable Resources Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

**SRC(24)124**

## **FINANCIAL PROCEDURES**

The following procedures had been reviewed and were presented to SRC for approval:

- 071 - Construction Industry Scheme Financial Procedure
- 082 - Identification and Charging for Overseas Visitors for NHS Treatment Financial Procedure
- 089 - Property Found on Hywel Dda LHB Premises Financial Procedure
- 096 - Provision of Hospitality Financial Procedure
- 1000 - Stock Procedure

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **APPROVED** the following updated financial procedures:

- 071 - Construction Industry Scheme Financial Procedure
- 082 - Identification and Changing for Overseas Visitors for NHS Treatment Financial Procedure
- 089 - Property Found on Hywel Dda LHB Premises Financial Procedure
- 096 - Provision of Hospitality Financial Procedure
- 1000 - Stock Financial Procedure

**SRC(24)125**

## **INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE**

Mr Thomas presented the Information Governance Sub-Committee (IGSC) Update to the Committee.

Mr Maynard Davies believed that while the Health Board had missed the 95% target for Clinical Coding, HDdUHB were still above the all-Wales average of 70% and were well above the national average for the accuracy of clinical coding. Mr Thomas believed that the Health Board's performance compared to other Health Boards in Wales was positive and that the Health Board were due to commence an exploration on how Artificial Intelligence (AI) could support the Health Board with clinical coding.

In response to a question from Mr Weir on why the Health Board had started to fail to meet its targets from June 2024 onwards, Mr Maynard Davies advised that the main contributory factor was staffing whereby existing staff had left and replacement staff needed 18 months to be fully trained within clinical coding.

In response to a question from Mr Imperato regarding the challenges of staff retention, Mr Thomas advised that HDdUHB clinical coding staff needed to be on-site to review clinical notes as part of the clinical coding process however the demand for clinical coders presented a challenge for staff retention.

Mr Thomas believed that AI could partially mitigate the staffing issue by being used to tackle high-volume and low-complexity clinical coding work.

The following procedures had been reviewed by the IGSC and were presented to SRC for approval:

- Policy 173 – Freedom of Information and Environmental Information Policy
- Policy 279 – Third Party Supplier Security Policy

- Policy 1283 – Misfiling or Mislaid Patient or Staff Records - Reporting and Escalation Procedure

**Decision:** The Sustainable Resources Committee:

- **NOTED** the report and **TOOK ASSURANCE** from the actions and oversight of the Information Governance Sub-Committee
- **REVIEWED** and **APPROVED** the following policies:
  - Policy 173 – Freedom of Information and Environmental Information Policy
  - Policy 279 – Third Party Supplier Security Policy
  - Policy 1283 – Misfiling or Mislaid Patient or Staff Records - Reporting and Escalation Procedure

**SRC(24)126      DIGITAL TRANSFORMATION PARTNERSHIP UPDATE**

*This item was deferred to a later date*

**SRC(24)127      BALANCE SHEET REPORT**

Mr Thomas presented the Balance Sheet Report to the Committee.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **REVIEWED** and **NOTED** the Balance Sheet as of the end of Quarter 2 2024/25

**SRC(24)128      WELSH HEALTH CIRCULARS**

Mr Thomas presented the Welsh Health Circulars (WHC) Report to the Committee.

In response to a question from Mr Maynard Davies noting that the Emergency Department Clinical Information System (EDCIMS) programme had been formally shut down and the WHC withdrawn by WG and asked whether any discussions had been held to explore an alternative to the national solution, Mr Thomas advised that there had been no discussions at present. Mr Thomas agreed to discuss with Mr Anthony Tracey and present the information to the SRC

**HT**

**Decision:** The Sustainable Resources Committee **RECEIVED ASSURANCE** from the Lead Executive Director on the

management of Welsh Health Circulars within their area of responsibility, particularly in respect of understanding when the Circular will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

#### **SRC(24)129 MINISTERIAL DIRECTIONS**

Mr Thomas presented the Ministerial Directions (MI) report to the Committee.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **RECEIVED ASSURANCE** that Hywel Dda University Health Board is compliant with the NSIs (MDs) issued by Welsh Government between 1 June 2024 and 31 August 2024.

#### **SRC(24)130 INTEGRATED PERFORMANCE ASSURANCE REPORT**

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) to the Committee.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee **CONSIDERED** and **NOTED** the SRC measures from the Month 6 2024/25 Integrated Performance Assurance Report.

#### **SRC(24)131 ALL-WALES CAPITAL PROGRAMME 2024/25 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

Mr Thomas presented the All-Wales Capital Programme 2024/25, Capital Resource Limit (CRL) and Capital Financial Management Update to the Committee and advised that details of individual programmes would be presented to the Strategic Development and Operational Delivery Committee (SDODC).

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee:

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

**SRC(24)132**

**SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN**

Mr Weir presented the SRC Annual Work Plan for 2024/25 to the Committee for review and provided an overview of the Deep Dives schedule for the Committee.

There were no questions from members of the Committee.

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

**SRC(24)133**

**ANY OTHER BUSINESS**

There was no other business transacted at the meeting.

**SRC(24)134**

**DATE OF NEXT MEETING**

The date of the next SRC meeting is 17 December 2024.

UNAPPROVED

1.4

9:50 AM, 0 Mins

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1.4 - MINUTES OF EXTRAORDINARY  
SUSTAINABLE RESOURCES COMMITTEE  
HELD ON 14 NOVEMBER 2024

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

Unapproved Minutes Extraordinary SRC 14 November 2024

## MINUTES OF THE EXTRAORDINARY SUSTAINABLE RESOURCES COMMITTEE MEETING

**DATE OF MEETING:** 9:15 AM, Thursday 14 November 2024  
**VENUE:** Microsoft Teams Meeting

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

**IN ATTENDANCE:** Craig Baker (Hywel Dda UHB - Cellular Pathology Service Manager) (VC) (part)  
 Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer) (VC) (part)  
 Janice Cole-Williams (Hywel Dda UHB - Assistant Director of Nursing) (VC)  
 Andrew Spratt (Hywel Dda UHB - Deputy Director of Finance) (VC)  
 Huw Thomas (Hywel Dda UHB - Director of Finance) (VC)  
 Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)  
 Anthony Tracey (Hywel Dda UHB - Digital Director) (VC)  
 Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary) (VC)  
 John Jenkins (Hywel Dda UHB - Committee Services Officer) (VC) (Secretariat)

MINUTES REF.	ITEM	ACTION
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<b>SRC(24)135</b>	<b>WELCOME AND APOLOGIES</b>	
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Mr Winston Weir welcomed all to the Sustainable Resources Committee (SRC) meeting.

Apologies had been received from:

- Mr Maynard Davies
- Mrs Delyth Raynsford
- Mrs Sharon Daniel (Mrs Janice Cole-Williams Deputising)
- Mr Lee Davies
- Mr Mark Henwood
- Mr James Severs

<b>SRC(24)136</b>	<b>DECLARATION OF INTERESTS</b>	
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**SRC(24)138:** Mr Michael Imperato declared that he had participated in the initial shortlisting process of the Digital

Transformation Strategic Partner, however this was in the early stages and was not material to SRC's decision making processes.

**SRC(24)137**

## **DIGITAL CELLULAR PATHOLOGY BUSINESS JUSTIFICATION CASE**

Mr Craig Baker presented the Digital Cellular Pathology Business Justification Case to the Committee and advised that the project was part of a national project that was being progressed by individual Health Boards.. Mr Baker believed that the implementation of a digital cellular pathology system and the use of artificial intelligence (AI) was a transformative project that would enable the Health Board to recruit strategically into the pathology network. Furthermore. work undertaken by Health Boards in England who have recruited into long-standing pathology vacant posts through recruiting to substantive pathology posts from individuals based overseas was highlighted.

Mr Baker highlighted the ability of the proposed system to enable regional collaboration to connect with specialist pathologist professionals based globally to enable quick referrals and diagnostics to improve turn-around times for diagnostics to improve the patient experience. Mr Baker advised that the system provided a "second set of eyes" for cancer detection and was not a replacement for a consultant however provided increased sensitivity and specificity that enabled the Health Board to mitigate the cost of utilising high-cost locums to undertake the work.

Mr Anthony Tracey believed that the proposed system was transformative in the use of AI and would enable Hywel Dda University Health Board (HDdUHB) to be a case study in the use of utilising AI in a clinical environment.

In response to a question from Mr Weir on the savings realised by the implementation of the digital cellular pathology solution, Mr Huw Thomas advised that the proposed system would release a potential £502k of savings through the reduction in the reliance on high-cost locums as potential recruits to substantive positions within HDdUHB in addition to reducing reliance on other Health Boards for specialist support and the provision of an out-of-hours service.

Mr Thomas believed that the potential cumulative benefit of the proposed digital solution of £502k was complimented by the support of providing a more sustainable and less fragile service that would release the cash savings to make the implementation of the scheme cost-effective to the Health Board. In response to a question from Mr Weir on whether the proposed scheme would result in a break-even cost for the Health Board, Mr Thomas believed that the scheme would result in a saving through the reduction in reliance on high-cost locum staffing and future-

proofed the Health Board against future cost pressures from high-cost locums who were able to command a premium due to shortage of availability.

In response to a question from Mr Weir on whether the proposed solution would result in savings through the elimination of the need for medical equipment such as microscopes, Mr Baker advised that pathologists currently graduating from the Royal College of Pathologists are trained in digital working and able to work digitally on high-definition digital screens as opposed to microscopes.

In response to a question from Mrs Eleanor Marks on the options considered as part of the process, Mr Thomas advised that the scheme was an All-Wales process that promoted regional interoperability and regional working with the specific supplier of the digital solution subject to the further procurement process of the Health Board.

*Mr Andrew Carruthers joined the meeting*

In response to a query from Mr Andrew Spratt on the expectation of the Board not to receive any additional funding requests, Mr Thomas agreed that that report that would be presented to Board on 28 November 2024 would clearly articulate the cash-releasing savings benefits of the proposed scheme to offset the costs of implementing the scheme. Mrs Joanne Wilson advised that additional information was required in the report being presented to Board to include further details of the risk of not making the investment in the proposed digital solution.

HT/CB

In response to a question from Mr Imperato on the cost-neutrality of the scheme, Mr Thomas advised that it was envisaged that the scheme would be to realise savings from Year 2 of the scheme with the scheme becoming cost-neutral over the course of the project.

In response to a question from Mrs Marks regarding the ability to scheme to assist with recruitment, Mr Baker advised that the solution would enable the Health Board to access specialities not presently available to the Health Board and gave the example of the ability to connect with the All-Wales Lymphoma Panel based within Swansea Bay University Health Board (SBUHB) and believed that the prevalence of general pathology was decreasing with a greater focus on specialities and with the large number of specialist areas of pathology it was not possible for any one Health Board to recruit into all specialities however the proposed digital solution would enable the Health Boards to access speciality pathologists globally.

*Mr Craig Baker left the meeting*

**Decision:** The Sustainable Resources Committee:

- **SCRUTINISED** and **RECOMMEND** for onward approval to the Board, that approval is given to undertake full procurement of a Digital Cellular Pathology solution and provide a commitment to provide funding of approximately £500,000 per annum. This cost will be offset by savings achieved through productivity and efficiency increases realised through the systems implementation, providing a cost neutral solution to the Health Board.

SRC(24)138

## DIGITAL TRANSFORMATION STRATEGIC PARTNER

Mr Anthony Tracey presented the Digital Transformation Strategic Partner paper and recommend the award of a digital transformation strategic partner for the Health Board to deliver its digital strategy to provide an integrated health and social care service supported by digital technology to provide digitally-connected patient pathways for the Health Board's population, to enable digitally-enabled ways of working for the Health Board's workforce and to allow patients and the Health Board's population to access services through a 'digital front door' to empower citizens' health and well-being.

Mr Tracey believed that historically, the Health Board had experienced challenges relating to the pace of delivery of digital solutions and capacity within the Health Board's Digital Team and felt that the appointment of a Digital Transformation Strategic Partner would provide the support to the Health Board to improve its pace and digital services delivery capabilities.

Mr Tracey detailed the robust tendering process that the Health Board had undertaken since the issuing of a pre-qualification questionnaire (PQQ) in April 2024 that resulted in 17 bidders submitting a bid to the Health Board that was shortlisted to 5 bidders who received an invitation to tender (ITT). Following a tender evaluation on 2 September 2024, the five bidders was further reduced to three suppliers invited to the interview stage of the procurement. Following the evaluation of the presentation and interviews, the panel re-examined their scoring to assure themselves that the initial scoring was consistent based on the presentation and interview responses. The Evaluation Team recommended that the contract should be awarded to CGI IT UK LTD.

Mr Tracey advised that the award was a "zero contract" with any work submitted to the digital transformation strategic partner subject to business case scrutiny by the Health Board's governance process with the award being a commitment to have a working relationship with a digital transformation strategic partner for any future digital schemes.

In response to a question from Mr Weir regarding the post-PQQ evaluation, Mr Tracey advised that the technical and financial cases of the potential suppliers was considered with two suppliers having a similar technical and value-based offering to the Health Board with the preferred supplier offering a stronger financial package with all three of the final suppliers considered appointable with a clear preference for the recommended supplier following the robust tendering process. Mr Thomas believed that further detail on the selection of the recommended supplier was needed in the report to be presented to Board on 28 November 2024.

HT/AT

In response to a question of the annual limit of the cost of schemes from Mrs Marks, Mr Tracey advised that the cap was £75m over 10 years equating to a £7.5m a year maximum. Mr Thomas believed that the £7.5m a year maximum was at a sufficient level to allow the Health Board to have the flexibility to use the strategic digital partner to procure the digital systems in addition to implementation but believed that the Health Board would test the market for individual schemes itself. Mr Thomas believed that there was additional opportunity to support other Health Boards in a regional context to access the HDdUHB contract with the £7.5m annual limit allowing for the flexibility to enable such support to be provided to an external partner.

Mr Thomas advised that each individual work order places through the digital transformation strategic partner contract would require individual scrutiny with a business case that is either self-funding or has a clear route to funding through Welsh Government (WG) or a commercial funding arrangement with individual discipline necessary for each individual scheme.

In response to clarification on the governance process from Mrs Joanne Wilson, Mr Thomas confirmed that given the value of the contract exceeded £1m, any decision to approve the award of the contract would require onward ratification from WG. Mr Thomas advised that WG had been made aware of the proposed course of action by HDdUHB to award a digital transformation strategic partner.

In response to a question on the process for onward scrutiny of each individual work stream, Mr Thomas advised that under the existing Board Committee structure initial scrutiny would be provided by the Digital Oversight Group ahead of consideration by SRC. Mrs Wilson confirmed that a revised governance structure was currently being considered with the intention of providing greater oversight and scrutiny of Digital with a specific route for scrutiny of digital schemes.

Mrs Wilson highlighted the lack of detail on the risk considerations contained within the report. Mr Tracey agreed to provide additional information contained within the 'risk' section of the report to be presented to Board on 28 November 2024. Mr Thomas advised

AT

that the report would also contain further information on the decision to select a preferred supplier in addition to information relating to the governance oversight of future individual workstreams appointed through the digital transformation strategic partner.

In response to a question from Mr Weir on whether any other Health Board's in Wales had considered a similar approach to appointing a digital transformation strategic partner to progress their digital strategy, Mr Thomas advised that HDdUHB were the first in Wales to consider such an approach and advised that the Health Board would be observed by other Health Boards and WG to evaluate the effectiveness of such an approach. Mr Thomas advised that the preferred supplier was also the digital partner of one of the Health Board's constituent Local Authorities giving the potential to develop the first integrated health and social care digital system in the United Kingdom.

**Decision:** The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** that a robust process was undertaken.
- **RECOMMEND** that the Board approve the contract be award to CGI IT UK LTD.

SRC(24)139

## PROCUREMENT REPORT

Mr Thomas presented the Procurement Report to the Committee and advised that approval was sought for three tenders. Mr Thomas advised that all three were All-Wales ratifications each with an individual impact in excess of £1m to the Health Board that would require onward submission to WG pending Board approval.

The three tenders submitted for approval were:

- All-Wales Framework for Audiology Products
- All-Wales Framework for Sterilisation and Decontamination
- All-Wales General Waste and Recycling Services

Mr Thomas advised that discussion had undertaken with NHS Wales Shared Services Partnership (NWSSP) in relation to the All-Wales General Waste and Recycling Services contract to strengthen its consideration of the foundation economy.

There were no questions from members of the Committee.

**Decision:** The Sustainable Resources Committee scrutinise and recommend for Board to:

- **APPROVE** the award of the All-Wales Framework for Audiology Products, 1 January 2025 to 31 December 2028, with an option to extend for a further two years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVE** the award of the All-Wales Framework for Sterilisation and Decontamination, 1 December 2024 to 30 November 2027, with an option to extend for a further two years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVE** the award of the All-Wales Contract for General Waste and Recycling Services, 1 April 2025 to 31 March 2028, with an option to extend for a further two years. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

**SRC(24)140**

**DATE OF NEXT MEETING**

Tuesday 17 December 2024; 09:30 - 12:30

1.5

9:50 AM, 0 Mins

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1.5 - TABLE OF ACTIONS FROM  
SUSTAINABLE RESOURCES COMMITTEE  
HELD ON 22 OCTOBER 2024

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[Draft SRC Table of Actions 22 October 2024.docx](#)

**TABLE OF ACTIONS FROM  
SUSTAINABLE RESOURCES COMMITTEE (SRC) MEETING HELD ON 22 OCTOBER 2024**

<b>MINUTE REF</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIME SCALE</b>	<b>PROGRESS</b>
<b>SRC(24)86</b>	<b>FINANCE REPORT</b>  To receive a response from Operational Teams at Withybush Hospital (WGH) on the measures implemented to mitigate the recurrent savings reduction related to bed reconfiguration in Q1 2024/25.	<b>AC</b>	<b>17 December 2024</b>	In progress. Update requested from Operational Directorates.
<b>SRC(24)115</b>	<b>FINANCE TARGETED INTERVENTION UPDATE</b>  For the focus of the 17 December 2024 Finance Targeted Intervention Update to SRC to be on meeting the Health Board's Target Control Total.	<b>SA</b>	<b>17 December 2024</b>	Completed. Has been superseded by the Welsh Government (WG) announcement of additional support. The Health Board's financial trajectory will now be considered following the confirmation of next year's financial settlement in January 2025.
<b>SRC(24)119</b>	<b>FINANCIAL PLAN PRINCIPLES AND APPROACH</b>  To include an emphasis on the inclusion of public health preventative measures within the Principles and Approach.	<b>HT</b>	<b>17 December 2024</b>	Completed. A proposal is in the financial plan to include a local value / transformation fund to support value, digital and preventative opportunities where there is a clear business case.
<b>SRC(24)122</b>	<b>DECARBONISATION TASKFORCE UPDATE</b>  The highlight the key points of the information contained in the data tables provided as appendices to the Report and highlight the financial savings.	<b>SH</b>	<b>17 December 2024</b>	Completed. Requested information to be provided in future Decarbonisation Taskforce Group (DTFG) Update Reports.

<b>SRC(24)128</b>	<b>WELSH HEALTH CIRCULARS</b>  To update the Committee on a potential local solution to the Emergency Department (ED) Clinical Information System that had been formally shut down by WG.	<b>HT</b>	<b>17 December 2024</b>	Completed. WG have commissioned Digital Health and Care Wales (DHCW) to undertake a redevelopment of the current ED module of Welsh Patient Access Scheme (PAS) to ensure compliance with the new reporting requirements. Once available, the Digital Team will work with the operational teams to update the current ED module.
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**Key to Names**

WW Winston Weir

SH Sharon Hughes

CSO Committee Services Officer

AC Andrew Carruthers

SA Shaun Ayres

HT Huw Thomas

DRAFT

1.6

9:50 AM, 0 Mins

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1.6 - TABLE OF ACTIONS FROM  
EXTRAORDINARY SUSTAINABLE  
RESOURCES COMMITTEE HELD ON 14  
NOVEMBER 2024

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[Draft Extraordinary SRC Table of Actions 14 November 2024.docx](#)

**TABLE OF ACTIONS FROM  
EXTRAORDINARY SUSTAINABLE RESOURCES COMMITTEE (SRC) MEETING HELD ON 14 NOVEMBER 2024**

<b>MINUTE REF</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIME SCALE</b>	<b>PROGRESS</b>
<b>SRC(24)137</b>	<b>DIGITAL CELLULAR PATHOLOGY BUSINESS JUSTIFICATION CASE</b>  To update report to be presented to Board on 28 November 2024 to include additional information relating to the cash-releasing benefits of the implementation of the scheme and to include detail relating to the 'risk' section of the report.	<b>HT/CB</b>	<b>21 November 2024</b>	Compete. Information included within 28 November 2024 Board Meeting report.
<b>SRC(24)13</b>	<b>DIGITAL TRANSFORMATION STRATEGIC PARTNER</b>  To add additional information within the report to be presented to Board on 28 November 2024 to include further detail on the process to evaluate the preferred supplier.	<b>HT/AT</b>	<b>21 November 2024</b>	Compete. Information included within 28 November 2024 Board Meeting report.
<b>SRC(24)13</b>	<b>DIGITAL TRANSFORMATION STRATEGIC PARTNER</b>  To add additional information relating to the 'risk' section contained within the report ahead of onward submission to the Board on 28 November 2024.	<b>AT</b>	<b>21 November 2024</b>	Compete. Information included within 28 November 2024 Board Meeting report.

WW Winston Weir  
CSO Committee Services Officer

HT Huw Thomas

AT Anthony Tracey

CB Craig Baker

2 - FINANCE

2.1

11:50 AM, 0 Mins

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## 2.1 - FINANCE TARGETED INTERVENTION ACTIONS

*Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)*

| For assurance

### Attachments

[Finance TI Actions SRC 17 December 2024.pdf](#)

[TI Reporting Framework Tracker.pdf](#)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



# Targeted Intervention Update Sustainable Resources Committee

09:30 – 12:30, 17 December 2024



## Context and Summary

**Targeted Intervention (TI) Criteria:** 3 criteria under review for Strategic Resources Committee (SRC):

- **TI Criteria 1:** Robust financial governance and controls.
- **TI Criteria 2:** Progress on the Targeted Intervention action plan.
- **TI Criteria 3:** Development of an annual plan with a financial improvement trajectory.

## Current Status Summary

**Alert:** 1 criterion (TI Criteria 3).

**Advise:** 2 criteria (TI Criteria 1, TI Criteria 2).

**Assure:** 0 criteria.

## Purpose of this Update

Provide oversight on progress and highlight key issues against the TI de-escalation criteria.

Support SRC's understanding of areas requiring attention to ensure delivery of financial sustainability goals for 2024-25, 2025-26 and beyond.



## Status: Advise

## Key Issues

### Positives

- Weekly Financial Control Sub-Group (FCSG) embedded to scrutinise recruitment, agency, and procurement activities.
- Strengthened reporting (day-one flash and day-five forecast updates), enhancing visibility and enabling timely interventions.
- Directorate escalation meetings focused on financial accountability.
- Budget Manager Control Framework implemented and signed off by the Value and Sustainability Group (V&SG).

### Areas for Improvement

- Contract management processes require strengthening to improve oversight and reduce inefficiencies.
- Medical staffing controls are underdeveloped compared to established nurse staffing controls.
- Certain directorates face challenges meeting financial savings targets, requiring additional support.

## Summary

- Progress - Strong governance and oversight measures are in place, supporting financial control improvements.
- Focus - Address gaps in contract management and medical staffing controls to ensure consistent application of financial governance measures



## Status: Advise

## Key Issues

### Positives:

- A clearer understanding of financial deficit drivers
- Refreshed compendium of variation identifies high-value opportunities for savings and efficiency.
- Collaborative approach with the NHS Executive strengthens oversight and progress tracking.

### Areas for Improvement:

- Embedding operational changes consistently across directorates remains a challenge.
- Further acceptance and prioritisation of high-value opportunities is needed to maximise impact from the compendium.
- Alignment of actions with broader strategic goals (e.g., 2025-26 Annual Plan and Clinical Services Plan) is still evolving. There needs to be consistency between financial expectations vs probable delivery

## Summary

**Progress** - A level of understanding and addressing financial challenges.

**Focus** - Sustained effort required to embed improvements and ensure alignment with organisational priorities.



## Status: Alert

## Key Issues

### Positives:

- The financial improvement roadmap is currently under development and outlines key milestones, interventions, and accountabilities to achieve the control total. However, the roadmap is not yet finalised and will require endorsement from the Executive Team to ensure collective ownership and alignment. Endorsement is critical to supporting both the implementation and deliverability of the roadmap, ensuring it aligns with organisational priorities and maintains a unified direction of travel.
- Executive Team (ET) review scheduled for 27 November to review financial savings and ensure cohesive delivery.
- Integration of Clinical Services Plan (CSP) provides a foundation for aligning financial and operational priorities and realities.

### Areas for Improvement:

- Delivering recurrent savings remains a significant challenge, with risks to achieving the control total without clear identification of sustainable cost-saving measures.
- Consistency between planned interventions and execution timelines needs strengthening to ensure deliverability.
- Strategic risks persist in balancing immediate operational demands with long-term financial goals.

## Summary

**Progress** The roadmap is a critical development, providing structure for the financial improvement trajectory, but must be balanced against the strategic direction and operational delivery and buy-in.

**Focus** Ensure clarity on recurrent savings and robust execution of planned actions to achieve control total targets.



## Key Actions and Next Steps

### 1. Finalise and Present the Financial Roadmap

- Present the roadmap to the Executive Team on 27 November to initiate socialisation and secure organisational alignment and consensus.
- Ensure the roadmap clearly links to the Health Board's strategic direction and provides a shared framework for collective agreement, ownership and delivery.

### 2. Continual Alignment

- Maintain alignment between the financial roadmap, Clinical Services Plan (CSP), and operational priorities to ensure consistency in delivery and direction.

### 3. Deliver Financial Recovery Actions

- Progress short-term financial recovery actions while embedding sustainable improvements to address key deficit drivers.

### 4. Make Savings Recurrent

- Focus efforts on converting non-recurrent savings into recurrent savings to reduce financial risks in 2025-26 and achieve long-term sustainability.

### 5. Monitor Progress and Oversight

- Continue to track progress through the Value and Sustainability Group and Strategic Resources Committee (SRC), ensuring clear accountability and visibility of outcomes.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Criteria	Action	Reporting Group	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if applicable)	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
1	The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.	Value and Sustainability	Advise	Huw Thomas	<p>The Health Board has implemented robust financial governance measures and a strengthened financial control environment aimed at minimising risks. These include enhanced financial oversight arrangements such as directorate escalation meetings for areas experiencing overspend and the Financial Control Group (FCG), which provides comprehensive oversight on workforce and expenditure controls. Significant improvements have been noted, with a marked reduction in in-year expenditure putting the Health Board on track to meet the £64 million deficit target as outlined in our annual plan. Key interventions include:</p> <p><b>1. Directorate Escalation Meetings</b> - Escalation meetings are now conducted across six domains, with finance being a core focus, allowing for better identification of financial pressures and ensuring necessary corrective actions are taken.</p> <p><b>2. Financial Control Sub Group (FCSG)</b> - The FCSG convenes weekly to scrutinise all recruitment activities, including new posts, agency roles, and non-pay procurement activities for areas in escalation. This level of scrutiny helps in maintaining a tighter control on costs.</p> <p><b>3. Reporting and Oversight</b> - Financial performance is closely monitored through day one flash reports, day five forecast positions, and monthly finance reports presented to the Board and the Strategic Resources Committee (SRC). The Value and Sustainability Group and the Integrated Quality, Finance, Performance, and Delivery (IQFPD) meetings provide additional executive oversight.</p> <p><b>4. Budget Control Framework</b> - A comprehensive budget manager control framework has been issued and signed off by the Value and Sustainability Group, ensuring directorates are aware of the expectations.</p> <p>The Health Board has made notable progress towards financial recovery, as demonstrated by ongoing activities under the Targeted Intervention action plan. However, further clarity is needed regarding the approach to sustaining this progress and embedding these improvements across the organisation.</p>	<p>1. Escalation meetings are now in place across the six domains, with finance included as a core element.</p> <p>2. The Financial Control Sub Group meets on a weekly basis and scrutinises all recruitment activity for new roles or A&amp;C roles; agency appointments and non-pay procurement activity across all areas in escalation.</p> <p>3. Finance reports are provided to ET based on: a. Day one flash reports b. Day 5 forecast</p>	<p>1. Escalation summaries are provided following each meeting to the TI Group.</p> <p>2. A monthly summary is provided each month of the activity in FCSG to the V&amp;SG.</p> <p>3. Reports are part of the ET agenda packs.</p> <p>4. Agendas and minutes are available for IQFPD and V&amp;SG.</p> <p>5. The control framework has been signed off by V&amp;SG and is available.</p>	<p>1. Rostering and control arrangements for nurse staffing.</p> <p>2. Rollout of systems of control for medical staffing.</p> <p>3. Contract management arrangements need strengthening.</p>		1843
2	Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	Value and Sustainability	Advise	Huw Thomas	<p>The development of the 2025-26 annual plan will be a crucial milestone, with two potential approaches: either enabling directorates to develop individual plans that align with organisational goals or adopting a thematic approach across multiple directorates to realise broader savings opportunities. The Clinical Services Plan (CSP) must be aligned closely with the 2025-26 plan to maintain consistent focus across financial, operational, and clinical areas. This alignment is not only essential for ongoing improvements but also necessary as part of preparations for key upcoming engagements, including the Welsh Government Targeted Intervention meeting in January.</p> <p>To further support these efforts, a refreshed overview of the compendium of variation is needed to establish a shared understanding of existing opportunities for improvement. This compendium serves as a critical guide for identifying high-value opportunities across the organisation, thereby informing both short-term actions and strategic planning activities. The planning activities for 2025/26 are already underway, and they leverage insights from the compendium to identify areas with significant potential for value-driven changes.</p>	<p>No further comment at this stage. Planning activity for 2025/26 is underway which is taking the learning from the compendium of variation to determine areas of greater value opportunity to drive next year's plan.</p>	<p>Delivery is being monitored through ongoing dialogue between Finance and the NHS Exec FP&amp;D Team.</p>	<p>Further action on embedding the improvements needed in performance based on operational changes.</p>		1843
3	Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	Value and Sustainability	Alert	Huw Thomas	<p>The Health Board remains on track to achieve the £64 million deficit target for this financial year. However, significant challenges remain in achieving the target control total of £44.8 million for the next financial year, as the route to reach this control total has not yet been definitively established. The progress made thus far reflects considerable effort across multiple levels of the organisation, but further coordinated actions are required to ensure financial sustainability and a successful transition into the 2025-26 financial year.</p> <p>This ongoing work is closely tied to both the development of the 2025-26 annual plan and the alignment of the Clinical Services Plan (CSP) with broader financial objectives. Ensuring these strategic elements are interconnected is key to building a cohesive financial improvement trajectory. A clear and detailed route map has been prepared to guide this financial recovery effort, which will be presented to the Executive Team (ET) on 27 November. This route map aims to provide a transparent and structured plan that delineates the steps required to achieve the control total, detailing key interventions, milestones, and accountabilities.</p> <p>The ET meeting on 27 November will serve as a critical platform to finalise this route map, aligning it with both immediate operational needs and longer-term strategic priorities. The route map will also be supported by ongoing dialogues between the Finance Department and the NHS Executive, focusing on ensuring that all elements of the plan are cohesive, realistic, and achievable within the set timelines.</p>	<p>A routemap and plan for the approach to financial recovery has been prepared and will be presented to ET on 27 November.</p>	<p>ET meeting on 27 November.</p>			1843

2.2

11:50 AM, 0 Mins

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## 2.2 - FINANCE REPORT

*Andrew Spratt  
(Hywel Dda UHB -  
Deputy Director of  
Finance)*

| For assurance

### **Attachments**

[Finance Report Month 8 2024-25 SRC 17 December 2024.pdf](#)

[Appendix 1 - WG letter In-year financial allocations revised Target Control Total.pdf](#)

[Appendix 2 - Financial Performance Report.pdf](#)

[Appendix 3 - Strategic cash letter to WG.pdf](#)

[Appendix 4a - Review of Board Finance Reports.pdf](#)

[Appendix 4b - Review of Board Finance Report Hywel Dda Response.pdf](#)

[P08 2024-25 HDdUHB Monitoring Return Tables.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Report – Month 8 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.

Cefndir / Background

The Health Board approved a budget on 28 March for the purposes of delegating budgets across the organisation. This represented a planned deficit of £64.0m, after the delivery of £32.4m of necessary savings. Delivering this requires a deficit of no more than £5.3m in month.

It was recognised by the Board that approving a budget which included a planned deficit was a ‘novel and contentious action’ and as such the Accountable Officer wrote to the Director General for Health and Social Care in Welsh Government (WG) to advise her of this action. This remains an unacceptable position for the Health Board.

Asesiad / Assessment

**New Welsh Government Revenue Funding**

- New funding has been allocated to the Health Board, communicated in a letter to the Chief Executive from Director General for Health, Social Care and Early Years (HSCEY) on 2 December 2024, please see **Appendix 1** for copy of the letter – the total funding is £32.45m, split into two elements, new inflationary allocation of £6.45m and new distance from allocation funding of £26.0m.
- Month 8 reporting recognises 8/12ths of the new funding (£21.63m), with the end of year forecast changing to £31.55m
- Five conditions are attached to the conditionally recurrent funding element of £26.0m. In summary, the Health Board must deliver:

- The revised Target Control Total (TCT) in 2024/25, or better. The TCT has changed from £44.8m to £31.55m to match the new forecast position.
- A financial improvement trajectory over the next three-year planning period and break even by Year 3.
- Sustaining the 104-week planned care target in 2025/26 and improve cancer in line with national targets.
- Progress implementing the clinical services plan to ensure sustainability.
- Regional changes at speciality levels which address sustainability and delivers quantifiable outputs in each year of the three-year plan.
- £2.6m is the new monthly planned deficit, which was the equivalent of £5.3m prior to funding being received

## Financial Position

- The Month 8 financial position is a surplus of £18.3m, recognising 7/12ths of prior months WG funding impact. The operational variation to plan is £(1.5)m with the in-month savings target of £2.7m being successfully over-identified by £0.5m (page 4, Appendix 2).

Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Planned Deficit	2.6	21.0	31.5
Unidentified / (Identified) savings gap / (improvement)	(0.5)	1.0	1.0
Under / (Over) Delivery of Savings Schemes	0.1	0.9	1.0
Core Operational Variation	(1.6)	(2.6)	(2.0)
Additional Funding	(18.9)	-	-
Gross Forecast	(18.3)	20.1	31.5
Reported Net Position	(18.3)	20.1	31.5

### 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.

## Financial Performance

- The Chief Operating Officer (£1.9m) and Director of Nursing (£0.4m) portfolios are adversely performing against core budgets, offset by all other directorates under spending against core budgets when factoring in over-delivery against savings requirements (page 5 refers).
- The projected under-delivery against identified savings plans of £1.0m is linked, in the main, to bed plans within Wishybush Hospital (WGH).

## Savings Delivery and Implications for Underlying Deficit

- There has been significant effort in the last quarter to identify the £32.4m Savings target, the current savings gap is now £1.0m to be identified from the Opportunities Framework, coupled with a delivery gap of £1.0m against expected benefits.

- Whilst the savings delivery is positive, of the £30.4m identified to date, there is a recurrent savings shortfall of £14.1m, resulting in the underlying deficit exceeding £31.5m (adjusted for the £31.5m recurring funding).
- Services have undertaken an initial review to convert non recurrent schemes to recurrent, but this has only yielded a nominal value to date with an agenda item added to the Escalation meetings.
- As part of the recovery actions and to minimise the impact on the underlying deficit in readiness for the 2025/26 planning cycle, the Executive Team have committed to identifying £20.0m of robust recurring deliverable plans by December 2024. Following the first submission of plans and an Executive Team review, no assurance can currently be taken that £20.0m will be identified by directorates by December 2024.

### **Level 3 Escalated Directorates**

The following directorates have been escalated to Level 3 (no assurance) for three consecutive months or more, for the domain of Finance, Strategy and Planning. An urgent recovery plan is required from each, and assurance cannot be taken that there is an imminent improvement trajectory in place.

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

### **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.

### **Medical Pay Review Action Plan**

- Managing medical rotas and variable pay has been a critical focus for the Health Board with Bronglais Hospital (BGH) and Mental Health and Learning Disabilities (MHL) continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters.
- Rate Card proposals are required with the Local Medical Committee (LMC) and exit strategies for reliance on premium cover within this area. One of the key components of the plan is Allocate adoption across the sites, whilst plans are progressing around variable pay, E-rostering, this is pending the Allocate implementation and business process adoptions.

### **Capital**

- There is an emerging underspending risk to deliver the Capital Resource Limit, there is a significant shortfall against the budgeted cost for the Fluoroscopy Room Scheme at Witybush which has been discussed with the WG Capital Team.

### **Cash**

- The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances. An approved cash management strategy is in place, having been approved by the Sustainable Resources In-Committee on 22 October 2024.
- A strategic cash request was submitted by the 5 December 2024 deadline to WG. This reflects the revised deficit of £31.5m, and the working capital requirements. The revised letter is attached as **Appendix 3**.
- With assurance now in place that the Health Board will most likely achieve the restated annual plan deficit and target control total, as assumption is made that WG will cover the planned deficit cash requirement, but the committee is advised that the same confidence cannot yet be taken for the full working capital requirement until a response is received from WG.

### **Assure (to note)**

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

### **Forecast Deficit**

The year to date (YTD) variance to breakeven position of £20.1m is £(0.9)m below the planned deficit of £21.0m for the first time this financial year. With an improving run rate trend, and several further financial improvement actions in progress, either as savings schemes or mitigation actions, the organisation will be undertaking an assessment of progress of financial improvement in readiness for Month 9 reporting.

### **Grip and Control Measures**

- The internal escalation framework is fully implemented. Escalation meetings have been undertaken for all escalated directorates. These directorates have received a clear message over the need to deliver financial recovery plans for their core budgets, and to convert savings opportunities into deliverable plans.
- Grip and control measures covering recruitment, training and procurement overseen through the Financial Control Sub-Group, chaired by the Director of Finance is providing scrutiny to current vacancies.
- Further controls implemented and now in place include:
  - The cessation of any planned Nurse and Healthcare agency for all service areas with the exception of Bronlais General Hospital, who will cease from March 2025.
  - Cessation of Admin and Clerical variable pay, including additional hours, overtime, and bank requests
  - Exceptional requests will only be approved via an application to the Financial Control Subgroup.

### **NHS Executive Financial Planning and Delivery Review of Finance Board Report**

During September and October 2024, the NHS Executive Financial Planning and Delivery (FP&D) Team undertook a national review of all health boards Finance Board Reports to compare against best practice requirements. Attached with this paper (**Appendix 4**) is the feedback provided to Hywel Dda University Health Board (HDdUHB) from FP&D,

**Appendix 4a** titled 'Appendix Review of Finance Board Reports'. The following summary statement is made within the appendix in reference to the quality of the HDdUHB Finance Performance Report, that is presented to Board or Sustainable Resources Committee (SRC) each month:

*"The Hywel Dda report was last reviewed in 2023 and substantially updated to take account of the latest good practice guidance such as the principles of Making Data Count and reviewing other Board report. It is felt that the revised report provides relevant data and insight to support the Board to understand the organisation's financial position and the information is presented in a targeted manner making good use of visuals."*

The review was positively explained to the health boards finance management team as part of the ongoing Targeted Intervention engagement meetings. There some observations made within the report, and these are listed as a further **Appendix 4b**, titled 'Appendix Review of Board Finance Report Hywel Dda Response', with a response shared on each for the Committees assurance.

### Argymhelliad / Recommendation

The Committee is asked to:

- **RECOGNISE** that following Welsh Government funding received, the Health Board's Deficit plan is now £31.5m, which is the new Target Control.
- **RECOGNISE** the financial position is on an improved trajectory, and that the organisation will be undertaking an assessment of financial improvement actions in progress in readiness for Month 9 reporting.
- **ACKNOWLEDGE** that with a year-to-date delivery of £20.1m against a planned deficit of £21.0m, the Health Board is now on a trajectory to achieving the revised planned deficit of £31.5m.
- **NOTE** the five conditions attached to the conditionally recurrent funding received of £26.0m
- **SCRUTINISE** the progress of savings actions undertaken as part of the recommendations presented to Public Board in September 2024 and in particular to bridge the recurrent savings gap with an Executive Team commitment to identify £20.0m of recurrent savings by the end of December 2024.
- **SCRUTINISE** the Executive Delegated Officer portfolios which are overspending against their delegated budgets.
- **SEEK ASSURANCE** from those directorates with a level 3 escalation for Finance, Strategy and Planning, that they have sufficient actions and milestones in place to de-escalate (details provided within the IPAR report as well as key directorates listed under the alert section).
- **SEEK ASSURANCE** that:
  - Plans are translated from opportunities to delivery through the three-delivery functions Value and Sustainability Group, IQFPD Group and the Healthier Mid and West Wales Group
  - Mitigating actions are being developed to address areas of overspend
  - Executive leads are generating schemes to develop into robust recurring savings plans by December 2024 for the £20.0m commitment made during September 2024 in Executive Team meeting
- **RECOGNISE** the requirement of enacting the Cash Management Strategy if the Strategic cash request is not approved in full by Welsh Government.

- **ACKNOWLEDGE** the comments made from the Review of Finance Board Report and **SEEK ASSURANCE** the responses to the observations contained within the report are appropriate for the ongoing financial stewardship responsibilities of the Committee.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Undertake detailed scrutiny of the organisation's overall: <ul style="list-style-type: none"> <li>• Monthly, quarterly and year-to-date financial performance;</li> <li>• Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1843 (score 25) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2024/25 due to significant deficit position. Note that the risk is being reviewed in light of the restated planned deficit and target control total expectation from Welsh Government.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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 Termiau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare FDU – Finance Delivery Unit FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLA – 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 TTP – Test, Trace, Protect WG – Welsh Government WGH – Worthybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial implications are inherent within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu:</b> <b>Workforce:</b>	The report considers the financial implications of our workforce.

<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equality:</b>	Not Applicable.

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

Dr Philip Kloer  
Chief Executive  
Hywel Dda University Health Board

Our Ref: JP/HJ/SB

2 December 2024

Dear Phil

### Hywel Dda University Health Board - 2024/25 In-year financial allocations & revised Target Control Total (TCT)

For 2024/25, as part of the planning and allocation framework, significant funding was made available to Health Boards in NHS Wales. This sat alongside a clear financial approach and delivery expectation, and for those Health Boards in deficit to develop a path to financial sustainability.

In addition, Welsh Government have set out on numerous occasions this financial year, the imperative for Health Boards to deliver on their own plans. For Hywel Dda University Health Board (Hywel Dda) we have discussed this in depth through the escalation process and Targeted Intervention mechanisms.

I have made clear to all organisations that for 2024/25 Welsh Government requires Health Boards to deliver the plans that they themselves have set out. As at month 7, these plans result in a cumulative deficit of £220m. Delivery of organisations own plans and this forecast position is crucial, and failure of Health Boards to deliver their own plans would be challenging, problematic, and unsupportable.

I have also made clear that the HSCEY finance team have been reviewing Health Board allocations against the Resource Allocation Formula to consider if any Health Board is materially distant from target. This has been an important consideration in assessing if any financial support could be provided to Health Boards, alongside delivery of existing plans. That has informed the next steps I set out below.

I can confirm that total funding of **£50m** will be allocated across the seven Health Boards on a fair-shares basis. For Hywel Dda, this results in an in-year recurrent allocation of **£6.45m**. This allocation is in recognition of consistent pressures that are being experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this is to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC) in particular.

I can also confirm that for Hywel Dda University Health Board, following the review of distance from target, an allocation of **£26m** will be made on an in-year basis. This allocation and its recurrence is conditional on the Health Board delivering the associated delivery conditions with this funding set out in Appendix 1.

In doing so, I acknowledge the progress that the Health Board has made in savings delivery in this financial year, and progress with the TI action plan. The continued development of your clinical services plan and strengthened regional working with Swansea Bay are crucial to support the future sustainability of services for the Health Board.

On the basis of the above, the Health Board's year-end forecast at month 8 is assumed to reduce from the current forecast of £64m, to a forecast deficit of **£31.5m**, which will also be confirmed as the Health Board's restated Target Control Total.

I emphasise the importance of the Health Board meeting **all** of the delivery conditions associated with this funding, and the Cabinet Secretary for Health & Social Care reserves the right to withdraw this funding at any time if progress is not made, and delivery conditions are not met.

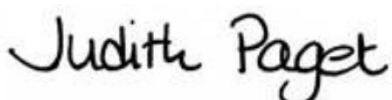
From a financial perspective, these conditions reflect the Health Board must deliver this control total and forecast of £31.5m deficit or better in 2024/25 and deliver a financial improvement trajectory that delivers in-year financial balance by the end of the next three-year IMTP cycle and agree that improvement trajectory with Welsh Government.

The Health Board must agree the application of this additional funding with the Financial Planning & Delivery team of the NHS Executive, so that it is applied in line with the principles set out and that there is a shared and agreed assessment of the Health Board's residual deficit. This will need to be clearly translated into your plans going forward as to how this is addressed.

Next year's outlook will continue to be challenging, and there will be an ongoing requirement for sustained progress in both financial and service performance, in addition to ensuring high quality, safe and sustainable services for 2025/26. I am therefore expecting to see your continued focus on delivering this agenda and meeting the delivery conditions set out in this correspondence.

I trust this is clear, and these ongoing delivery expectations are understood. If you require any clarification on the content of this letter, or the delivery conditions set out in Appendix 1, please raise these directly with Hywel Jones in the first instance.

Yours sincerely



**Judith Paget CBE**

cc: Hywel Jones, Director of Finance, HSCEY Group Welsh Government / NHS Wales  
Huw Thomas, Director of Finance, HDUHB  
Nick Wood, Deputy CEO NHS Wales

## **Appendix 1 – Delivery conditions associated with in-year financial allocations.**

The allocation of £6.45m referred to in this correspondence is Hywel Dda University Health Boards fair share allocation of £50m being provided to all Health Boards on a recurrent basis. This is in recognition of the cost drivers set out above.

The **£26m** specific allocation set out above has the following associated delivery conditions. The Cabinet Secretary for Health & Social Care reserves the right to withdraw this allocation at any time should these delivery conditions not be met. The specific delivery milestones and timescales associated with these conditions must be set out in your plans for 2025/26 and agreed with Welsh Government:

- a) The Health Board must deliver the revised target control total deficit set in 2024/25 of £31.5m, or better.
- b) The Health Board must deliver a financial improvement trajectory that delivers in-year financial balance by the end of the next three-year IMTP cycle and agree that improvement trajectory with Welsh Government.
- c) The Health Board must, alongside developing a financial improvement trajectory as set out above, develop plans to sustain delivery of the 104-week planned care treatment target in 2025/26, and ensure improvements in timely access to cancer care in line with national targets and standards.
- d) The Health Board must progress implementing a sustainable clinical model and clinical services plan that is aligned to the financial improvement trajectory.
- e) The Health Board must deliver a tangible specialty specific regional change programme that addresses fragile and unsustainable services, with Swansea Bay, that delivers in each year of the next three-year planning cycle.








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Hywel Dda  
University Health Board



**Financial Performance Report – Sustainable Resources Committee**  
**Month 8 2024/25**  
17 December 2024

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## Executive Summary (1 of 5)

- New funding has been allocated to the Health Board, communicated in a letter to the CEO from Director General for HSCEY on 2 December 2024 – the total funding is £32.45m, split into two elements
- Month 8 reporting recognises 8/12ths of the new funding (£21.63m), with the restated plan deficit changing to £31.55m
- Five conditions are attached to the conditionally recurrent funding element – one of which being a financial expectation of breaking even across a financial year by no later than 2027/28 (within the next three-year planning cycle)

Component	£'m	Comments
Original Target Control Total (TCT)	44.80	As outlined by WG in 2023/24
Gap to Achieve Target Control Total	19.20	Health Board did not plan to achieve TCT in 2024/25
<b>Original Annual Plan</b>	<b>64.00</b>	<b>As submitted to Board and WG in March 2024</b>
New inflationary allocation	(6.45)	Fairs shares of all Wales £50m, recurrent for additional drugs and CHC inflation
New distance from target allocation	(26.00)	Conditionally recurrent based on achieving five criteria
<b>Restated Annual Plan</b>	<b>31.55</b>	<b>Original Annual Plan less new funding</b>
New Gap to Achieve Target Control Total	0.00	WG confirmed in the same letter that the TCT is the same as the new Plan
<b>Restated Target Control Total</b>	<b>31.55</b>	<b>The same as the restated Annual Plan deficit</b>

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

## Executive Summary (2 of 5)

### The Health Board's Restated Annual Planned Deficit is £31.5m with a savings target of £32.4m.

The Month 8 financial position is a surplus of £18.3m, recognising the impact of 7/12<sup>th</sup> prior months' Welsh Government funding. The core operational variance to plan is £(1.6)m with the in-month savings target of £2.7m being successfully over-identified by £(0.5)m, with savings plans over-delivering against their planned benefits by £(0.1)m. An over-reliance on non-recurrent savings in-year gives rise to a significant recurrent gap (£14.1m), which increases the underlying deficit as the starting point for the 2025/26 planning cycle.

Driver (£'m)	Prior month variance to breakeven	Current month variance to breakeven	Year to Date variance to breakeven	Prior month End of Year forecast to breakeven	End of Year forecast to breakeven
<b>Restated Planned Deficit</b>	<b>5.3</b>	<b>2.6</b>	<b>21.0</b>	<b>64.0</b>	<b>31.5</b>
Unidentified / (Identified) savings gap / (improvement)	(0.1)	(0.5)	1.0	1.9	1.0
Under / (Over) Delivery of Savings Schemes	0.1	0.1	0.9	0.8	1.0
Core Operational Variation	(1.0)	(1.6)	(2.6)	(2.7)	(2.0)
Additional Funding	-	(18.9)	-	-	-
<b>Gross Forecast</b>	<b>4.3</b>	<b>(18.3)</b>	<b>20.1</b>	<b>64.0</b>	<b>31.5</b>
<b>Reported Net Position</b>	<b>4.3</b>	<b>(18.3)</b>	<b>20.1</b>	<b>64.0</b>	<b>31.5</b>

Key Measures (Risk rating - Impact x Likelihood)		
<b>Revenue</b>	<b>Risk #1843</b> 5 x 5 = 25	The Health Board is now on a trajectory to achieve the restated planned deficit of £31.5m. Year to date, the reported net position of the Health Board is below the restated planned deficit by £(0.9)m. Improvements are being experienced in the expenditure run rate, with expectations of the Health Board to improve beyond the restated plan. This will be dependent on the progress from further management action in relation to the Board agreed actions and mitigation plans from service managers.
<b>Cash</b>	(Revision being undertaken in light of additional funding)	The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances. An approved cash management strategy is now in place. The strategic cash request was submitted prior to 5 December 2024 deadline to Welsh Government. This reflects the revised deficit of £31.5m.
<b>Savings</b>		Of the annual savings target of £32.4m, £31.4m has been identified on an in-year basis leaving a gap of £1.0m to be identified from the Opportunities Framework, along with a delivery gap of £1.0m against expected benefits. There is a recurrent savings shortfall of £14.1m, resulting in the underlying deficit exceeding £31.5m. Further actions are required to deliver those savings plans in relation to bed closure plans within Unscheduled Care Withybush and Oncology Aseptic Unit.
<b>Capital</b>		The risk to underspending against the Capital Resource Limit (CRL) has now been amended to a medium risk. There is a significant shortfall against the budgeted cost for the Fluoroscopy Room Scheme at Withybush which has been discussed with the Welsh Government Capital Team.
<b>Underlying Deficit</b>	<b>Risk #1199</b> 5 x 5 = 25	The underlying deficit remains a concern, after £31.5m is delivered in-year, there is currently a recurrent delivery gap of £14.1m for savings schemes. Should this not be remedied by the end of the financial year, the new year planning cycle will be adversely impacted. Any in-year impacts to the underlying deficit, excluding recurrent savings gaps, will be assessed in the planning cycle. A £20.0m commitment has been made to identify robust recurring deliverable plans by December 2024 to close the in-year recurrent gap and provide initial input to the 2025/26 financial plan.

## Executive Summary (3 of 5)

### Key Breakdown of Movements

The following analysis is included to highlight key movements from the prior month in forecast, savings identification and savings delivery. Negative values denote improvements.

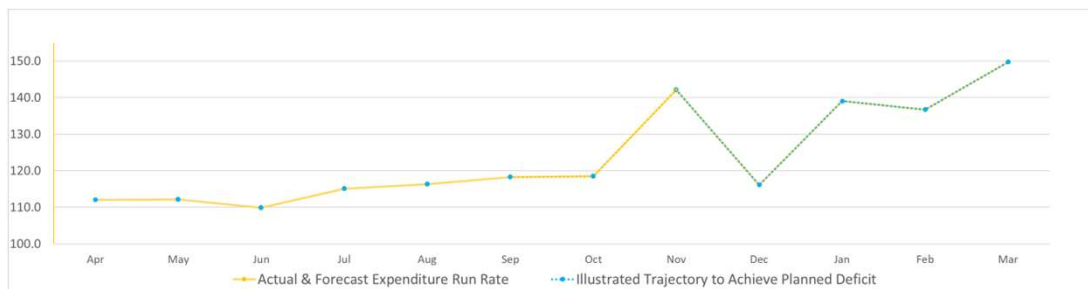
Driver (£'m)	Prior Month End of Year Forecast	End of Year Forecast	Movement in Forecast
<b>Restated Planned Deficit</b>	<b>64.0</b>	<b>31.5</b>	<b>(32.5)</b>
Unidentified Savings Gap	1.9	1.0	(0.9)
Under / (Over) Delivery of Savings Schemes	0.8	1.0	0.2
Core Operational Variation	(2.7)	(2.0)	0.7
<b>Gross Forecast</b>	<b>64.0</b>	<b>31.5</b>	<b>(32.5)</b>
Further mitigating actions required	0.0	0.0	-
<b>Reported Net Position</b>	<b>64.0</b>	<b>31.5</b>	<b>(32.5)</b>

Unidentified Savings Gap (£'m)	Change
In-month underspend conversion into savings	(0.4)
Newly identified schemes	(0.5)
Blue/Red converted to Amber/Green savings schemes	0.0
<b>Movement in Unidentified Savings Gap</b>	<b>(0.9)</b>

Under / (Over) Delivery of Savings Schemes (£'m)	Change
Improvements to WGH Bed Schemes	0.2
<b>Movement in Savings Delivery</b>	<b>0.2</b>

### Monthly Actual and Forecasted Expenditure Run-Rate £'m

The service forecast revenue run-rate trajectory will need to be delivered to achieve £31.5m



Core Operational Variation (£'m)	Change
Clinical Services & Supplies	1.2
Commissioned Healthcare Services	0.2
Vacancies	0.2
Nursing & Midwifery (including HCSW & Premium Agency)	(0.3)
Secondary Care Drugs	(0.6)
<b>Movement in Core Operational Variation</b>	<b>0.7</b>

## Executive Summary (4 of 5)

### Key Performance Commentary

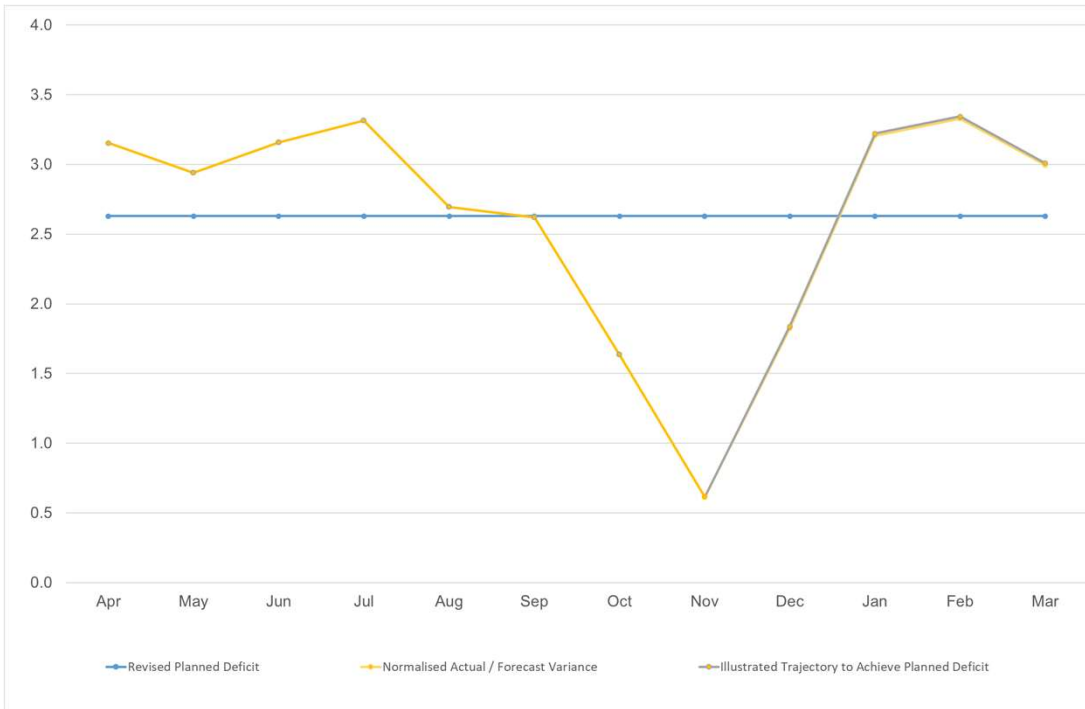
Chief Operating Officer (£0.8m of resourcing and drug challenges), and Director of Nursing (£0.4m) are adversely performing against core budgets, partly offset by other directorates under spending. Within Health Board Wide £0.7m Apprenticeship Invest to Save repayment to Welsh Government partially offset by £(2.6)m relating to the negotiated CHC uplift rates being lower than planning assumptions. Chief Operating Officer is under-delivering against identified savings plans by £1.1m linked, in the main, to bed plans within Wityhush.

Delegated Officer (£'m)	Planned Savings Benefits	In-Year Savings Delivery	Savings Under / (Over) Delivery vs Identified Benefits	Core Budget Performance	Total (Savings Under / (Over) Delivery Plus Core Budget Performance Restated )
<b>Restated Planned Deficit</b>					<b>31.5</b>
Chief Executive	0.3	0.3	-	(0.1)	(0.1)
Director of Finance	1.7	1.7	-	(0.2)	(0.2)
Director of Nursing, Quality & Patient Experience	0.5	0.5	-	0.4	0.4
Chief Operating Officer	15.4	14.3	1.1	0.8	1.9
Director of Primary Care, Community & Long-Term Care	2.3	2.3	-	(4.3)	(4.3)
Director of Public Health	1.3	1.3	-	(0.5)	(0.5)
Director of Strategy and Planning	3.2	3.2	-	-	-
Director of Therapies & Health Sciences	1.6	1.6	-	-	-
Director of Workforce & Organisational Development	1.2	1.3	(0.1)	(0.5)	(0.6)
Executive Medical Director	0.3	0.3	-	(0.1)	(0.1)
Health Board Wide	3.6	3.6	-	2.5	2.5
<b>Subtotal</b>	<b>31.4</b>	<b>30.4</b>	<b>1.0</b>	<b>(2.0)</b>	<b>(1.0)</b>
Unidentified savings gap	1.0				1.0
<b>Gross forecast</b>	<b>32.4</b>	<b>30.4</b>	<b>1.0</b>	<b>(2.0)</b>	<b>31.5</b>

# Executive Summary (4 of 5)

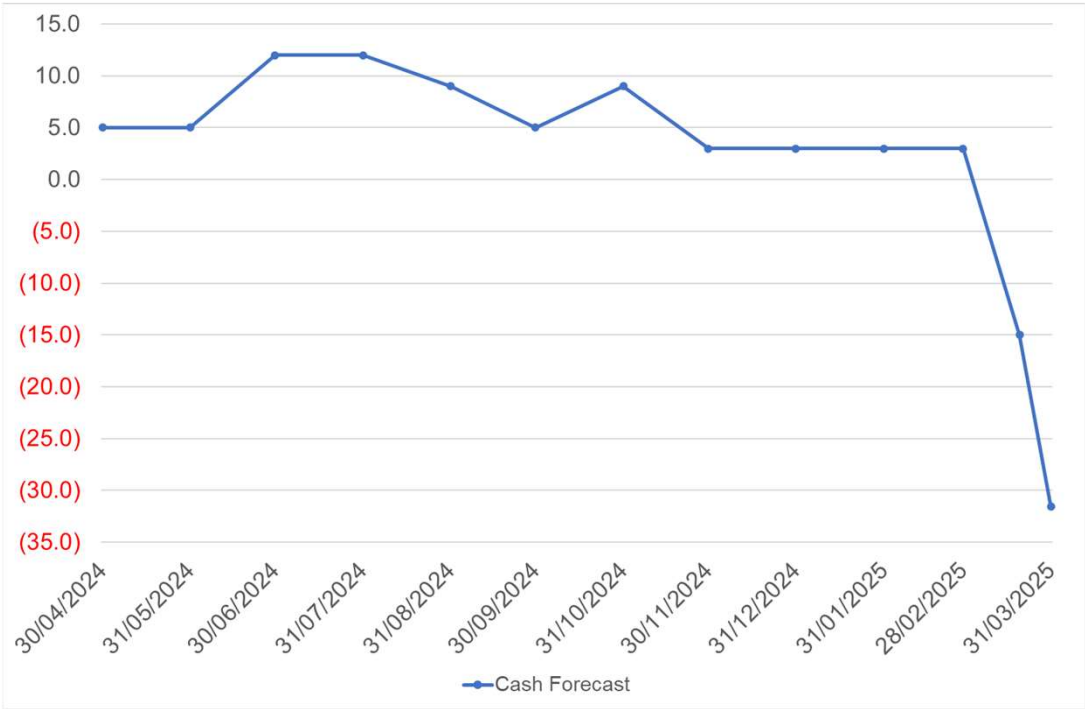
## Revenue Deficit Trajectory (£'m)

The Health Board's revised Planned Deficit is £31.5m with a savings target of £32.4m. The new funding received in month has been normalised over prior months. The revenue deficit trajectory is in line with the planned deficit, with an average deficit of £2.8m required for future months to achieve the planned deficit of £31.5m



## Cash Deficit Trajectory (£'m)

The Health Board will require strategic cash assistance in line with its forecast deficit and working capital balances. An approved cash management strategy is now in place. The strategic cash request was submitted prior to 5 December 2024 deadline to Welsh Government. This reflects the revised deficit of £31.55m.



# Key Performance Indicators



**YTD Position**

● **£20.1m**


Restated Annual Plan: £21.0m  
95.7% of Planned Deficit



**Gross Forecast Outturn**

● **£31.5m**

Restated Annual Plan: £31.5m  
Actions Required: £0.0m



**In-Year Savings Identification**

● **£31.4m**

Plan: 96.9% of required £32.4m  
Prior Month: £30.5m



**In-Year Savings Delivery**

● **£30.4m**


96.8% Delivery against Identified Plans



**EoY Capital**

● **£35.3m**

£0.0m deviation to EoY Plan



**Underlying Financial Plan**

● **£45.7m**


Revised Control Total £31.5m  
Prior Month: £77.2m



**Total Pay**

● **£630.4m**


Prior Month: £604.0m



**Agency / Premium Locum**

● **£15.5m**


Prior Month: £15.8m



**Primary Care Prescribing**

● **£85.7m**


Plan: £84.2m  
Prior Month: £85.7m



**Cash Consequences**

● **£31.5m**


Request pending with WG  
Liquidity Concerns from Feb 25



**Secondary Care Drugs**

● **£70.1m**

Plan: £67.7m  
Prior Month: £70.1m



**Energy**

● **£10.6m**

Plan: £11.9m  
Prior Month: £10.6m

# Savings Plans and Delivery Performance (1 of 3)



**Annual Plan Requirement**  
**£32.4m**



**In-Year Delivery**  
**£30.4m**



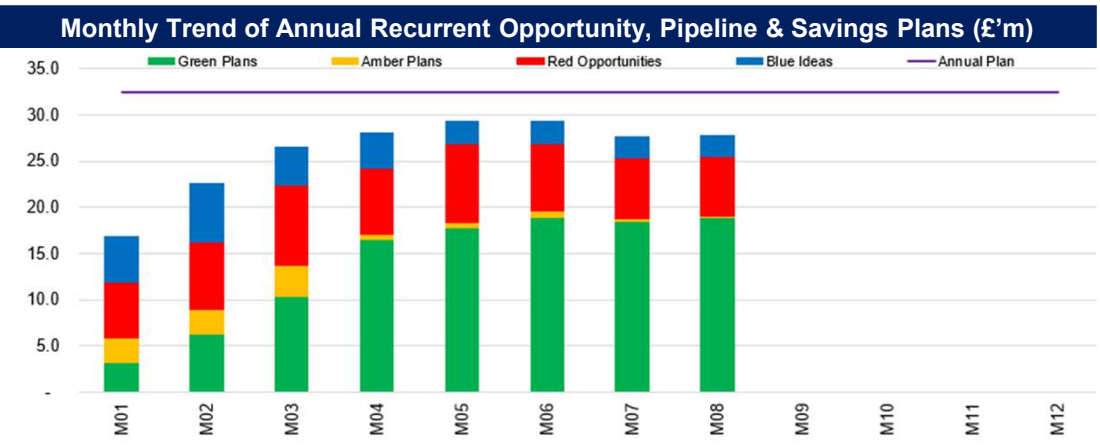
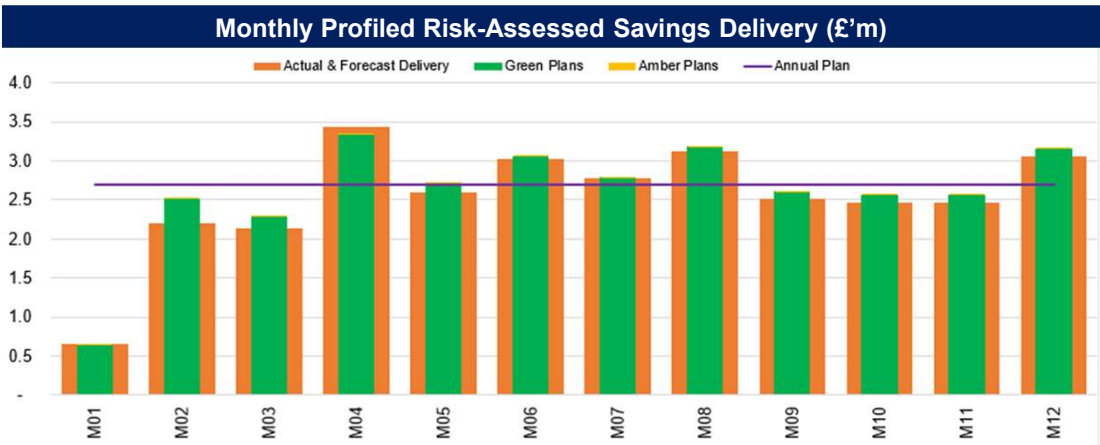
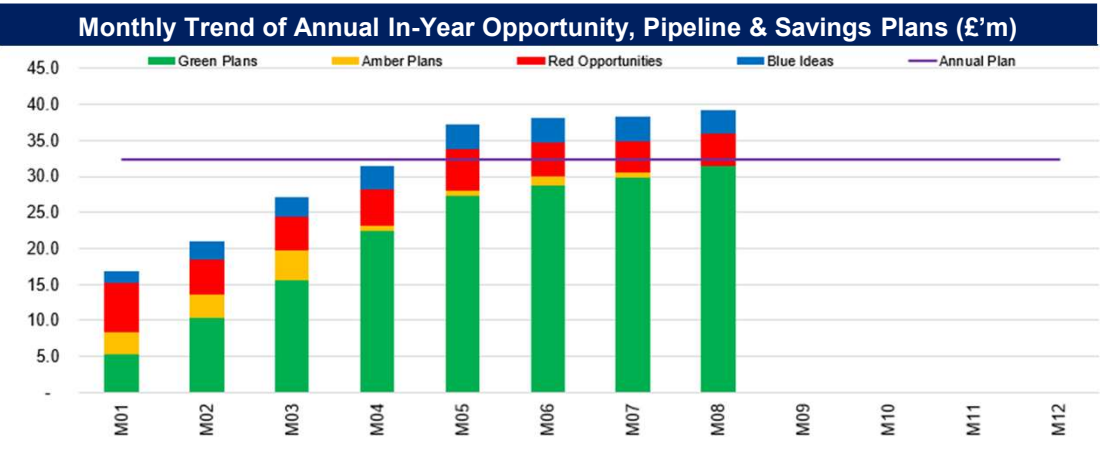
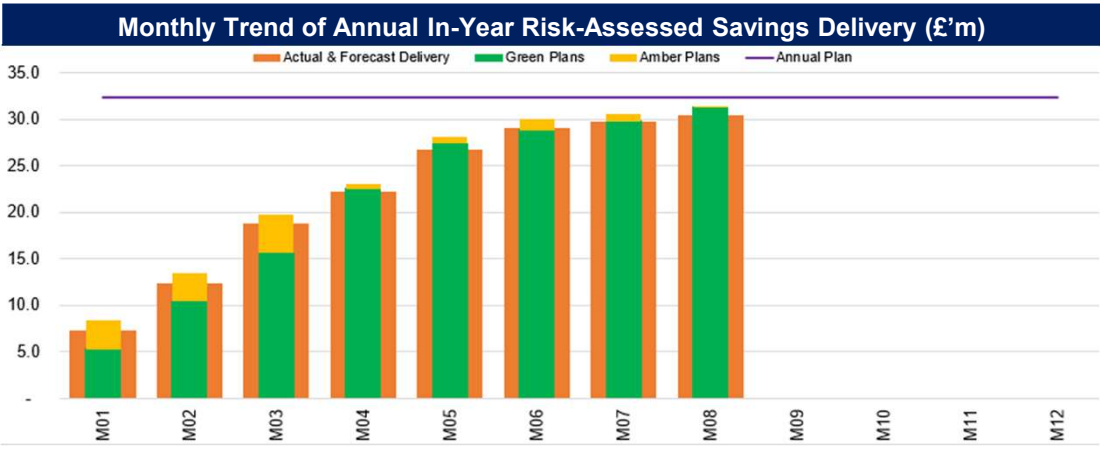
**In-Year Shortfall**  
**£2.0m**



**Recurrent Delivery**  
**£18.3m**



**Recurrent Shortfall**  
**£14.1m**



## Savings Plans and Delivery Performance (2 of 3)

Annual Savings Month to Month Movement (£'m)	Prior Month	Current Month	Change
Recurrent savings identification (in-year element only)	14.3	14.6	0.3
Non-recurrent savings identification	16.2	16.8	0.6
<b>Total in-year savings identification</b>	<b>30.5</b>	<b>31.4</b>	<b>0.9</b>
<b>Unidentified / (identified) savings gap/(improvement)</b>	<b>1.9</b>	<b>1.0</b>	<b>(0.9)</b>
Recurrent savings delivery (in-year element only)	13.5	13.7	0.2
Non-recurrent savings delivery	16.2	16.7	0.5
<b>Total in-year savings delivery</b>	<b>29.7</b>	<b>30.4</b>	<b>0.7</b>
<b>Savings under / (over) delivery vs identified benefits</b>	<b>0.8</b>	<b>1.0</b>	<b>0.2</b>
<b>Savings Delivery Gap/(Improvement) vs Annual Plan</b>	<b>2.7</b>	<b>2.0</b>	<b>(0.7)</b>

In-Year Savings Delivery Movement Summary	Number of Schemes	£'m
In-month underspends converted to savings	4	0.4
Newly identified schemes	2	0.5
Blue/Red converted to Amber/Green savings schemes	0	0.0
<b>Total In-Year Savings Delivery Movement from Prior Month</b>	<b>6</b>	<b>0.9</b>

### Note

Savings aspirations (£62.5m) have been issued to all delegated budget holders, which exceed the annual plan target (£32.4m), to ensure risks are mitigated across portfolios to deliver £32.4m as a minimum in-year.

### Key Savings Commentary

**Annual Plan Target = £32.4m**

**Forecast Delivery Shortfall versus Annual Plan = £2.0m**

Currently £1.0m behind plan for saving scheme identification with an additional £1.0m forecast delivery under-performance against the schemes that have been identified, resulting in the total forecast delivery shortfall of £2.0m.

#### Main reasons for the under-delivery of identified scheme benefits £1.0m:

- WGH 25 bed reduction delayed due to surge on wards 4 & 12 and delay in implementing nursing shift changes in A&E.
- WGH Stroke bed reduction delivery impact due to requirement of an additional 1wte HCSW 24/7 staffing requirement
- WGH non-delivery of Medical Staffing reduced SDEC hours savings scheme due to pay protection
- Planned Care biosimilar drug no longer available in the market but an alternative scheme has been introduced.
- Oncology – Mainly due to rental costs that have transpired since the savings scheme commenced.
- Unscheduled Care Prince Phillip - related to the Minor Injuries Unit.
- Nursing - related to the Nursing Income savings.

#### Material Movement Changes £0.9m:

#### **New schemes added in-month £0.5m:**

- Planned Care £0.2m – One non recurrent scheme related to Theatres variable pay.
- Primary Care £0.3m – One recurrent scheme related to non-ringfenced services and contracts.

#### **Directorate Underspends £0.4m:**

- Planned Care - £0.3m – One new underspend scheme related to Pay efficiencies
- The remaining £0.1m is for three new underspend schemes split across for 2 directorates (Strategic planning & Asst Dir of Ops Quality & Nursing)

## Savings Plans and Delivery Performance (3 of 3)

Delegated Officer (£'000)	Annual Savings Aspiration	In-Year Identified Plans	In-Year Recurrent Delivery	In-Year Non Recurrent Delivery	In-Year Total Forecast Delivery	In-Year Forecast Shortfall	In-Year % Saving vs Budget	Recurrent Forecast Delivery	Recurrent Forecast Shortfall	Recurrent % Saving vs Budget
<b>CHIEF EXECUTIVE</b>	<b>169</b>	<b>287</b>	<b>186</b>	<b>101</b>	<b>287</b>	<b>(118)</b>	<b>7.9%</b>	<b>186</b>	<b>(16)</b>	<b>5.1%</b>
<b>CHIEF OPERATING OFFICER</b>	<b>41,482</b>	<b>15,371</b>	<b>6,552</b>	<b>7,764</b>	<b>14,316</b>	<b>27,166</b>	<b>2.4%</b>	<b>9,370</b>	<b>32,112</b>	<b>1.6%</b>
ASST DIR OPS QUALITY & NURSING FACILITIES	51	111	0	111	111	(60)	10.9%	0	51	0.0%
MENTAL HEALTH & LD	2,468	3,275	1,225	2,050	3,275	(807)	6.6%	1,235	1,233	2.5%
ONCOLOGY & CANCER SERVICES	5,170	2,913	294	2,619	2,913	2,258	2.8%	633	4,538	0.6%
OPERATIONS DIR MANAGEMENT	1,509	266	171	0	171	1,338	0.6%	250	1,259	0.8%
PATHOLOGY	637	404	47	357	404	233	3.2%	82	555	0.6%
PLANNED CARE	1,423	406	98	308	406	1,017	1.4%	237	1,186	0.8%
RADIOLOGY	6,169	3,334	1,223	1,957	3,181	2,988	2.6%	1,647	4,522	1.3%
UNSCHEDULED CARE BRONGLAIS	1,164	384	291	93	384	780	1.6%	669	494	2.9%
UNSCHEDULED CARE GLANGWILI	4,825	1,170	1,170	0	1,170	3,655	3.6%	1,592	3,233	5.0%
UNSCHEDULED CARE PRINCE PHILIP	8,020	333	333	0	333	7,687	0.6%	1,011	7,009	1.7%
UNSCHEDULED CARE WITHYBUSH	3,735	661	253	269	521	3,213	1.3%	340	3,395	0.8%
WOMEN & CHILDREN	3,508	2,053	1,376	0	1,376	2,132	3.2%	1,603	1,905	3.7%
	2,803	61	71	0	71	2,732	0.1%	71	2,732	0.1%
<b>DIRECTOR OF FINANCE</b>	<b>1,161</b>	<b>1,682</b>	<b>789</b>	<b>893</b>	<b>1,682</b>	<b>(521)</b>	<b>7.2%</b>	<b>1,161</b>	<b>(0)</b>	<b>5.0%</b>
DIGITAL	839	717	500	217	717	122	4.3%	872	(33)	5.2%
FINANCE	298	954	289	665	954	(655)	16.0%	289	9	4.8%
PERFORMANCE	23	11	0	11	11	12	2.4%	0	23	0.0%
<b>DIRECTOR OF NURSING, QUALITY &amp; PATIENT EXPERIENCE</b>	<b>484</b>	<b>522</b>	<b>439</b>	<b>62</b>	<b>502</b>	<b>(18)</b>	<b>5.2%</b>	<b>439</b>	<b>44</b>	<b>4.5%</b>
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY &amp; LONG TERM CARE</b>	<b>11,632</b>	<b>2,324</b>	<b>905</b>	<b>1,442</b>	<b>2,347</b>	<b>9,285</b>	<b>1.3%</b>	<b>1,139</b>	<b>10,493</b>	<b>0.6%</b>
CARMARTHENSHIRE COUNTY	4,304	333	0	353	353	3,950	1.1%	0	4,304	0.0%
CEREDIGION COUNTY	855	188	133	55	188	667	1.3%	173	682	1.2%
MEDICINES MANAGEMENT	4,790	523	0	523	523	4,267	0.5%	0	4,790	0.0%
PEMBROKESHIRE COUNTY	1,121	718	209	511	720	401	3.0%	403	718	1.7%
PRIMARY CARE	306	307	307	0	307	(1)	5.0%	307	(1)	5.0%
PRIMARY CARE MANAGEMENT	255	255	255	0	255	(0)	5.0%	255	(0)	5.0%
<b>DIRECTOR OF PUBLIC HEALTH</b>	<b>329</b>	<b>1,339</b>	<b>329</b>	<b>1,010</b>	<b>1,339</b>	<b>(1,010)</b>	<b>20.4%</b>	<b>329</b>	<b>(0)</b>	<b>5.0%</b>
<b>DIRECTOR OF STRATEGY AND PLANNING</b>	<b>3,030</b>	<b>3,226</b>	<b>2,013</b>	<b>1,213</b>	<b>3,226</b>	<b>(196)</b>	<b>5.3%</b>	<b>2,013</b>	<b>1,017</b>	<b>3.3%</b>
LTA'S WITH OTHER NHS PROVIDERS	2,844	1,927	1,927	0	1,927	917	3.4%	1,927	917	3.4%
STRATEGIC PLANNING	186	1,299	86	1,213	1,299	(1,113)	34.9%	86	100	2.3%
<b>DIRECTOR OF THERAPIES &amp; HEALTH SCIENCES</b>	<b>1,414</b>	<b>1,558</b>	<b>0</b>	<b>1,558</b>	<b>1,558</b>	<b>(144)</b>	<b>5.5%</b>	<b>600</b>	<b>814</b>	<b>2.1%</b>
<b>DIRECTOR OF WORKFORCE &amp; ORGANISATIONAL DEVELOPMENT</b>	<b>758</b>	<b>1,264</b>	<b>349</b>	<b>990</b>	<b>1,339</b>	<b>(580)</b>	<b>8.8%</b>	<b>758</b>	<b>0</b>	<b>5.0%</b>
<b>HEALTH BOARD WIDE</b>	<b>1,814</b>	<b>3,595</b>	<b>2,100</b>	<b>1,495</b>	<b>3,595</b>	<b>(1,781)</b>	<b>9.9%</b>	<b>2,100</b>	<b>(286)</b>	<b>5.8%</b>
<b>MEDICAL DIRECTOR</b>	<b>202</b>	<b>263</b>	<b>47</b>	<b>216</b>	<b>263</b>	<b>(61)</b>	<b>6.5%</b>	<b>202</b>	<b>(0)</b>	<b>5.0%</b>
<b>Grand Total</b>	<b>62,474</b>	<b>31,431</b>	<b>13,708</b>	<b>16,745</b>	<b>30,454</b>	<b>32,021</b>	<b>3.2%</b>	<b>18,297</b>	<b>44,178</b>	<b>1.9%</b>

## Revenue Position (1 of 4): In-Month Revenue Position

Theme	£'m	Operational Driver Comments
<b>Restated Planned Deficit</b>	<b>2.6</b>	<b>Revised Monthly Deficit (previously £5.3m/month)</b>
New Welsh Government funding	(18.9)	Total new Welsh Government funding £32.45m, 7/12 YTD funding catch up included in the in-month position.
Unidentified Savings Gap to Annual Plan	(0.5)	The in-month Annual Plan includes a requirement of £2.7m savings identification and delivery, of which £3.2m is identified for delivery. £1.7m identified non-recurrently, highlighting a continued recurrent gap.
Clinical Services & Supplies	0.3	Prince Phillip Hospital general consumables, Continuous Positive Airway Pressure machines (Sleep Service) and continued growth in patient numbers for insulin pumps & general consumables used by Operational areas.
Other Non-Pay	0.3	IT contract and telephone expenditure due to inflationary increases above 8%.
Primary & Secondary Care Drugs	0.3	Primary Care price impact of the August Prescribing Audit Report which has been transacted in month £0.2m. Oncology price increases of 24%, £192 higher compared to M8 in FY24
Administration Vacancies	(0.3)	Continuation of Administration & Clerical vacancies, particularly across operational directorates where savings schemes have yet to be fully identified, thus recruitment is re-prioritised through the Financial Control Subgroup
Nursing & Healthcare	(0.4)	Reduced Nursing & Healthcare expenditure across Directorates
Primary Care	(0.7)	Dental contracts handed back to the Health Board, partially offset by associated reductions in income £(0.4)m. Community Pharmacy payments £(0.3)m
Income Overachievement	(1.0)	Increased Non-Contracted Activity & other Central Income streams alongside widespread income overachieving across Directorates.
<b>Total Deviation to Planned Deficit</b>	<b>(2.0)</b>	
<b>Reported In-Month Position</b>	<b>(18.3)</b>	<b>Core Operating Variance £(1.6)m, Unidentified Savings £(0.5)m, Savings Under-Delivery £0.1m</b>

## Revenue Position (2 of 4): Year to Date Revenue Position

Theme	£'m	Operational Driver comments
<b>Restated Planned deficit</b>	<b>21.0</b>	<b>Revised Deficit and Target Control Total following new funding (8/12ths) of £21.6m</b>
Unidentified savings gap to annual plan	1.1	The YTD plan includes a target of £18.9m savings identification and delivery, of which £17.3m is identified for delivery, leaving a gap of £1.6m.
Other Non-Pay	1.6	Other sources of energy (LPG, Biomass & Heating Oil). RAAC inspection (wards only), additional costs associated with ongoing maintenance and repairs.
Clinical Services & Supplies	1.5	General consumables used by Wards within Prince Phillip Hospital, Insulin Pump and Continuous Positive Airway Pressure Machines and Bronglais additional expenditure due to patient acuity.
Primary Care Drugs	1.4	Increased National cost per item to £7.75, which is higher than the annual plan cost per item of £7.56.
Secondary Care Drugs	0.7	Increase in Oncology price per patient alongside Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Withybush.
Medical Additional Cover and Premium	0.5	Paediatrics, Obstetrics and Gynaecology increased locum usage with additional retrospective shifts. Withybush Hospital locum and agency requirement to cover gaps in the roster within Accident & Emergency. Bronglais Hospital locum cover due to increased sickness and annual leave rota planning.
Nursing & Health Care Support	(0.6)	Reduced Nursing & Healthcare expenditure across Directorates.
Commissioned Healthcare Services	(0.6)	Decreases to Continuing Healthcare spend, particularly within Mental Health & Learning Disabilities.
Administration & Clerical Vacancies	(1.2)	Continuation of Administration & Clerical vacancies, particularly across Operational Directorates where savings schemes have yet to be fully identified, thus recruitment is re-prioritised through the Financial Control Subgroup.
Income Overachievement	(2.2)	Flying Start Local Authority increases within Women and Children, Secondary Drugs Velindre Drug rebates income and Planned Care Public Health Wales Bowl Screening income.
Primary Care Dental Contracts	(3.1)	Dental contracts handed back to the Health Board, partially offset by associated reductions in income. One-off benefit included a recovery of dental underperformance from 2023/24.
<b>Total Deviation to Planned Deficit</b>	<b>(0.9)</b>	
<b>Reported Year to Date Position</b>	<b>20.1</b>	<b>Core Operating Variance £(2.6)m, Unidentified Savings £1.0m, Savings Under-Delivery £0.9m</b>

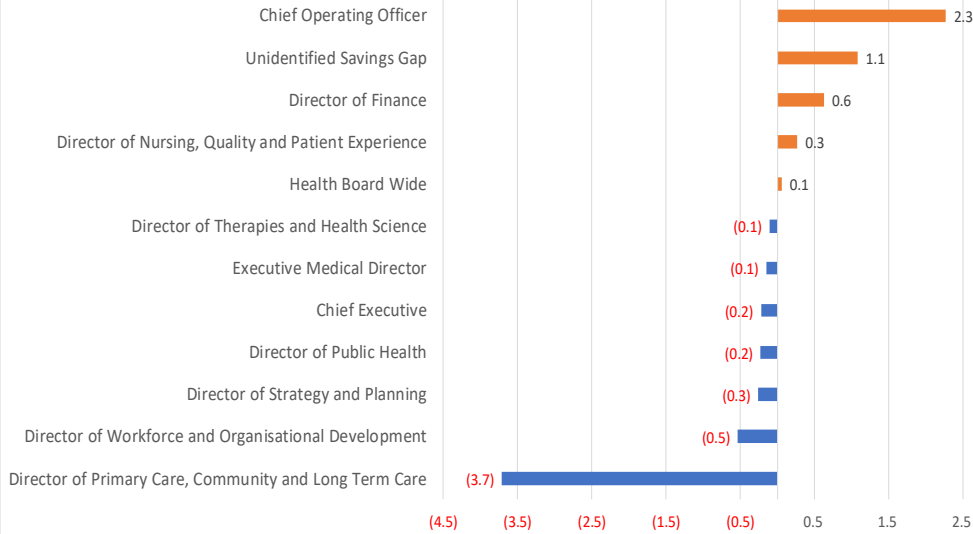
## Revenue Position (3 of 4): End of Year Forecast Gross Revenue Position

Theme	£'m	Operational Driver comments
<b>Restated Planned Deficit</b>	<b>31.5</b>	<b>Revised Deficit and Target Control Total following new funding of £32.45m</b>
Unidentified savings schemes	1.0	The FY25 plan includes a target of £32.4m savings delivery, £31.4m identified leaving gap of £1.0m, £14.3m are Recurrent and £16.2m are Non-Recurrent.
Other Non-Pay	2.4	Other sources of energy (LPG, Biomass & Heating Oil). RAAC inspection (wards only), additional costs associated with ongoing maintenance and repairs. Theatre consumables driven by increased Orthopaedic Sessions at Prince Phillip Hospital & Regional Orthopaedic Work with Swansea Bay.
Clinical Services & Supplies	2.2	Pathology increased activity within lab testing. Prince Phillip Hospital Continuous Positive Airway Pressure Machines and Insulin Pumps. Paediatric equipment aids in Women & Children.
Secondary Care Drugs	2.0	Oncology price growth surpassing the assumed price growth of 14%. Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Withybush.
Primary Care Drugs	1.4	Increased National cost per item to £7.75, which is higher than the annual plan cost per item of £7.56.
Medical Additional Cover and Premium	1.0	Bronglais significant use of locum and agency to cover sickness and annual leave rota planning as well as gaps within the roster in Accident & Emergency.
Commissioned Healthcare Services	(0.8)	Reductions to Continuing Healthcare packages, particularly within County Directorates.
Administration and Allied Health Vacancies	(1.7)	Continuation of Administration & Clerical vacancies, particularly across Operational Directorates where savings schemes have yet to be fully identified, thus recruitment is re-prioritised through FCSG.
Income Overachievement	(2.2)	Flying Start Local Authority increases within Women and Children, Secondary Drugs Velindre Drug rebates income and Planned Care Public Health Wales Bowl Screening income. Additional income in relation to Swansea Bay Regional Work and Non-Contracted Activity.
Nursing & Midwifery, incl. HCSW & Agency	(2.5)	Nurse Agency usage reduction particularly across Counties Community Care and Mental Health & Learning Disabilities.
Primary Care Dental Contracts	(2.8)	Dental underspend against contracts alongside Community Strategic Programme underspends £(4.5)m. Offset by Managed Practices overspend driven by premium locum and agency costs £2.3m.
<b>Total Deviation to Planned Deficit</b>	<b>0.0</b>	
<b>Reported End of Year Forecast</b>	<b>31.5</b>	<b>Core Operating Variance £(2.0)m, Unidentified Savings £1.0m, Savings Under-Delivery £1.0m</b>

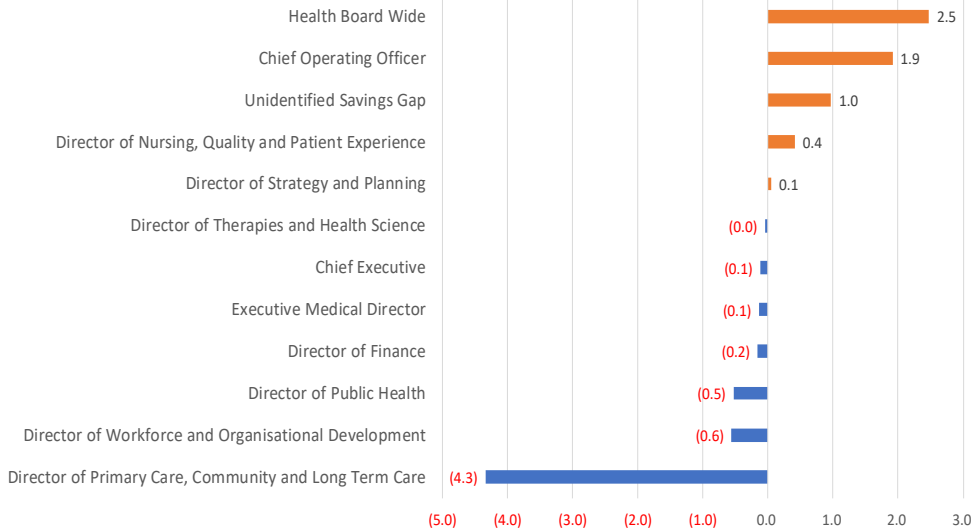
# Revenue Position (4 of 4): Summary Financial Performance by Portfolio (£'m)

## Delegated Officer Performance

### Year to Date

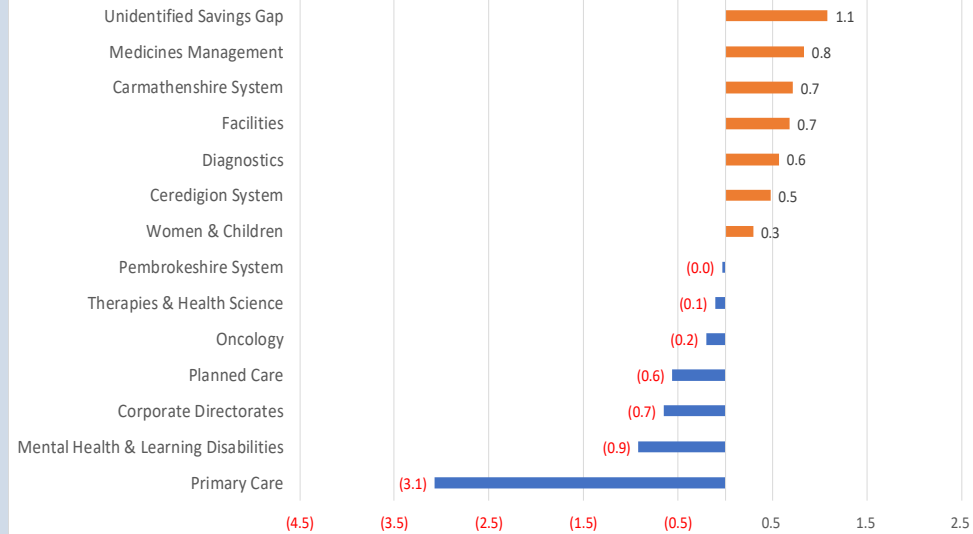


### End of Year

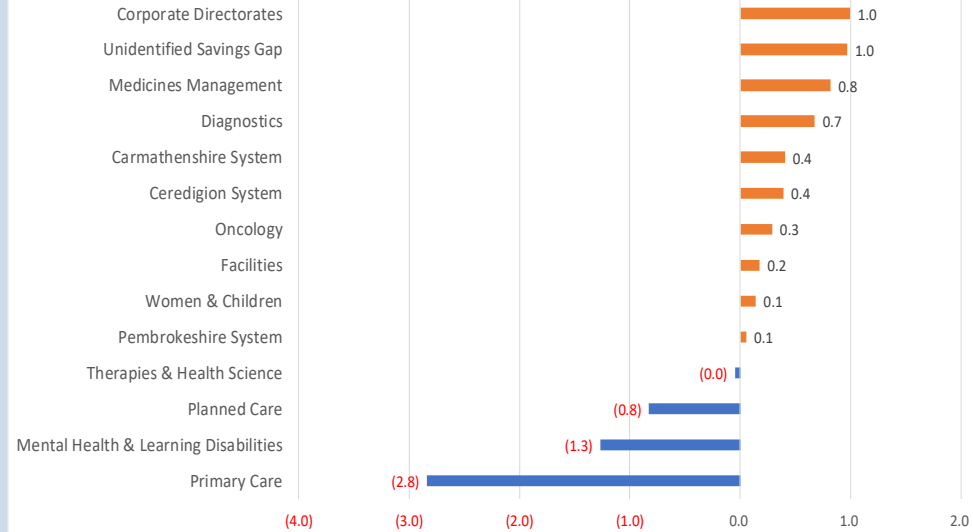


## Service Portfolio Performance

### Year to Date



### End of Year



## Next Steps and Mitigating Actions

### New Funding

Total funding, communicated in a letter to the CEO from Director General for HSCEY, is £32.45m, of which £26.0m has been made available on a conditionally recurrent basis, based on five criteria, one of which being to achieve a financial trajectory to breakeven by 2027/28. Whilst this does not change the previously agreed direction for the planning cycle, it provides clarity as to the Welsh Government expectation on the financial requirements to be included within the Health Boards plan for 2025-28.

### Further Actions

1. With an **improving run rate trend**, and several further financial improvement actions in progress, either as savings schemes or mitigation actions, the organisation will be reviewing an assessment of progress in readiness for Month 9 reporting.
2. The programme of actions to deliver £4.2m recovery savings as agreed by the Board, have now been integrated with the **development of the £20.0m recurrent savings** as part of the planning cycle. The focus is to close the recurring savings gap to reduce the underlying deficit.
3. Further to the first draft **planning submissions from the service** on the 29 November, the next iteration of the plan is 20 December. This will include progress against the prioritisation of schemes with a clear distinction between investment and savings components. Final iterations are due by 24 January 2025 to enable a submission to the appropriate Committee forums before being presented to Public Board. The Executive Team commitment was for £20.0m of recurrent savings to be identified by December 2024 – this stands at £10.0m following the first submission, with most schemes in Blue idea status with further refinement urgently required.
4. Escalation process – Executive Delegated Officers, and their Service Leads are being scrutinised through the monthly forecasting and **internal escalation process** and are required to contain costs in line with their current forecast positions to deliver £31.5m. Further mitigating actions for areas of overspend are being scrutinised to ensure remedial actions are taken.
5. Medical Additional Cover and Premium – Bronglais Hospital and Mental Health continue use premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. **Rate Card proposals required with LMC and exit strategies** for reliance on premium cover.

### Risks and Opportunities Under Review

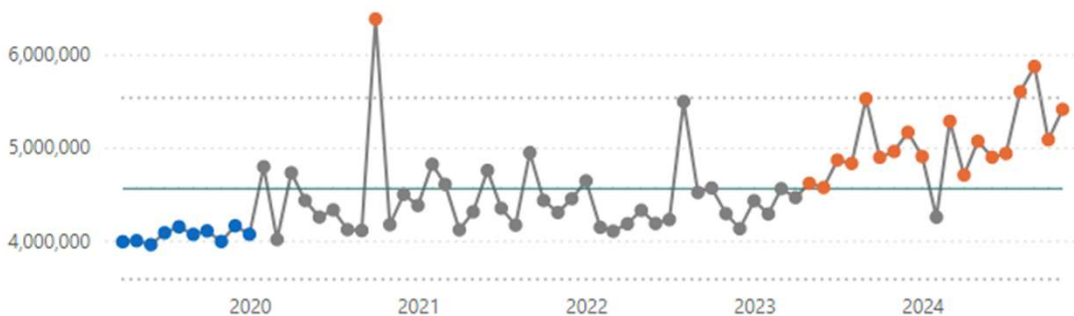
- Primary and Secondary Care Drugs both pose significant areas of expenditure with market fluctuations continuing.
- Optometry Policy Contract and Real Living Wage funding deliberations continue, with the Health Board having incurred additional cost in-year, and confirmation pending from Welsh Government for funding allocation clarity.
- Referral to Treatment recovery activity volumes available during a tendering process are reducing, due to time taken for funding confirmation, with re-planning in progress.
- The Health Board is engaged with stakeholders on a potential clinical banding dispute, the outcome of which could lead to a material financial impact for the organisation. 16

# Appendix: Key Analysis (1 of 8)

## Continuing Healthcare Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £3.6m and £5.5m.

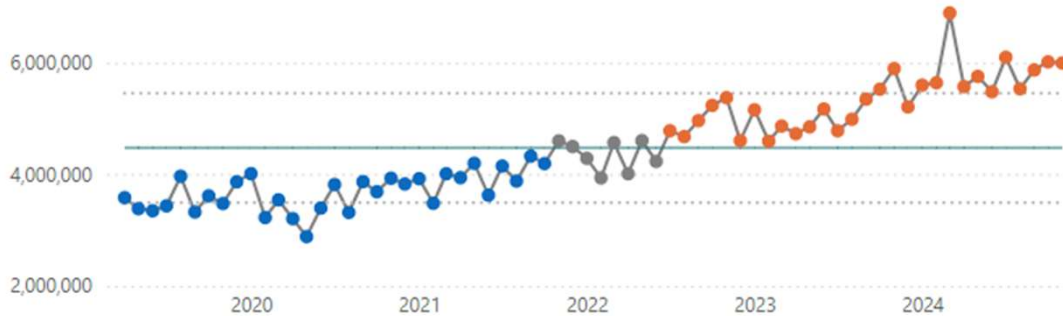


Arrears adjustment to 5 Continuing Healthcare packages.

## Secondary Care Drugs Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £3.5m and £5.5m.

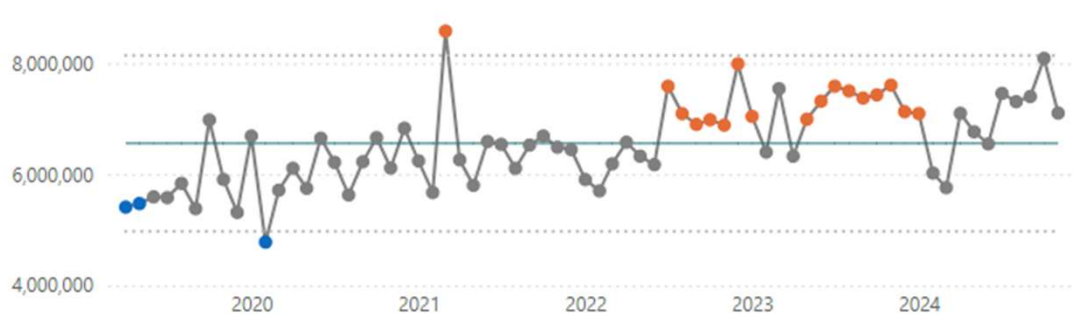


This year has seen an increase in Oncology price per patient with homecare drugs pressures in acute sites.

## Primary Care Prescribing Expenditure (£'m)

This indicator is showing expected (common cause) variation.

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

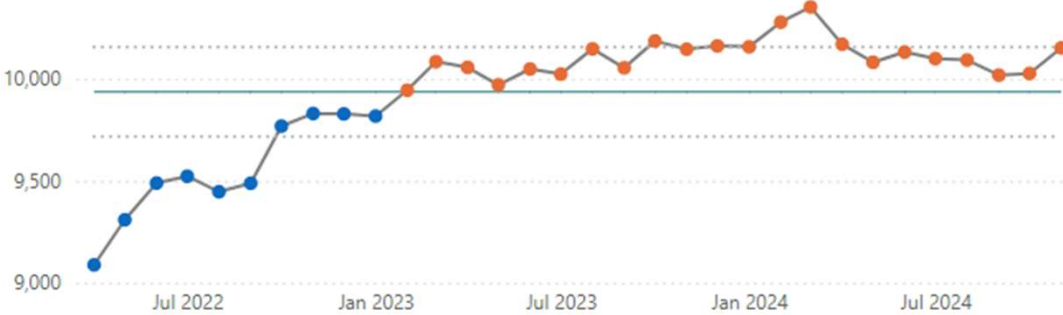


Decreased National cost per item from £7.98 to £7.75, which is higher than the annual plan cost per item of £7.56.

## Total Agenda for Change (WTE)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between 9,718 and 10,158.

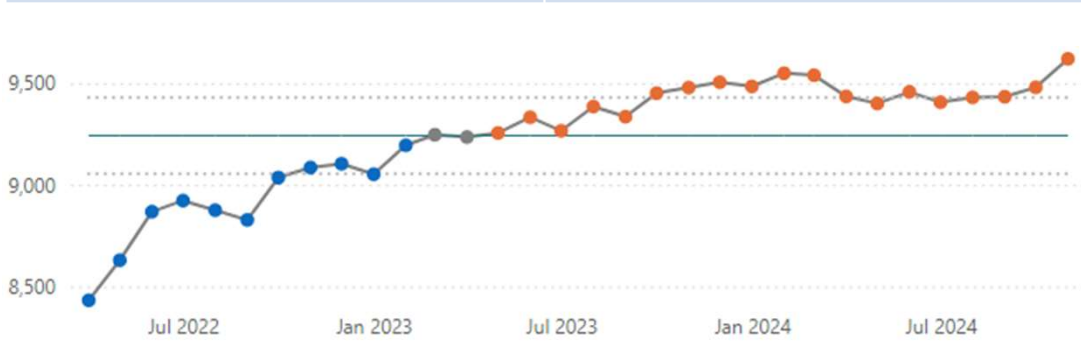


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

# Appendix: Key Analysis (2 of 8)

## Substantive (WTE)

The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,055 and 9,429



There has been an increase of c.1187 in the number of Substantive WTEs since April 2022.

## Bank (WTE)

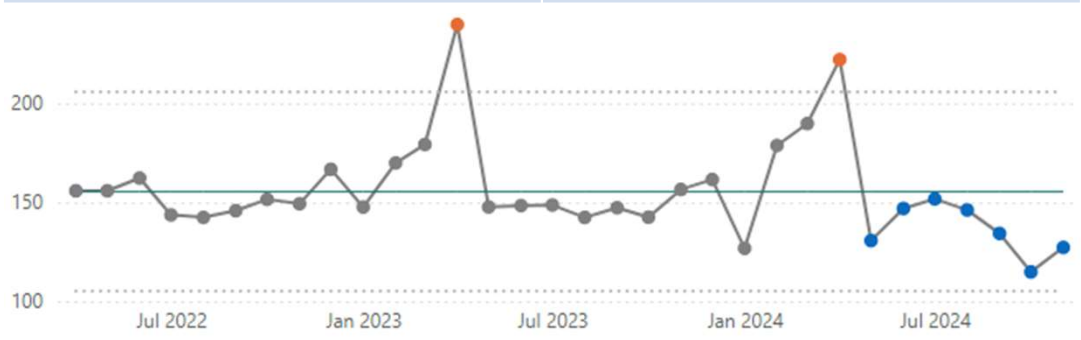
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 212 and 328.



There has been an increase of c.84 in the number of Bank WTEs since April 2022.

## Overtime (WTE)

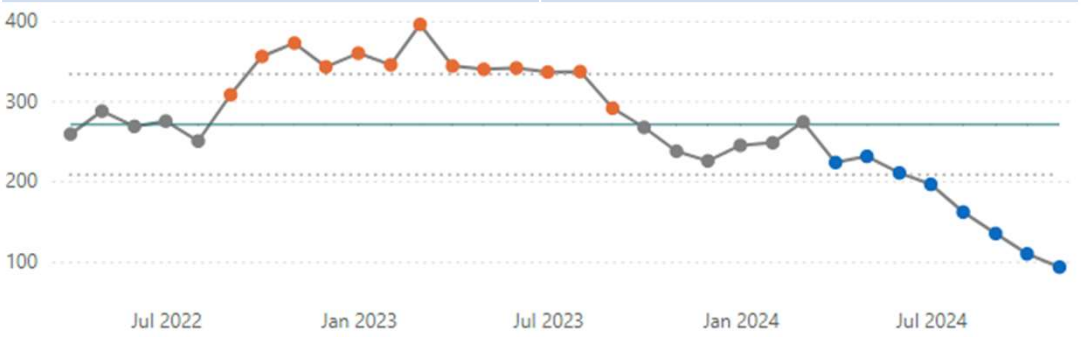
This indicator is showing expected (common cause) variation. Expected performance is between 105 and 207.



The number of overtime WTE has risen to 127 WTE, which is below the mean of 155 WTE

## Agency (WTE)

The latest data is showing improvement. Expected performance is between 208 and 333.



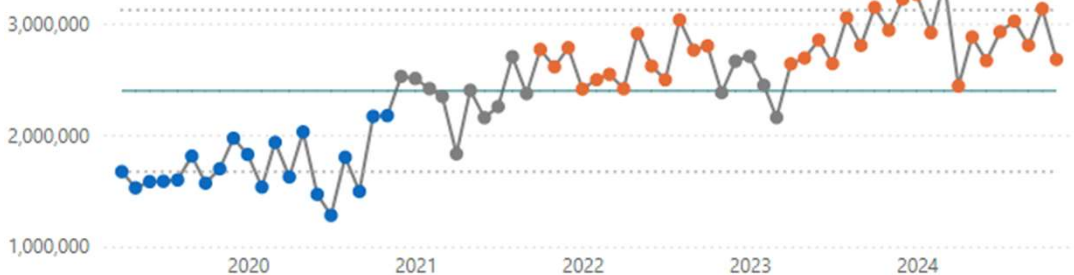
The WTE used in month is now at the lowest point since implementation of Allocate, at 93 WTE.

# Appendix: Key Analysis (3 of 8)

## Medical Locum Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £1.7m and £3.1m.



Premium cover remains high within Mental Health and Bronglais Hospital due to increased sickness and rota planning issues. Other areas have reductions with improved controls.

## Bank Expenditure (£'m)

The latest data is showing a concerning trend which needs to be investigated.

Expected performance is between £0.8m and £1.6m.

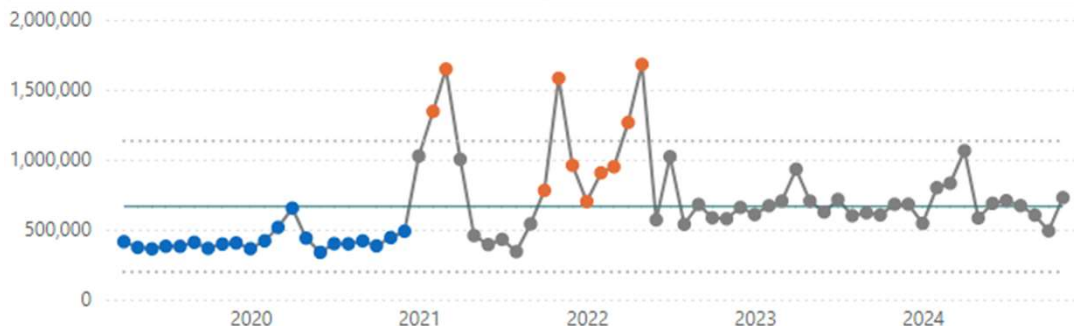


Whilst there is not a concerning statistical trend yet, the most recent months have all shown a steady rise in bank usage.

## Overtime Expenditure (£'m)

This indicator is showing expected (common cause) variation.

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



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

## Nurse Agency Expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1.1m and £2.6m.



Following the Core Delivery Group's decision to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last six months.

# Appendix: Key Analysis (4 of 8): Ward Staffing Levels (Excluding Medical)

DIRECTORATE	Ward Staffing Level (WTE) for Nursing and Health Care Support Workers (HCSW)							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
<b>CHIEF OPERATING OFFICER</b>	<b>105.1%</b>	<b>2,727</b>	<b>2,366</b>	<b>(229)</b>	<b>215</b>	<b>55</b>	<b>90</b>	<b>131</b>
MENTAL HEALTH & LEARNING DISABILITIES	98.9%	268	219	(53)	43	5	2	(3)
PLANNED CARE	92.5%	159	147	(25)	9	0	3	(13)
UNSCHEDULED CARE BRONGLAIS	119.9%	356	272	(25)	25	11	49	59
UNSCHEDULED CARE GLANGWILI	108.1%	651	562	(40)	60	16	12	49
UNSCHEDULED CARE PRINCE PHILIP	103.9%	435	382	(37)	39	2	12	16
UNSCHEDULED CARE WITHYBUSH	102.4%	546	486	(48)	34	14	13	13
WOMEN & CHILDREN	103.2%	310	299	(1)	4	6	0	10
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>91.7%</b>	<b>92</b>	<b>83</b>	<b>(18)</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>(8)</b>
CARMARTHENSHIRE COUNTY	100.2%	76	66	(9)	9	0	1	0
CEREDIGION COUNTY	65.8%	16	16	(9)	-	-	-	(9)
<b>Grand Total</b>	<b>104.6%</b>	<b>2,819</b>	<b>2,449</b>	<b>(247)</b>	<b>224</b>	<b>55</b>	<b>91</b>	<b>123</b>

## Appendix: Key Analysis (5 of 8): Non-Ward Staffing Levels (Excluding Medical)

DIRECTORATE	All Other Staffing Levels (WTE) Excluding Medical and Ward Nursing & HCSWs							
	Total Fill Rate	Total WTE	Substantive WTE	Substantive WTE Vacancy	Bank WTE	Overtime WTE	Agency WTE	Total Over/(Under) Staffed
<b>CHIEF EXECUTIVE</b>	<b>83.9%</b>	<b>83</b>	<b>83</b>	<b>(16)</b>	-	-	-	<b>(16)</b>
<b>CHIEF OPERATING OFFICER</b>	<b>92.5%</b>	<b>4,421</b>	<b>4,285</b>	<b>(493)</b>	<b>73</b>	<b>60</b>	<b>3</b>	<b>(357)</b>
ASST DIR OPS QUALITY & NURSING FACILITIES	68.0%	14	14	(7)	-	-	-	(7)
MENTAL HEALTH & LEARNING DISABILITIES	88.7%	875	809	(177)	42	24	-	(112)
ONCOLOGY & CANCER SERVICES	92.1%	899	889	(87)	9	1	-	(77)
OPERATIONS DIR MANAGEMENT	91.2%	102	99	(14)	3	1	-	(10)
PATHOLOGY	93.1%	261	254	(26)	4	3	-	(19)
PLANNED CARE	97.8%	237	227	(15)	1	9	-	(5)
RADIOLOGY	92.8%	829	805	(88)	4	17	3	(64)
UNSCHEDULED CARE BRONGLAIS	93.7%	250	248	(19)	1	1	-	(17)
UNSCHEDULED CARE GLANGWILI	91.3%	96	96	(10)	0	1	-	(9)
UNSCHEDULED CARE PRINCE PHILIP	105.3%	187	180	2	6	1	-	9
UNSCHEDULED CARE WITHYBUSH	86.2%	103	103	(17)	-	0	-	(16)
WOMEN & CHILDREN	95.7%	121	119	(7)	1	1	-	(5)
<b>DIRECTOR OF FINANCE</b>	<b>94.9%</b>	<b>446</b>	<b>443</b>	<b>(27)</b>	<b>2</b>	<b>1</b>	<b>-</b>	<b>(24)</b>
<b>DIRECTOR OF FINANCE</b>	<b>95.2%</b>	<b>301</b>	<b>299</b>	<b>(17)</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>(15)</b>
DIGITAL	96.4%	201	199	(9)	-	2	-	(7)
FINANCE	93.5%	93	93	(6)	-	-	-	(6)
PERFORMANCE	85.9%	7	7	(1)	-	-	-	(1)
<b>DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE</b>	<b>95.4%</b>	<b>195</b>	<b>195</b>	<b>(9)</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>(9)</b>
<b>DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE</b>	<b>92.4%</b>	<b>1,150</b>	<b>1,138</b>	<b>(106)</b>	<b>12</b>	<b>0</b>	<b>-</b>	<b>(94)</b>
CARMARTHENSHIRE COUNTY	98.2%	281	277	(10)	5	0	-	(5)
CEREDIGION COUNTY	95.4%	164	161	(11)	3	-	-	(8)
MEDICINES MANAGEMENT	96.1%	235	235	(10)	-	0	-	(10)
PEMBROKESHIRE COUNTY	88.2%	223	218	(35)	5	0	-	(30)
PRIMARY CARE	80.2%	174	174	(43)	-	-	-	(43)
PRIMARY CARE MANAGEMENT	101.9%	73	73	1	-	-	-	1
<b>DIRECTOR OF PUBLIC HEALTH</b>	<b>69.7%</b>	<b>112</b>	<b>110</b>	<b>(50)</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>(49)</b>
<b>DIRECTOR OF STRATEGY AND PLANNING</b>	<b>91.0%</b>	<b>33</b>	<b>33</b>	<b>(3)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(3)</b>
<b>DIRECTOR OF THERAPIES AND HEALTH SCIENCE</b>	<b>96.8%</b>	<b>603</b>	<b>601</b>	<b>(21)</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>(20)</b>
<b>DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT</b>	<b>78.2%</b>	<b>244</b>	<b>244</b>	<b>(68)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(68)</b>
<b>EXECUTIVE MEDICAL DIRECTOR</b>	<b>106.0%</b>	<b>96</b>	<b>96</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5</b>
<b>Grand Total</b>	<b>92.0%</b>	<b>7,237</b>	<b>7,083</b>	<b>(779)</b>	<b>87</b>	<b>64</b>	<b>3</b>	<b>(625)</b>

## Appendix: Key Analysis (6 of 8): In-Month Revenue Position – Variance to Budget (£'000)

DIRECTORATE	PAY				NON PAY				INCOME	Grand Total
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING, MIDWIFERY AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY	INCOME	
CHIEF EXECUTIVE	(29)					(1)		(2)	(12)	(44)
CHIEF OPERATING OFFICER	504	(60)	27	(135)	575	(89)	(70)	(554)	(138)	60
ASST DIR OPS QUALITY & NURSING FACILITIES	1	(0)		(1)	(0)		(0)	0		(0)
MENTAL HEALTH & LEARNING DISABILITIES	673		8	19	2		1	(640)	(54)	0
ONCOLOGY & CANCER SERVICES	(46)	(12)		(209)	5	(23)	(34)	85	14	(212)
OPERATIONS DIR MANAGEMENT	0	(15)	(11)	(11)	13	20	80	(1)	(36)	40
PATHOLOGY	(13)	(13)	1	(32)	16	(3)	2	(10)	(1)	(52)
PLANNED CARE	(3)	13	102	1	(28)	2	6	12	(22)	82
RADIOLOGY	(34)	5	14	(20)	389	(235)	(83)	8	(44)	0
UNSCHEDULED CARE BRONGLAIS	(6)	(1)	(19)	13	29	(25)	(8)	3	(1)	(15)
UNSCHEDULED CARE GLANGWILI	(17)	(18)	59	84	34	3	(17)	4	6	137
UNSCHEDULED CARE PRINCE PHILIP	(8)	(1)	(3)	(43)	22	0	14	(31)	36	(14)
UNSCHEDULED CARE WITHYBUSH	(16)	(7)	(81)	27	68	17	(20)	11	(22)	(24)
WOMEN & CHILDREN	(37)	(6)	(119)	64	10	11	9	37	13	(20)
DIRECTOR OF FINANCE	8	(3)	78	(26)	15	143	(18)	(31)	(27)	137
DIGITAL	(103)		(2)	(2)	0	(27)		88	65	19
FINANCE	(17)		(2)		0	(15)		58	46	70
PERFORMANCE	(39)					(13)		30	1	(20)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(47)			(2)				(1)	18	(32)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(35)	(2)	0	19	0	6		17	(7)	(2)
CARMARTHENSHIRE COUNTY	(68)	(9)	(72)	(201)	44	(1,362)	204	565	(116)	(1,015)
CEREDIGION COUNTY	(7)	(3)	11	(94)	(0)	(160)	0	(2)	24	(232)
PEMBROKESHIRE COUNTY	3	(7)	(2)	(53)	(4)	9	(4)	25	2	(31)
MEDICINES MANAGEMENT	(14)	3	1	(21)	13	(62)	4	1	2	(71)
PRIMARY CARE	(4)	(33)		17	8	(9)	227	9	(290)	(76)
PRIMARY CARE MANAGEMENT	(23)	32	(83)	(29)	49	(1,140)	(24)	421	147	(650)
DIRECTOR OF PUBLIC HEALTH	(23)	(1)		(21)	(22)	0		111	0	45
DIRECTOR OF STRATEGY AND PLANNING	(30)	13	(20)	(40)	(9)	9	125	34	(16)	66
LTA'S WITH OTHER NHS PROVIDERS	26	(1)	(5)			132	0	(12)	(13)	127
STRATEGIC PLANNING	6					132	0	(0)		137
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	20	(1)	(5)			0		(12)	(13)	(10)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	20	103		(21)	8	16	(1)	17	(123)	20
EXECUTIVE MEDICAL DIRECTOR	(72)	(1)	(3)	(63)	0	(15)	3	54	(22)	(120)
HEALTH BOARD WIDE	(5)	27	(48)	1	(1)		0	22	(88)	(92)
CENTRAL CAPITAL	92			3	3	(94)		(97)	(458)	(551)
CENTRAL CONTRACTING					1	0		1	(28)	(27)
CENTRAL FINANCING	(8)					(10)		(1)		(10)
CENTRAL INCOME					2	11		(94)	(1)	(89)
CENTRAL RESERVES	100			3		(96)		(3)	(429)	(429)
PLANNED DEFICIT								(16,300)	(0)	4
UNIDENTIFIED SAVINGS GAP								(482)		(16,300)
Grand Total	299	70	(123)	(439)	621	(1,426)	262	(16,652)	(927)	(18,314)

## Appendix: Key Analysis (7 of 8): Year to Date Revenue Position – Variance to Budget (£'000)

DIRECTORATE	PAY				NON PAY				INCOME	Grand Total
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING, MIDWIFERY AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY	INCOME	
CHIEF EXECUTIVE	(164)				0	(11)		(63)	16	(222)
CHIEF OPERATING OFFICER	(75)	(491)	613	393	1,634	88	447	546	(887)	2,268
ASST DIR OPS QUALITY & NURSING FACILITIES	(45)	(7)		3	(53)		(0)	26		(75)
MENTAL HEALTH & LEARNING DISABILITIES	859	0		(15)	24	(12)	5	(172)	(7)	681
ONCOLOGY & CANCER SERVICES	(123)	(264)	543	(582)	10	(352)	(236)	65	22	(918)
OPERATIONS DIR MANAGEMENT	(2)	(118)	(95)	(146)	55	38	55	5	4	(203)
PATHOLOGY	(213)	(89)	106	48	75	(22)	27	(8)	(77)	(154)
PLANNED CARE	(0)	182	316	31	222	109	(180)	(36)	(26)	617
RADIOLOGY	(154)	180	(387)	(300)	233	(51)	(17)	463	(526)	(560)
UNSCHEDULED CARE BRONGLAIS	(31)	(55)	(162)	110	99	85	(59)	46	(83)	(50)
UNSCHEDULED CARE GLANGWILI	(117)	(88)	622	181	59	14	(16)	88	(7)	737
UNSCHEDULED CARE PRINCE PHILIP	(91)	(68)	(60)	580	89	14	501	(52)	(2)	912
UNSCHEDULED CARE WITHBUSH	(108)	(69)	(248)	(130)	564	31	230	(10)	(15)	245
WOMEN & CHILDREN	(155)	(51)	(270)	834	(3)	17	227	99	46	743
DIRECTOR OF FINANCE	107	(43)	249	(221)	260	216	(90)	31	(215)	294
DIGITAL	(192)		(11)	(0)	1	(337)	0	883	283	628
FINANCE	47		(11)		1	(246)		708	259	758
PERFORMANCE	(192)			(0)		(91)	0	185	6	(92)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(48)							(9)	18	(39)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	69	(33)	3	(68)	8	26		69	196	270
CARMARTHENSHIRE COUNTY	(228)	(107)	1,085	(1,009)	(118)	(5,198)	1,412	178	276	(3,709)
CEREDIGION COUNTY	(6)	(77)	(5)	(112)	82	(336)	7	49	(44)	(442)
PEMBROKESHIRE COUNTY	18	11	(10)	(286)	(24)	82	(18)	(62)	29	(259)
MEDICINES MANAGEMENT	(67)	2	10	(580)	35	(130)	10	(103)	47	(777)
PRIMARY CARE	(21)	(152)		103	(34)	13	1,412	106	(594)	833
PRIMARY CARE MANAGEMENT	(145)	114	1,090	(259)	69	(4,827)	1	43	839	(3,075)
DIRECTOR OF PUBLIC HEALTH	(7)	(5)		125	(246)	0		145	(2)	11
DIRECTOR OF STRATEGY AND PLANNING	(68)	11	(155)	(138)	(69)	43	38	89	22	(225)
LTA'S WITH OTHER NHS PROVIDERS	(56)	(1)	10			(161)	0	17	(67)	(258)
STRATEGIC PLANNING	15					(166)	0	(2)		(153)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	(71)	(1)	10			5		19	(67)	(105)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	78	(126)	0	(119)	86	43	(16)	181	(236)	(109)
EXECUTIVE MEDICAL DIRECTOR	(399)	(42)	(35)	63	3	(18)	(7)	12	(113)	(535)
HEALTH BOARD WIDE	131	160	134	14	(8)		0	(25)	(555)	(148)
CENTRAL CAPITAL	267			4	20	56	279	(225)	(343)	58
CENTRAL CONTRACTING					1	0		7	(62)	(54)
CENTRAL FINANCING						149		(5)		144
CENTRAL INCOME	(33)			2	19	28	279	(224)	(290)	(219)
CENTRAL RESERVES				3		(121)		(3)	(1)	177
PLANNED DEFICIT	300		(0)					21,033		21,033
UNIDENTIFIED SAVINGS GAP								1,082		1,082
Grand Total	(636)	(630)	1,644	(858)	1,557	(5,469)	2,153	23,779	(1,407)	20,133

## Appendix: Key Analysis (8 of 8): End of Year Forecast Gross Revenue Position – Variance to Budget (£'000)

DIRECTORATE	PAY				NON PAY				INCOME	Grand Total
	ADMINISTRATION AND ESTATES	ALLIED HEALTH, SCIENTISTS AND OTHER	MEDICAL AND DENTAL	NURSING, MIDWIFERY AND CLINICAL SUPPORT	CLINICAL SERVICES AND SUPPLIES	COMMISSIONED HEALTHCARE SERVICES	DRUGS AND PRESCRIBING	OTHER NON-PAY	INCOME	
CHIEF EXECUTIVE	(217)				0	(16)		143	(26)	(115)
CHIEF OPERATING OFFICER	(874)	(680)	492	(740)	2,422	496	1,364	876	(1,443)	1,913
ASST DIR OPS QUALITY & NURSING	(54)	(14)		(13)	(54)		(0)	24		(111)
FACILITIES	601	0		(3)	23	(12)	7	140	(580)	176
MENTAL HEALTH & LEARNING DISABILITIES	(250)	(196)	900	(1,151)	9	(480)	(296)	120	78	(1,267)
ONCOLOGY & CANCER SERVICES	(1)	(178)	(166)	(190)	83	57	638	8	38	289
OPERATIONS DIR MANAGEMENT	(132)	(135)	89	(40)	140	(34)	36	78	(246)	(244)
PATHOLOGY	(32)	188	563	33	129	163	(263)	(57)	(133)	591
PLANNED CARE	(322)	189	(840)	(529)	482	245	(108)	340	(281)	(825)
RADIOLOGY	(56)	(61)	(231)	160	206	186	(51)	57	(125)	85
UNSCHEDULED CARE BRONGLAIS	(185)	(138)	884	76	73	19	3	87	(6)	812
UNSCHEDULED CARE GLANGWILI	(123)	(108)	(15)	378	92	16	750	(54)	(8)	928
UNSCHEDULED CARE PRINCE PHILIP	(173)	(98)	(304)	(258)	885	51	366	11	(23)	458
UNSCHEDULED CARE WITBYBUSH	(284)	(74)	(542)	1,162	(18)	51	415	105	64	878
WOMEN & CHILDREN	138	(55)	155	(366)	372	233	(132)	17	(221)	141
DIRECTOR OF FINANCE	(260)		(19)	(6)	1	(696)	0	471	352	(156)
DIGITAL	54		(19)		1	(554)		167	352	(0)
FINANCE	(249)					(142)	0	306	18	(66)
PERFORMANCE	(65)			(6)				(2)	(18)	(90)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	102	(42)	3	(120)	9	48		106	307	414
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(396)	(218)	1,628	(1,365)	(182)	(6,104)	1,523	104	671	(4,339)
CARMARTHENSHIRE COUNTY	(36)	(90)	7	(352)	142	(609)	9	(1)	(51)	(981)
CEREDIGION COUNTY	31	(17)	(17)	(462)	(56)	126	(27)	(37)	39	(421)
PEMBROKESHIRE COUNTY	(130)	3	13	(588)	56	(232)	18	(21)	59	(823)
MEDICINES MANAGEMENT	(39)	(256)		163	(77)	36	1,453	146	(608)	818
PRIMARY CARE	(236)	149	1,626	(363)	104	(5,424)	69	3	1,234	(2,838)
PRIMARY CARE MANAGEMENT	14	(7)		237	(351)	0		14	(2)	(94)
DIRECTOR OF PUBLIC HEALTH	(196)	64	(234)	(336)	(106)	79	(0)	154	46	(530)
DIRECTOR OF STRATEGY AND PLANNING	(40)	21	37			81	0	50	(99)	50
LTA'S WITH OTHER NHS PROVIDERS	20					74	0	(4)		91
STRATEGIC PLANNING	(60)	21	37			6		54	(99)	(41)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	159	(175)		(207)	118	68	(19)	244	(234)	(47)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(231)	(48)	(109)	(62)	4	25	7	(73)	(73)	(559)
EXECUTIVE MEDICAL DIRECTOR	243	269	212	16	(10)		0	(74)	(791)	(136)
HEALTH BOARD WIDE	734		621	3	20	(252)	662	357	332	2,476
CENTRAL CAPITAL					1	0		7	(75)	(67)
CENTRAL CONTRACTING						200		(10)		190
CENTRAL FINANCING	34			0	19	53	279	(581)	(290)	(485)
CENTRAL INCOME								168		168
CENTRAL RESERVES	700		621	3		(505)	383	940	529	2,670
PLANNED DEFICIT								31,550		31,550
UNIDENTIFIED SAVINGS GAP								969		969
Grand Total	(976)	(809)	2,632	(2,817)	2,276	(6,272)	3,538	34,876	(957)	31,489

Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Kelly Sursona

Dyddiad/Date:

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Judith Paget  
Director General Health and Social Services  
NHS Wales Chief Executive  
Health and Social Services Group  
Cathays Park  
Cardiff  
CF10 3NQ

By e-mail to: [Judith.Paget001@gov.wales](mailto:Judith.Paget001@gov.wales)

Dear Judith

## 2024-25 Strategic Cash Request

I write in accordance with Technical Update 4, dated 6 November 2024. This update requested that Chief Executives, as Accountable Officers, should formally notify you of requests for Strategic Cash assistance by 5 December 2024.

The current forecast deficit is £31.55m following the allocation of additional funding on 2 December. This is in line with our revised target control total.

The latest assessment of the Plan is that the list of actions presented to the Board in September 2024, to mitigate under achievement of the savings target of £32.4m set at the start of the year, together with the monthly forecasting and internal escalation process are forecast to deliver the £31.55m deficit. This will be reassessed following the Month 9 position.

On this basis, I need to formally request strategic cash assistance for 2024/25, as set out in Table 1 and Table 2:

**Table 1 – Revenue strategic cash request breakdown**

Annual plan revenue financial deficit	£ 31,550,000
Working capital revenue	£ 41,250,000
<b>Total revenue cash</b>	<b>£ 72,800,000</b>

**Table 2 – Capital strategic cash request breakdown**

Capital cash for owned assets	£ 3,200,000
Capital cash for IFRS 16 leased assets	£ 2,156,830
<b>Total capital cash</b>	<b>£ 5,356,830</b>

These represent our best estimates at this time, as additional allocations are anticipated between now and year end, and therefore may be subject to change. The working capital revenue will be required prior to 17 March 2025. Working capital revenue cash requirements are significant at £41.25m due to the high value of payments made at the start of the current financial year related to deferred invoices from the previous financial year.

Our best estimate at this time is £9.5m revenue and £1.5m capital will be required on 27 February with the balance of working capital required on 1 March 2025 and the strategic cash required on 19 March 2025.

We have reviewed our creditor types to identify different payment policies that could be adopted with a cash strategy developed should the full amount of strategic cash assistance not be made available. These options all contain risks for the Health Board and represent a significant reputational concern for us.

Priority creditors would need to be paid to maintain service levels. If no strategic cash assistance is made available and restrictions on creditor payments are not undertaken, we estimate that the Health Board will fully utilise our approved cash resource limits by 27 February 2025.

The cash strategy has been scrutinised in detail at the In-Committee Sustainable Resources Committee at their October meeting.

This letter has also been discussed at the 28 November 2024 Board meeting, but has been amended since to reflect the additional allocations referred to in your letter of 2 December.

I am grateful for your support and look forward to receiving confirmation of any strategic cash assistance which you can provide.

Yours sincerely

Professor Phil Kloer

Chief Executive

Cc Huw Thomas, [Hywel.Jones038@gov.wales](mailto:Hywel.Jones038@gov.wales)

[Jacqueline.Salmon@gov.wales](mailto:Jacqueline.Salmon@gov.wales)



GIG  
CYMRU  
NHS  
WALES

Y Weithrediaeth  
Executive

# Hywel Dda UHB

## Review of Board Finance Reports

Financial Planning & Delivery  
October 2024

- FP&D carried out an All-Wales review of (Public) Health Board Finance Reports, as part of the ongoing Financial Escalation process looking at the Financial Governance and Control Environment.
- The process involved reviewing reports for all seven health boards, to understand compliance against a 'checklist' of best-practice guidance and to identify any variation in the approach to reporting across Wales.
- The 'checklist' of best-practice criteria was selected from the following published best-practice guides:
  - HFMA Getting the Basics Right (Section F - Board Reporting)
  - NAO Maturity Matrix
  - Finance Academy Best Practice Guidance
- Each report was reviewed against the selected criteria to provide an overview of compliance and identify any potential areas for further 'technical' development, as well as share observations around the more 'stylistic' approach, in terms of design and layout, for example.
- This report outlines the key feedback and observations to be considered, in discussion with the organisation, to explore/agree potential developments and next steps.
- This report provides feedback on items for the Health Board to review.

## The review/feedback is intended to be...

- ✓ An **objective review** of Board Finance Reports, to support ongoing work around Financial Escalation.
- ✓ A means of **sharing insight** across NHS Wales around current compliance with available best-practice guidance.
- ✓ To **promote a best-practice approach** to Board Reporting across Wales.

## The review/feedback is not...

- ✗ A **formal audit** of Board Finance Reports.
- ✗ A list of **'statutory' recommendations** to be implemented by the organisation.
- ✗ A **benchmarking exercise** comparing/critiquing approaches across organisations.

The Hywel Dda report was last reviewed in 2023 and substantially updated to take account of the latest good practice guidance such as the principles of Making Data Count and reviewing other Board report. It is felt that the revised report provides relevant data and insight to support the Board to understand the organisation's financial position and the information is presented in a targeted manner making good use of visuals.

The following slides identify observations on areas for further consideration.

The SFI identified 14 requirements that should be addressed by the Financial reports. We considered whether the report covered these requirements. This slide summarises the **3 items** which do not appear to be fully addressed in the HD report.

Ref	SFI Requirement	Observation	Area(s) for Consideration
7	A statement of assets and liabilities (e.g. Balance Sheet), including analysis of cash flow and movements in working capital.	The report does not include the Balance Sheet or movements in the working capital but does make reference to the cash flow position.	The inclusion of a statement of assets and liabilities would address an SFI requirement. The Health Board would need to consider whether this would help improve board member understanding.
9	Capital expenditure and projected outturn against plan	The reports notes the risk to delivery of the CRL is low, and that Capital expenditure is progressing as anticipate. The projected expenditure and / or year to date spend within the Capital programme is not included.	The report may benefit from further detail around Capital Programme Expenditure.
15	Clear assessment of risks and opportunities	Opportunities are described in appendix 1. However, risks and opportunities as described in MMR are not included.	The report may benefit from more alignment to the risks and opportunities outlined in the MMR.

We assessed the reports against 11 best practice elements and considered whether the report was aligned with these elements. This slide summarises the **4 elements** where HD may wish to consider further development.

Ref	Other Best Practice Guides	Observation	Area(s) for Consideration
18	The underlying position of the organisation is one of the most prevalent financial pressure for health organisations. This is an area that requires increased analysis, understanding and action; Information to share with the Board should be in the form of both narrative and tables and should include, as a minimum, a summary of the opening and closing underlying position along with reasons for the changes.	Information on the ULD is not included in the report	The report may benefit from a note on the key drivers of the ULD and a breakdown and explanation of the movements between the planned and the forecast closing ULD (in-line with Table A breakdown), noting key risks to delivery - e.g. recurrent savings gap, recurrent impact of emerging in-year pressures, etc.
19	Reserves approved and monitored by the Board. Board Reports should provide clarity on the cumulative total of in year effect and full-year effect of investments or cost pressures are proceeding at risk or are unfunded.	No reference to existing reserves or further in year budget allocations	The report may benefit from further information around any reserves being monitored by the Board, as well as the impact of any investments currently proceeding at risk or are unfunded. This should align with MMR reporting requirements.
20	In order for the Board to understand the risk involved in the year-to-date plan and forecast position it is recommended that certainty around the WG funding assumptions is made clear. A table is recommended for this with additional narrative where informative.	WG allocation assumptions are not included in the board report.	The report may benefit from further information around any key anticipated allocations not yet confirmed and the potential impact this could have on the financial position.
21	NAO states that for a level 4 mature organisation, the organisation produces KPIs which contain both financial and operational elements, e.g., cost per unit of performance.	The report describes the workforce position. No additional non-financial KPI are included	Inclusion of a non-financial cost driver KPI would provide a more rounded overview of the position in the context of wider organisational performance

The following are general Wales wide reflections arising from reviewing the content of the 7 reports of the Health Boards across Wales.

- **Format/Structure** - a PowerPoint/Dashboard format may lend itself to a more visual approach, which is accompanied by more focussed/impactful narrative.
- **Table of Contents** - inclusion of a table of contents may provide the reader with a clear overview of the report structure and aids navigation.
- **Summary Dashboard** - inclusion of a single summary dashboard, providing an overview of the key elements of the position (with visual indicators) may provide the Board with a good overview of the high-level messages contained within the wider report.
- **Explanations of Key Content** - explanations of why certain pieces of analysis (e.g. Pay, Prescribing, CHC, etc.) have been included and why they are key in the context of the current position, may provide the Board with a better understanding of the position being presented to them.
- **Clear Conclusion and Actions** - a clear conclusion, with recommendations and key actions required by the Board may provide more direction and clarity around how the Board can manage the ongoing risks/issues to deliver the forecast position.
- **Length of report** - there was variation in the length and content provided in the reports between organisations. Health Boards are aiming to reach a balance between conveying sufficient information to enable Board Members to discharge their duties and maintaining a concise report that focuses Board Member attention on the most material issues and does not take excessive time to read and understand.

# Appendix 1: Best Practice Checklist

Ref	Checklist
<b>Finance Academy High level Best Practice questions</b>	
1	Does the report allow the reader to understand the financial position?
2	Does the report enable the reader to evaluate risks and opportunities?
3	Does the report provide the reader with insight to make informed decisions?
<b>Content - SFI requirements</b>	
4	• Current and forecast year end position on statutory financial duties
5	• Actual income and expenditure to date compared to budget and showing trends and run rates
6	• Forecast year end positions
7	• A statement of assets and liabilities (e.g. Balance Sheet), including analysis of cash flow and movements in working capital
8	• Explanations of material variances from plan
9	• Capital expenditure and projected outturn against plan
10	• Investigations and reporting of variances from financial, activity and workforce budgets. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances.
11	• Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation.
12	• Statement of performance against savings targets
13	• Key workforce and other cost drivers
14	• Income and expenditure run rates, historic trends, extrapolation and explanations
15	• Clear assessment of risks and opportunities
16	• Provide a rounded and holistic view of financial and wider organisational performance.
17	There must be consistency between the ... budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

<b>Content - Best Practice</b>	
18	<p><b>Underlying Deficit (Finance Academy)</b></p> <ul style="list-style-type: none"> <li>The underlying position of the organisation is one of the most prevalent financial pressure for health organisations.</li> </ul> <p>This is an area that requires increased analysis, understanding and action; Information to share with the Board should be in the form of both narrative and tables and should include, as a minimum, a summary of the opening and closing underlying position along with reasons for the changes.</p>
19	<p><b>Reserves and in year further budget allocations (FPD)</b></p> <ul style="list-style-type: none"> <li>Reserves approved and monitored by the Board. Board Reports should provide clarity on the cumulative total of in year effect and full-year effect of investments or cost pressures are proceeding at risk or are unfunded.</li> </ul>
20	<p><b>Welsh Government Allocations (Finance Academy)</b></p> <p>In order for the Board to understand the risk involved in the year to date plan and forecast position it is recommended that certainty around the WG funding assumptions is made clear. A table is recommended for this with additional narrative where informative.</p>
21	<p><b>Measuring Operational Efficiency (NAO)</b></p> <ul style="list-style-type: none"> <li>NAO states that for a level 4 mature organisation, the organisation produces KPIs which contain both financial and operational elements, e.g., cost per unit of performance.</li> </ul>
22	<p><b>Conclusion and Implications (Finance Academy)</b></p> <ul style="list-style-type: none"> <li>The conclusion should be arranged so that the major conclusions come first whilst also identifying major issues relating to the reports context. It should be kept brief and logical and be very clear to which items are to be noted or where actions are required.</li> <li>Consider "What? "So What?" "What next?" Identify leads and responsibilities</li> </ul>
23	<p><b>Graphs and Visuals (Finance Academy)</b></p> <ul style="list-style-type: none"> <li>Ensure Graphs and visuals are used correctly with clear purpose.</li> </ul> <p>Consider data visualisation techniques, don't use visuals for the sake of it, they must have a clear purpose and message to tell.</p>

<b>Delivery / Style - Best Practice</b>	
24	<p><b>Focus and conciseness (NAO Maturity - Level 3)</b></p> <ul style="list-style-type: none"> <li>Reports to the Board and Executive Team summarise key, relevant data necessary for decision making avoiding large volumes of unnecessary data. External reports contain transparent information on both over and under performance and include some concise commentary to make the key messages clear to the non-professional reader.</li> </ul>
25	<p><b>Interactive dashboards (if used) (HFMA)</b></p> <ul style="list-style-type: none"> <li>Where a scorecard/ dashboard is produced, can board members drill down easily into detail?</li> </ul>

# Appendix 2: Health Board Reports Reviewed

Health Board	Report Forums	Month of Report	Link to Report
Aneurin Bevan	<ul style="list-style-type: none"> <li>Public Board</li> <li>Executive Committee</li> <li>Finance &amp; Performance Committee (with additional appendices)</li> <li>TUPF (with additional appendices)</li> </ul>	Month 2 - 2024/25	<a href="#">Finance and Performance Committee - Aneurin Bevan University Health Board (nhs.wales)</a>
Betsi Cadwaladr	<ul style="list-style-type: none"> <li>Public Board</li> <li>Performance, Finance and Information Governance Committee</li> </ul>	Month 3 2024/25	<a href="https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/agenda-bundle-health-board-25724-v40">https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/agenda-bundle-health-board-25724-v40</a>
Cardiff & Vale	<ul style="list-style-type: none"> <li>Finance &amp; Performance Committee (also informs various presentation updates to other forums, including the Board).</li> </ul>	Month 2 - 2024/25	<a href="#">Finance Committee - Cardiff and Vale University Health Board (nhs.wales)</a>
Cwm Taf Morgannwg	<ul style="list-style-type: none"> <li>Public Board</li> <li>A different report is provided to the Planning, Performance and Finance Committee</li> </ul>	Month 3 -2024/25	<a href="#">25 July 2024 - Cwm Taf Morgannwg University Health Board (nhs.wales)</a>
Hywel Dda	<ul style="list-style-type: none"> <li>Public Board</li> <li>Sustainable Resources Committee</li> </ul>	Month 3 – 2024-24	<a href="#">Board Agenda and Papers 25 July 2024 - Hywel Dda University Health Board (nhs.wales)</a>
Powys	<ul style="list-style-type: none"> <li>Public Board</li> <li>Executive Committee</li> <li>Public Delivery &amp; Performance Committee</li> </ul>	Month 2 - 2024/25	<a href="#">Board Meetings - Powys Teaching Health Board (nhs.wales)</a>
Swansea Bay	<ul style="list-style-type: none"> <li>Public Board</li> <li>A slightly different version of the report is provided to the Performance and Finance Committee</li> </ul>	Month 3 -2024/25	<a href="#">Health Board - July 2024 - Swansea Bay University Health Board (nhs.wales)</a>

Ref	Other Best Practice Guides	Observation	Area(s) for Consideration	Hywel Dda Response
7	A statement of assets and liabilities (e.g. Balance Sheet), including analysis of cash flow and movements in working capital.	The report does not include the Balance Sheet or movements in the working capital but does make reference to the cash flow position.	The inclusion of a statement of assets and liabilities would address an SFI requirement. The Health Board would need to consider whether this would help improve board member understanding.	A statement of assets and liabilities is included within the Sustainable Resources Committee (SRC) quarterly, as part of a Balance Sheet Report, with any risks then reported through to Board via the Chair of SRCs report.
9	Capital expenditure and projected outturn against plan	The reports notes the risk to delivery of the CRL is low, and that Capital expenditure is progressing as anticipated. The projected expenditure and / or year to date spend within the Capital programme is not included.	The report may benefit from further detail around Capital Programme Expenditure.	Capital finance reports are included within the Strategic Development & Operational Delivery Committee (SDODC), with any risks then reported through to the Board via the Chair of SDODC's report. A summary report is presented to the Sustainable Resources Committee (SRC) at each meeting giving details of year to date and projected spend together with any risks.
15	Opportunities are described in appendix 1. However, risks and opportunities as described in MMR are not included.	Clear assessment of risks and opportunities	The report may benefit from more alignment to the risks and opportunities outlined in the MMR.	The Finance Performance Report in its current format provides readers with a cumulation of risks and opportunities within the Gross Forecast, which in term is further articulated with the key drivers to the position. Risks and Opportunities, as described through the Executive Team and Monthly Monitoring Return reporting can be sensitive in nature, highlighting specific concerns or are linked to identifiable areas/people/contracts. A generalised statement of these additional items could be included, but the impact this would have is being considered, so not to overload the Board with uncertainty or confusion.
18	The underlying position of the organisation is one of the most prevalent financial pressure for health organisations. This is an area that requires increased analysis, understanding and action; information to share with the Board should be in the form of both narrative and tables and should include, as a minimum, a summary of the opening and closing underlying position along with reasons for the changes.	Information on the ULD is not included in the report	The report may benefit from a note on the key drivers of the ULD and a breakdown and explanation of the movements between the planned and the forecast closing ULD (in-line with Table A breakdown), noting key risks to delivery - e.g. recurrent savings gap, recurrent impact of emerging in-year pressures, etc.	This has been included in the Month 5 Finance Board report, and this will be periodically refreshed and shared within the report. It will be illustrated as an understandable concept, not a detailed financial reconciliation however, to ensure it is appropriate for the receiving audience.
19	Reserves approved and monitored by the Board. Board Reports should provide clarity on the cumulative total of in year effect and full-year effect of investments or cost pressures are proceeding at risk or are unfunded.	No reference to existing reserves or further in year budget allocations	The report may benefit from further information around any reserves being monitored by the Board, as well as the impact of any investments currently proceeding at risk or are unfunded. This should align with MMR reporting requirements.	To request assistance from FP&D in highlighting a 'best practice' example for this, and to then review the appropriateness and impact it will have if included. Reserves and funding allocations would be a combined topic opposed to separate.
20	In order for the Board to understand the risk involved in the year-to-date plan and forecast position it is recommended that certainty around the WG funding assumptions is made clear. A table is recommended for this with additional narrative where informative.	WG allocation assumptions are not included in the board report.	The report may benefit from further information around any key anticipated allocations not yet confirmed and the potential impact this could have on the financial position.	To request assistance from FP&D in highlighting a 'best practice' example for Reserves and funding allocations would be a combined topic opposed to separate.
21	NAO states that for a level 4 mature organisation, the organisation produces KPIs which contain both financial and operational elements, e.g., cost per unit of performance.	The report describes the workforce position. No additional non-financial KPI are included	Inclusion of a non-financial cost driver KPI would provide a more rounded overview of the position in the context of wider organisational performance	This is within our reporting vision to include side by side with the financials. Productivity and efficiency developments would provide a comprehensive suite of operational KPIs, to provide assurance to the Board that these are monitored and reviewed. Initial work for the ongoing development of finance reporting is focused on providing systematic and drillable detail surrounding all aspects of Pay, to further enhance exception reporting, with Non-Pay non-financial KPIs to follow thereafter.

# Hywel Dda ULHB

Period : Nov 24

## Summary Of Main Financial Performance

### Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	(20,133)	(31,550)

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
 Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/twd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-96,400	0	-96,400	-96,400
2 Cost Pressures (Non Covid-19) (Negative Value)	-38,912	0	-38,912	-38,912
3 Planned Expenditure For Covid-19 (Negative Value)	-7,807	0	-7,807	-7,807
4 Allocation Letter Revenue Funding Uplift / (Reduction) / WG RRL / WG Income Uplift / (Reduction) / Non-Covid)	36,900	0	36,900	36,900
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	7,807	0	7,807	7,807
6 Other Income Uplift / (Reduction)	2,012	0	2,012	2,012
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Green and Amber Savings Plan	10,976	5,136	5,840	7,916
9 Planned (Finalised) Net Income Generation	20	20	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12	0	0	0	0
13 Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	21,404	21,404		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>-64,000</b>	<b>26,560</b>	<b>-90,560</b>	<b>-88,484</b>
15 Reversal of Red. Pipeline and Planning Assumption Savings still to be finalised at Month 1	-21,404	-21,404	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	57	57	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-812	21	-833	-1,711
20 Additional In Year Identified Savings - Forecast	20,086	11,388	8,698	12,083
21 Variance to Planned RRL & Other Income	0	0	0	0
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0	0	0
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	32,450	0	32,450	32,450
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	0	0	0	0
25 In Year Accountancy Gains (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	1,873	1,873	0	0
27	0	0	0	0
28 Net Real Living Wage Funding pressure	-2,100	-2,100	0	0
29 Continuing Healthcare favourable contract negotiations	2,300	2,300	0	0
30 Additional Welsh Government Funding	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>-31,550</b>	<b>18,695</b>	<b>-50,245</b>	<b>-45,662</b>
41 <b>Covid-19 - Forecast Outturn (- Deficit / + Surplus)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
42 <b>Operational - Forecast Outturn (- Deficit / + Surplus)</b>	<b>-31,550</b>	<b>18,695</b>	<b>-50,245</b>	<b>-45,662</b>

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 -8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-8,033	-64,267
2 -3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-3,243	-25,941
3 -620	-621	-622	-620	-621	-645	-722	-720	-722	-645	-623	-626	-5,191
4 3,075	3,075	3,075	3,075	3,075	3,075	3,075	3,075	3,075	3,075	3,075	3,075	24,900
5 620	621	622	620	621	645	722	720	722	645	623	626	5,191
6 168	168	168	168	168	168	168	168	168	168	168	168	1,344
7												0
8 629	1,225	965	923	907	928	797	797	820	812	812	1,361	7,171
9 0	2	2	1	2	2	2	1	2	2	2	2	12
10												0
11												0
12												0
13 2,071	1,473	1,733	1,776	1,791	1,770	1,901	1,902	1,878	1,886	1,886	1,337	14,417
14 -5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,333	-5,337	-42,664
15 -2,071	-1,473	-1,733	-1,776	-1,791	-1,770	-1,901	-1,902	-1,878	-1,886	-1,886	-1,337	-14,417
16												0
17												0
18 0	0	0	1	0	39	-6	5	4	4	4	6	39
19 -244	-55	-143	80	-119	-46	-38	-51	-47	-46	-48	-55	-616
20 0	1,310	1,316	2,432	1,820	2,102	1,943	2,368	1,731	1,701	1,697	1,666	13,291
21												0
22 0	0	0	0	0	0	0	0	0	0	0	0	0
23							21,633	2,704	2,704	2,704	2,704	21,633
24 0	0	0	0	0	0	0	0	0	0	0	0	0
25 0	0	0	0	0	0	0	0	0	0	0	0	0
26 1,790	-94	31	-1,425	25	-201	942	1,541	941	-425	-541	-711	2,808
27												0
28						-443	-276	-276	-276	-276	-277	-995
29						329	329	329	329	329	326	987
30												0
31												0
32												0
33												0
34												0
35												0
36												0
37												0
38												0
39												0
40 -5,858	-5,645	-5,862	-6,021	-5,398	-5,323	-4,340	18,314	-1,825	-3,227	-3,350	-3,015	-20,133
41 0	0	0	0	0	0	0	0	0	0	0	0	0
42 -5,858	-5,645	-5,862	-6,021	-5,398	-5,323	-4,340	18,314	-1,825	-3,227	-3,350	-3,015	-20,133

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year Items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring Items	Ok
Has Organisation name being selected	Ok

Table A1 - Underlying Position

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000			£'000
1	Pay - Administrative, Clerical & Board Members	(4,155)	788	1,121	(2,246)		(2,246)
2	Pay - Medical & Dental	(16,816)	3,190	4,535	(9,090)		(9,090)
3	Pay - Nursing & Midwifery Registered	(16,418)	3,115	4,428	(8,875)		(8,875)
4	Pay - Prof Scientific & Technical	(73)	14	20	(40)		(40)
5	Pay - Additional Clinical Services	(7,837)	1,487	2,114	(4,236)		(4,236)
6	Pay - Allied Health Professionals	(3,066)	582	827	(1,657)		(1,657)
7	Pay - Healthcare Scientists	(488)	93	132	(264)		(264)
8	Pay - Estates & Ancillary	(391)	74	105	(211)		(211)
9	Pay - Students	0	0	0	0		0
10	Non Pay - Supplies and services - clinical	(25,861)	4,906	13,425	(7,530)		(7,530)
11	Non Pay - Supplies and services - general	(5,067)	961	1,367	(2,739)		(2,739)
12	Non Pay - Consultancy Services	0	0	0	0		0
13	Non Pay - Establishment	(2,988)	567	806	(1,615)		(1,615)
14	Non Pay - Transport	(482)	91	130	(260)		(260)
15	Non Pay - Premises	(1,989)	377	536	(1,075)		(1,075)
16	Non Pay - External Contractors	(1,379)	262	372	(745)		(745)
17	Health Care Provided by other Orgs – Welsh LHBs	(894)	170	241	(483)		(483)
18	Health Care Provided by other Orgs – Welsh Trusts	(5,641)	1,070	1,522	(3,050)		(3,050)
19	Health Care Provided by other Orgs – JCC	(6,160)	1,169	1,661	(3,330)		(3,330)
20	Health Care Provided by other Orgs – English	0	0	0	0		0
21	Health Care Provided by other Orgs – Private / Other	3,303	(627)	(891)	1,786		1,786
22	<b>Total</b>	<b>(96,400)</b>	<b>18,288</b>	<b>32,450</b>	<b>(45,662)</b>	<b>0</b>	<b>(45,662)</b>

Section B - By Directorate		IMTP	Full Year Effect of Actions		Subtotal	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP
		Underlying Position b/f £'000	Recurring Savings (+ve) £'000	Recurring Allocations / Income (+ve) £'000			£'000
1	Scheduled Care	(2,146)	407	579	(1,160)		(1,160)
2	Unscheduled Care	2,413	(458)	(651)	1,305		1,305
3	Mental Health	(2,695)	511	727	(1,457)		(1,457)
4	Community Services	(7,292)	1,383	1,967	(3,942)		(3,942)
5	Primary Care	(5,958)	1,130	1,607	(3,221)		(3,221)
6	Continuing Health Care	(37,037)	7,026	9,989	(20,022)		(20,022)
7	Specialised Services	(2,321)	440	626	(1,255)		(1,255)
8	Commissioned Services - Other	(8,023)	1,522	2,164	(4,337)		(4,337)
9	Clinical Support Services	(20,221)	3,836	11,904	(4,481)		(4,481)
10	Non-Clinical Support Services	(9,881)	1,875	2,665	(5,342)		(5,342)
11	Executive / Corporate Areas	(3,238)	614	873	(1,750)		(1,750)
12	<b>Total</b>	<b>(96,400)</b>	<b>18,288</b>	<b>32,450</b>	<b>(45,662)</b>	<b>0</b>	<b>(45,662)</b>

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1			
2			
3	<b>Total Opportunities to achieve IMTP/AOP</b>	<b>0</b>	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing	(300)	Medium
7	Pharmacy Contract		
8	Joint Commissioning Committee Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back	(2,200)	Low
12	Band 2 to Band 3 Clinical Support Worker Banding Dispute	(4,500)	Medium
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(7,000)</b>	
<b>Further Opportunities (positive values)</b>			
27	Opportunities to convert pipeline savings and underspend areas into Green and amber s	3,500	Medium
28	Microsoft VAT savings opportunity	1,500	Low
29	Optometry Policy Contract funding deliberations	640	Medium
30	Further Biosimilar Drug Switch	300	Medium
31	LTA activity fluctuations and benefit share agreements	400	High
32			
33			
34	<b>Total Further Opportunities</b>	<b>6,340</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>(31,550)</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>(31,550)</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(32,210)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>(25,210)</b>	

# Hywel Dda ULHB

YTD Months to be completed from Month: 1  
 Forecast Months to be completed from Month: 1

Table B - Monthly Positions

Period : Nov 24

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000	
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Revenue Resource Limit	Actual/F cast	94,621	94,956	92,526	96,394	99,219	101,873	101,786	146,366	103,620	104,302	102,032	138,117	826,742	1,274,813
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F cast	0	0	0	23	0	0	159	0	0	0	0	3,009	182	3,191
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F cast	2,844	2,654	2,780	3,080	3,324	2,820	2,993	3,410	2,443	2,429	2,380	2,593	23,906	33,751
4	JCC Income	Actual/F cast	273	302	439	162	304	279	278	315	267	267	267	267	2,352	3,418
5	Welsh Government Income (Non RRL)	Actual/F cast	147	192	176	198	184	137	192	585	192	192	192	192	1,812	2,580
6	Other Income	Actual/F cast	2,505	2,591	2,335	2,875	2,520	2,283	2,536	2,717	2,427	2,695	2,680	3,187	20,362	31,351
7	<b>Income Total</b>		<b>100,390</b>	<b>100,696</b>	<b>98,257</b>	<b>102,732</b>	<b>104,551</b>	<b>107,392</b>	<b>107,944</b>	<b>153,393</b>	<b>108,948</b>	<b>109,885</b>	<b>107,550</b>	<b>147,365</b>	<b>875,355</b>	<b>1,349,103</b>
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F cast	10,831	10,660	11,091	11,466	10,591	10,747	12,446	11,704	11,522	11,647	11,647	11,649	89,535	135,998
9	Primary Care - Drugs & Appliances	Actual/F cast	7,101	6,768	6,551	7,460	7,310	7,403	8,090	7,104	7,166	7,510	6,428	6,770	57,787	85,660
10	Provided Services - Pay	Actual/F cast	49,679	49,356	49,710	50,335	49,996	54,175	49,865	67,785	52,048	52,379	52,259	52,807	420,901	630,394
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F cast	8,327	8,720	8,356	8,357	7,944	7,777	8,145	9,269	7,958	8,701	8,411	10,810	66,896	102,776
12	Secondary Care - Drugs	Actual/F cast	5,571	5,754	5,480	6,096	5,533	5,870	6,014	5,994	5,682	6,089	5,858	6,132	46,313	70,075
13	Healthcare Services Provided by Other NHS Bodies	Actual/F cast	16,337	15,965	16,567	16,489	18,766	16,931	17,129	18,381	17,236	17,086	17,086	17,096	136,565	205,069
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F cast	4,725	5,089	4,917	4,957	5,613	5,870	5,084	5,409	5,249	5,594	5,103	5,594	41,663	63,202
16	Other Private & Voluntary Sector	Actual/F cast	294	404	412	414	580	471	589	405	462	462	462	6,659	3,570	11,613
17	Joint Financing and Other	Actual/F cast	1,088	1,042	1,403	701	1,152	900	1,091	1,286	1,060	1,065	1,065	1,209	8,662	13,062
18	Losses, Special Payments and Irrecoverable Debts	Actual/F cast	(0)	158	109	95	88	180	340	105	(7)	183	183	183	1,075	1,617
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Interest Payable - (Trust Only)	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F cast	2,224	2,351	2,344	2,312	2,307	2,323	2,174	2,312	2,326	2,326	2,326	2,225	18,346	27,549
23	AME Donated Depreciation/Impairments	Actual/F cast	69	75	(2,820)	69	69	69	1,318	5,326	72	72	72	29,246	4,176	33,637
24	Uncommitted Reserves & Contingencies	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	<b>Cost - Total</b>	Actual/F cast	<b>106,248</b>	<b>106,341</b>	<b>104,119</b>	<b>108,753</b>	<b>109,949</b>	<b>112,715</b>	<b>112,284</b>	<b>135,079</b>	<b>110,773</b>	<b>113,112</b>	<b>110,900</b>	<b>150,380</b>	<b>895,489</b>	<b>1,380,653</b>
27	<b>Net surplus/ (deficit)</b>	Actual/F cast	<b>(5,858)</b>	<b>(5,645)</b>	<b>(5,862)</b>	<b>(6,021)</b>	<b>(5,398)</b>	<b>(5,323)</b>	<b>(4,340)</b>	<b>18,314</b>	<b>(1,825)</b>	<b>(3,227)</b>	<b>(3,350)</b>	<b>(3,015)</b>	<b>(20,133)</b>	<b>(31,550)</b>

B. Cost Total by Directorate (Not to be completed in 24/25)

		Forecast year-end position	
		£'000	
28	Primary Care	Actual/F cast	
29	Mental Health	Actual/F cast	
30	Continuing HealthCare	Actual/F cast	
31	Commissioned Services	Actual/F cast	
32	Scheduled Care	Actual/F cast	
33	Unscheduled Care	Actual/F cast	
34	Children & Women's	Actual/F cast	
35	Community Services	Actual/F cast	
36	Specialised Services	Actual/F cast	
37	Executive / Corporate Areas	Actual/F cast	
38	Support Services (inc. Estates & Facilities)	Actual/F cast	
39	Reserves	Actual/F cast	
40	<b>Cost - Total (Excluding DEL &amp; AME Non-Cash Charges)</b>	Actual/F cast	<b>0</b>

C. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28. Actual YTD surplus/ (deficit)	(20,133)	
29. Actual YTD surplus/ (deficit) last n	(38,447)	
30. Current month actual surplus/ (de	18,314	
		Trend
31. Average monthly surplus/ (deficit)	(2,517)	
32. YTD /remaining months	(5,033)	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	53,123
34. Year to Date Trend Scenario	(30,200)

D. DEL/AME Depreciation & Impairments

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
<b>DEL</b>																
41	Baseline Provider Depreciation	Actual/F'cast	2,007	2,134	1,757	1,976	1,976	1,969	1,848	1,988	2,003	2,003	2,003	1,903	15,655	23,567
42	Strategic Depreciation	Actual/F'cast	29	29	365	140	140	141	130	130	130	130	131	1,104	1,625	1,625
43	Accelerated Depreciation	Actual/F'cast													0	0
44	Impairments	Actual/F'cast													0	0
45	IFRS 16 Leases	Actual/F'cast	188	188	222	196	191	213	195	194	193	193	192	192	1,587	2,357
46	<b>Total</b>		<b>2,224</b>	<b>2,351</b>	<b>2,344</b>	<b>2,312</b>	<b>2,307</b>	<b>2,323</b>	<b>2,173</b>	<b>2,312</b>	<b>2,326</b>	<b>2,326</b>	<b>2,325</b>	<b>2,226</b>	<b>18,346</b>	<b>27,549</b>
<b>AME</b>																
47	Donated Asset Depreciation	Actual/F'cast	68	74	72	69	72	67	69	70	71	71	72	94	561	869
48	Impairments (Including Reversals)	Actual/F'cast			(2,893)				1,249	5,255				29,151	3,611	32,762
49	IFRS 16 Leases (Peppercorn)	Actual/F'cast			1	1	0	1	0	1	0	1	0	1	4	6
50	<b>Total</b>		<b>68</b>	<b>74</b>	<b>(2,820)</b>	<b>70</b>	<b>72</b>	<b>68</b>	<b>1,318</b>	<b>5,326</b>	<b>71</b>	<b>72</b>	<b>72</b>	<b>29,246</b>	<b>4,176</b>	<b>33,637</b>

E. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
51	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0

F. Energy

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
52	Total Energy Costs	Actual/F'cast	992	762	710	728	722	730	941	941	983	1,058	962	1,030	6,526	10,558

G. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
53	Actual/F'cast													0	0	
54	Actual/F'cast													0	0	
55	Actual/F'cast													0	0	
56	Actual/F'cast													0	0	
57	Actual/F'cast													0	0	
58	Actual/F'cast													0	0	
59	Actual/F'cast													0	0	
60	Actual/F'cast													0	0	
61	Actual/F'cast													0	0	
62	Actual/F'cast													0	0	
63	Actual/F'cast													0	0	
64	Actual/F'cast													0	0	
65	Actual/F'cast													0	0	
66	Actual/F'cast													0	0	
67	Actual/F'cast													0	0	
68	Actual/F'cast													0	0	
69	Actual/F'cast													0	0	
70	Actual/F'cast													0	0	
71	Actual/F'cast													0	0	
72	Actual/F'cast													0	0	
73	Actual/F'cast													0	0	
74	Actual/F'cast													0	0	
75	Actual/F'cast													0	0	
76	Actual/F'cast													0	0	
77	Actual/F'cast													0	0	
78	Actual/F'cast													0	0	
79	Actual/F'cast													0	0	
80	Actual/F'cast													0	0	
81	<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

# Hywel Dda ULHB

Table B1 - SOCNE / SOCNI Movement

Period : Nov 24

This table needs completing monthly from Month 2

Ref	TABLE B: MONTHLY POSITIONS- MONTHLY MOVEMENT ANALYSIS	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
1	Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Welsh NHS Local Health Boards & Trusts Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	(0.2)	(0.2)	(0.2)	(0.1)	(0.0)
4	CC Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.0)	0.0	0.0
5	Welsh Government Income (Non RRL)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.6
6	Other Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	(0.5)	0.1	0.1	0.1	0.1
7	Total Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	49.6	4.6	5.5	5.4	6.0	71.2
8	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.5	0.2	0.2	0.3	1.8
9	Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	(0.0)
10	Provider Services - Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.8	1.8	2.2	2.3	2.3	26.4
11	Provider Services - Non Pay (excluding drugs & depreciation)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	(0.3)	0.7	0.5	0.4	2.4
12	Secondary Care - Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.3)	(0.1)	(0.1)	(0.1)	(0.4)
13	Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4	0.3	0.2	0.2	0.2	2.4
14	Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15	Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	(0.4)	(0.1)	(0.1)	(0.1)	(0.3)
16	Other Private & Voluntary Sector	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.1	0.1	0.1	0.1	0.2
17	Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	(0.0)	(0.0)	(0.0)	(0.0)	0.2
18	Losses, Special Payments and Irrecoverable Debts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)	(0.2)	0.0	0.0	0.2	(0.1)
19	Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20	Total Interest Receivable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
21	Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
22	DIL Depreciation/Accelerated Depreciation/Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	(0.0)
23	AMM Donated Depreciation/Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	0.0	0.0	0.0	(5.3)
24	Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25	Profit/Loss Disposal of Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
26	Total Expenditure	0.0	0.0	0.0	0.0	0.0	0.0	0.0	26.4	1.6	3.2	3.2	4.1	34.9
27	Forecast Outturn	0.0	0.0	0.0	0.0	0.0	0.0	0.0	23.3	3.0	2.2	2.2	1.7	32.4

VARIANCE ANALYSIS E'm				VARI
v PMA	v PMF	v PMFF	v PMA	
44.1	48.3	30.6	41.8%	
(0.2)	0.0	0.0	-100.0%	
0.4	0.6	(0.9)	13.9%	
0.0	0.0	0.0	12.2%	
0.4	0.4	0.6	204.4%	
0.2	0.2	0.1	7.2%	
45.4	49.6	31.2	42.1%	
(0.1)	0.4	0.8	-6.0%	
(1.5)	(0.0)	(0.0)	-12.2%	
17.9	17.8	26.4	35.9%	
1.1	1.8	2.4	13.8%	
(0.0)	(0.0)	(0.0)	-0.3%	
1.3	1.4	2.4	7.3%	
0.0	0.0	0.0	0.0%	
0.3	0.3	(0.3)	6.4%	
(0.1)	(0.0)	0.3	-13.1%	
0.2	0.2	0.2	17.8%	
(0.2)	(0.1)	(0.1)	-49.2%	
0.0	0.0	0.0	0.0%	
0.0	0.0	0.0	0.0%	
0.1	(0.0)	(0.0)	6.3%	
4.0	5.3	0.0	304.1%	
0.0	0.0	0.0	0.0%	
0.0	0.0	0.0	0.0%	
22.8	24.4	31.2	20.3%	
22.7	23.3	32.4	-52.0%	

PMA - Prior Month Actuals  
PMF - Prior Month Forecast  
PMFF - Prior Month Full Year Forecast

Ref	TABLE B: MONTHLY POSITIONS- PRIOR MONTH	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total	Forecast
30	Revenue Resource Limit	94.6	95.0	92.5	96.4	98.2	101.9	101.8	98.1	98.4	98.8	96.6	112.1	1,294.3	425.8
31	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	3.2	3.0
32	Welsh NHS Local Health Boards & Trusts Income	2.8	2.7	2.8	3.1	3.3	2.8	3.0	2.8	2.6	2.6	2.6	2.7	33.8	30.5
33	CC Income	0.3	0.3	0.4	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.4	3.4
34	Welsh Government Income (Non RRL)	0.1	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	2.0	0.6
35	Other Income	2.5	2.6	2.3	2.9	2.5	2.5	2.5	2.5	3.0	2.6	2.5	3.1	31.8	31.2
36	Total Income	100.4	100.7	98.3	102.7	104.6	107.4	107.9	103.8	104.4	104.4	102.1	141.3	1,277.9	452.2
37	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	10.8	10.7	11.1	11.5	10.6	10.7	12.4	11.3	11.0	11.3	11.3	11.4	134.2	46.0
38	Primary Care - Drugs & Appliances	7.1	6.8	6.9	7.5	7.3	7.4	8.1	7.1	7.2	7.5	6.4	6.8	65.7	27.9
39	Provider Services - Pay	49.7	49.4	49.7	50.3	50.0	54.2	49.9	49.9	50.3	50.2	50.0	50.5	680.0	200.9
40	Provider Services - Non Pay (excluding drugs & depreciation)	8.3	8.7	8.4	8.4	7.9	7.8	8.1	8.2	8.2	8.0	7.9	10.4	100.4	34.5
41	Secondary Care - Drugs	5.6	5.8	5.5	6.1	5.5	5.9	6.0	6.0	6.0	6.1	5.9	6.1	70.5	24.1
42	Healthcare Services Provided by Other NHS Bodies	16.3	16.0	16.6	16.5	18.8	16.9	17.1	17.0	16.9	16.9	16.9	16.9	202.7	67.6
43	Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
44	Continuing Care and Funded Nursing Care	4.7	5.1	4.9	5.0	5.6	5.9	5.1	5.1	5.7	5.7	5.2	5.7	63.5	22.2
45	Other Private & Voluntary Sector	0.3	0.4	0.4	0.4	0.6	0.6	0.6	0.4	0.4	0.4	0.4	0.4	5.8	1.7
46	Joint Financing and Other	1.1	1.0	1.4	0.7	1.2	0.9	1.1	1.1	1.1	1.1	1.1	1.2	12.9	4.4
47	Losses, Special Payments and Irrecoverable Debts	(0.0)	0.2	0.1	0.1	0.1	0.2	0.3	0.2	0.2	0.2	0.2	0.2	1.7	0.5
48	Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
49	Total Interest Receivable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
50	Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
51	DIL Depreciation/Accelerated Depreciation/Impairments	2.2	2.4	2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.3	2.3	2.2	27.5	9.2
52	AMM Donated Depreciation/Impairments	0.1	0.1	(2.8)	0.1	0.1	0.1	1.3	0.1	0.1	0.1	0.1	0.1	34.5	34.6
53	Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
54	Profit/Loss Disposal of Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
55	Total Expenditure	106.2	106.3	104.1	108.8	109.9	112.7	112.3	108.7	109.2	109.8	107.7	146.1	1,341.9	472.8
56	Forecast Outturn	(5.9)	(5.6)	(5.9)	(6.0)	(5.4)	(5.3)	(4.3)	(5.0)	(4.9)	(5.3)	(5.6)	(5.7)	(64.0)	(20.6)

The 'Current Month' figures would come from the from the existing Table B:

Ref	TABLE B: MONTHLY POSITIONS- CURRENT MONTH	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
59	Revenue Resource Limit	94.6	95.0	92.5	96.4	98.2	101.9	101.8	146.4	103.6	104.3	102.0	138.1	1,274.8
60	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	3.2
61	Welsh NHS Local Health Boards & Trusts Income	2.8	2.7	2.8	3.1	3.3	2.8	3.0	3.4	2.4	2.4	2.4	2.6	33.8
62	CC Income	0.3	0.3	0.4	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.4
63	Welsh Government Income (Non RRL)	0.1	0.2	0.2	0.2	0.2	0.1	0.2	0.6	0.2	0.2	0.2	0.2	2.6
64	Other Income	2.5	2.6	2.3	2.9	2.5	2.5	2.5	2.7	2.4	2.7	2.7	3.2	31.4
65	Total Income	100.4	100.7	98.3	102.7	104.6	107.4	107.9	153.4	108.9	108.9	107.6	147.4	1,348.1
66	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	10.8	10.7	11.1	11.5	10.6	10.7	12.4	11.7	11.5	11.6	11.6	11.6	136.0
67	Primary Care - Drugs & Appliances	7.1	6.8	6.6	7.5	7.3	7.4	8.1	7.1	7.2	7.5	6.4	6.8	65.7
68	Provider Services - Pay	49.7	49.4	49.7	50.3	50.0	54.2	49.9	49.9	50.2	50.4	50.3	50.3	680.0
69	Provider Services - Non Pay (excluding drugs & depreciation)	8.3	8.7	8.4	8.4	7.9	7.8	8.1	8.1	8.0	8.0	8.0	8.4	102.8
70	Secondary Care - Drugs	5.6	5.8	5.5	6.1	5.5	5.9	6.0	6.0	6.0	6.1	5.9	6.1	70.1
71	Healthcare Services Provided by Other NHS Bodies	16.3	16.0	16.6	16.5	18.8								

FINANCE ANALYSIS %	
W PMPF	V PMPF Y
49.2%	14.6%
0.0%	0.0%
23.2%	-0.3%
14.2%	1.9%
272.0%	102.9%
9.9%	0.7%
<b>47.8%</b>	<b>15.7%</b>
3.0%	4.0%
0.0%	0.0%
35.7%	13.2%
12.7%	7.0%
-0.7%	-1.0%
8.4%	3.5%
0.0%	0.0%
5.9%	-1.5%
-0.7%	368.4%
20.5%	4.7%
-39.4%	-12.9%
0.0%	0.0%
0.0%	0.0%
0.0%	0.0%
0.0%	0.0%
0.0%	0.0%
7304.9%	0.0%
0.0%	0.0%
0.0%	0.0%
24.2%	8.2%
<b>-408.4%</b>	<b>-157.6%</b>

# Hywel Dda ULHB

Period : Nov 24

This Table is currently showing 0 errors  
 YTD Months to be completed from Month: 1  
 Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	7,715	7,783	7,818	7,780	7,715	7,617	7,716	10,767	8,317	8,364	8,372	8,396	64,913	98,362
2	Medical & Dental	10,952	11,370	11,352	11,676	11,844	15,923	12,128	15,763	12,195	12,421	12,402	12,862	101,009	150,889
3	Nursing & Midwifery Registered	15,893	15,430	15,542	15,811	15,308	15,321	15,254	21,490	16,254	16,203	16,137	16,349	130,049	194,992
4	Prof Scientific & Technical	1,671	1,640	1,674	1,710	1,701	1,697	1,722	2,442	2,098	2,123	2,126	2,126	14,257	22,730
5	Additional Clinical Services	7,425	7,257	7,371	7,367	7,290	7,401	7,103	9,103	7,327	7,339	7,298	7,297	60,317	89,578
6	Allied Health Professionals	3,414	3,458	3,510	3,550	3,621	3,551	3,543	5,068	3,463	3,484	3,484	3,489	29,715	43,634
7	Healthcare Scientists	1,112	1,116	1,081	1,079	1,153	1,110	1,115	1,575	1,167	1,155	1,164	1,164	9,341	13,991
8	Estates & Ancillary	2,793	2,609	2,629	2,639	2,565	2,704	2,523	3,101	2,564	2,592	2,592	2,442	21,554	31,745
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL PAY EXPENDITURE</b>	<b>50,975</b>	<b>50,654</b>	<b>50,978</b>	<b>51,612</b>	<b>51,197</b>	<b>55,324</b>	<b>51,104</b>	<b>69,309</b>	<b>53,386</b>	<b>53,681</b>	<b>53,576</b>	<b>54,124</b>	<b>431,154</b>	<b>645,920</b>

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	49,679	49,356	49,710	50,335	49,996	54,175	49,865	67,785	52,048	52,379	52,259	52,807	420,901	630,394
12	Other Services (incl. Primary Care) - Pay	1,295	1,298	1,268	1,278	1,201	1,149	1,239	1,524	1,337	1,302	1,317	1,317	10,253	15,526
13	<b>Total - Pay</b>	<b>50,975</b>	<b>50,654</b>	<b>50,978</b>	<b>51,612</b>	<b>51,197</b>	<b>55,324</b>	<b>51,104</b>	<b>69,309</b>	<b>53,386</b>	<b>53,681</b>	<b>53,576</b>	<b>54,124</b>	<b>431,154</b>	<b>645,920</b>

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	0	6	0	0	0	0	2	3	0	0	5	5	11	22
2	Medical & Dental	302	419	321	391	417	511	409	204	398	405	405	420	2,975	4,603
3	Nursing & Midwifery Registered	1,376	1,356	1,182	1,352	1,063	896	751	588	583	431	306	305	8,563	10,187
4	Prof Scientific & Technical	0	0	0	0	0	0	0	1	0	0	0	0	1	1
5	Additional Clinical Services	25	32	5	19	16	4	1	3	3	3	0	(1)	105	110
6	Allied Health Professionals	33	66	30	99	86	63	51	66	52	52	52	52	494	702
7	Healthcare Scientists	6	29	18	26	30	16	10	11	17	2	2	2	147	170
8	Estates & Ancillary	8	0	0	0	0	0	0	0	0	0	0	0	8	8
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>1,750</b>	<b>1,908</b>	<b>1,556</b>	<b>1,886</b>	<b>1,612</b>	<b>1,490</b>	<b>1,225</b>	<b>876</b>	<b>1,053</b>	<b>893</b>	<b>770</b>	<b>783</b>	<b>12,303</b>	<b>15,803</b>
11	Agency/Locum (premium) % of pay	3.4%	3.8%	3.1%	3.7%	3.1%	2.7%	2.4%	1.3%	2.0%	1.7%	1.4%	1.4%	2.9%	2.4%

C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Vacancy	1,522	1,660	1,354	1,841	1,403	1,297	1,066	762	916	777	670	682	10,704	13,749
2	Maternity/Paternity/Adoption Leave	5	6	5	6	5	4	4	3	3	2	2	2	37	47
3	Special Leave (Paid) - inc. compassionate leave, interview	2	2	2	2	2	1	1	1	1	1	1	1	12	16
4	Special Leave (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	140	153	125	151	129	119	98	70	84	71	62	63	984	1,264
7	Annual Leave	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Sickness	80	88	72	87	74	69	56	40	48	41	35	36	566	727
9	Restricted Duties	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Jury Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	W/LI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>1,750</b>	<b>1,908</b>	<b>1,556</b>	<b>1,886</b>	<b>1,612</b>	<b>1,490</b>	<b>1,225</b>	<b>876</b>	<b>1,053</b>	<b>893</b>	<b>770</b>	<b>783</b>	<b>12,303</b>	<b>15,803</b>

# Hywel Dda ULHB

Period : Nov 24

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

Health Protection (including PPE) - Additional costs due to C19

A1	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
<i>Enter as positive values</i>														
1	Health Protection (including PPE) (Additional costs due to C19) enter as positive values - actual/forecast													
2	Provider Pay (Establishment, Temp & Agency)													
3	25	25	25	25	25	25	25	25	25	25	25	25	200	300
4													0	0
5	54	54	54	54	54	54	54	54	54	54	54	54	432	648
6													0	0
7													0	0
8													0	0
9													0	0
10													0	0
11													0	0
12	79	79	79	79	79	79	79	79	79	79	79	79	632	948
13													0	0
14													0	0
15													0	0
16	6	7	7	6	5	5	6	4	5	6	5	6	46	68
17													0	0
18													0	0
19													0	0
20													0	0
21	42	42	42	42	42	42	42	42	42	42	42	42	336	504
22	68	68	68	68	68	68	68	68	68	68	68	72	544	820
23													0	0
24													0	0
25													0	0
26	116	117	117	116	115	115	116	114	115	116	115	120	926	1,392
27	195	196	196	195	194	194	195	193	194	195	194	199	1,558	2,340
28	195	196	196	195	194	194	195	193	194	195	194	199	1,558	2,340
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Protection (including PPE) - Funding / Income														
30	195	196	196	195	194	194	195	193	194	195	194	199	1,558	2,340
31	195	196	196	195	194	194	195	193	194	195	194	199	1,558	2,340
32													0	0
33	195	196	196	195	194	194	195	193	194	195	194	199	1,558	2,340
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0

COVID-19 Vaccination Programme (immunisation)- Additional costs due to C19



<b>A3</b>	<b>Long Covid &amp; Other</b>														
64	Provider Pay (Establishment, Temp & Agency)														
65	Administrative, Clerical & Board Members	16	16	16	16	16	16	16	16	16	16	16	16	128	192
66	Medical & Dental													0	0
67	Nursing & Midwifery Registered													0	0
68	Prof Scientific & Technical	3	3	3	3	3	3	3	3	3	3	3	3	24	36
69	Additional Clinical Services	9	9	9	9	9	9	9	9	9	9	9	9	72	108
70	Allied Health Professionals	72	72	72	72	72	72	72	72	72	72	72	72	576	864
71	Healthcare Scientists													0	0
72	Estates & Ancillary													0	0
73	Students													0	0
74	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
75														0	0
76														0	0
77														0	0
78	<b>Sub total Other C-19 Provider Pay</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>800</b>	<b>1,200</b>
79	Primary Care Contractor (excluding drugs)													0	0
80	Do not Use													0	0
81	Primary Care - Drugs													0	0
82	Secondary Care - Drugs													0	0
83	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line 22 in Table A1	2	2	3	2	2	3	2	2	3	2	2	2	18	27
84	Provider - Non Pay - Other													0	0
85	Healthcare Services Provided by Other NHS Bodies													0	0
86	Non Healthcare Services Provided by Other NHS Bodies													0	0
87	Continuing Care and Funded Nursing Care													0	0
88	Other Private & Voluntary Sector													0	0
89	Joint Financing and Other (includes Local Authority)													0	0
90	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
91														0	0
92														0	0
93														0	0
94														0	0
95														0	0
96														0	0
97														0	0
98	<b>Sub total Other C-19 Non Pay</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>18</b>	<b>27</b>
99	<b>Total Other C-19 Expenditure</b>	<b>102</b>	<b>102</b>	<b>103</b>	<b>102</b>	<b>102</b>	<b>103</b>	<b>102</b>	<b>102</b>	<b>103</b>	<b>102</b>	<b>102</b>	<b>102</b>	<b>818</b>	<b>1,227</b>
100	Planned Other C-19 Expenditure (In Opening Plan)	102	102	103	102	102	103	102	102	103	102	102	102	818	1,227
101	Movement From Opening Planned Other C-19 Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Long Covid &amp; Other - Funding/Income</b>															
102	Planned Funding	102	102	103	102	102	103	102	102	103	102	102	102	818	1,227
103	Actual/Forecast Funding for Long Covid & Other	102	102	103	102	102	103	102	102	103	102	102	102	818	1,227
104	Internal budget Virement into Long Covid & Other - Additional costs due to C19 (incl pay awards)													0	0
105	Total Actual/Forecast Funding	102	102	103	102	102	103	102	102	103	102	102	102	818	1,227
106	Movement from Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	Actual / Forecast Net Outturn - Long Covid & Other - Additional costs due to C19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Overall Covid-19 Position</b>															
108	Total Planned COVID-19 Expenditure	620	621	622	620	621	645	722	720	722	645	623	626	5,191	7,807
109	Total Actual/Forecast COVID-19 Expenditure	620	621	622	620	621	645	722	720	722	645	623	626	5,191	7,807
110	Movement from Planned Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
111	Total Planned Funding	620	621	622	620	621	645	722	720	722	645	623	626	5,191	7,807
112	Total Actual/Forecast COVID-19 Funding excluding Virements	620	621	622	620	621	645	722	720	722	645	623	626	5,191	7,807
113	Total Actual/Forecast COVID-19 Virements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	Total Actual/Forecast Funding	620	621	622	620	621	645	722	720	722	645	623	626	5,191	7,807
115	Movement from Planned Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0
116	Net Planned Position	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117	Actual / Forecast Net Impact on overall Financial Position due to Covid-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
118	Net Movement from Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring			
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000			
1	Budget/Plan	559	958	833	786	769	791	658	660	659	651	649	649	6,014	8,622			0	51				
2	Pay	338	1,993	1,479	1,332	1,248	1,400	1,441	1,653	1,170	1,145	1,144	1,063	10,884	15,406	70.65%	15,406	0	10,268	5,138			8,469
3	Variance	(221)	1,035	646	546	479	609	783	993	511	494	495	414	4,870	6,784	80.98%	15,406	-51	10,268	5,138			
4	Budget/Plan	70	267	132	137	138	137	139	137	161	161	163	712	1,157	2,354			2,354	0				
5	Non-Pay	47	381	659	1,384	661	1,196	897	1,098	970	974	971	1,562	6,323	10,800	58.55%	10,787	13	4,754	6,046			7,015
6	Variance	(23)	114	527	1,247	523	1,059	758	961	809	813	808	850	5,166	8,446	446.50%	8,433	13					
7	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
8	Primary Care - Drugs & Appliances	0	0	0	0	0	0	1	1	1	1	1	1	2	6	33.33%	6	0	0	6			12
9	Variance	0	0	0	0	0	0	1	1	1	1	1	1	2	6			6	0				
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
11	Secondary Care Drugs	0	0	0	77	49	77	66	66	66	50	50	50	335	551	60.80%	551	0	80	471			689
12	Variance	0	0	0	77	49	77	66	66	66	50	50	50	335	551			551	0				
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
14	CHC/FNC	0	0	0	0	0	29	15	14	15	15	13	16	58	117	49.57%	117	0	0	117			176
15	Variance	0	0	0	0	0	29	15	14	15	15	13	16	58	117			117	0				
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
17	Primary Care Contractor	0	106	0	0	0	0	0	0	0	0	0	0	106	106	100.00%	106	0	106	0			0
18	Variance	0	106	0	0	0	0	0	0	0	0	0	0	106	106			106	0				
19	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
20	Healthcare Services Provided by Other Healthboards	0	0	0	642	161	161	161	161	161	161	161	158	1,286	1,927	66.74%	1,927	0	0	1,927			1,927
21	Variance	0	0	0	642	161	161	161	161	161	161	161	158	1,286	1,927			1,927	0				
22	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
23	Non-healthcare Services Provided by Other Healthboards	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
24	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
25	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
26	Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
27	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
28	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0				
29	Joint Financing & Other	0	0	0	0	489	121	121	121	121	121	121	122	852	1,337	63.72%	1,337	0	1,337	0			0
30	Variance	0	0	0	0	489	121	121	121	121	121	121	122	852	1,337			1,337	0				
34	Budget/Plan	629	1,225	965	923	907	928	797	797	820	812	812	1,361	7,171	10,976			2,354	0				
35	Total	385	2,480	2,138	3,435	2,608	2,984	2,702	3,114	2,504	2,467	2,461	2,972	19,846	30,250	66.74%	30,237	13	16,545	13,705			18,288
36	Variance	(244)	1,255	1,173	2,512	1,701	2,056	1,905	2,317	1,684	1,655	1,649	1,611	12,675	19,274			27,883	13				

37 Variance in month (38.79%) 102.45% 121.55% 272.16% 187.54% 221.55% 239.02% 290.72% 205.37% 203.82% 203.08% 118.37% 176.75%

38 In month achievement against FY forecast 1.27% 8.20% 7.07% 11.36% 8.62% 9.86% 8.93% 10.29% 8.28% 8.16% 8.14% 9.82%

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring				
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		£'000		
1	Budget/Plan	541	940	750	703	686	648	516	517	517	508	507	505	5,301	7,338			0	51				
2	Pay - General & Substantive	320	1,413	1,396	1,249	1,116	1,013	1,172	1,299	850	836	835	763	8,978	12,262	12.262	12,262	0	9,205	3,057			5,004
3	Variance	(221)	473	646	546	430	365	656	782	333	328	328	258	3,677	4,924	12.262	(51)						
4	Budget/Plan	8	8	73	73	73	133	132	133	132	133	132	133	633	1,163			0	0				
5	Pay - Variable	8	570	73	73	73	244	161	177	177	177	177	172	1,379	2,082	2,082	2,082	0	687	1,395			2,360
6	Variance	0	562	0	0	0	111	29	44	45	44	45	39	746	919	2,082	0						
7	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	11	80	121			0	0				
8	Pay - Agency	10	10	10	10	59	143	108	177	143	132	132	128	527	1,062	1,062	1,062	0	376	686			1,105
9	Variance	0	0	0	0	49	133	98	167	133	122	122	117	447	941	1,062	0						
10	Budget/Plan	559	958	833	786	769	791	658	660	659	651	649	649	6,014	8,622			0	51				
11	Total	338	1,993	1,479	1,332	1,248	1,400	1,441	1,653	1,170	1,145	1,144	1,063	10,884	15,406	15,406	15,406	0	10,268	5,138			8,469
12	Variance	(221)	1,035	646	546	479	609	783	993	511	494	495	414	4,870	6,784	15,406	(51)						

Table C2- V&S Saving Categories

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Budget/Plan	559	958	833	786	769	791	658	660	659	651	649	649	6,014	8,622
2	Actual/F'cast	338	2,099	1,479	1,332	1,248	1,400	1,341	1,553	1,070	1,045	1,044	963	10,790	14,912
3	Variance	(221)	1,141	646	546	479	609	683	893	411	394	395	314	4,776	6,290
4	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Actual/F'cast	0	0	0	77	49	77	67	67	67	51	51	51	337	557
6	Variance	0	0	0	77	49	77	67	67	67	51	51	51	337	557
7	Budget/Plan	70	267	132	137	138	137	139	137	161	161	163	712	1,157	2,354
8	Actual/F'cast	47	381	659	1,384	661	1,196	897	1,098	970	974	971	1,562	6,323	10,800
9	Variance	(23)	114	527	1,247	523	1,059	758	961	809	813	808	850	5,166	8,446
10	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Actual/F'cast	0	0	0	0	0	29	15	14	15	15	13	16	58	117
12	Variance	0	0	0	0	0	29	15	14	15	15	13	16	58	117
13	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Actual/F'cast	0	0	0	0	0	0	100	100	100	100	100	100	200	600
15	Variance	0	0	0	0	0	0	100	100	100	100	100	100	200	600
16	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Actual/F'cast	0	0	0	642	650	282	282	282	282	282	282	280	2,138	3,264
18	Variance	0	0	0	642	650	282	282	282	282	282	282	280	2,138	3,264

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This Table is currently showing 1 errors

Table C3 - Tracker

ECOD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Now Requiring	Requiring	FYE Adjustment	Full-year Effect
Month 1 - Plan	820	1,225	805	825	907	920	797	727	820	817	812	1,201	7,211	10,976	5,138	5,842	2,075	7,214
Month 1 - Actual/Forecast	389	1,140	884	1,003	1,084	884	720	684	772	808	791	1,200	6,004	10,166	5,007	6,007	1,188	6,005
Variances	(431)	(85)	(79)	(180)	(177)	(40)	(117)	(40)	(48)	(10)	(21)	(81)	(1,207)	(870)	(1)	(835)	(1,077)	(1,189)
In Year - Actual/Forecast	40	1,300	1,300	2,411	1,862	2,261	1,241	2,261	1,241	1,241	1,241	1,241	13,241	20,355	13,241	13,241	0	13,241
Variances	(120)	18	8	21	13	18	18	18	18	18	18	18	180	(277)	(638)	(638)	0	(638)
Final Plan	630	2,617	2,617	3,244	2,614	2,555	3,021	2,787	2,650	2,660	2,660	3,123	20,472	31,320	16,872	14,603	6,461	20,114
Final Actual/Forecast	36	2,680	2,680	2,620	2,620	2,620	2,620	2,620	2,620	2,620	2,620	2,620	19,450	27,220	10,550	9,000	6,000	19,220
Final Variances	(254)	(107)	(140)	(60)	(60)	(60)	(60)	(60)	(60)	(60)	(60)	(60)	(1,022)	(870)	(1,320)	(1,320)	0	(1,320)
Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Final Variances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Plan	620	1,227	807	824	900	920	790	720	820	814	814	1,201	7,211	10,991	5,156	5,840	2,075	7,210
Month 1 - Actual/Forecast	389	1,177	864	984	1,065	790	684	770	770	790	790	1,200	6,004	10,166	5,137	6,004	1,189	6,003
Variances	(231)	(50)	(43)	(140)	(105)	(130)	(106)	(50)	(50)	(24)	(24)	(81)	(1,207)	(870)	(1)	(836)	(1,081)	(1,214)
In Year - Plan	40	1,300	1,300	2,411	1,862	2,261	1,241	2,261	1,241	1,241	1,241	1,241	13,241	20,355	13,241	13,241	0	13,241
In Year - Actual/Forecast	40	1,300	1,300	2,411	1,862	2,261	1,241	2,261	1,241	1,241	1,241	1,241	13,241	20,355	13,241	13,241	0	13,241
Variances	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	0	(10)
Final Plan	630	2,617	2,617	3,244	2,614	2,555	3,021	2,787	2,650	2,660	2,660	3,123	20,472	31,320	16,872	14,603	6,461	20,114
Final Actual/Forecast	389	2,480	2,480	2,614	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	19,450	27,220	10,550	9,000	6,000	19,220
Final Variances	(241)	(137)	(137)	(630)	(134)	(75)	(541)	(307)	(170)	(170)	(170)	(643)	(1,022)	(870)	(1,320)	(1,320)	0	(1,320)

## Hywel Dda ULHB

Period : Nov 24

Table D - Income/Expenditure Assumptions

### Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
1	Swansea Bay University	4,558	1,095	5,653	38,563	4,010	42,573
2	Aneurin Bevan University	403	820	1,223	321	25	346
3	Betsi Cadwaladr University	4,943	467	5,410	345	49	394
4	Cardiff & Vale University	404	299	703	6,909	1,056	7,965
5	Cwm Taf Morgannwg University	491	80	571	596	395	991
6	Hywel Dda University			0			0
7	Powys	8,375	1,990	10,365	195		195
8	Public Health Wales	2,738	373	3,111	1,798	687	2,485
9	Velindre		7,244	7,244	1,082	29,873	30,955
10	NWSSP			0			0
11	DHCW	506	61	567	5,286	319	5,605
12	Welsh Ambulance Services		221	221		2,660	2,660
13	JCC	2,219	1,281	3,500	138,602	909	139,511
14	HEIW		11,394	11,394			0
15	NHS Executive			0			0
16	<b>Total</b>	<b>24,637</b>	<b>25,325</b>	<b>49,962</b>	<b>193,697</b>	<b>39,983</b>	<b>233,680</b>

Table E - Resource Limits

1. BASE ALLOCATION	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
1 LATEST ALLOCATION LETTER/SCHEDULE REF:	51	2	1	6						
2 Total Confirmed Funding	1,041,914	24,535	20,884	80,461	1,167,794		1,144,831	35,342	34,724	

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall	604				604					Month 1, Gary Young
4 DEL Non Cash Depreciation - Strategic	1,625				1,625					Month 1, Gary Young
5 DEL Non Cash Depreciation - Accelerated	0				0					Month 1, Gary Young
6 DEL Non Cash Depreciation - Impairment	0				0					Month 1, Gary Young
7 DEL Non Cash Depreciation - IFRS 16 Leases	2,357				2,357					Month 1, Gary Young
8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	6				6					Month 1, Jackie Salmon
9 AME Non Cash Depreciation - Donated Assets	869				869					Month 1, Jackie Salmon
10 AME Non Cash Depreciation - Impairment	32,762				32,762					Month 1, Jackie Salmon
11 AME Non Cash Depreciation - Impairment Reversals	0				0					Month 1, Jackie Salmon
12 Removal of Donated Assets / Government Grant Receipts	(3,191)				(3,191)					Month 1, Jackie Salmon
13 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
14 Removal of IFRS-16 Leases (Revenue)	(2,157)				(2,157)		(2,157)			Month 1, Jackie Salmon
15 Real Living Wage (Care Homes)	3,300				3,300 NR		3,300			Month 1, Andrea Hughes
16 WBHC Atrial Fibrillation Redesign	179				179 R		179			Month 1, Catherine Malcolmson
17 Tier 4 CAMHS Strategy - WHSSC Funding	154				154 R		154			Month 1, 22/23 recurrent funding, Letter
18 Assumed Welsh Government TUEC Funding less 10% savings	1,377				1,377 NR		1,377			Month 1, Andrew Sallows
19 Prevention and Early Years	706				706 NR		706			Month 2, Ed Wilson
20 DOLS/MCA	77				77 NR		77			Month 2, Padraig McNamara
21 International Recruitment 2024/25	356				356 NR		356			Month 2, Angela Jones
22 Individual Placement and Support in Primary Care (IPSPC)	572				572 NR		572			Month 3, Matt Downton
23 Medical & Dental Pay Award 24-25 (23/24 Element)	2,294				2,294 NR		2,294			Month 6, Emma Coles
24 Medical & Dental Pay Award 24-25 (24/25 Element)	4,489				4,489 R		4,489			Month 6, Emma Coles
25 Clinical Impact Awards	40				40 NR		40			Month 7, Amy Andrews
26 Planned Care Transformation Funding	38				38 NR		38			Month 8, Lesley Law
27 Wage Award 24-25 Agenda for Change	21,896				21,896 R		21,896			Month 8, Helen Arthur
28 Wage Award 24-25 Medical & Dental	6,217				6,217 R		6,217			Month 8, Helen Arthur
29 Additional Funding - Inflationary Allocation	6,450				6,450 R		6,450			Month 8, Judith Paget
30 Additional Funding - Distance from target Allocation	26,000				26,000 R		26,000			Month 8, Judith Paget
31	0				0					
32	0				0					
33	0				0					
34	0				0					
35	0				0					
36	0				0					
37	0				0					
38	0				0					
39	0				0					
40	0				0					
41	0				0					
42	0				0					
43	0				0					
44	0				0					
45	0				0					
46	0				0					
47	0				0					
48	0				0					
49	0				0					
50	0				0					
51	0				0					
52	0				0					
53	0				0					
54	0				0					
55	0				0					
56	0				0					
57	0				0					
58	0				0					
59	0				0					
60 Revenue Working Balances Request					0		14,805			
61 Capital Working Balances Request					0				3,200	
62 Capital IFRS16 Leases Working Balances Request					0				2,157	
63 Total Anticipated Funding	107,019	0	0	0	107,019		86,892	0	5,357	

3. TOTAL RESOURCES & BUDGET RECONCILIATION

64 Confirmed Resources Per 1. above	1,041,914	24,535	20,884	80,461	1,167,794		1,144,831	35,342	34,724
65 Anticipated Resources Per 2. above	107,019	0	0	0	107,019		86,892	0	5,357
66 Total Resources	1,148,933	24,535	20,884	80,461	1,274,813		1,231,723	35,342	40,081

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
67 Health Protection (including PPE)	2,340					2,340	
68 COVID-19 Vaccination (Immunisation) Programme	4,240					4,240	
69 Long Covid	1,227					1,227	
70	0					0	
71	0					0	
72	0					0	
73	0					0	
74	0					0	
75	0					0	
76	0					0	
77	0					0	
78	0					0	
79	0					0	
80	0					0	
81	0					0	
82	0					0	
83	0					0	
84	0					0	
85	0					0	
86	0					0	
87	0					0	
88	0					0	
89	0					0	
90	0					0	
91	0					0	
92	0					0	
93	0					0	
94	0					0	
95	0					0	
96	0					0	
97 Total Funding	7,807	0	0	0	0	7,807	

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref	Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	JCC £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.		
1	Agreed full year income																		0	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall																		0	
3	DEL Non Cash Depreciation - Strategic																		0	
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	DEL Non Cash Depreciation - IFRS 16 Leases																		0	
7	AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)																		0	
8	AME Non Cash Depreciation - Donated Assets																		0	
9	AME Non Cash Depreciation - Impairment																		0	
10	AME Non Cash Depreciation - Impairment Reversals																		0	
11	Total COVID-19 (see below analysis)																		0	See below analysis
12	Removal of IFRS-16 Leases (Revenue)																		0	
13	Real Living Wage (Care Homes)																		0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35																			0	
36																			0	
37	Total Income																		0	

ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE				WG Contact, date item first entered into table and whether any invoice has been raised.
	Allocated £'000	Anticipated £'000	Total £'000	
38			0	
39			0	
40			0	
41			0	
42			0	
43			0	
44			0	
45			0	
46			0	
47			0	
48			0	
49			0	
50			0	
51			0	
52			0	
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66			0	
67			0	
68				
<b>Total Funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 24	Closing Balance End of Nov 24	Forecast Closing Balance End of Mar 25
	£'000	£'000	£'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	378,696	371,503	353,890
2 Intangible assets	2,422	1,932	1,932
3 Trade and other receivables	54,664	61,634	54,664
4 Other financial assets	974	974	974
5 <b>Non-Current Assets sub total</b>	<b>436,756</b>	<b>436,043</b>	<b>411,460</b>
<b>Current Assets</b>			
6 Inventories	11,616	11,991	11,616
7 Trade and other receivables	76,429	80,299	76,429
8 Other financial assets	147	147	147
9 Cash and cash equivalents	2,141	3,599	(31,550)
10 Non-current assets classified as held for sale	0	0	0
11 <b>Current Assets sub total</b>	<b>90,333</b>	<b>96,036</b>	<b>56,642</b>
12 <b>TOTAL ASSETS</b>	<b>527,089</b>	<b>532,079</b>	<b>468,102</b>
<b>Current Liabilities</b>			
13 Trade and other payables	180,188	151,197	165,472
14 Borrowings (Trust Only)	0	0	0
15 Other financial liabilities	0	0	0
16 Provisions	27,370	42,336	42,336
17 <b>Current Liabilities sub total</b>	<b>207,558</b>	<b>193,533</b>	<b>207,808</b>
18 <b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>319,531</b>	<b>338,546</b>	<b>260,294</b>
<b>Non-Current Liabilities</b>			
19 Trade and other payables	7,798	2,253	2,253
20 Borrowings (Trust Only)	0	0	0
21 Other financial liabilities	0	0	0
22 Provisions	53,014	53,380	53,380
23 <b>Non-Current Liabilities sub total</b>	<b>60,812</b>	<b>55,633</b>	<b>55,633</b>
24 <b>TOTAL ASSETS EMPLOYED</b>	<b>258,719</b>	<b>282,913</b>	<b>204,661</b>
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	194,091	214,704	136,452
26 Revaluation Reserve	64,628	68,209	68,209
27 PDC (Trust only)	0	0	0
28 Retained earnings (Trust Only)	0	0	0
29 Other reserve	0	0	0
30 <b>Total Taxpayers' Equity</b>	<b>258,719</b>	<b>282,913</b>	<b>204,661</b>

EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 24	Closing Balance End of Nov 24	Closing Balance End of Mar 25
31 Clinical negligence	74,244	88,957	88,957
32 Redress	954	1,308	1,308
33 Personal injury	2,168	1,965	1,965
34 Defence fees	1,685	2,166	2,166
35 2019-20 Scheme Pays - Reimbursement	633	633	633
36 Pensions	0	(12)	(12)
37 Other	700	699	699
38			
39			
40 <b>Total Provisions</b>	<b>80,384</b>	<b>95,716</b>	<b>95,716</b>

ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41 Welsh NHS Receivables Aged 0 - 10 weeks	1,551
42 Welsh NHS Receivables Aged 11 - 16 weeks	118
43 Welsh NHS Receivables Aged 17 weeks and over	0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44 Capital	13,840	16,204	8,483
45 Revenue	174,146	137,246	159,242

ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46 Capital	48	514	0
47 Revenue	2,093	3,085	(31,550)

# Hywel Dda ULHB

Period : Nov 24

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
<b>RECEIPTS</b>														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	122,173	113,037	100,050	110,000	97,065	87,000	105,099	115,099	98,633	111,087	108,087	64,394	1,231,723
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(173)	(37)	(50)		(65)		(99)	(99)	(133)	(87)	(87)	(87)	(916)
3	WG Revenue Funding - Other (e.g. invoices)	451	137	137	127	127	892	182	380	200	200	200	200	3,232
4	WG Capital Funding - Cash Limit - LHB & SHA only	5,400	2,100	4,500	2,500	2,000	3,000	2,500	1,200	2,500	2,800	4,266	7,315	40,081
5	Income from other Welsh NHS Organisations	6,961	3,413	3,824	3,523	6,651	4,317	7,738	3,212	3,500	4,500	5,000	5,000	57,639
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets													0
10	Other - (Specify in narrative)	4,524	3,624	1,938	2,077	4,075	1,472	3,289	3,145	13,100	1,318	2,159	669	41,390
11	<b>TOTAL RECEIPTS</b>	<b>139,336</b>	<b>122,274</b>	<b>110,399</b>	<b>118,227</b>	<b>109,853</b>	<b>96,681</b>	<b>118,709</b>	<b>122,937</b>	<b>117,800</b>	<b>119,818</b>	<b>119,625</b>	<b>77,491</b>	<b>1,373,149</b>
<b>PAYMENTS</b>														
12	Primary Care Services : General Medical Services	5,997	5,597	6,920	5,537	5,579	5,914	5,625	6,380	6,828	6,114	5,772	6,089	72,352
13	Primary Care Services : Pharmacy Services	1,862	4,335		1,916	3,584		1,837	4,328	501	1,000	500		19,863
14	Primary Care Services : Prescribed Drugs & Appliances	5,669	13,016		6,172	13,084		6,660	13,196	8,941	8,500	8,500		83,738
15	Primary Care Services : General Dental Services	1,003	1,059	1,262	1,366	1,413	1,123	734	1,185	1,065	1,165	1,308	1,308	13,991
16	Non Cash Limited Payments	(51)	(112)	(31)	(115)	(93)	(136)	(76)	(134)	(76)	(76)	(76)	(76)	(1,052)
17	Salaries and Wages	49,666	49,714	48,212	48,849	48,698	49,755	49,908	57,425	56,285	52,191	52,490	52,490	615,683
18	Non Pay Expenditure	65,092	45,785	45,098	52,339	39,599	40,816	47,197	44,465	40,927	47,310	44,702	45,841	559,171
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment	7,680	1,959	1,960	2,013	1,701	2,801	2,621	1,999	2,907	2,730	5,640	6,070	40,081
22	Other items (Specify in narrative)									781	744	744	744	3,013
23	<b>TOTAL PAYMENTS</b>	<b>136,918</b>	<b>121,353</b>	<b>103,421</b>	<b>118,077</b>	<b>113,565</b>	<b>100,273</b>	<b>114,506</b>	<b>128,844</b>	<b>118,159</b>	<b>119,678</b>	<b>119,580</b>	<b>112,466</b>	<b>1,406,840</b>
24	<b>Net cash inflow/outflow</b>	<b>2,418</b>	<b>921</b>	<b>6,978</b>	<b>150</b>	<b>(3,713)</b>	<b>(3,592)</b>	<b>4,203</b>	<b>(5,907)</b>	<b>(359)</b>	<b>140</b>	<b>45</b>	<b>(34,975)</b>	
25	Balance b/f	2,141	4,559	5,480	12,458	12,608	8,895	5,303	9,506	3,599	3,240	3,380	3,425	
26	Balance c/f	4,559	5,480	12,458	12,608	8,895	5,303	9,506	3,599	3,240	3,425	(31,550)		

Hywel Dda ULHB

Period : Nov 24

Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

**30 DAY COMPLIANCE**

PROMPT PAYMENT OF INVOICE PERFORMANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	97.3%	2.3%	99.2%	4.2%		-95.0%		-95.0%	98.2%	3.2%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	83.3%	-11.7%	86.9%	-8.1%		-95.0%		-95.0%	85.1%	-9.9%	85.0%	-10.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	94.7%	-0.3%	97.2%	2.2%		-95.0%		-95.0%	95.8%	0.8%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	94.7%	-0.3%	97.0%	2.0%		-95.0%		-95.0%	95.8%	0.8%	95.0%	0.0%

**10 DAY COMPLIANCE**

PROMPT PAYMENT OF INVOICE PERFORMANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value	74.4%		68.8%						71.6%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number	40.0%		24.1%						32.0%		30.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value	66.0%		69.3%						67.7%		78.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number	40.3%		44.9%						42.6%		50.0%	

This Table is currently showing 0 errors

Table I - 2024-25 Capital Resource / Expenditure Limit Management

£'000 35,342  
 Approved CRL / CEL issued at : 26,11,24

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme:</b>						
	<b>Schemes:</b>						
1	Efab - Infrastructure	1,438	1,438	0	2,880	2,858	(22)
2	Efab - Fire	925	925	0	1,020	1,091	71
3	Efab - Decarbonisation	0	0	0	49	0	(49)
4	Withybush - RAAC Fees and Works	3,227	3,227	0	5,453	5,453	(0)
5	Glangwili - Fire Enforcement works - Phase 1 - Contingency	6,776	6,776	0	3,127	7,967	4,840
6	Glangwili - Fire Enforcement works - Phase 1 - Additional Funding	0	0	0	4,840	0	(4,840)
7	Glangwili - Fire Enforcement works - Phase 2 - Fees	42	42	0	55	55	(0)
8	H&SC Integration and rebalancing fund: Cross Hands Health and Wellbeing Centre	177	177	0	65	177	112
9	DR X-Ray Room Works, Bronglais Hospital	237	237	0	290	290	(1)
10	Diagnostic Equipment 2024-25	131	131	0	3,202	3,202	0
11	Backlog Maintenance - 2024-25	442	442	0	3,401	3,164	(237)
12	DPIF - RISP	5	5	0	224	224	0
13	Fishguard Health and Wellbeing Centre	0	0	0	70	70	0
14	Year End Funding – October 2024	0	0	0	1,474	1,474	0
15	Aberystwyth Sexual Assault Referral Centre	3	3	0	708	708	0
16	Block C, Picton Terrace, Carmarthenshire	0	0	0	1,150	1,150	0
17	DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0	0	0	500	500	0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	<b>Sub Total</b>	<b>13,403</b>	<b>13,403</b>	<b>0</b>	<b>28,508</b>	<b>28,383</b>	<b>(125)</b>
	<b>Discretionary:</b>						
43	I.T.	386	386	0	1,350	1,350	(0)
44	Equipment	1,449	1,449	0	1,668	1,668	0
45	Statutory Compliance	145	145	0	450	450	0
46	Estates	661	661	0	2,193	2,193	(0)
47	Other	512	512	0	555	680	125
48	<b>Sub Total</b>	<b>3,153</b>	<b>3,153</b>	<b>0</b>	<b>6,216</b>	<b>6,341</b>	<b>125</b>

	<b>Other (Including IFRS 16 Leases) Schemes:</b>						
49	Donations	182	182	0	3,191	3,191	0
50	IFRS 16	163	163	0	618	618	0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	<b>Sub Total</b>	<b>345</b>	<b>345</b>	<b>0</b>	<b>3,809</b>	<b>3,809</b>	<b>0</b>
70	<b>Total Expenditure</b>	<b>16,901</b>	<b>16,901</b>	<b>0</b>	<b>38,533</b>	<b>38,533</b>	<b>(0)</b>
	<b>Less:</b>						
	<b>Capital grants &amp; Capital AME (e.g. dilapidations):</b>						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>Donations:</b>						
77	Donations:	23	23	0	3,191	3,191	0
78	<b>Sub Total</b>	<b>23</b>	<b>23</b>	<b>0</b>	<b>3,191</b>	<b>3,191</b>	<b>0</b>
	<b>Asset Disposals:</b>						
79				0			0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
91	<b>Technical Adjustments</b>			<b>0</b>			<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>16,878</b>	<b>16,878</b>	<b>0</b>	<b>35,342</b>	<b>35,342</b>	<b>(0)</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(18,464)</b>			<b>(0)</b>	

YTD Months to be completed from Month: 2  
 Forecast Months to be completed from Month: 2

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Min. £'000	Forecast Max. £'000	Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Efab - Infrastructure	RE	2,859	2,859	30	38	120	133	325	91	267	434	273	257	594	297	1,438	2,859	Low
2	Efab - Fire	RE	1,092	1,092	170	107	254	157	28	206	0	4	41	43	23	60	925	1,092	Low
3	Efab - Decarbonisation	RE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Withybush - RAAC Fees and Works	RE	5,452	5,452	117	146	298	271	1,014	541	393	447	763	707	435	321	3,227	5,453	Low
5	Glangwili - Fire Enforcement works - Phase 1 - Contingenc	RE	7,967	7,967	883	678	968	808	1,019	715	1,056	649	612	245	203	131	6,776	7,967	Low
6	Glangwili - Fire Enforcement works - Phase 1 - Additional F	RE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Glangwili - Fire Enforcement works - Phase 2 - Fees	RE	54	54	0	1	5	97	1	3	(68)	2	0	0	0	13	41	54	Low
8	H&SC Integration and rebalancing fund: Cross Hands Heat	SP	177	177	7	23	29	19	25	10	12	52	0	0	0	0	177	177	Low
9	DR X-Ray Room Works, Bronllais Hospital	GR	290	290	0	0	1	0	12	5	187	32	0	0	0	53	237	290	Low
10	Diagnostic Equipment 2024-25	GR	2,486	3,202	0	0	0	0	0	6	17	107	0	200	1,000	1,872	130	3,202	Medium
11	Backlog Maintenance - 2024-25	RE	3,165	3,165	0	0	0	207	15	4	139	77	428	762	705	828	442	3,165	Low
12	DPIF - RISP	GR	224	224	0	0	0	0	0	0	0	5	0	50	50	119	5	224	Low
13	Fishguard Health and Wellbeing Centre	PS	70	70	0	0	0	0	0	0	0	0	0	0	0	70	0	70	Low
14	Year End Funding - October 2024	Various	1,474	1,474	0	0	0	0	0	0	0	0	0	300	300	874	0	1,474	Low
15	Aberystwyth Sexual Assault Referral Centre	PS	708	708	0	0	0	0	0	0	0	3	0	58	364	283	3	708	Low
16	Block C, Picton Terrace, Carmarthenshire	LE	1,150	1,150	0	0	0	0	0	0	0	0	0	0	1,150	0	0	1,150	Low
17	DPIF - Electronic Prescribing and Medicines Administration	AT	500	500	0	0	0	0	0	0	0	0	0	0	300	200	0	500	Low
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
32																			
33																			
34	Sub Total		27,668	28,384	1,207	993	1,675	1,692	2,439	1,581	2,003	1,812	2,117	2,622	5,124	5,121	13,401	28,385	
35	Discretionary:																		
35	I.T.	AT	1,350	1,350	0	91	34	82	17	36	71	56	155	221	308	280	386	1,350	Low
36	Equipment	GR	1,667	1,667	18	144	127	0	132	7	567	453	122	0	0	98	1,447	1,667	Low
37	Statutory Compliance	RE	449	449	0	3	8	25	12	28	27	43	39	59	38	168	145	449	Low
38	Estates	RE	2,192	2,192	9	47	49	269	100	68	32	87	423	677	281	150	661	2,192	Low
39	Other	Various	681	681	13	27	102	76	58	81	50	105	16	152	0	0	513	681	Low
40	Sub Total		6,340	6,340	40	312	320	451	318	219	747	744	755	1,109	627	696	3,153	6,340	
41	Other Schemes (Including IFRS 16 Leases):																		
41	Donated additions	Various	3,191	3,191				23			159			200		2,809	182	3,191	Low
42	IFRS 16	Various	618	618							163			455			163	618	Low
43																			
44																			
45																			
46																			
47																			
48																			
49																			
50																			
51																			
52																			
53																			
54																			
55																			
56																			
57																			
58																			
59																			
60																			
61	Sub Total		3,809	3,809	0	0	0	23	0	163	159	0	0	655	0	2,809	345	3,809	
62	Total Capital Expenditure		37,817	38,533	1,247	1,305	1,995	2,166	2,758	1,963	2,909	2,556	2,872	4,386	5,751	8,626	16,899	38,534	

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000	
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	0	0	0	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. April 24)	MM/YY (text format, e.g. April 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

# Hywel Dda ULHB

Period : Nov 24

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

REF		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period			0	
2	Depreciation			0	
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments			0	
5	Net gain/loss on disposal of assets			0	
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals			0	
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure			0	
11	Other Expenditure/ IFRS 16 Lease Payments Exc. Interest & VAT (ROU)			0	
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories			0	
13	Current assets - Trade and other receivables			0	
14	Current liabilities - Trade and other payables			0	
15	Non current liabilities - Trade and other payables			0	
16	Provisions			0	
17	Sub total - movement in working capital	0	0	0	0
18	<b>NET FINANCIAL CHANGE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital			0	
20	Net change in temporary borrowing			0	
21	Change in bank deposits and interest bearing securities			0	
22	Net change in finance lease payables			0	
23	<b>TOTAL EXTERNAL FINANCE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

2.3

11:50 AM, 0 Mins

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## 2.3 - FINANCIAL PLAN AND STRATEGY

*Andrew Spratt  
(Hywel Dda UHB -  
Deputy Director of  
Finance)*

| For assurance

### **Attachments**

[Financial Plan and Strategy SRC 17 December 2024.pdf](#)

[Appendix 1 Financial Plan and Strategy December 2024.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Plan and Strategy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 approach and progress to developing the financial plan, set within the wider planning cycle.

Cefndir / Background

The Health Board is required, annually, to submit an Integrated Medium Term Plan (IMTP) that achieves financial balance across a three-year period. Since the Health Boards inception in 2009 it has not been able to submit an IMTP due to the significant financial deficit it has presided over.

As part of the planning cycle this paper is presented to highlight the intent, approach, principles and assumptions that will underpin the 2025-2028 plan, from a financial perspective.

Asesiad / Assessment

Work on the financial plan has been underway since October 2024. The attached presentation, **Appendix 1**, looks to set out the key assumptions, principles that are carried forward into the wider organisations planning cycle, led by the Strategic Planning directorate.

Following a Welsh Government (WG) funding announcement on 2 December 2024, the Health Board received total funding of £32.45m, split into two elements with five conditions attached to the conditionally recurrent funding element – one of which being a financial expectation of breaking even across a financial year by no later than 2027/28 (within the next three-year planning cycle), this paper sets out the conditions required of the organisation to achieve the criteria.

Further to the first draft planning submissions from the service on the 29 November 2024, the next iteration of the plan is 20 December 2024. This will include progress against the prioritisation of schemes with a clear distinction between investment and savings components.

Final iterations are due by 24 January 2025 to enable a submission to the appropriate Committee forums before being presented to Public Board.

An Executive Team commitment was for £20.0m of recurrent savings to be identified by December 2024 – this currently stands at £10.1m following the first submission from directorates. The following paper on the agenda titled ‘Savings and Opportunities Report’ will provide further insight on the savings and opportunities identified to date.

**Argymhelliad / Recommendation**

The Committee is asked to:

- **RECOGNISE** that the Health Board is proposing to submit an Annual Plan, set within a three-year context, not an IMTP
- **CONSIDER** the appropriateness of the principles, assumptions and approach to achieve financial breakeven by 2026/27 (Executive Team aspiration)
- **NOTE** that the following agenda item titled ‘Savings and Opportunities Report’ will provide an update on the progress being made towards the financial improvements required within the plan

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Undertake detailed scrutiny of the organisation’s overall: <ul style="list-style-type: none"> <li>• Monthly, quarterly and year-to-date financial performance;</li> <li>• Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1199 (score 25) Risk of the Health Board not being able to meet the statutory requirement of breaking even across a three-year period due to the current significant financial deficit position.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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 Termiau: Glossary of Terms:	<p>BGH – Bronglais General Hospital          CHC – Continuing Healthcare          FDU – Finance Delivery Unit          FNC – Funded Nursing Care          FYE – Full Year Effect          GGH – Glangwili General Hospital          GMS – General Medical Services          MHLD – Mental Health &amp; 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&amp;O – Trauma &amp; Orthopaedics          TTP – Test, Trace, Protect          WG – Welsh Government          WGH – Withybush General Hospital          WRP – Welsh Risk Pool          WHSSC – Welsh Health Specialised Services Committee          YTD – Year to date          EOY – End of Year          IMTP – Integrated Medium Term Plan</p>
Partion / 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.
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The impact on quality and patient care is assessed as part of the operational savings plans.
<b>Gweithlu: Workforce:</b>	The impact on workforce is assessed as part of the operational savings plans.
<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	Welsh Government's expectation of the Health Board is to submit a robust and assured plan that achieves the target control total deficit of £44.8m, as a minimum. This is linked to the de-escalation criteria within Targeted Intervention. A reputational impact will be felt if this is not achieved.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equalit</b>	Not Applicable



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Financial Plan and Strategy

## Approach, Principles and Assumptions

17 December 2024

Sustainable Resources Committee



# Background and Context

- The Health Board is reporting a deficit of £31.5m for 2024/25, in line with its annual plan, which was restated from £64.0m following new funding from Welsh Government also aligning the plan with the target control total
- Given the scale of the challenge to bridge to a break-even position, it is currently assumed that the Health Board will be submitting an Annual Plan for 2025/26 and not an IMTP, but set within a three-year context
- The whole Health Board is in Targeted Intervention, with a financial focus to deliver breakeven by 2027/28
- Significant change is required to meet the expectations clearly set out by Welsh Government
- With challenges to deliver annual plans in the post pandemic era, 2024/25 is likely to reverse this trend

Financial Year	WG Expectation £'m	Annual Plan £'m	Year End Position £'m	Plan v Actual Variance £'m	Comment
2019/20	25.0	25.0	34.9	9.9	After £10.0m clawback due to not achieving £15.0m
2020/21	25.0	25.0	24.9	(0.1)	After £116.1m of non-recurrent funding for COVID
2021/22	25.0	25.0	25.0	-	After £75.5m of non-recurrent funding for COVID
2022/23	25.0	25.0	59.0	29.0	After £22.2m of non-recurrent funding for COVID
2023/24	44.8	56.1	65.8	9.7	Original plan £112.9m, revised mid-year with £56.8m extra funding
2024/25	31.5	31.5	31.5	-	As at M08, following mid-year conditional funding of £32.5m

# Financial Outlook



Historic assessment: Health Foundation assessed in 2016 that Health needed to receive 2.2% over inflation, and Health Boards need to deliver 1.5% efficiency savings ([The path to sustainability - The Health Foundation](#)).

October 2024 budget announced a public sector 2% reduction for 'back-office costs'.



Last year: Health Board received funding equal to cost pressures – assumed to continue. High inflationary environment is expected to stabilise.

Remaining cost pressure concerns on drugs and premium medical cover.



Following UK Budget announcement in October 2024 an assumption is that macro and growth modelling expenditure increases will be offset with allocation funding.

2 Year 6.5% savings requirement made up of the residual delivery against the 5% target from 2024/25, plus an additional 1.5% for 2025/26.

# Key Principles

- **Budgets will be delegated** from the Accountable Officer (CEO) to **Delegated Officers** (Executive Directors);
- **Budgets** will be **aligned** to the **new operational structure**;
- **Consolidation of budgets** will be **undertaken for key areas** to align holistic oversight with appropriate Delegated Officers;
- The **Workforce** plan to be **within existing budgets** only, or specifically included within investment decisions;
- Resourcing requirements for **25A and 25B wards** are to be conducted by **Corporate Nursing Team only**;
- **Only assured** (green and amber) **savings plans will be included** within the final Annual Plan submission;
- The **Opportunities Framework and Directorate insight** is to be used to generate sufficient savings opportunities to achieve the targets set for each directorate
- **Saving target** will be set as the value required to achieve an improved financial trajectory aligned to the five conditions related to the new funding allocations received in December 2024;
- **Directorate savings targets** will be the remaining recurrent savings aspirations set for the two-year period this year and next – derived from a 5% reduction of non-ring fenced budgets – plus an additional 1.5% recurrent reduction of non-ring fenced budgets, so a total of 6.5% across 2024/25 and 2025/26;
- **Material underspending directorates**, including non-recurrent savings delivery, will go through a **review process** in October 2024 to assess appropriateness for **recognising these items recurrently**.

# Key Assumptions

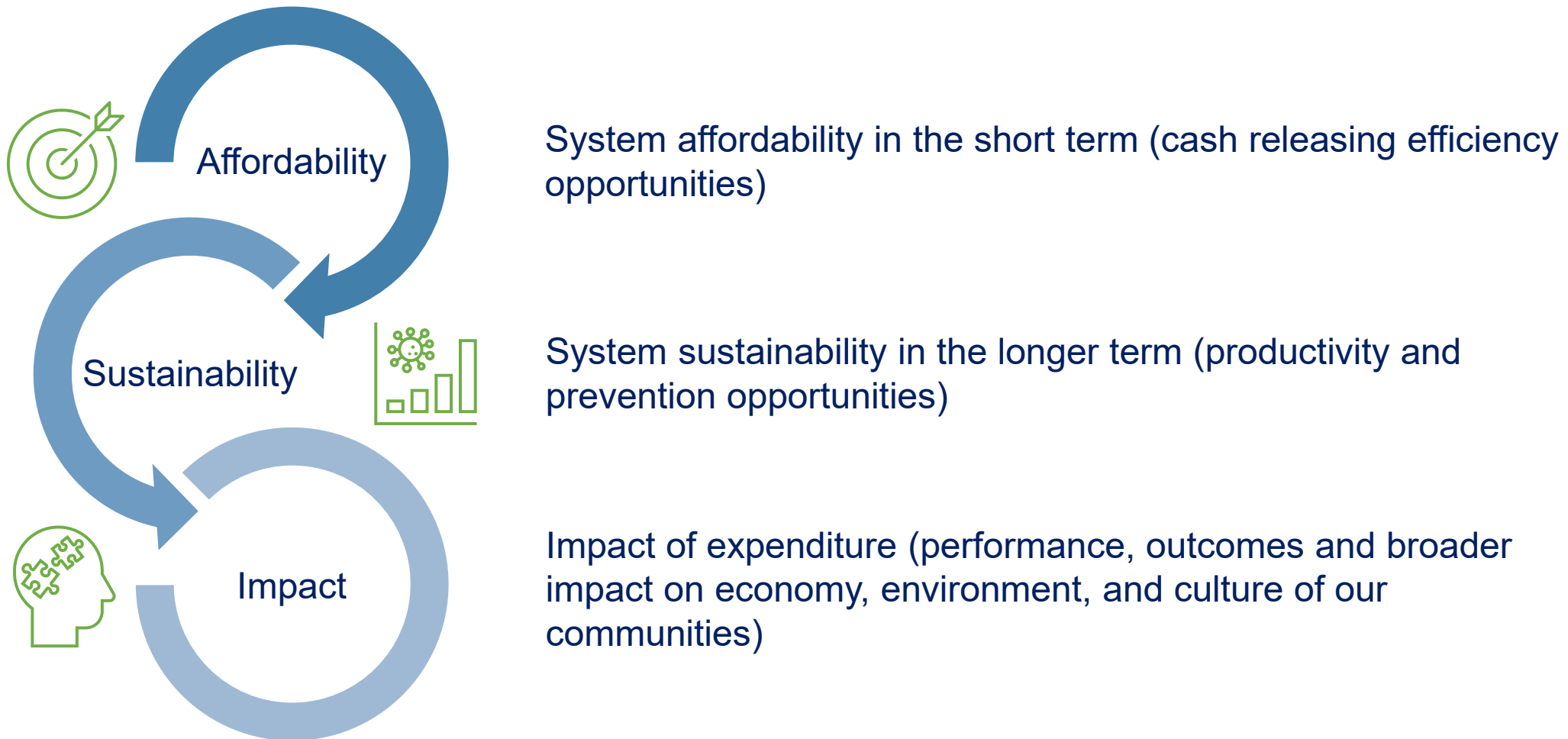
- The Health Board will be submitting an **Annual Plan**, set within a three-year context;
- A **condition to the new funding** received from Welsh Government in December 2024 was that the Health Board would need to show an improving financial trajectory into 2025/26 and **achieve breakeven** no later than 2027/28;
- New **allocation funding** will be **sufficient to cover** macro-economic price, performance and priority developments **costs**.
- Until the **Welsh Government budget allocation** is confirmed (circa. 23 December 2024), the total **savings target will not be fully known**, and will therefore be confirmed after the budget allocation is received;
- **Executive Team commitment** made to identify **£20.0m of recurrent savings** by December 2024 to enable the plan. **50% of the remaining** target to be identified **by 19 February 2025**, and **100% of the remaining** target **by 20 March 2025**;
- Specified **macro-economic price** components are **proposed for inclusion** within the financial plan, pending Directorate, Executive and Sustainable Resources Committee scrutiny. This includes prior year assumption updates (up and down);
- Specified **volume and mix growth** components will **require a decision** to recognise, or expectation that a Directorate is to mitigate cost increases or realise savings opportunities;
- **Key operational drivers** – with significant level of budgets allocated to directorates in the 2022/23 and 2023/24 financial plans, **no further funding is proposed**, with budget holders expected to mitigate increases outside the macro funding;
- **Local investments** will **only include statutory and mandated** items, i.e., there will be no discretionary investments due to the unaffordable nature of the existing deficit unless they demonstrate in-year payback;
- **Directorate savings targets** will **not fall below the** Page 141 **defined ring-fenced** budgeted required levels.

# Key Changes

- There is an **ambition to create** an internal '**Invest in Value**' fund. This will be owned by the CEO. Any investment requirement from this fund will be **approved by the Executive Team** and subject to **scrutiny by SRC**. Clear investment parameters and payback periods will be determined, along with exit plans. This will consolidate the current value fund alongside other funding streams. Bids are not being invited as part of the planning cycle;
- **Cluster Funds, Regional Integration Fund (RIF) and Service Improvement Fund (SIF)** will be **subject to the same controls**;
- Planned Care **recovery funding oversight** will be removed from the Operational Delivery team and **managed separately** from the team which benefits from the funding to ensure appropriate segregation of duties;
- The intention is for the **following budgets** to be **consolidated**, with a view of centralising controls and professionalising the response:
  1. **Clinical equipment maintenance** (Consolidated into the Clinical Engineering directorate);
  2. **Digital maintenance and all digital-related spend** (Consolidated into the Digital directorate);
  3. **Postage** (Consolidated into the Digital directorate);
  4. **Secondary care drugs, homecare drugs and primary care drugs** to create a new Health Board wide drugs portfolio (Consolidated into the Medicines Management directorate);
  5. **Printing services** (Consolidated into the Digital directorate);
  6. **Training and development** (Consolidated into the Workforce and Organisational Development directorate).

# Welsh Government Finance Themes

Welsh Government Finance Themes are:



The design principles need to ensure that the tensions and trade-offs between these themes are managed.

# Key Milestone Deadlines for a 31st March submission

Item	Deadline	Delivery Owner
Executive Team sign-off of financial approach and assumptions	25/09/2024	Executive Team
SRC sign-off of financial approach and assumptions	22/10/2024	Huw Thomas and Andrew Spratt
First draft plans from directorates	29/11/2024	Service leads
First draft savings plans presented to SRC	17/12/2024	Sian Jenkins as reporting officer
Second iteration of plans from directorates	20/12/2024	Service leads
Welsh Government (WG) core funding uplift confirmed	23/12/2024	Welsh Government
Plan escalation meetings (where required)	W/c 13 & 20 Jan 25	Lead Exec, Service Lead, SFBP, Exec Reps.
Macro-economic and growth modelling complete as a final draft	15/01/2025	Finance Team (various owners)
Final iteration of plans from directorates	24/01/2025	Service leads
Final draft – Executive Team review of Financial Plan before SRC	19/02/2025	Huw Thomas and Executive Leads
Final draft – Finance Plan presented to SRC for assurance review, including savings progress from key directorates. Once SRC have approved, budgets will be entered onto the ledger by the Finance team	25/02/2025	Huw Thomas and Executive Leads
Accountability Letters and budgets issued to delegated Executive Directors and Clinical Care Group Triumvirates	12/03/2025	Phil Kloer and Finance Team
Final Submission – Annual Plan presented to Board for approval	27/03/2025	Lee Davies and Executive Team
Annual Plan and supporting templates submitted to WG	31/03/2025	Lee Davies

# Current Financial Progress (£'m)

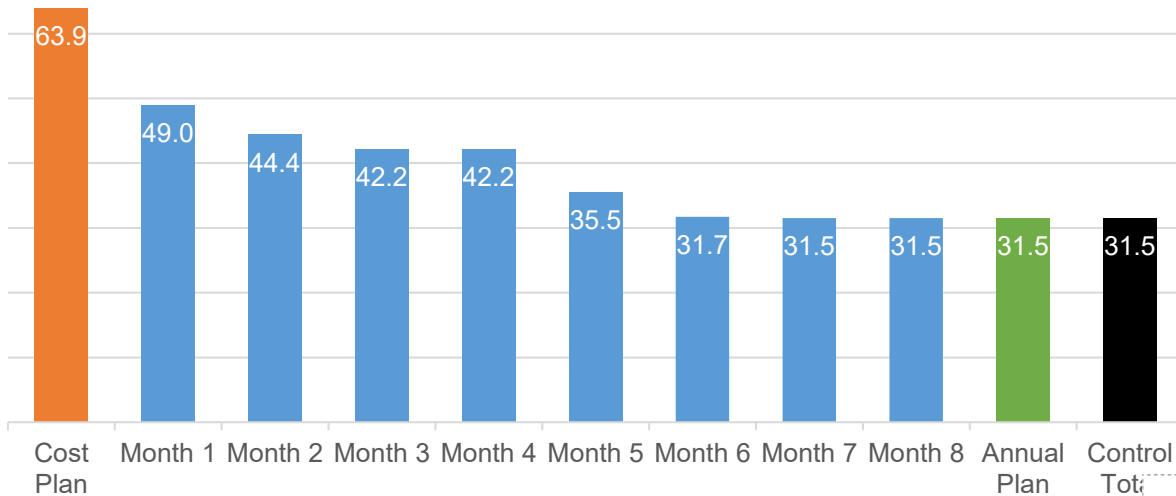
## Monthly Trend of Gross End of Year Deficit Forecast (£'m)

The health boards annual plan deficit of £64.0m was not acceptable or approval for Welsh Government, due to its distance from the Target Control Total expectation.

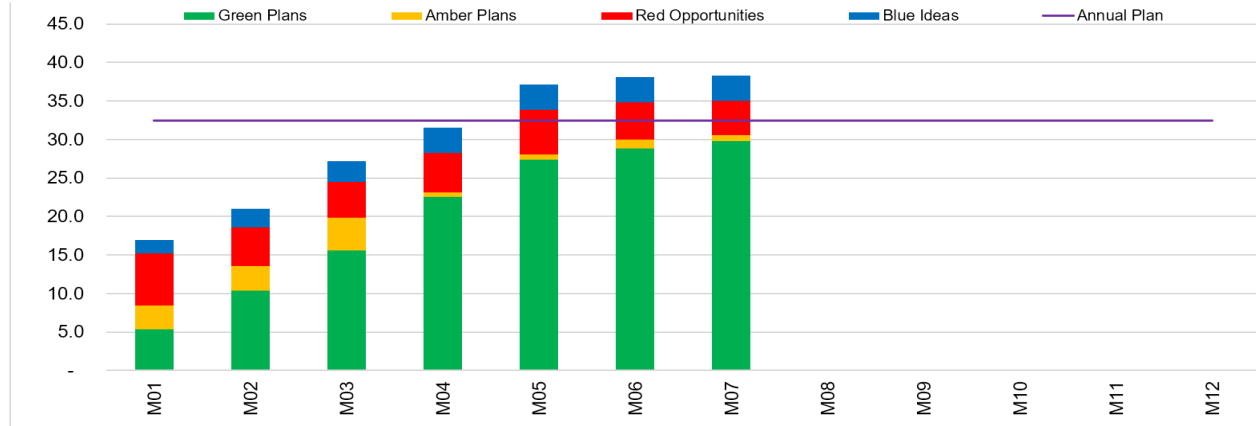
Quarter 1 and quarter 2 were needed to fully de-risk the in-year plan and demonstrate an improved financial trajectory. In December 2024 two new funding allocations were received from Welsh Government, aligning a restated annual plan deficit with the target control total at £31.5m.

The new funding is conditional on achieving financial breakeven by 2027/28.

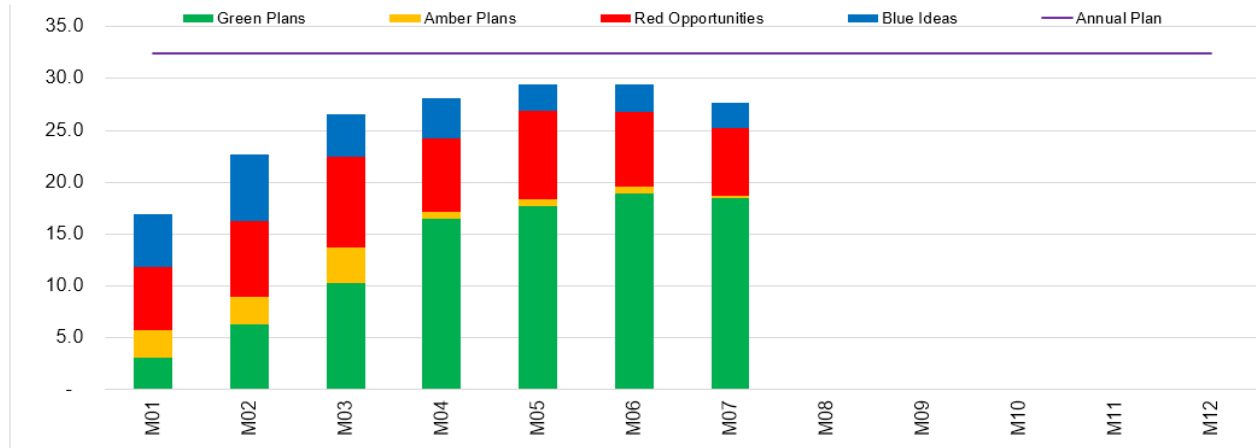
The chart below illustrates the step changes that have been managed since the start of the year, attributable to the acceptance and delivery of savings schemes against the target of £32.4m (shown on the charts to the right).



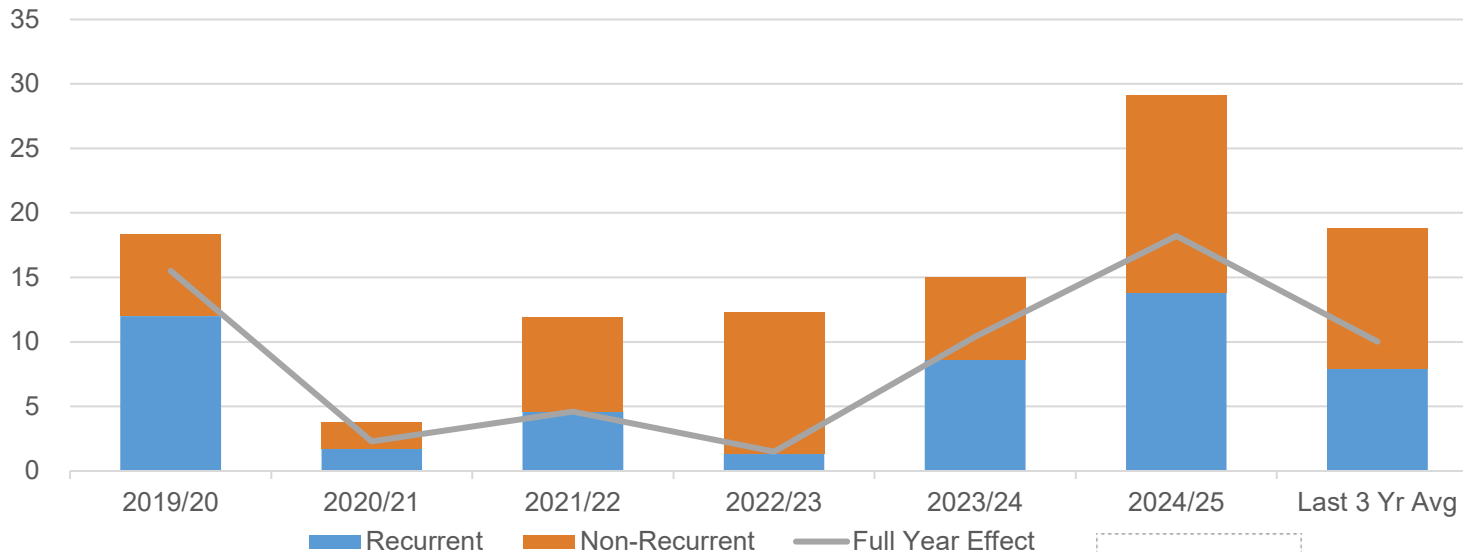
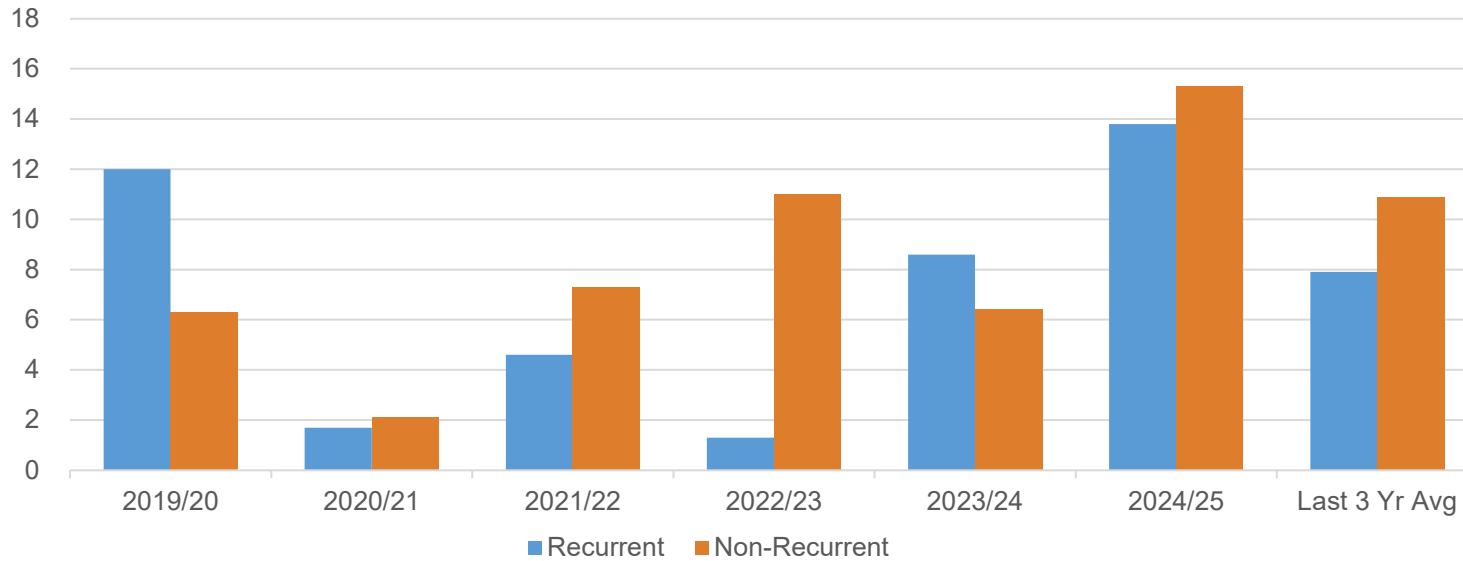
## Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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

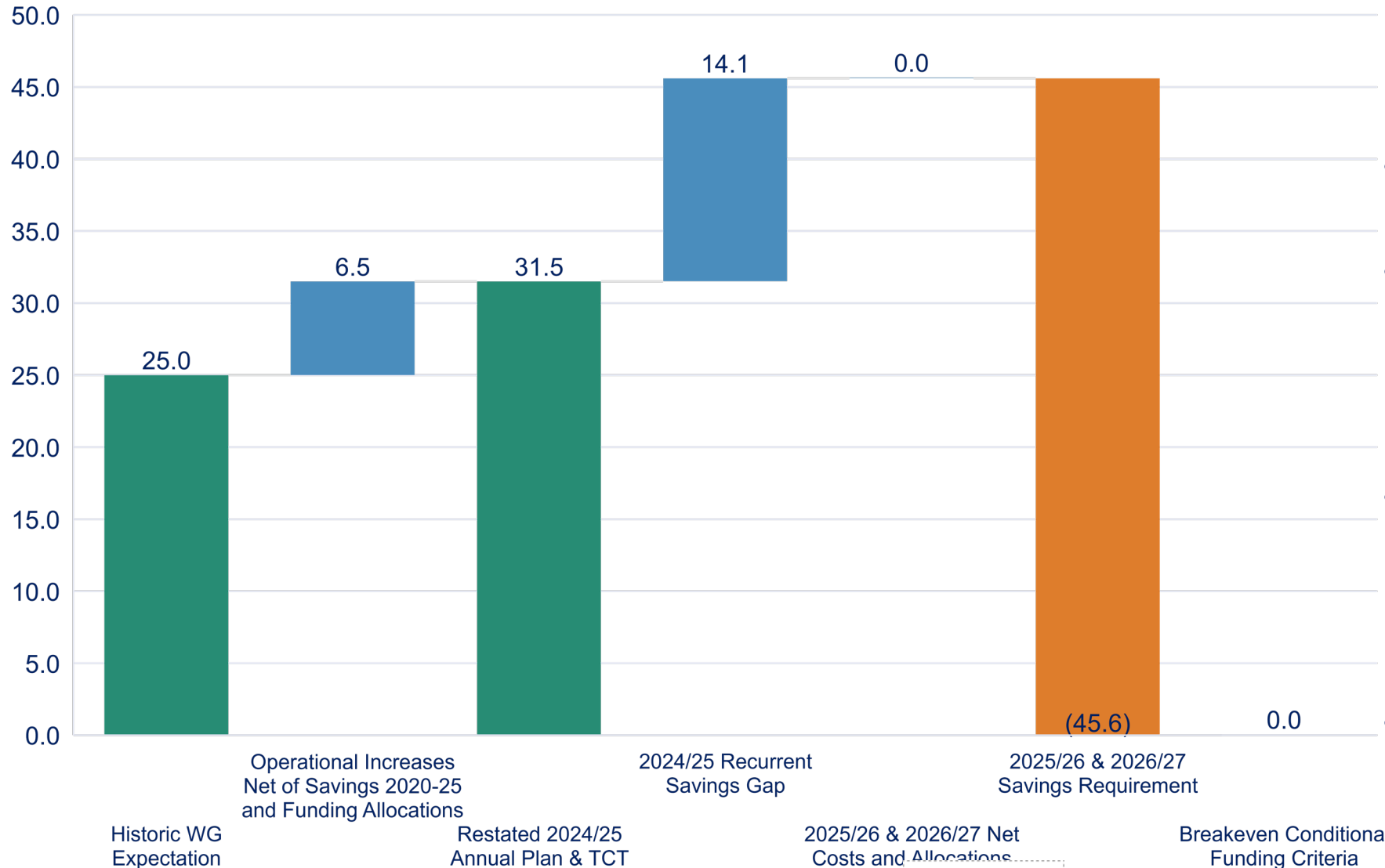


# Savings Deliverability Assessment (£'m)



- 2024/25 has experienced a **step change** in the deliverability of savings, in comparison to recent years
- Historically, and currently, there remains an **over-reliance on non-recurrent** savings, where no year has been able to achieve a full year effect of recurrent schemes to the same level of total savings
- An **ambitious two-year savings aspiration** was set in 2024/25, covering 2024/25 and 2025/26, to ensure the health board sets the expectation of achieving an improved financial trajectory into 2025/26 and beyond
- Recommendations are still being implemented to ensure the organisation has the **capability and capacity to manage and deliver the changes** it requires, inclusive of the savings agenda – signalling a risk to delivery

# 2025/26 and 2026/27 Indicative Financial Roadmap



- The total **savings plan requirement**, predicated on achieving breakeven by 2026/27, is estimated to be **£45.6m**
- **New costs and funding** allocations are assumed to be **neutral**
- Welsh Government conditional funding criteria to achieve balance by 2027/28, with **Executive Team agreement** to delivery this by **2026/27**
- If the Target Control Total / Breakeven is not achieved, a risk is that the **£69.0m conditionally recurrent funding will not be received** on a recurrent basis
- **All numbers are indicative**, with the WG budget allocation due by 23 December 2024 for final funding clarification

# Savings Approach – Directorate vs Strategic

## Directorate level

- Directorates will be required to deliver against their carried forward shortfall against their 5% recurrent requirement
- Directorates will be required to deliver a new 1.5% savings requirement for 2025/26, of their adjusted non-ring fenced 2024/25 budgets after savings delivery
- Individual Directorate delivery will continue to be overseen through the Directorate Improving Together (DIT) structure and escalation meetings and health board wide delivery at the Integrated Quality, Finance, Planning and Delivery (IQFPD) forum



## Strategic level opportunities

- Executives will be asked to lead on five key efficiency, productivity and value themes aligned to the planning goals and existing governance arrangement
- Will follow a discover / design / deliver (3D's) approach
- This will need to provide insights to support delivery at Directorate-level and feedback into Directorate plans
- Discover and design phases will need to be completed by end December 2024
- Delivery will continue to be overseen through the Reporting Group structure, Executive Team and Board committees

# Savings Approach – Delivery Mechanisms

## Value and Sustainability

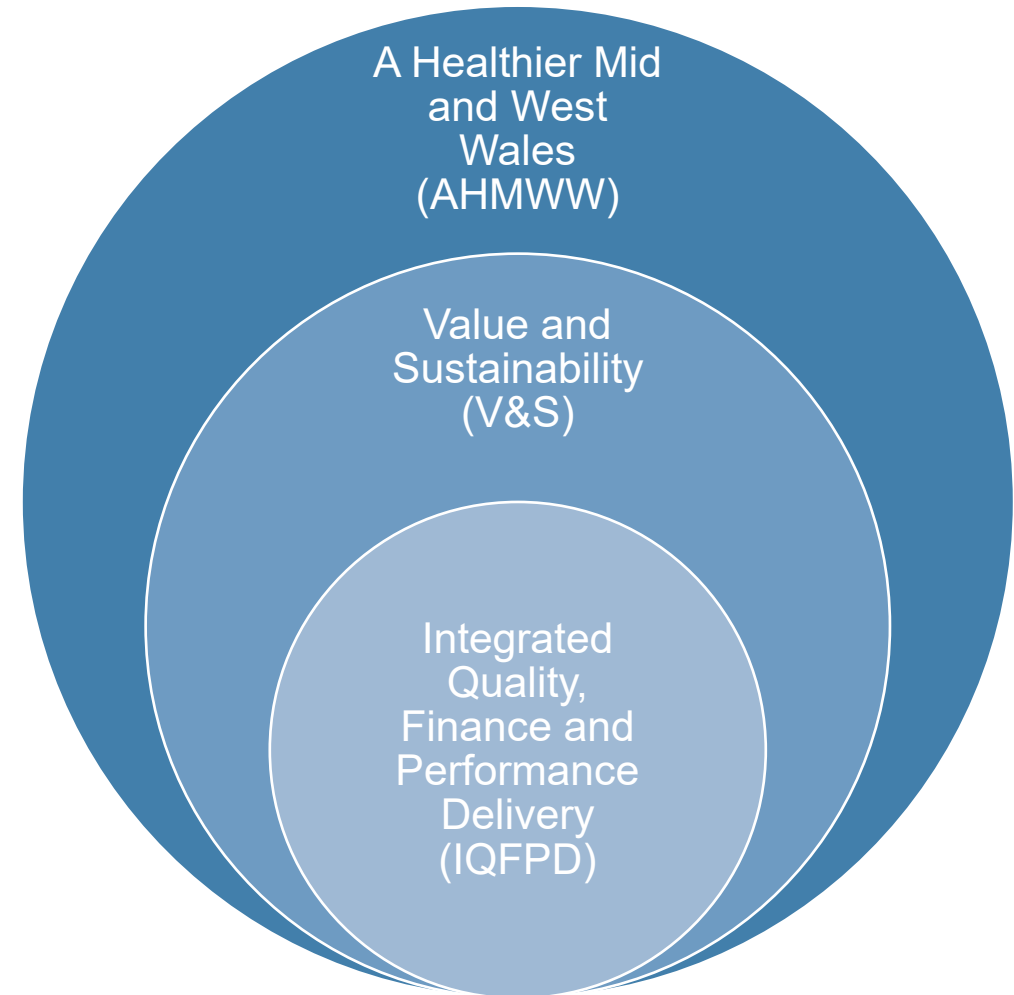
Planning Goal 1	Workforce stabilisation	LG	TW
Planning Goal 2	Financial recovery and route map	HT	

## Integrated Quality, Finance and Performance Delivery

Planning Goal 3	Six goals delivery	AC	PS
Planning Goal 4	Planned care, diagnostics and cancer	AC	KJ
Planning Goal 5	Mental health and CAHMS	AC	LC

## A Healthier Mid and West Wales

Planning Goal 6	Clinical services plan	MH	HMH
Planning Goal 7	Primary and community strategic plan	JP	RB
Planning Goal 8	Estates strategic plans	LD	PW
Planning Goal 9	Digital strategic plan	HT	AT
Planning Goal 10	Population health	AG	



# Savings Approach – Delivery Mechanisms

The following mechanisms describe the way that savings can be achieved. There will be continued corporate governance oversight through the three delivery groups, linked to the internal escalation framework, ensuring appropriate balance is struck between quality, performance and resources.

- Systematic corporate approach continued to focus on nurse and health care agency costs
- Systematic corporate approach to consistent medical agency and substantive additional hours rates of pay
- Systematic corporate approach continued to focus on variable pay across all staff groups
- Revisit previous opportunity areas not yet progressed
- Continuous refresh of compendium of variation for new benchmarking data from internal sources, The VAULT etc.
- Detailed review of national V&S Board recommendations
- Local Intelligence of opportunities
- Clinical Services Plan and other service redesign programmes to effect patient and resourcing improvements
- Efficiency improvements – productivity reporting linked to Value Based Health Care developments
- Income – intelligent decision making of additional funding
- Optimising partnership funds/opportunities where these can be aligned to service priorities
- Capital enablers to revenue cost reduction, e.g. estates rationalisation programme and Picton Terrace
- Increased rigour and governance on new investments
- Refocus on health board wide financial literacy training
- Service model reviews across multiple sites to rationalise differing approaches, e.g. on call rotas, clinical variation etc.
- Supportive accountability driven through escalation interventions and awareness of corporate responsibilities.

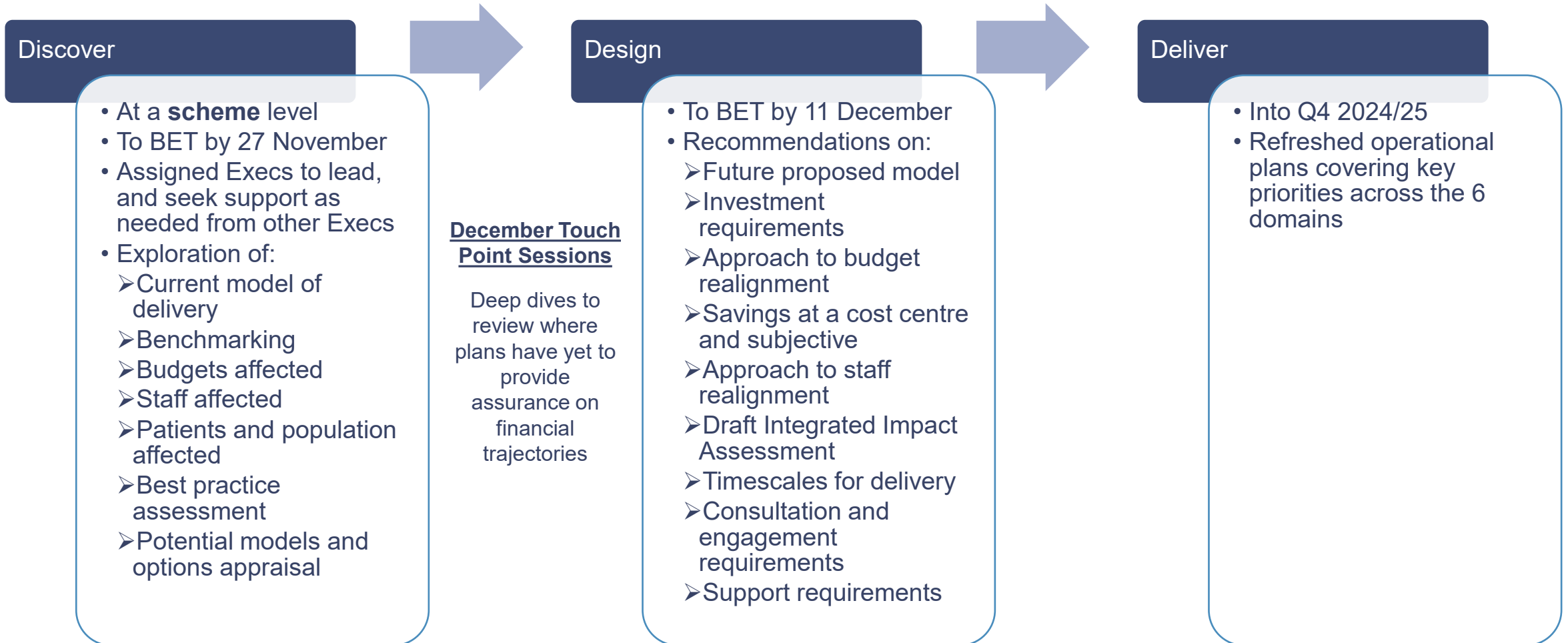
# Savings Approach – Modelling of Savings Aspirations

- Savings aspirations are set based on the carried forward recurrent residual delivery from 2024/25 of a 5% non-ring fenced budget reduction, plus an additional 1.5% non-ring fenced budget reduction adjusted for 2024/25 delivery
- The carried forward values are based on the Month 6 2024/25 (September) end of year forecast and will continue to be updated and will therefore reduce the carried forward residual value as plans get added through the remainder of the current financial year
- These aspirations would be sufficient, if delivered, to deliver a significant improvement in the financial trajectory as required by the new funding criteria.
- The values could be adjusted to align to the savings requirement ensuring aligned cascade of savings targets

Delegated Officer Recurrent Savings Aspirations (£'m)	Carried Forward Under / (Over) Delivery vs 5% Budget Reduction as at M6	Additional 1.5% Non-Ring Fenced Budget After Adjusting for 2024/25 Delivery	Total Savings Target for 2025/26
Chief Executive	0.0	0.0	0.0
Chief Operating Officer	19.7	8.9	28.6
Director of Primary Care, Community & Long-Term Care	7.9	2.7	10.6
Executive Medical Director	0.0	0.1	0.1
Director of Nursing, Quality & Patient Experience	0.1	0.1	0.2
Director of Workforce & Organisational Development	0.0	0.2	0.2
Director of Finance	0.0	0.3	0.3
Director of Strategy and Planning	1.0	0.9	1.9
Director of Therapies & Health Sciences	0.8	0.4	1.2
Director of Public Health	0.0	0.1	0.1
Health Board Wide	(0.3)	0.6	0.3
<b>Grand Total</b>	<b>29.2</b>	<b>14.3</b>	<b>43.5</b>

**Note:** as final budgets/savings schemes are confirmed in the planning cycle, the final saving values, derived from the %'ages, might update. Should the health board's savings requirement be less than the Total Savings Target for 2025/26, the difference will be pro-rata across portfolios

# Savings Approach – Strategic Level Opportunities



# Savings Approach – Strategic Themes

	<p>Theme 1: Place £3.0m</p>	<ul style="list-style-type: none"> <li>• Community strategy</li> <li>• Home based care strategy</li> <li>• Acute bed configuration and surge management</li> </ul>
	<p>Theme 2: People £4.2m</p>	<ul style="list-style-type: none"> <li>• Nurse and medical rostering</li> <li>• International recruitment for hard to fill roles</li> <li>• Variable pay controls &amp; removal of agency</li> </ul>
	<p>Theme 3: Enablers £11.0m</p>	<ul style="list-style-type: none"> <li>• Primary and Secondary care prescribing reviews</li> <li>• Digital transformation</li> <li>• Procurement and cheaper alternatives</li> </ul>
	<p>Theme 4: Quality, Outcomes and Value £9.4m</p>	<ul style="list-style-type: none"> <li>• Services embedding prevention &amp; inequalities</li> <li>• Continuing health care packages</li> <li>• Embedding value throughout pathways</li> <li>• MH&amp;LD sustainable model and strategy</li> </ul>
	<p>Theme 5: Clinical Service Models £7.6m</p>	<ul style="list-style-type: none"> <li>• Primary Care strategy including access</li> <li>• Out of Hours model to triage appropriately</li> <li>• Clinical Service Plans</li> <li>• Commissioning / Repatriation agreements</li> </ul>
	<p><b>Minimum opportunity available totals £35.2m</b></p>	<p><b>Note:</b> all values are indicative based internal efficiency reviews, benchmarking or other assessments. These figures do not include all technical efficiencies managed locally, which should be brought forward from budget holders.</p>

2.4

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## 2.4 - SAVINGS AND OPPORTUNITIES REPORT

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

| For assurance

### **Attachments**

[Savings and Opportunities Report SRC 17 December 2024.pdf](#)

[Appendix 1 Savings Report 17 December 2024.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Savings and Opportunities Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sian 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

Status report on the savings position in respect of the annual planning cycle for 2025/26. The report included as an appendix to this paper provides an overview of the opportunities framed as part of the Directorate Annual Plan submissions at the end of November and considers next steps.

Cefndir / Background

One of the key principles of the financial plan is the requirement to deliver significant savings to improve the financial trajectory of the organisation. In 2024/25 the Health Board's Annual Plan has been to deliver a year end deficit of £64m, with the aim of meeting the Welsh Government (WG) have framed a Target Control Total (TCT) of £44.8m deficit in 2025/26.

Following the receipt of additional funding from Welsh Government, the revised TCT for the current financial year is £31.5m, with a requirement to achieve breakeven over the coming three-year planning period.

Given the scale of the challenge to achieve a trajectory to breakeven, significant savings delivery is required.

Asesiad / Assessment

**Alert**

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.

The 2025/26 financial planning principles frame a saving target to support the financial improvement required. Directorate savings targets are to deliver the remaining recurrent savings aspirations set in 2024/25, derived from a 5% reduction of non-ring fenced budgets,

plus an additional 1.5% recurrent reduction of non-ring fenced budgets, so a total of 6.5% across 2024/25 and 2025/26.

The Executive Team made a commitment to identify £20.0m of recurrent savings by December 2024 to enable the financial plan. 50% of the remaining target to be identified by 19 February 2025, and 100% of the remaining target by 20 March 2025.

As part of the first Annual Plan submission from operational Directorates on 29 November 2024, an assessment of savings for 2025/26 was requested. These initial submissions have been reviewed and are summarised in the appendix.

Savings are provided a Red, Amber, Green status, with ideas logged as 'Blue' schemes. The current summary is:

- Total of schemes submitted £10.1m.
- Two Green schemes totalling £0.5m.
- The majority of schemes put forward are Red and Blue.
- There is a considerable way to go in order to deliver the initial target of £20.0m in December.

Next steps within the Annual Plan process, to facilitate updates in respect of savings, are framed in the report captured in the appendix. Beyond the initial submission, second and third Annual Plan submissions are scheduled for December 2024 and January 2025.

### Argymhelliad / Recommendation

The Committee is asked to:

- **RECOGNISE** that the scale of savings framed within the Health Board's financial plan approach for 2025/26; 6.5% of non-ring-fenced budgets across 2024/25 and 2025/26.
- **ACKNOWLEDGE** that the scale of savings put forward to date of £10.1m falls short of the target.
- **SCRUTINISE** the level of savings put forward at a Directorate level in the first Annual Plan submission.
- **SEEK ASSURANCE** that Executive leads are generating schemes to develop into robust recurring savings plans by December 2024 for the £20.0m commitment made during September 2024 in Executive Team meeting.
- **RECOGNISE** next steps outlined in the report aimed at progressing this agenda.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1

Undertake detailed scrutiny of the organisation's overall:

- Monthly, quarterly and year-to-date financial performance;

	<ul style="list-style-type: none"> <li>• Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1843 (score 20) Risk of the Health Board not being able to meet the statutory requirement of breaking even in 2024/25 due to significant deficit position
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Operational Directorate Annual Plan submissions 28 November 2024.
Rhestr Termiau: Glossary of Terms:	FYE – Full Year Effect WG – Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial implications are inherent within the report.

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu: Workforce:</b>	The report considers the financial implications of our workforce.
<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equality:</b>	Not Applicable.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# 2025/26 Financial Plan

## First Draft Update: Savings

December 2024

### Sustainable Resources Committee



# Progress to date

- **Planning Principle Savings:** Directorate savings targets will be the remaining recurrent savings aspirations set for the two-year period this year and next – derived from a 5% reduction of non-ring fenced budgets – plus an additional 1.5% recurrent reduction of non-ring fenced budgets, so a total of 6.5% across 2024/25 and 2025/26.
- **First Annual Plan submission** deadline 29/11/2024, returns have been reviewed to inform an assessment of savings identified.
- **First submission; 59 schemes put forward**, predominantly Blue and Red, 34 identified as cash releasing savings and quantified. Noting the number of schemes yet to be quantified and the level of Blue and Red schemes, this correlates with the fact that we are in the Discovery stage and this is very much the first draft of opportunities. Two Green schemes included, linked to International Nurse recruitment totalling £0.45m.

Saving Estimate	Volume	Saving Themes
> £1m	3	Service configuration and workforce stabilisation
£0.5m - £1m	2	Service configuration
£0.1m - £0.5m	13	Service configuration, workforce stabilisation, workforce efficiencies, drug efficiencies, accommodation & estate and other non-pay efficiencies
< £0.1m	16	Service configuration, workforce stabilisation, workforce efficiencies, drug efficiencies, accommodation & estate and other non-pay efficiencies

# Annual Plan First Submission: Opportunities framed

Following submission of Annual Plans on November 29<sup>th</sup> summary of opportunities submitted below:

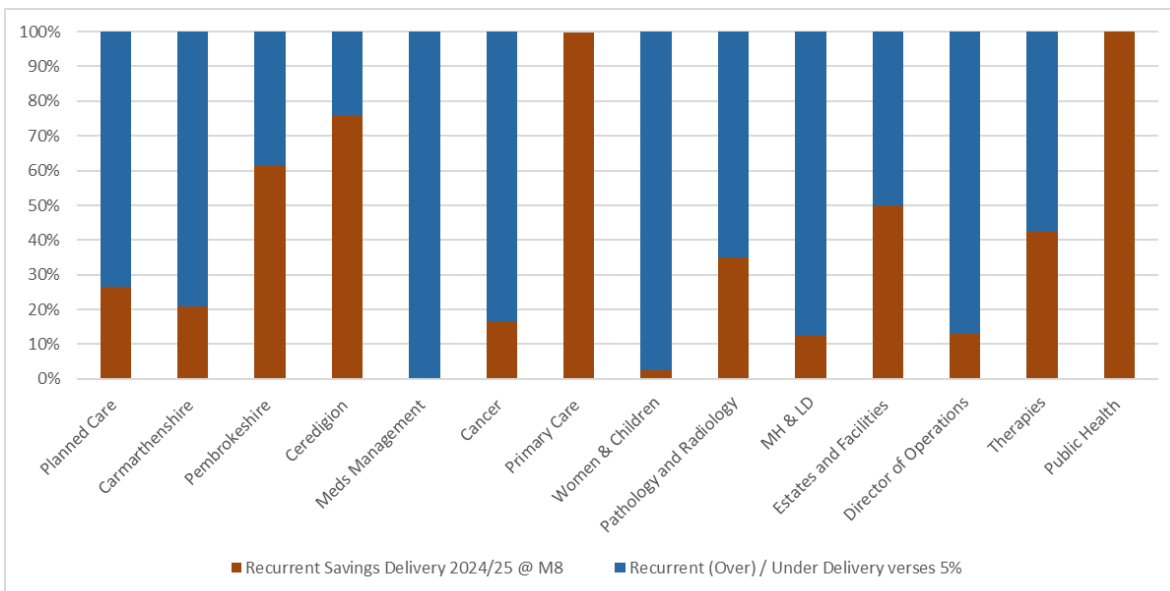
Service Area (£'000)	2024/25 Annual Budget (Non-Ring Fenced)	Recurrent (Over) / Under Delivery verses 5%	Additional 1.5% of Non-Ring Fenced Budget Adjusted for 2024/25 Delivery	Total Saving Target for 2025/26	First Draft Plan Submissions for 2025/26	Gap / (Surplus) from Total Savings Target	%age Saving Target Remaining for 2025/26
Planned Care	124,392	4,573	1,841	6,414	2,711	3,703	5.2%
Carmarthenshire	130,287	5,163	1,934	7,097	3,488	3,609	5.5%
Pembrokeshire	67,522	1,248	983	2,231	1,290	941	3.4%
Ceredigion	46,368	553	669	1,222	1,700		2.7%
Meds Management	95,805	4,790	1,437	6,227	0	6,227	6.5%
Cancer	30,178	1,259	449	1,708	199	1,509	5.7%
Primary Care	11,224	(1)	160	159	0	159	1.5%
Women & Children	56,069	2,732	840	3,572	443	3,129	6.4%
Pathology and Radiology	51,725	1,680	762	2,443	241	2,202	4.8%
MH & LD	103,410	4,537	1,542	6,079	0	6,079	5.9%
Estates and Facilities	49,366	1,233	722	1,955	0	1,955	4.1%
Director of Operations	12,734	555	190	744	0	744	5.9%
Therapies	28,288	814	415	1,230	0	1,230	4.4%
Public Health	6,576	(0)	94	94	0	94	1.5%
Corporate	116,078	1,045	1,670	2,715	0	2,715	2.4%
Health Board Wide	(36,275)	(286)	576	289	0	289	0.8%
	<b>930,023</b>	<b>29,897</b>	<b>14,283</b>	<b>44,180</b>	<b>10,072</b>	<b>34,585</b>	<b>4.8%</b>

N.B. Saving targets are indicative at this stage, they may be refined further to align with the savings requirement as the financial plan develops. Similarly any additional recurrent savings from Directorates will reduce the savings challenge carried forward and the savings gap for 2025/26.

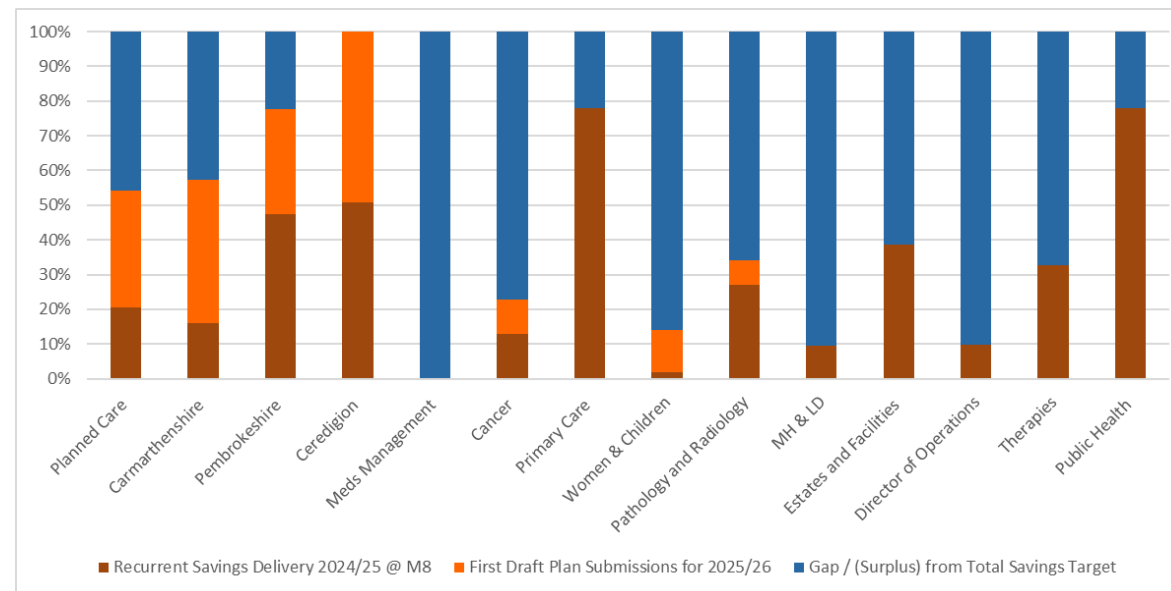
Annual Plan submissions are service focused, therefore no submissions for Corporate Directorates. Savings detail is being captured separately for inclusion in subsequent updates.

# Recurrent Savings Outlook

## 2024/25 Recurrent Savings Delivery Against 5%



## 2025/26 Saving Opportunities Against potential 6.5%



Variable progress across Directorates in respect of recurrent savings against the 5% target through 2024/25.

The balance against the 5% recurrent target carrying forward into 2025/26 is currently £29.9m.

To date one area, the Ceredigion system, have framed savings to meet their total challenge in 2025/26. Multiple areas have yet to frame new savings ahead of 2025/26.

Evident that there is some way to go in identifying opportunities and developing saving plans for the majority of Directorates as we move towards 2025/26.

# Next steps

Following submission of Annual Plans on November 29<sup>th</sup> and subsequent review, next steps outlined below:

Next Steps	Timeline
Feedback communication to Directorates following Annual Plan submissions, including specific prompts in respect of finance.	06/12/24
Planning Workshop 3: Directorate feedback following Annual Plan submissions, including specific feedback re. savings. Workshop focus on coordination and cross-fertilisation of plans between Directorates.	09/12/2024
Directorate conversations being held through remaining cycle of DITs sessions with Executive Directors in December.	December 2024, various dates
Live capture of saving scheme updates via Finance template through December and into the new year.	Ongoing
➤ Second Annual Plan submission deadline	20/12/2024
➤ Third/Final Annual Plan submission deadline	24/01/2025
Directorate meetings to follow up progress in respect of the Annual Plan and savings.	January 2025, dates TBC

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2.5 - DEEP DIVE: NON-PAY AND  
PROCUREMENT

*Katharine Fletcher*  
(NWSSP -  
Procurement)

| For assurance

**Attachments**

[Deep Dive Non-Pay and Procurement SRC 17 December 2024.pdf](#)

# NWSSP Procurement Services Hywel Dda UHB Frontline Team Best Practice for Non-Pay and Procurement

Sustainable Resource Committee  
18th December 2024

- To understand Procurements **key objectives and priorities**
- To develop an understanding of **Procurement Regulations**
- Understand how these are applied within **NWSSP and their application through the SFIs**
- To understand the various routes to contract
- Understand **divisional responsibility**

# Procurement Objectives and Priorities

## REGULATORY & GOVERNANCE

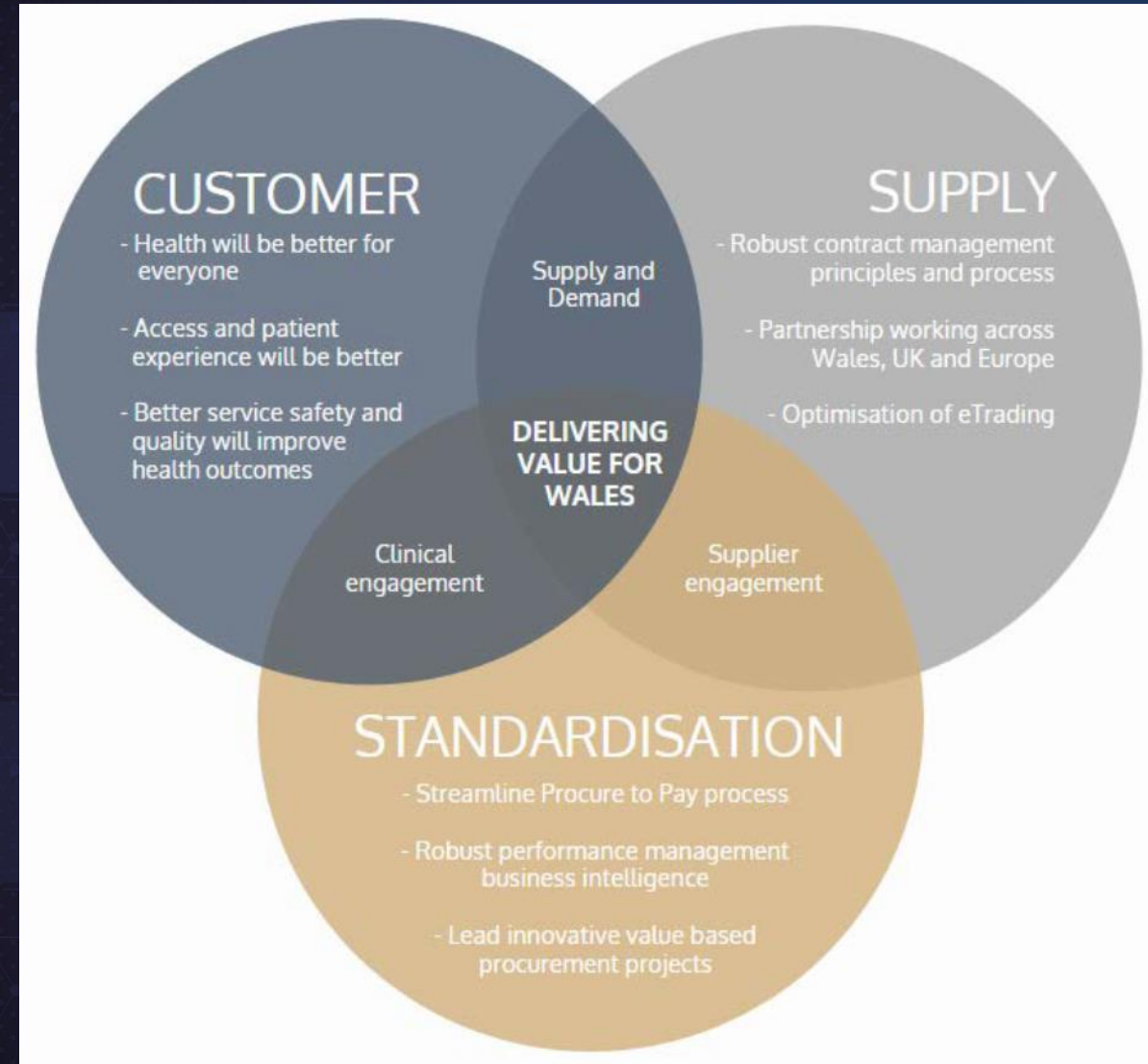
- Procurement Contract Regulations (PCR2015 / Procurement Act 2023)
- Application of best practice procurement principles
- SFI's
- Welsh Government
- Central Government
- Audit

## CUSTOMER FOCUS

- Safe, quality and efficient service focused on patient outcomes

## VALUE BASED OUTCOMES & INNOVATION

- Value Based Healthcare & Value Based Procurement
- Prudent Healthcare; reduction in variation
- Standardisation & Rationalisation
- Supplier Innovation and Collaboration
- Supplier finding solutions to HB problems.



# Frontline Commercial Procurement Team: How we Deliver

The local Procurement Team are visible and front-facing, responsible for the day to day engagement with all Divisions. Ensure key processes and procedures are in place to ensure the right quality, price, source, quantity and timing are achieved.

Local Procurement Business Managers are based within the HBs, Trusts and NWSSP. Their roles are to support the development and delivery of organisation's IMTPs, Savings Plans and the procurement of HB/Trust/NWSSPs requirements efficiently and compliantly.

## BUSINESS AS USUAL

- Purchasing of goods and services
- Professional procurement advice
- Sourcing and contract renewals
- Invoice on hold
- Non-Catalogue reduction
- Deep Dive expenditure review
- Savings opportunities and delivery
- Supply Chain and Stock Control Support
- Review of influenceable spend

## ADDED VALUE SERVICES

- Patient pathway reviews
- Value based healthcare
- Process mapping and improvements
- Rationalisation and standardisation
- Professional supply chain support
- Strategic supplier negotiations
- Supplier performance management

# GOVERNANCE

## STANDING FINANCIAL INSTRUCTIONS (SFIs)

REGULATIONS	VALUE EXCL VAT	PROCUREMENT ROUTES		
Standing Financial Instructions	Under £5,000.00	Single Supplier (quote in writing) - At discretion of appropriate Director/Budget Holder		
	£5,000.00 to £25,000.00	Quotation exercise via Multi-quote system	Single Quotation Action Form in specific, exceptional circumstances	Mini Competition or Direct Award from National Framework
	£25,000.00 to £139,668.00 / Light Touch Regime at £663,540.00	Competitive FTS (previously Non OJEU) tender	Single Tender Action in specific, exceptional circumstances	Mini Competition or Direct Award from National Framework
UK Public Contracts Regulations 2015	Over £139,668.00 or Light Touch Regime at £663,540.00	Competitive FTS (previously OJEU) Tender	VEAT (for single supplier justification)	Mini Competition or Direct Award from National Framework

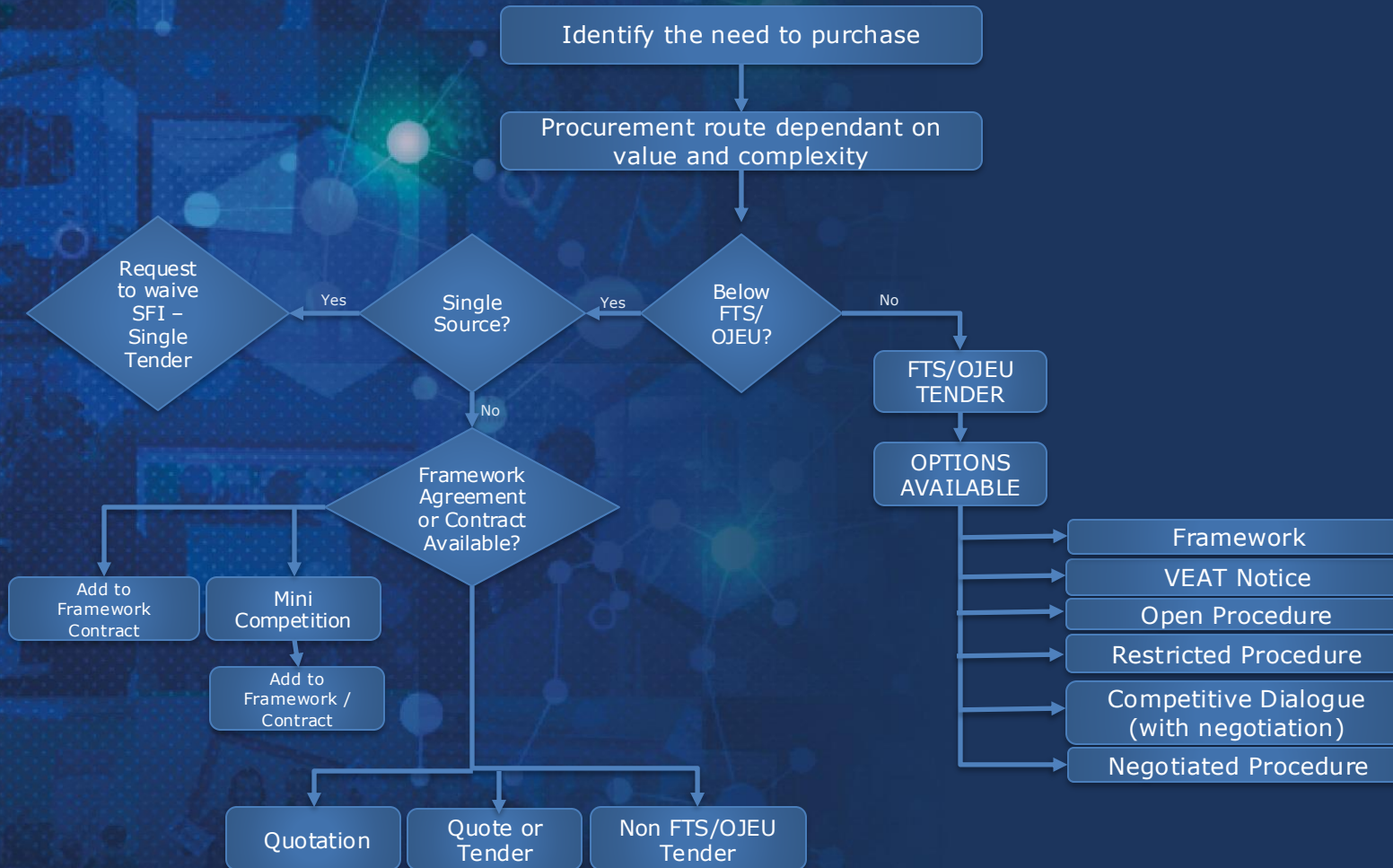
# Governance – Standing Financial Instructions

Contract Value(ex VAT)	Minimum Competition
<£5,000	At discretion of appropriate Director
£5,000-£25,000	3 written quotations and utilisation of multiquote*
£25,000-OJEU threshold	3 tenders *
Above OJEU threshold Services and Supplies (currently £139,668 inc VAT) PCR 2015 Regulations *	5 tenders *
Contracts between £0.500k and £1 million	WG Ministerial Noting
Contracts above £1 million	WG Ministerial Approval required

- The values indicated are representative of the spend **throughout the LIFE of the contract** i.e. total cost and is applicable for all sources of funding i.e. capital/revenue/charitable funds.
- All requirements with an **aggregated value of above £5,000** require support from Procurement.
- Single Tender Actions can be utilised in specific circumstances

\* New Procurement Regulations transition February 2025

# PROCUREMENT FLOW CHART



# Compliant Procurement Routes

- **Direct Award through Framework** Purchase goods and/or service directly from pre-approved suppliers (e.g., NHS Supply Chain).
- **Mini-Competition within a Framework** Suppliers appointed to the framework competitively bid
- **Open Tender** Fully open procurement for high-value contracts

## Considerations

- Spend >£25k require an approved Procurement Ratification Report & RFA following Scheme of Delegation approvals prior to award Also approval of Financial Control Sub Group (FCSG) is required. Allow 4 weeks for approval process.
- Open Tenders (Above Threshold) must be advertised via Find a Tender Service (FTS) and Invitation To Tender (ITT) open for 30-days, a Standstill/Alcatel period of 10 calendar days must be observed on notification of award before a contract is awarded (*to provide opportunity for unsuccessful Bidders to challenge*).
- Competition should be sought to obtain best value, although a Direct Award via a Framework may be allowed where the Health Board has standardised.
- Where Competition cannot be sought, or a compliant route to market is not in place Single Quote/Tender Actions (SQA/STA) can be utilised in specific circumstances

# When a Procurement Goes Wrong...

**Aggrieved suppliers** have the right to challenge a process or award decision during a process (30 days from the day they knew something was wrong) or during the standstill period (10 days from award).

## What this means?

- **Cost of wasted resource** – rewind the process.
- **Everything is disclosable:** Emails; handwritten notes; evaluations comments.
- Where we believe a decision is defensible we could end up in court.

# GOVERNANCE – REQUISITIONS/PO's

## Over £5,000 Value

- If your requisition is over £5,000 then your buyer will check your requisitions detail to find any governance paperwork or contract reference. If there are no details on the Procurement compliance, then you will be requested for this prior to processing.

## Retrospective

- If a requisition is for goods/services that are retrospective (i.e. past activity) or the requisition states a date in the past then this will need to be reported to Audit Committee.
- We cannot back date a contract and all retrospective purchases for goods/services over £5,000 are reported to audit committee.
- If there is an ongoing requirement then you will need to work with Procurement Services to action any compliance going forward.

# Procurement Regulation

## Principles and Implications

### Principles

- **NON-DISCRIMINATORY** equal access for economic operators from all member states.
- **TRANSPARANCY** economic operators should know in advance what the applicable rules are and that there is an opportunity to tender.
- **MUTUAL RECOGNITION** of qualifications, standards etc.
- **EQUAL TREATMENT** same rules apply to everyone.
- **PROPORTIONALITY** measures taken by a contracting authority should be both necessary and appropriate.

### Implications

- How we engage with the market
- When it is appropriate to negotiate
- The type of procedures we can utilise
- Minimum timescales for tender
- How we question our suppliers and at what stage of a procurement
- How we score our suppliers during a tender - the AWARD CRITERIA
- Standstill period post award

## THERE ARE SOME EXCEPTIONS THAT DO NOT REQUIRE A FULL PROCUREMENT EXERCISE TO BE COMPLIANT:

- Employment between Trust / Health Board / SHA & its Staff
- Out of Hours Contracts
- An NHS Contract where one health service body contracts with another
- Contracts let under an NHS Wales Framework agreement already agreed by the Minister
- Contracts being let under a 3<sup>rd</sup> party NHS contract e.g. NHS Supply Chain, unless it is for a specified (competed) arrangement
- Annual commissioning arrangements approved explicitly by Minister e.g. non-medical education
- Grant funded contracts

# Hywel Dda Top Expenditure

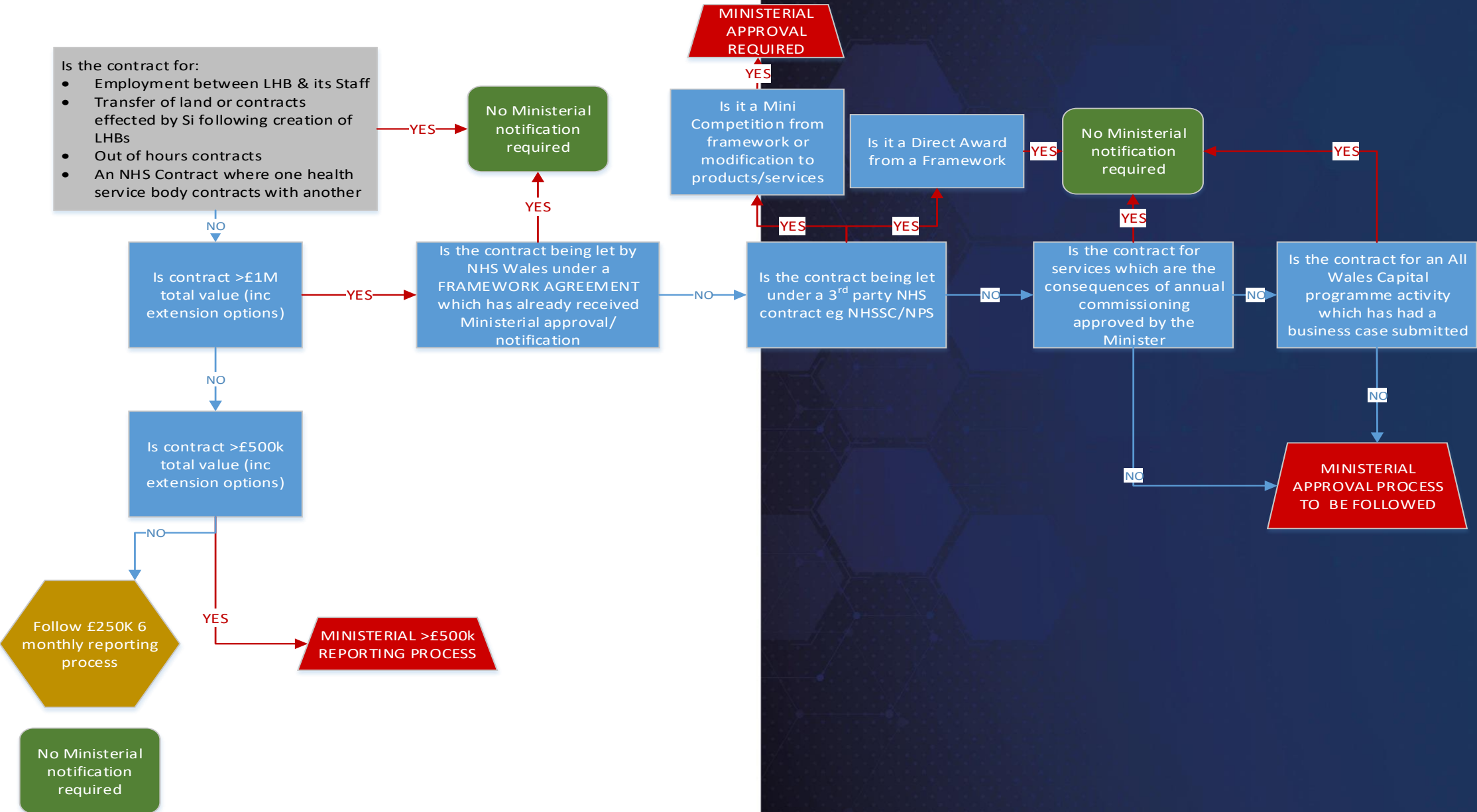
How much non pay  
expenditure did Hywel Dda  
UHB spend in the 2023/2024  
financial year?

Organisation	Total Value
HDT	£ 71,331,247.79

Req Type	Total Value
NONCATALOG	£ 49,837,117.06
CATALOG	£ 21,364,371.72
-	£ 102,800.10
EXTERNAL	£ 26,958.92

Supplier	Total Value
ROCHE DIAGNOSTICS LTD	£ 2,759,223.33
SOFTCAT	£ 2,169,576.44
NHS SUPPLY CHAIN	£ 2,111,551.13
INSULET INTERNATIONAL LTD	£ 1,759,903.60
EVERLIGHT RADIOLOGY LTD	£ 1,485,848.64
DEXCOM INTERNATIONAL LTD	£ 1,423,025.00
STRYKER UK LTD	£ 1,233,573.14
JOHNSON & JOHNSON MEDICAL LTD	£ 1,129,253.34
BAYWATER HEALTHCARE UK LTD	£ 951,556.88
QUADIENT UK LTD	£ 857,094.54
CASTELL HOWELL FOODS LTD	£ 827,847.78
MEDTRONIC LTD	£ 801,810.43
SIEMENS HEALTHCARE LTD	£ 634,787.35
ONTEX HEALTHCARE UK LTD	£ 492,249.50
ID MEDICAL	£ 487,476.50
GN HEARING UK LTD	£ 418,037.10
B BRAUN MEDICAL LTD	£ 390,293.31
LEICA MICROSYSTEMS (UK) LTD	£ 356,241.63
NEWHALL JANITORIAL	£ 350,425.02
OTIS LTD	£ 347,531.71

# Procurement Flow Chart - WG



# Hywel Dda UHB - Divisional Responsibility

- Engage with Procurement Services as soon as possible when a need is identified – consider IMTP requirements.
- Do not commission work to be done without a purchase order in place – in line with the All Wales No PO no Pay Policy.
- Ensure orders are receipted in Oracle to reduce IOH.
- Ensure that when requisitions are processed and approved within your delegation that funds are available for the requirement – consider whether it is funded by capital or revenue.
- Be aware of your responsibilities as budget holders.
- Be aware that any breaches of SFIs will be reported to Audit Committee as a File Note.

## Key Contacts:

Katharine Fletcher , Deputy Head of Operational Procurement

[Katharine.Fletcher@wales.nhs.uk](mailto:Katharine.Fletcher@wales.nhs.uk)

And

Gemma Deverill, Assistant Head of Operational Procurement

[Gemma.deverill@wales.nhs.uk](mailto:Gemma.deverill@wales.nhs.uk)

Thank you for listening .....

Any Questions?

2.6

11:50 AM, 0 Mins

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2.6 - DEEP DIVE: COMMISSIONED CARE

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

| For assurance

**Attachments**

[Deep Dive Commissioned Care SRC 17 December 2024.pdf](#)



# Continuing NHS Health Care and Funded Nursing Care Sustainable Resources Committee December 2024

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

## PLEASE NOTE:

### Mental Health and Learning Disability Continuing Healthcare

- The Sustainable Resources Committee (SRC) has undertaken a “Deep Dive” into Mental Health and Learning Disability (MHL) Continuing Healthcare (CHC) previously
- This report therefore focusses mainly on general CHC and complex care CHC

## What is Continuing NHS Healthcare?

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

## What is Funded Nursing Care (FNC)?

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

# Sustainability of Sector

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

# Nursing Homes within Hywel Dda

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

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

# Age Range of Nursing Residents



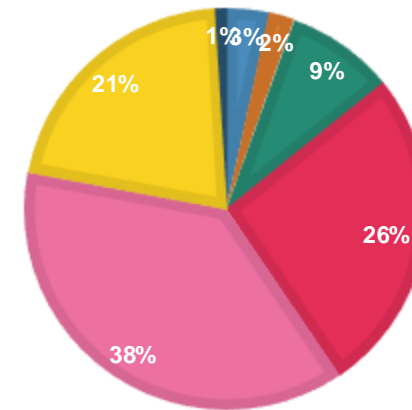
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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

## AGE RANGE OF NURSING HOME RESIDENTS

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



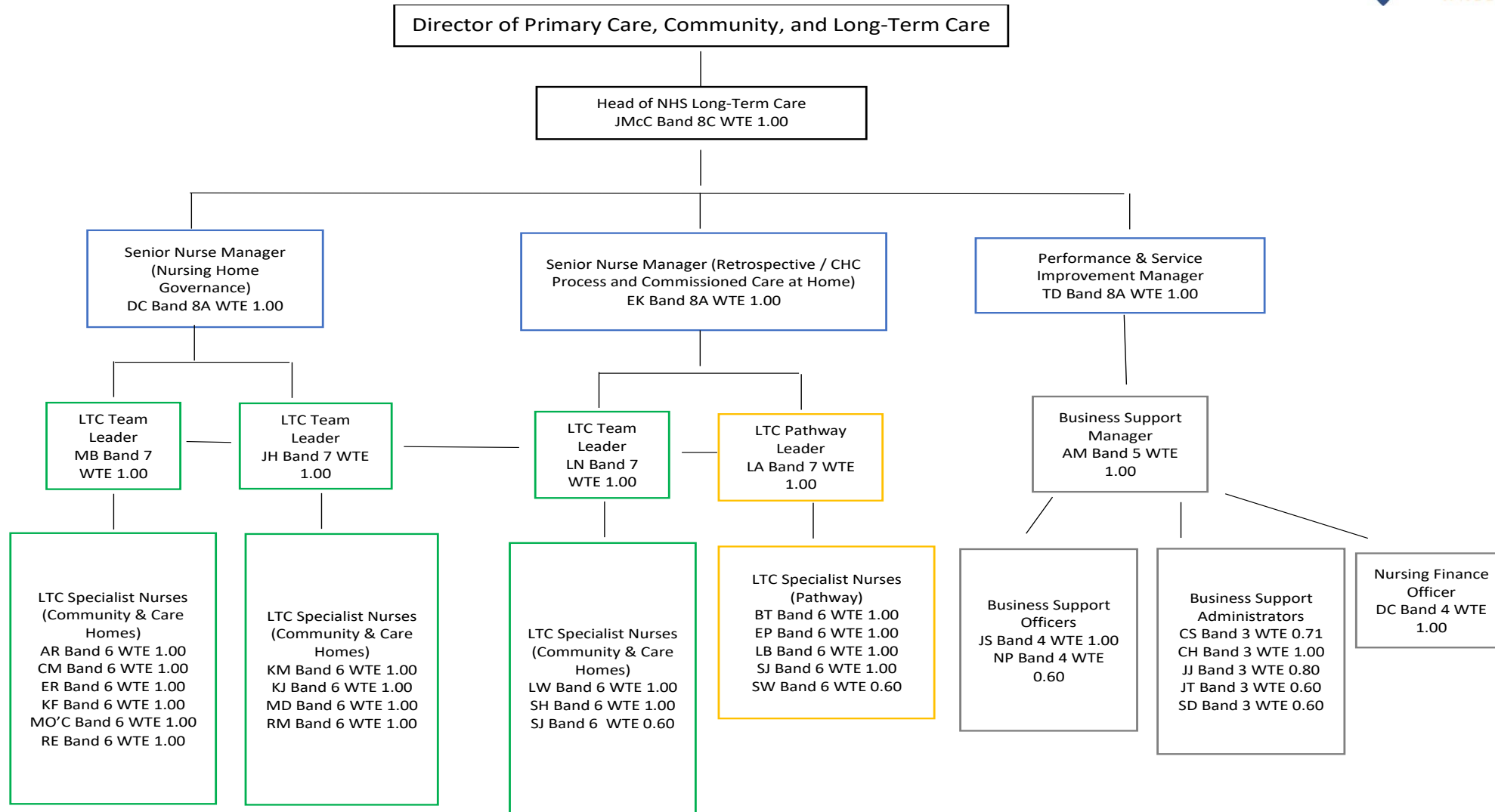
Projected increase in the number of people with severe dementia over the next decade\*

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

Source: Social Care Wales Population Projection Platform, Daffodil Cymru

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

# Team structure – Long Term Care



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

# Assessment and Governance



- Multi-Disciplinary Team (MDT) undertake assessment and make decision
- Assessment is quality-assured



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



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



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

# Costs and Volumes of Packages – How We Compare Across Wales

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

# Costs and Volumes of Packages – How We Compare Across Wales

## Work with Powys Teaching Health Board

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

# Costs and Volumes of Packages – How We Compare Across Wales

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

National LQ	National Median	National UQ	National Quartile			
			1	2	3	4
£ 13,264	£ 15,339	£ 16,718				
£ 0.13	£ 0.15	£ 0.17				
£ 40	£ 44	£ 48				

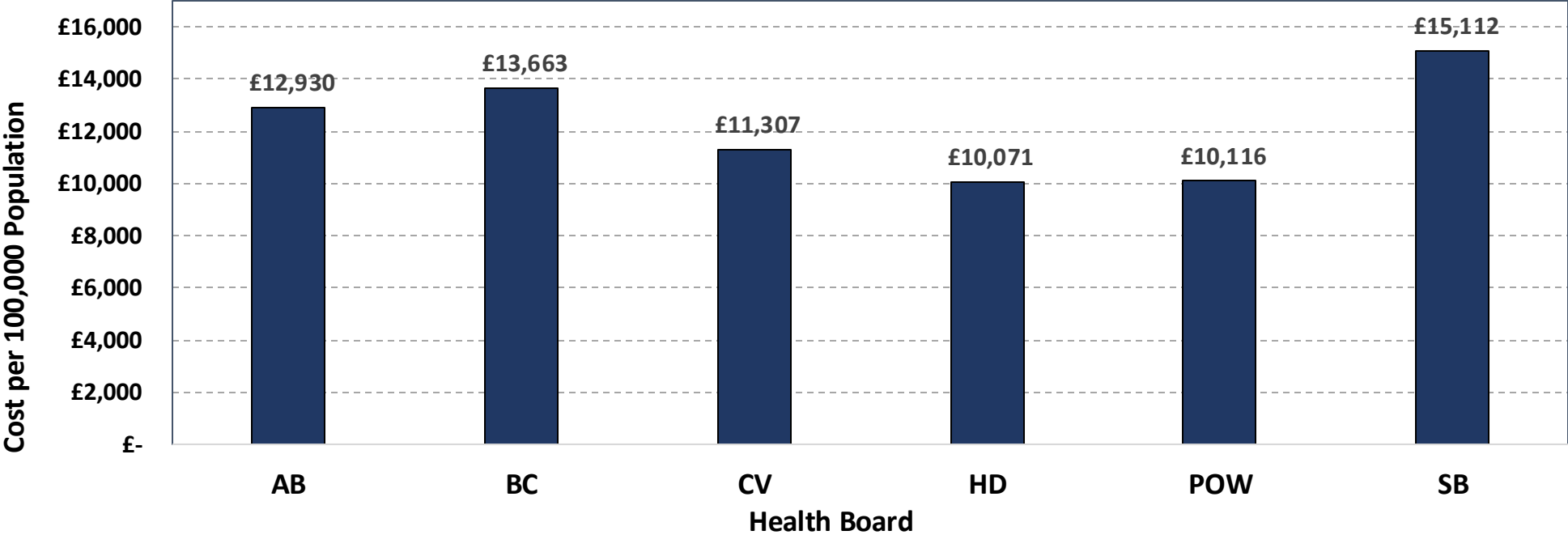
Patient Cost	Outsourced Expenditure per 100,000 Population (£'000)						All-Wales Total Cost & Mean Metric
	AB	BC	CV	HD	POW	SB	
COST	£ 77,346	£ 96,101	£ 57,045	£ 39,248	£ 13,458	£ 59,081	£ 342,278
COST PER 100,000 POPULATION	£ 12,930	£ 13,663	£ 11,307	£ 10,071	£ 10,116	£ 15,112	£ 12,585
COST PER HEAD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

National LQ	National Median	National UQ	National Quartile			
			1	2	3	4
£ 10,105	£ 12,119	£ 14,025				
£ 0	£ 0	£ 0				
£ 32	£ 35	£ 41				

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

# Costs and Volumes of Packages – How We Compare Across Wales

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



# Costs and Volumes of Packages – How We Compare Across Wales

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

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

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

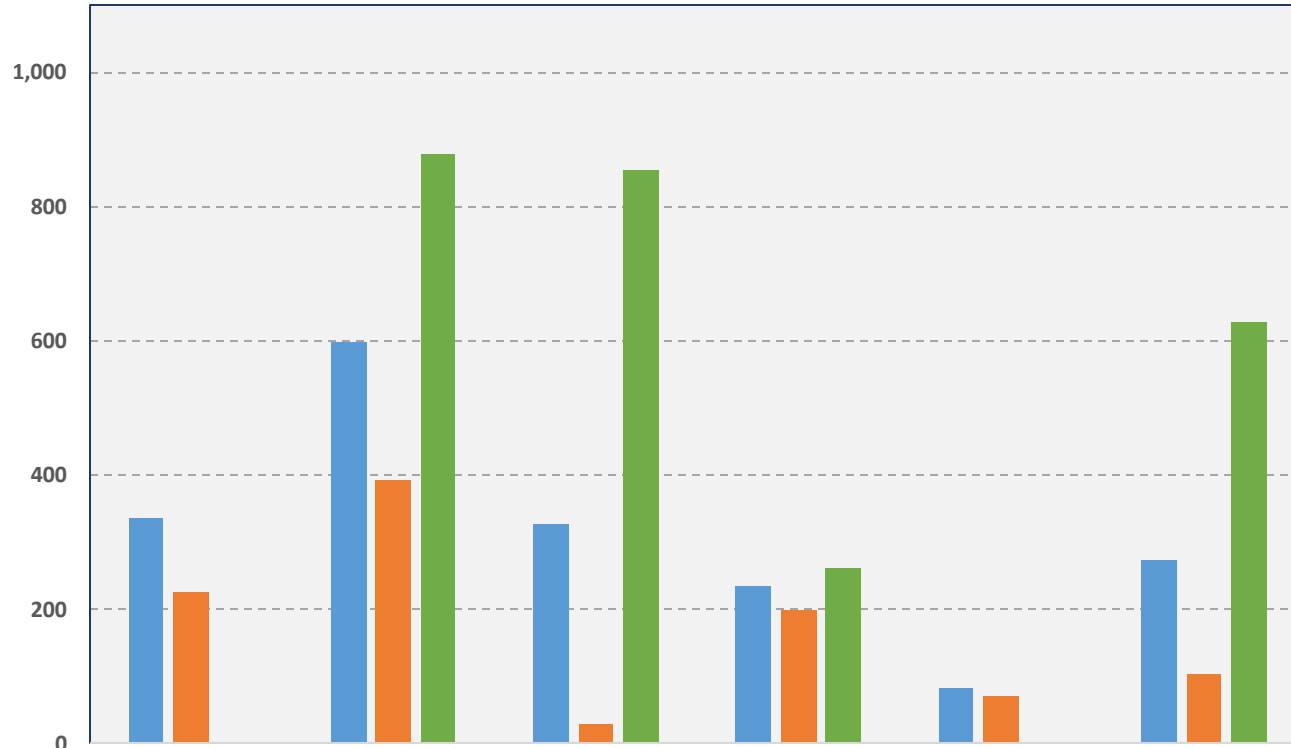
National LQ	National Median	National UQ	National Quartile			
			1	2	3	4

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

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

# Costs and Volumes of Packages – How We Compare Across Wales

Figure 14. Total Individual Packages

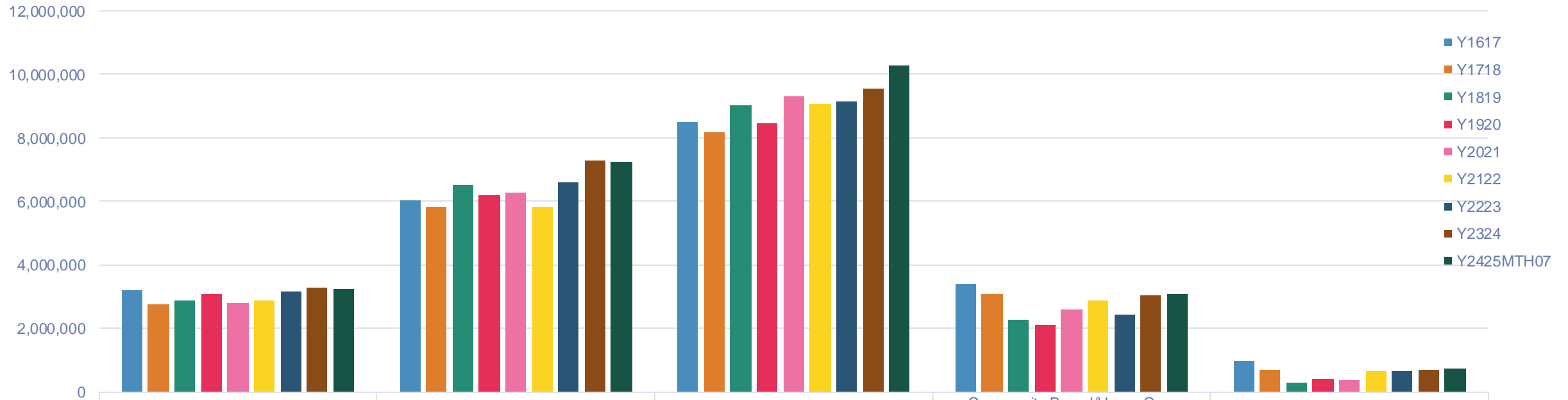


	AB	BC	CV	HD	POW	SB
Complex Care	337	598	327	235	84	272
EMI	226	392	30	199	71	103
FNC	0	878	856	262	0	628

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

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

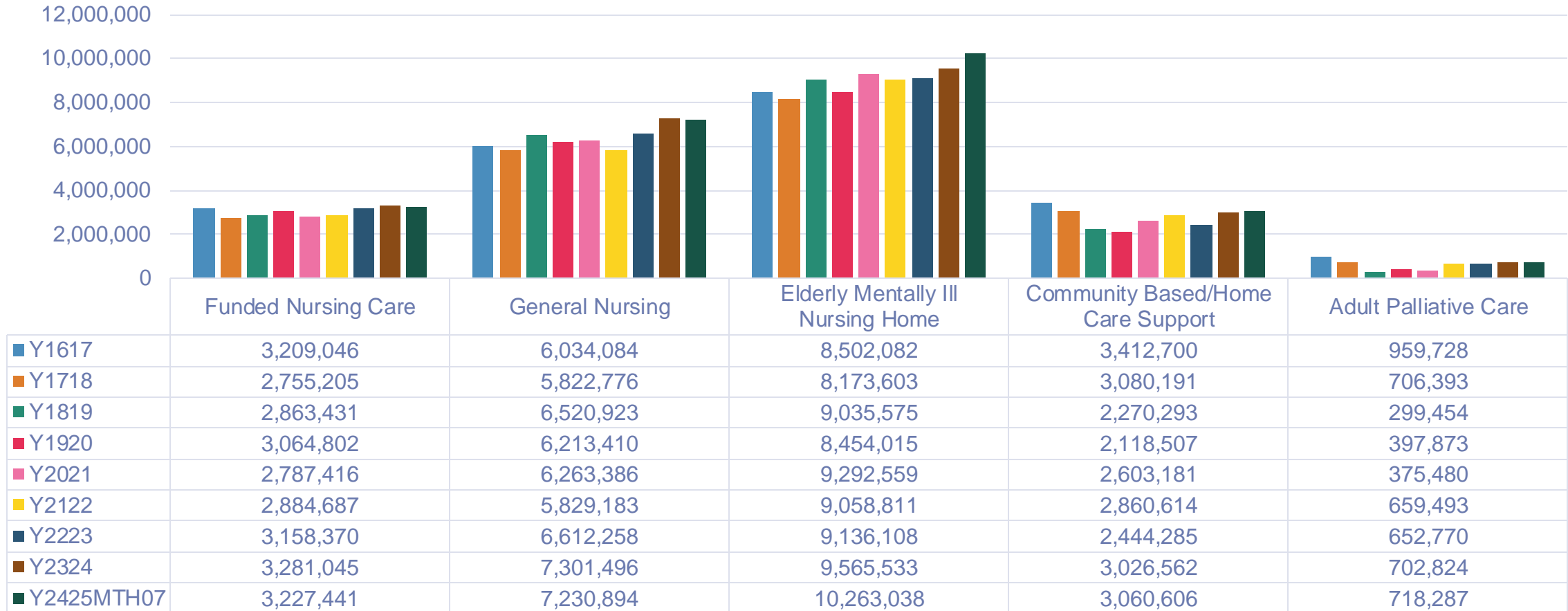
# Costs of Packages - Recent Trends



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

# Volume of Packages – Trend in Recent Years

## CHC Active Packages by Criteria



# Costs and Volumes of Packages – Future Outlook

## *The short to medium term outlook*

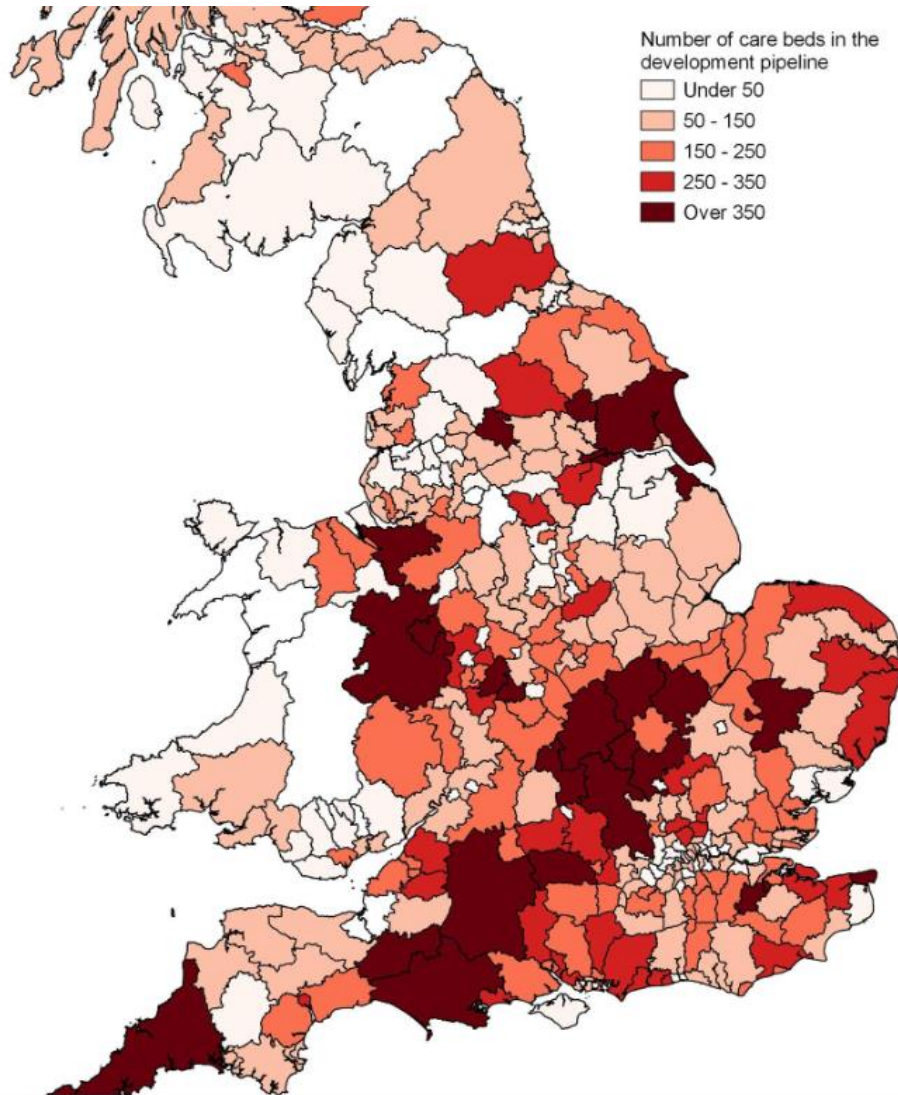
- **UK Government Budget and macroeconomic factors**
  - Impact of Employer NI – both threshold and rate
  - Impact of increase in National Living Wage
  - Impact of potential increase in Real Living Wage
  - Non-pay inflation
  - 2025/26 impact likely to be significant
    - around 7% - 8% cost pressure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

# Costs and Volumes of Packages – Future Outlook

## *The medium to long term outlook*

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

# Costs and Volumes of Packages – Future Outlook



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

Source: Savills care / nursing home anticipated developments

## Potential Areas for Development

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

2.7

11:50 AM, 00 Mins

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2.7 - CORPORATE RISK REPORT

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

| For assurance

**Attachments**

[Corporate Risk Report SRC 17 December 2024.pdf](#)

[Appendix 2 SRC Corporate Risk Register November 2024.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

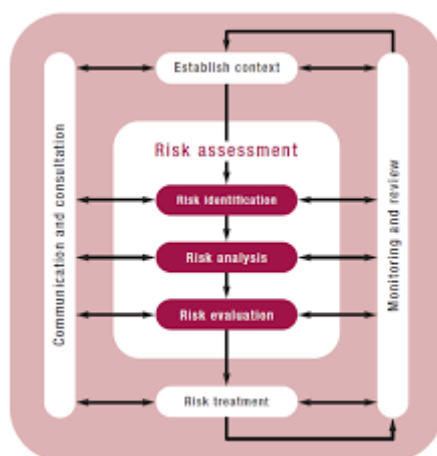
**Sefyllfa / Situation**

The Sustainable Resources Committee (SRC) is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is requested to seek assurance from the identified Executive Director that the corporate risks in the attached report are being managed effectively.

**Cefndir / Background**

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.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate-level risks within their remit. As such, they are responsible for:

- Seeking assurance on the management of corporate risks included in the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively, reporting areas of significant concern - for example, where risk appetite is exceeded, lack of action etc.
- Reviewing operational risks over tolerance and, where appropriate, recommending the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB's) risk appetite / tolerance to the Board through the Committee Update Report.
- Identifying through discussions any new/ emerging risks and ensuring these are assessed by management.
- Signposting any risks outside their remit to the appropriate HDdUHB Committee.
- Using risk registers to inform meeting agendas.

The Executive Team has agreed the content of the CRR. These risks have been identified via a top-down and bottom-up approach.

Each risk on the CRR has been mapped to a Board-level Committee to ensure that risks are being managed appropriately, taking into account gaps, planned actions and agreed tolerances, and to provide assurance regarding the management of these risks to the Board through Committee Update Reports.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

The Board has delegated a proportion of its role in scrutinising assurances to its Committees in order to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relating to principal risks are received and scrutinised, and an assessment made as to the level of assurance they provide. The reports should consider the validity and reliability of each assurance in terms of source, timeliness and methodology.

Robust scrutiny by its Committees will enable the Board to place greater reliance on assurances and will provide the Board with greater confidence in the likelihood of achieving strategic objectives, in addition to ensuring a sound basis for decision-making. It is the role of Committees to provide challenge where missing or inadequate assurances are identified and to escalate any gaps in assurance to the Board (**Appendix 1**).

### Asesiad / Assessment

The Sustainable Resources Committee Terms of Reference state that it will:

*2.8 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.*

*2.9 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.*

*2.10 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across*

*the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).*

There are 2 risks assigned to the Committee from the 21 risks currently identified on the CRR. The corporate risks have been entered onto a 'risk on a page' template, which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances. Details on corporate risks assigned to SRC is included in Appendix 2. Due to the sensitive nature of risk '1352 – Risk of business disruption and delays in patient care due to a cyber-attack', the detail is being reported to in-committee to provide discussion and assurance.

### Changes Since Previous Report

Total Number of Risks	2	See Note 1
New risks	0	
De-escalated/Closed	0	
Increase in risk score ↑	0	
No change in risk score →	2	
Reduction in risk score ↓	0	

### Note 1 – No change in risk score

Since the previous report, there has been no change in the scores of the following risks:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1843 - Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position	01/04/24	Director of Finance	<b>5x5=25</b> (Reviewed 29/10/24)	<p>The annual plan for 2024/25 is unacceptable to the Board and to Welsh Government (WG).</p> <p>The Board have been involved in the discussions and decisions in the development of the plan through our Committees, Board Seminar sessions, and Public Board meetings.</p> <p>The Board, at its meeting on the 28 March 2024 endorsed the annual plan, recognising the forecast financial outturn remains unacceptable and in breach of the Health Board's statutory requirement to achieve financial balance. Without further support, the Health</p>	<b>4x3=12</b>

				<p>Board will require further cash-backed support as the extent of the cash allocation will be insufficient to pay our liabilities as they fall due in February and March 2025.</p> <p>Through our planning process, operational plans to address the recurrent financial savings gap and operational variation have not provided sufficient assurance to mitigate the current financial trajectory. Actual delivery also falls short of submitted plans, adding further assurance concerns. Efforts to de-risk the plan during Q1 have not delivered the required impact, however, these efforts did accelerate during Q2.</p> <p>The latest assessment of the mitigation plan and route map to delivering £64.0m is that £2.3m of the £4.2m identified savings are now delivering. Each action is associated with either an Operational or Corporate Lead as appropriate and these leads are continually assessing what further actions must be implemented in order to meet the required delivery.</p> <p>The <b>Month 6 financial position</b> is a <b>deficit of £5.3m in line with the Annual Plan Deficit of £5.3m</b> – the first month of the financial year that has achieved the planned in-month deficit. The Board Seminar on 11 September were provided with actions which will be taken to</p>	
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				<p>improve the deficit to deliver £64m, and was presented to Board on 26 September 2024 and ratified. <b>Forecast year end position as at October 2024 is £0.2m deficit.</b></p> <p>A strategic cash request will formally be submitted to WG by 28 November 2024, and should the Health Board receive a positive response, and the financial deficit remains on track to deliver the planned deficit of £64.0m, it is anticipated that this risk may be reduced.</p>	
1352 - Risk of business disruption and delays in patient care due to a cyber attack	27/01/22	Director of Finance	<b>4x4=16</b> (Reviewed 18/11/24)	<i>Details of this risk provided to SRC In-Committee.</i>	<b>4x3=12</b>

The 'heat map' below includes the risks currently aligned to SRC:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					1843 (→)
MAJOR 4				1352 (→)	
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

## Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **SEEK ASSURANCE** that all identified controls are in place and working effectively;
- **SEEK ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, if the risk materialises;
- **CHALLENGE** where assurances are inadequate.

Subsequently, this will enable the Committee to provide the necessary onward assurance to the Board, through its Committee Update Report, that the Health Board is managing these risks effectively.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.8 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p> <p>2.9 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.</p> <p>2.10 Receive assurance through Sub-Committee Update Reports and other management/task &amp; finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Contained within the report</p>
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>7. All apply</p>
<p>Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	<p>6. All Apply</p>
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	<p>All Strategic Objectives are applicable</p>

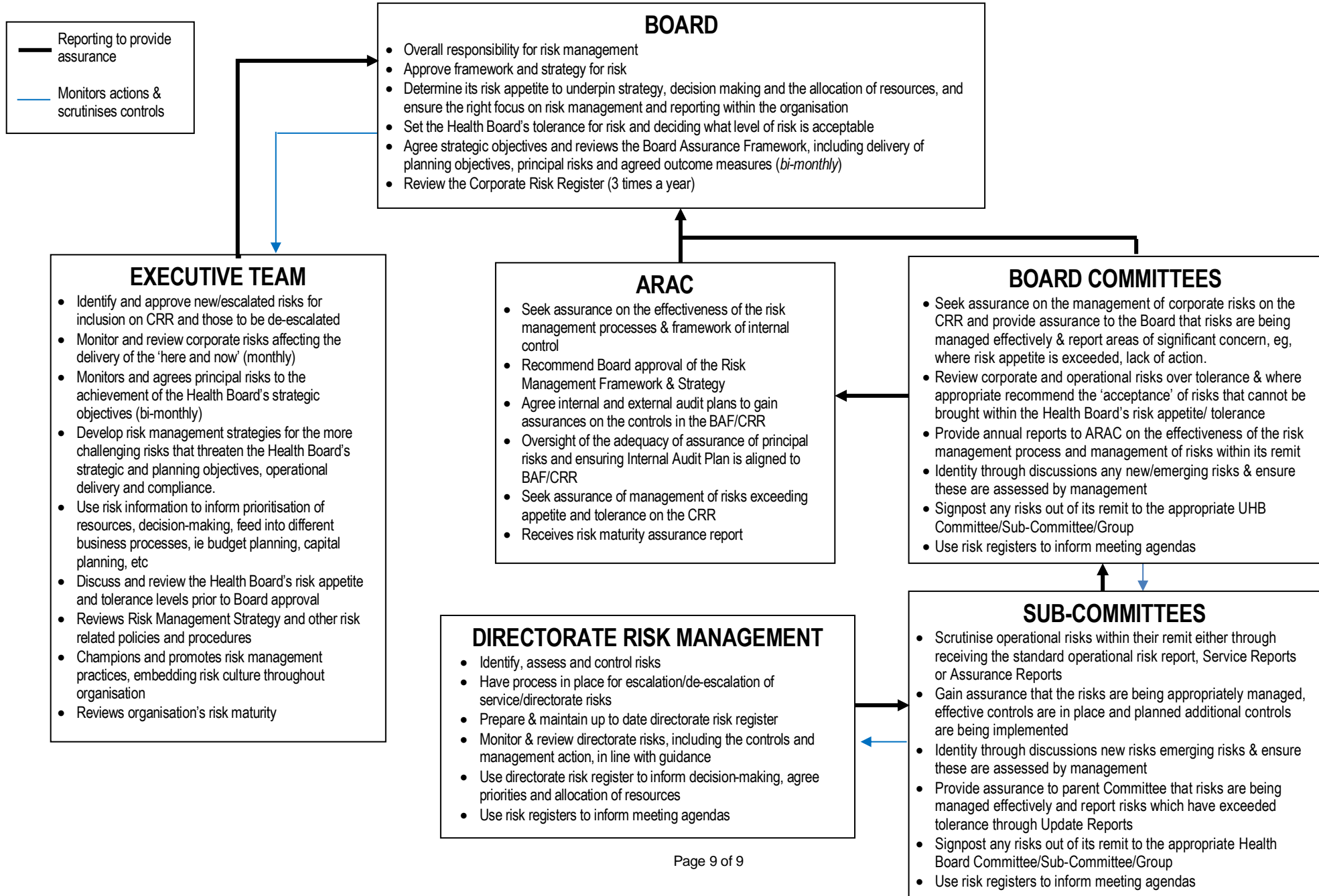
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/ owners.
Rhestr Termau: Glossary of Terms:	Explanation of terms is included in the main body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	No direct impacts from report, however proactive risk management, including learning from incidents and events, contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.

<b>Enw Da:</b> <b>Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts from report, however, impacts of each risk are outlined in risk description.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No




## Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Oct-24	Trend	Target Risk Score	Risk on page no...
1843	Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position	Thomas, Huw	Finance inc. claims	6	5x5=25	5x5=25	→	3x4=12	3
1352	Risk of business disruption and delays in patient care due to a cyber attack	Thomas, Huw	Statutory duty/inspections	8	4x4=16	4x4=16	→	3x4=12	N/A

**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		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

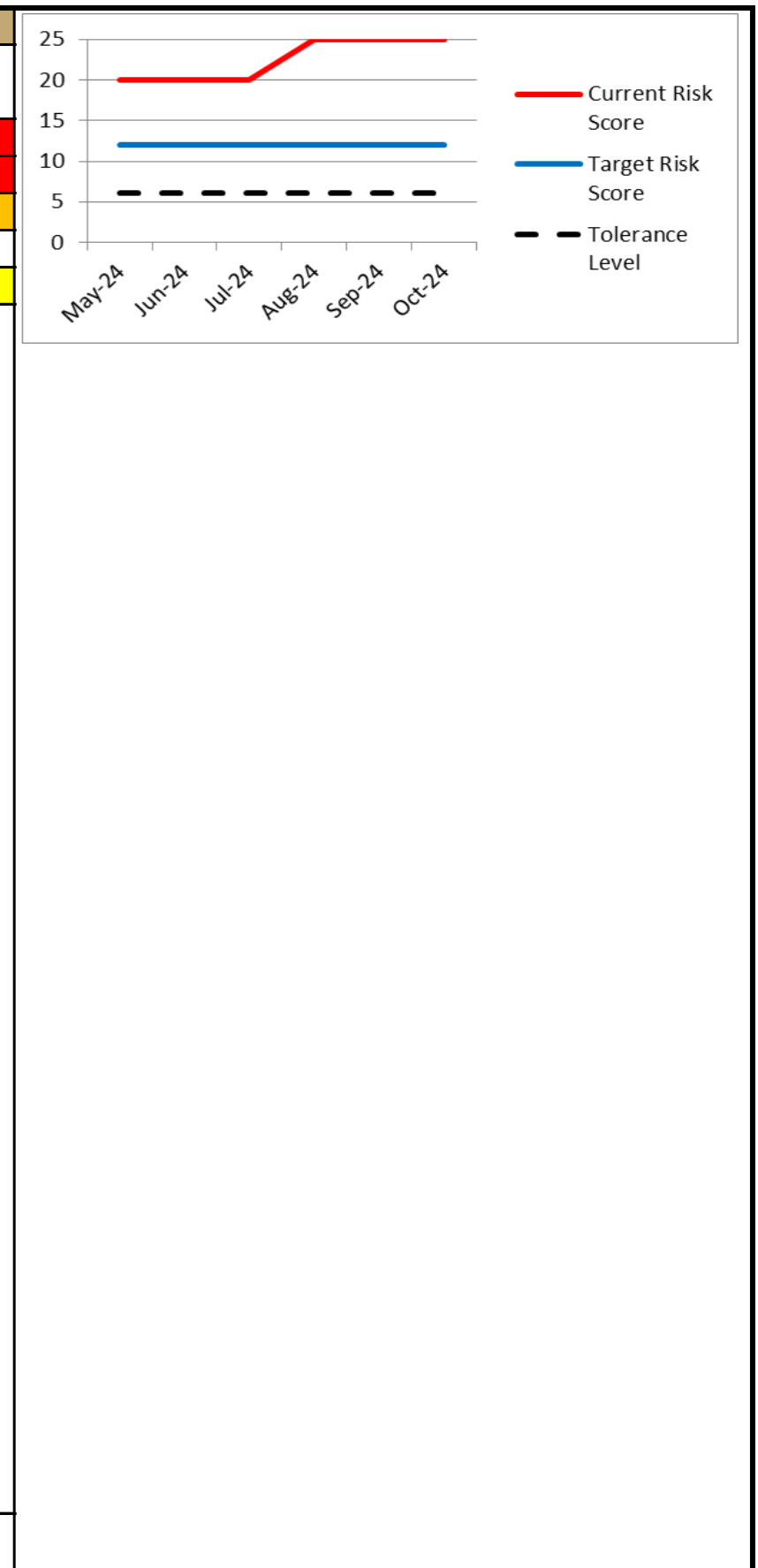
Key - Control RAG rating	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed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

<b>Date Risk Identified:</b>	Apr-24
<b>Strategic Objective:</b>	6. Sustainable use of resources

<b>Executive Director Owner:</b>	Thomas, Huw	<b>Date of Review:</b>	Oct-24
<b>Lead Committee:</b>	Sustainable Resources Committee	<b>Date of Next Review:</b>	Nov-24

<b>Risk ID:</b>	<b>1843</b>	<b>Principal Risk Description:</b>	<p>There is a risk that neither the Health Board or Welsh Government (WG) are able to fully cover the cash consequences of the Health Board deficit. This follows WG feedback stating that the Health Board deficit is unaffordable and unacceptable. This is caused by the financial plan for 2024/25 setting a £64.0m deficit plan against a WG control total of £44.8m, which is itself a consequence of:</p> <ol style="list-style-type: none"> <li>Continued significant growth in expenditure across our unscheduled care services;</li> <li>Staffing pressures and reliance on locum and agency staff to fill gaps;</li> <li>Continued pressure across services and sites as demand exceeds capacity, compromising patient flow and elective pathways;</li> <li>The embedded impact of recent inflationary pressures on the costs of goods, drugs and services from providers;</li> <li>Capacity and capability amongst budget holders and service leads to adequately engage with the financial agenda.</li> </ol> <p>The organisation has de-risked the financial position over the course of the first half of the financial year, with assured actions to deliver a deficit of no more than £64.0m.</p> <p>The recovery of the financial position has been hampered by insufficient assurance over the identification and operational delivery of the required level of savings on a recurrent basis; and by insufficient controls in place on the operational drivers of expenditure, most significantly in the management of beds, rostering controls and drugs expenditure. Given the scale of the deficit, transformational change is required at a pan Health Board level in addition to ensuring there is a robust control environment at a Directorate level. The savings schemes put forward by Directorates to date do not capture the scale of change and financial impact required. This could lead to an impact/affect on</p> <ol style="list-style-type: none"> <li>An inability to meet the Ministerial priority of operating within our budget;</li> <li>An inability to develop an approvable Integrated Medium Term Plan;</li> <li>A likely impact that the Health Board has insufficient cash available to make payments to suppliers in February and March 2025;</li> <li>A likely impact on the delivery of WG performance measures and consequential impact on patients having to wait longer for care or treatment;</li> <li>A potential impact that the Health Board will be escalated further from Targeted Intervention to Special Measures.</li> </ol>
<b>Does this risk link to any Directorate (operational) risks?</b>			

<b>Risk Rating:(Likelihood x Impact)</b>	
<b>Domain:</b>	Finance inc. claims
<b>Inherent Risk Score (L x I):</b>	5x5=25
<b>Current Risk Score (L x I):</b>	5x5=25
<b>Target Risk Score (L x I):</b>	3x4=12
<b>Tolerable Risk:</b>	6
<b>Trend:</b>	
↔	

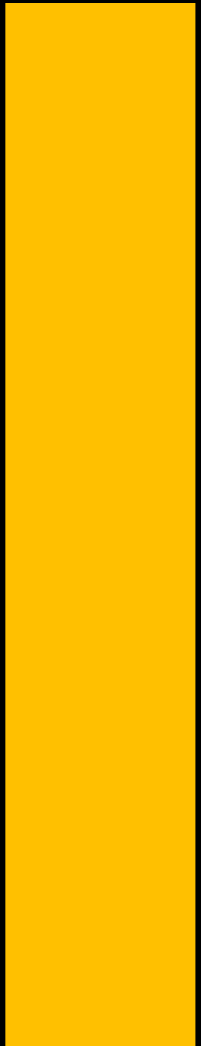




<b>Rationale for CURRENT Risk Score:</b>
<p>The annual plan for 2024/25 is unacceptable to the Board and to Welsh Government.</p> <p>The Board have been involved in the discussions and decisions in the development of the plan through our Committees, Board Seminar sessions, and Public Board meetings.</p> <p>The Board, at its meeting on the 28 March 2024 endorsed the annual plan, recognising the forecast financial outturn remains unacceptable and in breach of the Health Board's statutory requirement to achieve financial balance. Without further support, the Health Board will require further cash-backed support as the extent of the cash allocation will be insufficient to pay our liabilities as they fall due in February and March 2025.</p> <p>Through our planning process, operational plans to address the recurrent financial savings gap and operational variation have not provided sufficient assurance to mitigate the current financial trajectory. Actual delivery also falls short of submitted plans, adding further assurance concerns. Efforts to de-risk the plan during Q1 have not delivered the required impact, however, these efforts did accelerate during Q2.</p> <p>The latest assessment of the mitigation plan and route map to delivering £64.0m is that £2.3m of the £4.2m identified savings are now delivering. Each action is associated with either an Operational or Corporate Lead as appropriate and these leads are continually assessing what further actions must be implemented in order to meet the required delivery.</p> <p>The Month 6 financial position is a deficit of £5.3m in line with the Annual Plan Deficit of £5.3m - the first month of the financial year that has achieved the planned in-month deficit. The Board Seminar on 11 September were provided with actions which will be taken to improve the deficit to deliver £64m, and was presented to Board on 26 September 2024 and ratified. Forecast year end position as at October 2024 is £0.2m deficit. A strategic cash request will formally be made submitted to Welsh Government by 28th November 2024, and should the health board receive a positive response, and the financial deficit remains on track to deliver the planned deficit of £64.0m, it could be anticipated that this risk may be reduced.</p>

<b>Rationale for TARGET Risk Score:</b>
<p>Given the historic challenges relating to operational controls of the drivers of our expenditure, and the operational delivery of savings schemes; it is unlikely that the risk tolerance or target will be achieved in year. Further work is needed to provide assurance that this risk target is achievable over the medium term.</p>

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	By Who	By When	Progress	
<p>1. Timely financial reporting to Directorates, Sustainable Resources Committee, Board and Welsh Government on the finances to inform central and local scrutiny, feedback and decision-making.</p> <p>2. Oversight arrangements in place at Board level and through the Executive Team structure, including through:</p> <p>a. Value &amp; Sustainability group</p> <p>b. Integrated Quality, Finance, Performance and Delivery (IQFPD) Group</p> <p>c. The Executive Team Escalation framework.</p> <p>3. Exploration of a number of funding streams, including: Local Health Board funding arrangements; Funding arrangements through the Regional Partnership Board and Local Authority partners. Funding from WG's own sources or from HM Treasury via WG.</p> <p>4. Opportunities Framework refreshed with the expectation that identified areas of waste will present deliverable cost reductions/formal savings schemes. Linked to Planning Objectives workplan, which will be shaped by the Health Board's strategy, "A Healthier Mid and West Wales", and align to the design assumptions set out in that. These have been translated into a series of '100 day cycles' which are due to reach fruition by the end of Q2, and further action taken during August 2024 within operational teams. These are being translated into revised savings plans.</p> <p>5. Accountability agreements in relation to the Opening Directorate Budgets issued to the Executive Team in April 2024.</p> <p>6. Delivery of our Planning Objectives and the subsequent financial benefits.</p>	<p>The control of the operational drivers of financial risk has been a significant historic gap in control. This has included:</p> <ol style="list-style-type: none"> <li>1. The effective management of rostering;</li> <li>2. The effective management of beds;</li> <li>3. Effective contract management arrangements;</li> <li>4. Oversight arrangements over commissioned services;</li> <li>5. A consistent rate card for Medical and AHP;</li> <li>6. Operational accountability arrangements.</li> </ol> <p>The delivery of savings plans through the effective and timely oversight of projects and the resulting corrective actions and decisions required.</p>	<p>The implementation of a rostering system across medical staff, and the extension of rostering to other staff groups.</p>	Hill, Carly	<del>30/09/2024</del> 31/10/2024	<p>The latest assessment of the mitigation plan and route map to delivering £64.0m is that £2.3m of the £4.2m identified savings are now delivering. Each action is associated with either an Operational or Corporate Lead as appropriate and these leads are continually assessing what further actions must be implemented in order to meet the required delivery. Two key areas which remain outstanding relate to Variable Pay and Digitisation of Records.</p>	
		<p>Operational adoption of the Welsh Patient Administration System (WPAS) Bed Module and its incorporation into daily site management meetings.</p>		Carruthers, Andrew	31/10/2024	<p>Progress to be provided at next risk review</p>
			<p>Implementation of new oversight arrangements across commissioned services.</p>	Davies, Lee	<del>30/09/2024</del> 31/12/2024	<p>As of August 2024, terms of reference are currently being drafted.</p>
			<p>Informed by intelligence within the organisation, including the Compendium of Variation, a recovery plan has been framed by the Finance Department as part of efforts to de-risk the original Annual Plan. This has resulted in the development of 100 day cycles which will conclude in September 2024.</p>	Ayres, Shaun	Completed	<p>100 day cycles through the summer months to review and assess the opportunities presented e.g. Bed configuration and Critical care, with a view to realising the delivery of plans within the 100 day period, to enable financial improvement in last 6 months of 24/25 and recurrently.</p> <p>This action was presented at the Board seminar on 11th September.</p>
			<p>Financial Savings and Choice workshops undertaken across Operational Teams in August to facilitate more robust planning between interdependent services.</p>	Jones, Keith	Completed	<p>Aim of framing priority schemes to close the £10.7m saving gap based on Q1 results.</p>

	The cash management strategy will be updated and presented to the SRC for reassessment in October alongside a formal reassessment of the financial trajectory for the year to fully understand the scale of the cash risk which may be experienced.	Davies, Rhian	30/11/2024	A paper has been drafted for presentation at Sustainable Resources In-Committee in October 2024, the outcomes of which will inform the next steps for this action.
	The plans presented at Board Seminar on 11 September, and following approval and due process, are operationalised through our savings tracker. This needs to be completed during September to inform the forecast reassessment for Month 6 in early October 2024.	Thomas, Huw	30/11/2024	The latest assessment of the mitigation plan and route map to delivering £64.0m is that £2.3m of the £4.2m identified savings are now delivering. Each action is associated with either an Operational or Corporate Lead as appropriate and these leads are continually assessing what further actions must be implemented in order to meet the required delivery. Two key areas which remain outstanding relate to Variable Pay and Digitisation of Records.
	Agreement and universal implementation of one consistent medical/AHP rate card spanning all locations and all services to align the rates of pay paid to staff irrelevant of specific circumstances.	Hill, Carly	31/03/2025	LMC negotiations underway
	Finalise and implement a substantive operational management structure via the ongoing COO OCP, ensuring all audit recommendations are completed and accountability structures are consistently deployed.	Carruthers, Andrew	31/03/2025	Appointments made into the senior tier, further cascades now being undertaken with support from Workforce and Corporate Governance.

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 operational plans and targets through Performance KPIs In-month financial monitoring	Performance against plan monitored through Improving Together Meetings.	1st			Mth 1 - Paper to May 2024 Board	None				
	Value and Sustainability Group	2nd			Mth 2 - Paper to SRC June 2024					
	Sustainable Resources Committee oversight of current performance	2nd			Mth 3 - Paper to Board July 2024					
	Transformation & Financial Report to Board & SRC	2nd			Mth 4 - Paper to SRC August 2024					
	WG scrutiny through monthly monitoring returns	3rd			Mth 5 - Paper to Board September 2024					
	WG scrutiny through revised monthly Monitoring Returns (specific supplementary templates) and through Finance Delivery Unit	3rd			Mth 6 - Paper to SRC October 2024					
	Audit Wales Structured Assessment process	3rd								

2.8

11:50 AM, 0 Mins

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## 2.8 - OPERATIONAL RISK REPORT

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

| For assurance

### **Attachments**

[Operational Risk Report SRC 17 December 2024.pdf](#)

[Appendix 1 Operational Risk Register November 2024.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care Lee Davies, Director of Strategy and Planning James Severs, Director of Allied Health Professionals and Health Sciences
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rachel Williams, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

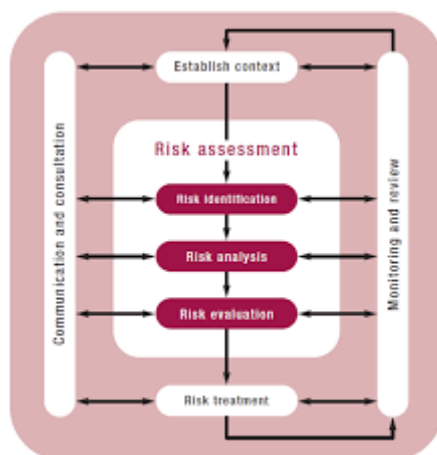
**Sefyllfa / Situation**

The Sustainable Resources Committee (SRC) is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is requested to seek assurance from Lead Officers / representatives of the Directorates that the operational risks identified in the attached reports are being managed effectively.

**Cefndir / Background**

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.



Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports;
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented;
- Challenging pace of delivery of actions to mitigate risk;
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report;
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the SRC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels and any other risks, as appropriate.

### Asesiad / Assessment

The SRC's Terms of Reference state that it will:

- 2.8 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.9 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.10 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

The 15 risks presented in the Risk Register (Appendix 1) as of 21 November 2024, have been extracted from Datix, based on the following criteria:

- The SRC has been selected by the Risk Lead as the 'Assuring Committee' on Datix;
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27 September 2018;
- Risks have been approved at Directorate level on Datix;
- Risks have not been escalated to the CRR.

11 risks have been scored against the *Finance, including Claims* 'impact' domain, 2 have been scored against the *Service / Business Disruption / Interruption* domain, 1 has been scored against the *Workforce* domain and 1 has been scored against the *Business objectives/projects* domain.

Below is a summary of the 15 risks which meet the criteria for submission to SRC at its meeting on 17 December 2024:

TOTAL NUMBER OF RISKS	15
NEW RISKS ADDED TO THE REPORT SINCE PREVIOUS MEETING	1
RISKS CLOSED/REASSIGNED SINCE PREVIOUS MEETING	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	7
REDUCTION IN RISK SCORE ↓	7
EXTREME (RED) RISKS (based on 'Current Risk Score')	6
HIGH (AMBER) RISKS (based on 'Current Risk Score')	9

### **New risks added to this report**

Since the previous meeting, the following risk has been added to the report:

<b>Risk Reference &amp; Title</b>	<b>Date risk identified</b>	<b>Lead Director</b>	<b>Current risk score</b>	<b>Update</b>	<b>Target Risk Score</b>
1906 - Risk of not achieving savings targets within	16/08/24	Chief Operating Officer	<b>4x4=16</b> (Reviewed 19/11/24)	Whilst plans are in place to remove more beds (Puffin ward in August) and integrate	<b>3x4=12</b>

<p>our annual plan due to ongoing service demand (USC: <i>Withybush General Hospital (WGH)</i>)</p> <p><b>NEW</b></p>				<p>Internationally Educated Nurses (IENs) and Newly Qualified Nurses (NQNs) into the WGH workforce, these will not come into effect until September 2024, with the full effect in the next financial year, reducing all ward nursing variable pay.</p> <p>Medical recruitment continues to be challenging, and there is a need to reduce reliance on locums. Additionally, the use of high-cost biologic drugs and blood products continues to increase month on month.</p> <p>Whilst there are controls measures in place, due to current demands on the site, their effectiveness is limited.</p> <p>There have been some issues in nursing recruitment which has put a pause on trajectory, meaning the risk cannot be reduced currently. Ambulance handover delays have improved, but more work is required for 4 and 12hr performance.</p> <p>As at <b>Month 7</b> the forecast is a <b>£816K deficit</b>, with the main driver of overspend being drug spend (c £501k). Work is ongoing with Medicines Management directorate on bio-similar switches. Pressures within Emergency Department (ED) necessitate</p>	
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				additional agency nursing.	
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**Risks that are no longer included in this report**

Since the previous meeting, the following risk has been removed from the report:

Risk Reference & Title	Date risk identified	Lead Director	Rationale
1423 - Risk of overspend against funding allocated for Oncology drugs due to activity growth and excess drug costs  (Cancer Services)	04/07/22	Chief Operating Officer	The risk was <b>closed</b> on Datix on 11 September 2024, with a view to write a new risk, supported by the Finance team.

**No change in risk score**

Since the previous report, there has been no change in the following 9 risk scores:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1854 - Risk to the ability to meet financial saving targets due to operational challenges  (Scheduled Care)	04/06/24	Chief Operating Officer	<b>4x5=20</b> (Reviewed 27/11/24)	The financial position indicates that the directorate is not on target to meet the required saving.  The <b>saving target is £6.2 million</b> . The Directorate has <b>achieved in part the savings required for this financial year (c£2m)</b> , however the savings target will increase for financial year 2025/26, with the service looking at options on how to achieve these.	<b>3x5=15</b>
1530 - Risk of overspend against site budget due to staffing cost pressures and increase in demand for homecare drugs insulin & CPAP	01/08/22	Chief Operating Officer	<b>5x4=20</b> (Reviewed 11/11/24)	While risk controls such as the refreshed Opportunities Framework, monthly meetings with the Finance Business Partner which focus on mitigating actions and	<b>3x5=15</b>

<p>(Continuous Positive Airway Pressure) devices</p> <p><i>(USC: Prince Philip Hospital (PPH)).</i></p>				<p>consequence to reduce spend, and a standing financial agenda item on the PPH Quality and Safety meetings in place. However, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited.</p> <p>At <b>Month 7</b>, the site is <b>overspent by £0.3m</b>, and is actively implementing savings plans.</p>	
<p>975 - Risk of failure to remain within allocated budget due to financial constraints</p> <p><i>(Estates &amp; Facilities).</i></p>	<p>01/05/20</p>	<p>Chief Operating Officer</p>	<p><b>4x5=20</b> (Reviewed 04/11/24)</p>	<p>Key drivers include postage, Reinforced Autoclaved Aerated Concrete (RAAC), maintenance overspend and provision cost increases. Maintenance overspend will be the focus of the monthly establishment reviews going forward.</p> <p>The Directorate, Finance Business Partners and other supporting functions will enhance the cost analysis and review process and put controls in place to better understand and manage costs on an ongoing basis.</p> <p>Nature of aging estate means that dynamic failures are happening on a week-by-week basis therefore increasing non-pay unforeseen overspend.</p> <p>Increase in statutory obligations faced by the Department.</p>	<p><b>1x5=5</b></p>

<p>1892 – Risk of not achieving savings targets due to continued expenditure without mitigating savings plans</p> <p><i>(USC: Radiology)</i></p>	26/07/24	Chief Operating Officer	<p><b>4x4=16</b> (Reviewed 11/11/24)</p>	<p>Recurrent and non-recurrent savings have been identified however these do not achieve the 5% expected.</p> <p>At month 7, the projected <b>overspend was £86k</b> and so before savings can be made, this must be mitigated.</p>	<b>4x3=12</b>
<p>1544 - Risk to delivering NHS Wales Decarbonisation Strategic Delivery Plan by 2030 due to lack of investment/resource.</p> <p><i>(Strategic Development and Operational Planning: Planning)</i></p>	17/01/22	Director of Strategy and Planning	<p><b>4x3=12</b> (Reviewed 01/10/24)</p>	<p>There are unknowns linked to Welsh Government (WG) funding and carbon baseline reporting boundaries, as well as significant issues with the national grid capacity.</p> <p>The funding identified by WG is insufficient to deliver the initiatives in the plan.</p> <p>The audit report highlighted the recommendation 'to have a fully costed plan' which is unachievable because to provide accurate costings requires funding for feasibility and optimisation type studies (which will go</p>	<b>4x2=8</b>

				out of date unless actioned early enough and this will result on that spend being wasted). This has been highlighted to the auditors and to WG Climate Change team.	
971 - Risk of failure to remain within allocated budget over the medium term due to financial constraints  <i>(Mental Health &amp; Learning Disabilities).</i>	01/05/20	Chief Operating Officer	<b>3x4=12</b> <i>(Reviewed 20/11/24)</i>	As at October 2024, the Directorate is forecast to be <b>underspent by £1.26m</b> by 31st March 2025.  Fluctuations due to commissioning could take the Directorate to an overspend.	<b>1x4=4</b>
1719 - Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of Radiology Information Systems Procurement (RISP)  <i>(USC: Radiology)</i>	19/06/23	Chief Operating Officer	<b>2x5=10</b> <i>(Reviewed 11/11/24)</i>	The RISP project is a Wales wide project and therefore our Health Board timelines will be affected by any time delays accrued within the other Health Boards with implementation dates before ours.  In May 2024, a contract extension was secured with Fuji to cover the period until 31 August 2026. It is anticipated that the new RISP system will be functional by September 2025 (this date has slipped from the original date of 30 June 2025) as such, contingencies are in place to mitigate the risk to ensure continued service delivery.  Due to revised dates, this now allows for the dual running of both systems. The likelihood rating of this risk has been set at 2 given the developments with contract negotiations	<b>2x5=10</b>

providing additional contingency.

**Risks that have decreased in score since the previous report**

Since the previous meeting, the following 5 risk scores have reduced:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score (Aug 2024)	Current risk score	Rationale	Target Risk Score
1528 - Risk of overspend against site budget due to increasing operational pressures and costs  (USC: Glangwili General Hospital (GGH)).	01/08/22	Chief Operating Officer	<b>5x5=25</b>	<b>4x5=20</b> (Reviewed 27/11/24)	Despite the controls that are in place, due to current demands on the site, exacerbated by staff sickness and current vacancies, their effectiveness is limited. <b>Month 7 position was overspent by £0.9m.</b>  With the additional amount of patients in the Emergency Department (ED) requiring medical care we are having to place additional medical staff in this area to ensure clinical safety. ED nurse staffing costs are also above budget due to acuity of patients in the department and number of overnight patients requiring a bed, which require additional registered nurses (RNs).  However, additional international nurses have been recruited and are in post, with further international nurses due to commence which should support further improvements in	<b>3x5=15</b>

					financial performance. <b>The end of year forecast for the site as at month 7 is noted as being c£1.1m overspent (month 3: £1.65m).</b>	
1631 - Risk of failure to achieve financial management objectives due to staff shortages and fragility of agency provision  <i>(Therapies &amp; Health Science)</i>	28/03/23	Director of Allied Health Professionals and Health Sciences	<b>4x4=16</b>	<b>4x3=12</b> (Reviewed 19/11/24)	Whilst there are control measures in place, due to current and additional demands upon Therapy services and supporting patient flow, exacerbated by workforce absence, vacancies and expiry of fixed term funding, their effectiveness is limited.	<b>3x2=6</b>
1858 - Risk of not achieving savings targets due to continued expenditure without mitigating savings plans  <i>(Pembrokeshire)</i>	05/06/24	Director of Primary Care, Community & Long Term Care	<b>3x5=15</b>	<b>2x5=10</b> (Reviewed 05/11/24)	Risk score reduced to high due to the identification of savings.	<b>1x5=5</b>
1876 - Risk of being unable to identify recurrent savings required due to spend on ad-hoc variable pay and need for wider	01/04/24	Chief Operating Officer	<b>4x4=16</b>	<b>3x3=9</b> (Reviewed 11/11/24)	Improved financial forecast in <b>Month 6 of £111k underspend by end of year.</b>  However, there is agreement that 5% saving is highly unachievable in the absence of significant service change.	<b>2x2=4</b>

Health Board engagement <i>(Women and Children)</i>					The Directorate will continue to explore opportunities, with focus on wider service change for 2025/26.	
1610 - Risk of being unable to meet the increasing demand for data and analytics within the health board due to limited capacity <i>(Finance: Performance)</i>	02/03/23	Director of Finance	<b>3x4=12</b>	<b>3x3=9</b> (Reviewed 28/10/24)	<p>The likelihood of the risk has been reduced following the appointment of a new Performance Improvement Analyst and sickness levels have resolved.</p> <p>The DITS (Directorate Improving Together Sessions) process has been reviewed by the Executive Team. DITS meetings will happen bi-annually for all directorates from November 2024 onwards.</p> <p>The Executive Team have also developed an escalation framework, with escalated directorates having meetings with Executive Directors monthly or quarterly, depending on the escalation levels. Processes have been established to support the health board's escalation framework and DITS.</p>	<b>2x3=6</b>
1646 - Risk of overspending against	01/05/20	Chief Operating Officer	<b>5x3=15</b>	<b>4x2=8</b> (Reviewed 11/11/24)	As of November 2024, this remains a significant financial risk for Pathology as	<b>3x2=6</b>

<p>funding allocated for external test service level agreements (SLAs) due to increased workload/ costs</p> <p>(USC: Pathology)</p>					<p>the increase in high cost tests (genetic/ genomic tests) and general workload growth has resulted in considerable overspend. Currently we have no firm process in place to scrutinise and agree what new tests are introduced and/or if there are changes in protocol that creates variations to test frequency and volumes.</p> <p>A Value Based Healthcare (VBHC) steering group is in the process of being established to review new tests and changes in protocols that may have an impact to Pathology.</p> <p>The group will also look at key tests that the service has identified as opportunities to either reduce unwarranted testing or may have benefits to other areas.</p>	
<p>1793 - Risk of Finance team resources reaching critical levels due to staff turnover, high levels of sickness and pause</p>	<p>01/12/23</p>	<p>Director of Finance</p>	<p><b>3x4=12</b></p>	<p><b>2x4=8</b> (Reviewed 26/01/24)</p>	<p>The Finance function has a budgeted staffing level of 95.6 whole-time equivalent (WTE) within the core finance team. Vacancies, long term sickness and maternity absences amount to 11 WTE in November 2024, which equates to a</p>	<p><b>1x4=4</b></p>

<p>in recruitment <i>(Finance)</i></p>					<p>12% reduction against a fully resourced team. This has improved from a 21% gap from December 2023 when the risk was created.</p> <p>The Directorate is currently able to prioritise activities to fulfil mandatory tasks such as external reporting obligations, financial payment runs and statutory financial accounting activities, and the majority of cover across directorate level budget holders.</p> <p>The risk has been minimised with the successful recruitment to core accounting and reporting roles. The remaining vacancies are presented in the Business Control and Partnering teams linked to the change associated with implementing the organisation change process (OCP) within Finance, and the OCP within operations where a mirror support structure is needing to be defined prior to full implementation.</p>	
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The Risk Register at **Appendix 1** details the responses to each risk, i.e. the Risk Action Plans. The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 19 November 2024:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
<b>CATASTROPHIC</b> 5		1719 (→) 1858 (↓)		975 (→) 1854 (→)	1528 (→)
<b>MAJOR</b> 4			971 (→) 1793 (→)	1892 (→) 1906 (NEW)	1530 (→)
<b>MODERATE</b> 3			1610 (↓) 1876 (↓)	1544 (→) 1631 (↓)	
<b>MINOR</b> 2				1646 (↓)	
<b>NEGLIGIBLE</b> 1					

The table below details when all Directorate level risks assigned to the SRC (16 in total, including those below the threshold for reporting to committee) were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly.
- High Risks – Bimonthly.
- Moderate Risks – Six-monthly.
- Low Risks – Annually.

As of 21 November 2024, 1 risk is overdue for review:

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
<b>Extreme</b>	975 1528 1530 1892 1906		<b>1854</b>	
<b>High</b>	971 1610 1631 1646 1719 1858 1876	1544 1793		
<b>Moderate</b>	1644			

Risk owners can allocate themes to their risks, allowing the Assurance and Risk Team to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and

enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

The following risk themes are currently aligned to SRC:

- Finance
- Digital Transformation

Finance themed risks are shared with senior finance team members on a quarterly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risks, and develop/improve organisational control, i.e., policies, procedures, systems, processes to reduce the risk to the Health Board.

The Digital Transformation themed risks are shared with the Digital management team on a quarterly basis. On review of the risk registers, theme leads identify any risks which may require further support, and the relevant risk owner and/or service is then contacted for further discussion when required.

### Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed effectively.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.8 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.</p> <p>2.9 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.</p> <p>2.10 Receive assurance through Sub-Committee Update Reports and other management/task &amp; finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including</p>
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	for hosted services and through partnerships and Joint Committees as appropriate).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> ' (ISO Guide 73, 2009)  Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	SRC Executive Lead Director of Corporate Governance

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

Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however impacts of each risk are outlined in risk description.
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from the report however, impacts of each risk are outlined in the risk description.
<b>Risg: Risk:</b>	No direct impacts from the report however, organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	No direct impacts from the report however, proactive risk management including learning from incidents and events contributes towards reducing/ eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
<b>Enw Da: Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/ mitigate risks.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts from the report however, impacts of each risk are outlined in risk description.
<b>Cydraddoldeb: Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1528	Directorate Level Risk	Effective, Efficient	USC: GGH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of that the directorate will overspend against its delegated budget (excluding opportunity deficit) in 2024-25</p> <p>This is caused by multiple factors including:</p> <ul style="list-style-type: none"> <li>- Increased Registered Nursing shift fill rates</li> <li>- Demand exceeding capacity on site, resulting in reliance on agency temporary workforce in surge areas and wards with a higher vacancy.</li> <li>- Inability to discharge patients to the community leading to a greater number of patients who are deemed ready to leave.</li> <li>- High cost locum cover (particularly in A&amp;E-staffing A&amp;E as a ward).</li> <li>- Rising drugs costs</li> <li>- High demand at A&amp;E</li> <li>- Requirement to comply with NICE guidance and Nurse Staffing Levels (NSL)</li> </ul> <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status and the inability to achieve the Directorates control total</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Escalation process in place for nursing staff overtime and on contract agency.</p>	Finance inc. claims	6	5	4	20	<p>Overseas nurse recruitment to GGH site</p> <p>Alternative care model to cohort medically fit with less reliance on RN staff.</p> <p>Workforce review for A&amp;E completed recruiting to band 4 roles.</p> <p>TUEC workstreams to avoid admissions and reduce LOS for frailty patients.</p> <p>6 Policy Goal workstreams in place with Health Board monthly review.</p> <p>Monthly escalation meeting in place with Exec Team to demonstrate improvement</p> <p>Carmarthen oversight group in place to monitor workstreams supported by planning team.</p> <p>Further TI scrutiny and action plans required to address overspend and 5% savings. Setup variable pay, non-pay and clinical efficiency oversight group chaired by Clinical Director. Big ticket savings schemes impact being worked through with Scheduled care.</p> <p>Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.</p>	Morgan, Olwen Perry, Sarah Morgan, Olwen Perry, Sarah Perry, Sarah Perry, Sarah Perry, Sarah Bancroft, Stuart	Completed Completed Completed Completed Completed Completed Completed Completed	<p>Completed- ongoing recruitment with process in place. 76 overseas nurses since June 2022.</p> <p>Completed, this went live in November 2022.</p> <p>Completed.</p> <p>The workstream has been implemented. Complete.</p> <p>Complete. Now in place.</p> <p>Complete. Monthly meeting in place.</p> <p>Now in place. Complete.</p> <p>Action complete</p> <p>met with clinical leads and SBAS being submitted written to address Insulin Pumps, CPAP and Homecare drugs spend</p>	Sustainable Resources Committee	3	5	15		11-Nov-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1530	Directorate Level Risk	Effective, Efficient	USC: PPH	Perry, Sarah	Perry, Sarah	01-Aug-22	<p>There is a risk of That the directorate will overspend against its delegated budget in 2024-25.</p> <p>This is caused by Multiple factors including:                      - Demand exceeding capacity on site, resulting in reliance on agency to staff surge beds                      - Inability to discharge patients to the community leading to a greater number of patients who are medically fit deemed ready to leave.                      - High cost locum cover                      - Rising drugs costs                      - Requirement to comply with NICE guidance.                      Agency Staffing for MIU when medical patients overnight.</p> <p>This will lead to an impact/affect on The inability to reduce overspend leading to the inability in remaining within Statutory Financial Duty in year and the inability to de-escalate from WG Target Intervention status.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Monthly Financial Dashboard for Directorate and overall Health Board financial position</p> <p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend</p> <p>Finance agenda item on Hospital Committee meetings to focus on cost reduction / mitigating actions and further opportunities / risks</p> <p>Due to health board financial position and escalation into targeted interventions currently developing the annual plan for 5% reduction in costs in revenue.</p>	Finance inc. claims	6	5	4	20	Workforce review for MIU completed recruiting to band 4 roles.	Morgan, Olwen	Completed	action closed	Sustainable Resources Committee	3	5	15	Treat	11-Nov-24
														TUEC workstreams to avoid admissions and reduce LOS for frailty patients.	Perry, Sarah	Completed	The workstream is still ongoing. No longer happening.						
														Development of the annual plan, for 2024/2025 and impact analysis across multiple Directorates.	Perry, Sarah	Completed	Completed.						
														Closer analysis and scrutiny of insulin pumps the CPAP prescriptions and home care drugs.	Bancroft, Stuart	3-4/08/2024 30/11/2024	Three SBARs now written and actions being undertaken.						
1854	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Scheduled Care	Jones, Keith	Hire, Stephanie	04-Jun-24	<p>There is a risk of that the scheduled care directorate will be unable to achieve the financial target saving of £6,168,788.</p> <p>This is caused by increasing demand for scheduled care services; WG targets relating to RTT; operational challenges to running services from multiple sites; aging equipment and resources; recruitment challenges into required highly skilled posts.</p> <p>This will lead to an impact/affect on service delivery, RTT compliance and patient experience.</p> <p>Risk location, Health Board wide.</p>	<p>Health Board's Internal Escalation Framework, scrutinised on a monthly basis</p> <p>Prioritisation of roles that go to FCSG</p> <p>100 day cycle critical care</p> <p>Directorate weekly financial control meetings</p> <p>Daily scrutiny meetings attended by Head of Nursing, with focus on variable pay</p> <p>Weekly administrative variable pay review meeting, chaired by General Manager</p>	Finance inc. claims	6	4	5	20	The directorate hold weekly finicane meetings with the SDMs, SNMs and FBPs.	Hire, Stephanie	Completed	Meetings arranged weekly	Sustainable Resources Committee	3	5	15		30-Jul-24
														The directorate engage in monthly escalation meeting as part of targeted intervention. The financial position and improvement target are closely monitored via this platform	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process, therefore added to control measures of the risk.						
														Vacant posts are all submitted to and discussed via FCG as part of the financial monitoring and improvement target.	Hire, Stephanie	Completed	A number of admin posts have not been supported. Directorate plan to review the admin provision across the directorate and re-distribute as able. Ongoing process and therefore added to control measures of the risk.						

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
975	Directorate Level Risk		E&F: Directorate Team	Chiffi, Simon	Chiffi, Simon	01-May-20	<p>There is a risk of the Estates and Facilities Directorate failing to remain within their allocated budget.</p> <p>This is caused by 1. Inability to identify and deliver robust and realistic recurrent savings plans,</p> <p>2. Inability to manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement, or,</p> <p>3. Inability to identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>4. Identify and manage or mitigate cost pressures that threaten the Directorates position for the year, driven by the age of the estate and continual improvements to cleaning standards requirements.</p> <p>5. From other related inflationary factors affecting budgets (external costs).</p> <p>6. Ongoing resource pressures in Facilities.</p> <p>7. Wider HB financial pressures and greater scrutiny of spend.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>The monthly finance cycle reviews the movement in month and forecasts the remainder of the year, ensuring the Health Board has regular updates on the Directorates financial position.</p> <p>Monthly establishments reviews within the service to ensure pay position is understood and actions are taking promptly, supported by Finance colleagues where appropriate.</p>	Finance inc. claims	6	4	5	20	To recognise the scale of the challenge we are looking to significantly escalate our financial controls systems with the support of our finance business partner we will be able to articulate what this looks like in the next update to this risk.	Chiffi, Simon	31/09/2024 30/11/2024	Meeting now planned with FBP to consider best approach to manage this risk in the SML term.	Sustainable Resources Committee	1	5	5	Treat	04-Nov-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1892	Directorate Level Risk	Efficient, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	26-Jul-24	<p>There is a risk of that Radiology will not achieve projected savings targets.</p> <p>This is caused by unidentified savings plans to reduce expenditure in the directorate.</p> <p>This will lead to an impact/affect on the Health Board's overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Health Board wide.</p>	<ol style="list-style-type: none"> <li>Weekly meetings with Head of Radiology, Site Leads and Finance Business Partner to oversee progress on saving plan workstreams</li> <li>Introduction of 3/5 locum consultants to undertake reporting and emergency duty sessions to reduce outsourcing, via a graded approach of most costly elements of outsourcing, including out of hrs rotas to cover busiest times.</li> <li>Scrutiny of individual budgets by finance and Head of Radiology to capture any erroneous spend</li> <li>All vacancy proposed by sites to be approved by Head of Radiology prior to finance Trac sign off or application for FCG approval as appropriate.</li> <li>Elimination of the routine use of high cost locum Radiographers funded by the Radiology Budget</li> <li>Other cost avoidance measures, e.g. increased additional reporting sessions for HB consultants utilised in place of outsourcing at higher cost to maintain and improve quality and performance.</li> </ol>	Finance inc. claims	6	4	4	16	<p>To review historic charges for Powys patients attending Hywel Dda with a view to arranging an SLA and understand LTA arrangements.</p> <p>To scope the feasibility of and any potential savings from changing the current on-call arrangements for Radiographers to a shift system across the four main sites.</p> <p>Recruit a fourth locum Radiologist to enact the proposed level of savings from reduction in outsourcing</p> <p>Explore opportunities for income from dental practices referring for OPT examinations</p> <p>Review charges which constitute the historic SLA with SBUHB for Medical Physics Services to ascertain potential opportunities.</p> <p>To review cardiac catheter consumables and ascertain if less expensive alternatives can be purchased.</p> <p>Provide mitigating actions for the projected EOY overspend at Month 3 of £39.5K</p>	<p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p> <p>Roberts-Davies, Gail</p>	<p>30-Jan-25</p> <p>30-Jan-25</p> <p>Completed</p> <p>30-Jan-25</p> <p>30-Jan-25</p> <p>Completed</p> <p>Completed</p>	<p>Due to staff availability this has not progressed at the pace intended and will now be completed by Jan-25</p> <p>This is progressing but is very complex so will take longer to deliver</p> <p>Action complete</p> <p>on going</p> <p>On going</p> <p>Action complete</p> <p>Mitigating Action was provided to the Monthly Radiology Escalation Meeting</p>	Sustainable Resources Committee	4	3	12	Treat	11-Nov-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1906	Directorate Level Risk	Effective	USC: WGH	Andrews, Bethan	Johns, Helen	16-Aug-24	<p>There is a risk of that the Directorate will overspend against its delegated budget and declared savings plans.</p> <p>This is caused by Multiple factors including:</p> <ul style="list-style-type: none"> <li>- Demand exceeding capacity on site, resulting in reliance on nursing agency to staff surge beds</li> <li>- Inability to decrease the numbers in Emergency Department leading to increased Registered Nursing roster filled by agency shifts</li> <li>- High cost Locum cover filling vacant Medical roles</li> <li>- Rising drugs costs, particularly biologics usage.</li> </ul> <p>This will lead to an impact/affect on remaining within Statutory Financial Duty in year and the inability to de-escalate from Welsh Government's Target Intervention status.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>Monthly finance meetings to review financial outturns and sign-off of the year-end Forecast, with the Finance Business Partner, focusing on mitigating actions and consequence to reduce spend.</p> <p>Opportunities Framework, refreshed to identify alternative ways of working that may result in cost reductions/formal savings schemes identified.</p> <p>Monthly financial scrutiny meetings with senior nurses in order to gain assurance over budget management and scrutinise variable pay.</p>	Finance inc. claims	6	4	4	16	<p>5% reduction in costs of revenue within annual plan.</p> <p>reduction of in patient beds by 25 since pre RAAC. Puffin ward now closed</p> <p>Recruitment of newly qualified nurses and international nurses.</p> <p>Recruitment of medical staffing to reduce reliance on locums.</p>	<p>Andrews, Bethan</p> <p>Andrews, Bethan</p> <p>Thomas, Carol</p> <p>Andrews, Bethan</p>	<p>30/09/2024-31/10/24 11/11/24 19/12/24</p> <p>Completed</p> <p>30/09/2024-31/10/24 11/11/24 19/12/24</p> <p>30/09/2024-31/10/24 11/11/24 19/12/24</p>	<p>ongoing, on plan for the savings.</p> <p>completed</p> <p>ongoing</p> <p>ongoing</p>	Sustainable Resources Committee	3	4	12		19-Nov-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1544	Directorate Level Risk	Effective	Strategic Development and Operational Planning: Planning	Ayres, Shaun	Hughes, Sharon	17-Jan-22	<p>There is a risk of the UHB will not achieve the Welsh Government ambition for a net zero public sector by 2030, as outlined in the NHS Wales Decarbonisation Strategic Delivery Plan.</p> <p>This is caused by a)timescales for Health Board's existing organisational transformational plans do not align to decarbonisation ambitions, with capital build process/regime impacting ability to drive forward changes to our estate.                      b)not securing sufficient resource (internal staff/external support), capital and revenue funding;                      c) significant operational and financial pressures (targeted intervention) have impacted our ability to deliver the programme within planned timescales.                      d) current estate infrastructure/electrical capacity is aged and not fit for purpose to deliver decarbonisation improvements.                      f) the significant demand and competition for WGov and other relevant funding to be able to deliver decarbonisation feasibility and net zero initiatives successfully                      g) Lack of NHS systems and structures around climate change and decarbonisation/route to net zero to create the necessary internal priorities and the unrealistic expectation that this entire agenda will be delivered from within existing NHS resources that are already under significant pressure                      h)change in baseline and reporting data that impacts targets.</p>	<p>Executive Team support for the programme is in place and shared internal programme management resource has been allocated.</p> <p>Approved Decarbonisation Delivery Plan in place to prioritise and focus efforts. Organisation wide engagement / activity as part of the Decarbonisation and circular economy programme.                      Regular comms with WGov climate change team and reporting of risks and issues</p> <p>Colleagues associated with transformational plans are part of the Decarbonisation &amp; Circular economy steering group and can guide the programme on planned transformational activity and work to ensure alignment across organisational strategic objectives.</p> <p>Key leads from Procurement, Estates, Transport and wider membership are part of the decarbonisation programme team and can guide the programme on minimum infrastructure requirements to progress.</p> <p>Formal programme governance structure established to develop and progress a programme of work with reporting to SRC and Board. Working with the wider public sector groups and other focus groups to progress this agenda.</p> <p>Key barrier / risks identified &amp; monitored via established on programme risk register.</p> <p>HB will continue to engage with WG to refine the Decarbonisation reporting boundaries.</p> <p>Excellent channels of communication across the programme workstreams and into the WG national programme boards.</p>	Business objectives/projects	6	4	3	12	<p>Risk actions are to be established following discussion at the next Decarbonisation Task group in January 2023.</p> <p>Appropriate UHB representatives to respond to consultation on the NHS decarbonisation delivery plan, which includes engagement in WG review workshops.</p> <p>Explore external funding opportunities.</p> <p>Build decarbonisation and sustainable approaches into existing HB processes and pathways.</p>	Williams, Paul -	Completed	<p>Complete- risk actions now added.</p> <p>WGov have now advised they are going to tender the review of the strategic plan in Q2/Q3 of 2024/25, this tender will include engagement with the LHBS</p> <p>Successful in leveraging RE;FIT and EFAB funding. Further funding opportunities to be explored as and when these become available.</p> <p>This should be implemented through existing improvement processes e.g. the Quality and Improvement team, under the Sustainable Quality Improvement (SUSQI) framework. Currently being discussed within the A2H workstream group which M.Preeze is a representative. SH has also prepared a briefing document on the broader climate change and sustainability agendas that includes mapping and gapping activity. New Sustainability in Nursing Lead appointed and is taking forward a number of projects in this area.</p>	Sustainable Resources Committee	4	2	8	Treat	01-Oct-24

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							<p>This will lead to an impact/affect on patients not protected from climate impacts, non-compliance with climate change act 2008, non-compliant with environmental standards and ISO, poor carbon and financial related performance, adverse publicity, reduction in stakeholder confidence, reputational damage and increased scrutiny from WG. Possible legal implications from fines for non-compliance with Act</p> <p>Risk location, Health Board wide.</p>	<p>HB informed WG in September 2023 of the inability to meet targets and deliver many of the initiatives within the delivery plan.</p> <p>Internal audit report and commitment to meeting recommendations</p>						Review and consider any recommendations from the Decarbonisation Programme Audit report	Hughes, Sharon	Completed	All management actions have been completed apart from 1.1 which requires a longer term plan and will be considered as part of the DAP review in Q3/Q4 2024/25						
1031	Directorate Level Risk		Therapies and Health Science	Reed, Lance	Reed, Lance	28-Mar-23	<p>There is a risk of overspend within the Therapy Directorate current year budget and / or failure to achieve expenditure control target</p> <p>This is caused by -shortage of registered and unregistered staff against funded establishment and quality standard workforce levels - reduction in availability of workforce to take up fixed term and additional hours resulting in increased use of agency - fragility of agency provision and increased locum cost cover versus established staffing -rising costs relating to non pay costs - failure to identify recurring cost efficiencies</p> <p>This will lead to an impact/affect on the quality of the service provided to service users, the required level of service provision and the inability to balance the reduction in overspend/savings in order to provide safe and effective therapy provision, increasing the likelihood of unmet needs, poor outcomes and unmet service user experience standards</p> <p>Risk location, Health Board wide.</p>	<p>minimum of monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior managers, operational teams, heads of service and clinical director</p> <p>monthly finance meetings to review financial outturns and projected financial requirements with the finance business partners and senior clinicians / heads of service</p> <p>sessional escalation and targeted intervention meetings with executive colleagues to scrutinise current and future needs</p> <p>vacancy, agency and additional hours approval process involving HOS, FBP and Clinical Director and Financial Control Group</p> <p>Use of Agency and vacancy approval process only approved at CD level prior to FCG submission</p>	Finance inc. claims	6	4	3	12	<p>Ensure that all requests relating to additional resource expenditure or allocation by budget holders are presented to and agreed at Therapy Operational Group with management team including workforce and finance colleagues</p> <p>There is a financial risk associated with claims due to malpractice, failure to provide or poor care provision. All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Risk of delivering our financial control total and required savings plans</p>	Reed, Lance	Completed	<p>Process established at Therapy Operational Group 18.04.23.</p> <p>Introduction of Financial control total process within departments and therapy operational group following Financial Control Total letter from CEO</p> <p>All agreed claims with known financial impact to be discussed at Therapy QSEAR meeting and learning disseminated</p> <p>Draft financial savings plan in place, predicated upon budget holders delivering cash releasing recurring efficiencies against existing budgets, primarily via workforce redesign</p>	Sustainable Resources Committee	3	2	6	Treat	19-Nov-24

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971	Directorate Level Risk		MHLD	Carroll, Mrs Liz	Carroll, Mrs Liz	01-May-20	<p>There is a risk of the MH&amp;LD Directorate failing to remain within their allocated budget over the medium term.</p> <p>This is caused by the inability to either: Identify and deliver robust and realistic recurrent savings plans.</p> <p>Manage the impact on the underlying deficit of resulting non-delivery of the recurrent savings requirement.</p> <p>Identify and implement opportunities in such a way that the financial gains are realised and an improvement trajectory is achieved.</p> <p>This will lead to an impact/affect on a significant long term detrimental impact on the Health Board's financial sustainability.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partners work closely with budget holders to support informed decision making and ensure that there is sufficient focus on the financial implications of operational pressures and mitigating actions.</p> <p>There are regular financial reviews where this risk is considered, including a monthly financial review of the Directorate's in-month performance, a monthly update of our full year annual forecast and an annual update of our following year financial plan.</p> <p>Risk Register is a standing agenda item at BP&amp;PAG on a bi-monthly basis. End of month meeting with Directorate Finance Business Partner, KPI meetings and individual Head of Service meetings are also forums for monitoring the position and informing and managing the forecast.</p> <p>Mechanism in place to draw down funding to service cost codes inline with original bids.</p> <p>Weekly key performance meetings in place for areas working outside of allocated budgets in collaboration with Senior Finance Business Partner.</p> <p>MHLD is in Escalation for Finance due to the lack of a 5% recurrent savings plan. Directorate are attending weekly/monthly meeting to progress plans (MHLD Integrated Quality Financial Performance Delivery Sub Group).</p> <p>Directorate also attend Health Boards Integrated Quality Financial Performance Delivery Group (IQFPDG).</p>	Finance inc. claims	6	3	4	12	<p>Leon Popham to review impact of CHC uplift reserve on position and determine treatment and risk level on an ongoing basis.</p> <p>To provide an update for Executive Team to clarify the budget setting process and allocation for FY 2024/25.</p> <p>Following Executive Director led recovery workshops on the 26th of July and the 9th of August the Directorate were tasked to consider the impact on services should variable pay be eliminated. The ask also involved service reconfiguration on this basis.</p>	<p>Popham, Leon</p> <p>Carroll, Mrs Liz</p> <p>Carroll, Mrs Liz</p>	<p>Completed</p> <p>Completed</p> <p>29/03/2024-30/06/2024-30/09/2024-31/12/2024</p>	<p>Review undertaken as part of ongoing budget processes. While action unresolved, this will be picked up as part of the new action noted for the risk in September 2023.</p> <p>CHC overspend neutralised for 2024/25 allocation through £1.9M uplift relating to 2022/23 and operational driver funding remaining pressure.</p> <p>Directorate have undertaken to identify £2.6M of non-recurrent savings for 2024/25 for underspend in pay position, with a view of identifying recurrent saving 2025/26.</p> <p>The Directorate are continuing to work with Corporate services to strengthen the Nurse Bank capacity and eliminate spend. Further options being explored through international recruitment, for Medical staff. Directorate recently joined across Wales trip to India interviews will now take place, dates to be confirmed. Medical staff have reduced overspend in month 7 by £32K, No Ceredigion medical staff, Justification was sort from FCG who signed off Agency medical staff until March 2025, so remains a risk. Active Agency reduction plan in place which incorporates review of inpatient establishments. Working weekly/monthly with our Finance colleagues with monitoring Agency spend, in month 7 a decrease of £85K of Bank and Agency for both nurses and HCSW. MHLD are in escalation process, last meeting took place on 31st October.</p>	Sustainable Resources Committee	1	4	4	Treat	20-Nov-24

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1719	Directorate Level Risk	Effective, Efficient, Safe, Timely	USC: Radiology	Perry, Sarah	Roberts-Davies, Gail	19-Jun-23	<p>There is a risk of loss of Radiology services across the Health Board from 31 August 2026.</p> <p>This is caused by the delayed implementation of the All Wales Radiology Information Systems Procurement (RISP) programme, with the existing contract with Fuji ceasing prior to the implementation of the All Wales solution. This could be exacerbated by delays in the roll-out of the All Wales solution across other Health Boards in Wales.</p> <p>This will lead to an impact/affect on a total loss of services being delivered by the Radiology directorate across the Health Board and the loss of all radiology data held for patients, resulting in potential harm to patients, the inability to undertake diagnostic assessments, a detriment to the Health Board's ability to achieve ministerial priorities and targets. This will also have an adverse impact on the reputation of the Health Board, and render it liable to increased complaints, litigation and scrutiny from external regulators. There are also financial implications, with the current contract due to expire 31 August 2026.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda have initiated a new project board, with members attending from both Radiology and Digital Services and TORs in place</p> <p>Health Board attendance by colleagues from Radiology and Digital Services at monthly All Wales RISP programme meetings, hosted by Digital Health and Care Wales (DHCW) ensuring the Health Board stays informed of the All Wales position which may have an impact on Hywel Dda's contract and timelines</p> <p>Regular communication with senior colleagues in Finance</p> <p>All Wales Deployment order agreed</p>	Service/Business interruption/disruption	6	2	5	10	<p>To prepare and present a paper for August SRC In-Committee, highlighting revised options since the matter was presented at July 2023 Board</p>	Roberts-Davies, Gail	Completed	<p>Paper has been prepared and presented, and outcomes of discussions at SRC In-Committee inform future actions for this risk and further update to Board in September 2023.</p>	Sustainable Resources Committee	2	5	10	Treat	11-Nov-24
							<p>Complete preparatory work (informatics and implementation plan) for our Health Board, with continued attendance at RISP meetings to monitor progress of other Health Boards and learn from delays encountered to avoid repeating errors before stable operations achieved.</p>	Roberts-Davies, Gail	31/12/2025	<p>Meetings progressing well with Philips. New HDd project manager is settling in well. PACS team are undertaking preparatory work. Keen engagement to be kept up with Philips.</p> <p>Local meetings are also taking place with Radiology PACS Manager, Head of Radiology, HB Digital Director and the Hywel Dda RISP project Manager. A local RISP board is due to be set up imminently which includes wider stakeholder engagement.</p>													
1858	Directorate Level Risk	Effective, Efficient	Pembrokeshire	Evans, John	Lewis, Lyanne	05-Jun-24	<p>There is a risk of That Pembrokeshire County will not achieve projected savings targets.</p> <p>This is caused by Unidentified savings plans to reduce expenditure in the county</p> <p>This will lead to an impact/affect on The Health Board overall financial position and ability to adhere to our financial plan.</p> <p>Risk location, Pembrokeshire.</p>	<p>Weekly Senior management savings meetings. proposed OCP to realign services to reduce risk of overspend. All vacancies to go through county / corporate vacancy panels.</p>	Finance inc. claims	6	2	5	10	<p>Weekly meeting to review ideas for savings.</p>	Evans, John	Completed	<p>Weekly meetings established.</p>	Sustainable Resources Committee	1	5	5	Treat	05-Nov-24
							<p>Considered D2A process as part of savings plan.</p>	Hay, Sonia	Completed	<p>To discuss with CLNs and HON acute and HON community re proposal.</p>													
							<p>Consider cost savings as result of proposed OCP.</p>	Lewis, Lyanne	Completed	<p>Early engagement events to be delivered to staff prior to drafting OCP.</p>													
							<p>Identify savings that are recurring in year and non recurring to achieve 5% savings</p>	Evans, John	Completed	<p>Certain level of savings identified to date, further savings required. Reporting at Business Service Meeting on monthly basis and Escalation meetings.</p>													

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1610	Directorate Level Risk	Effective, Efficient, Equitable, Person Centred, Safe, Timely	Finance: Performance	Tracey, Anthony	Price, Tracy	02-Mar-23	<p>There is a risk of the data team(s) and wider directorate being unable to meet all the reporting demands and data requests of the Health Board in a timely way.</p> <p>This is caused by the data team(s) are increasingly dealing with more ad hoc requests for support in relation to data, reporting and trajectories.</p> <p>Reporting / Dashboard Requests:</p> <p>As the Health Board being in Targeted Intervention, the number of requests increased which has impacted on the timeliness of delivery.</p> <p>This will lead to an impact/affect on a capacity issue and risk to meet all demands in a timely way.</p> <p>We have a number of statutory reporting responsibilities to Welsh Government which may be impacted. If data / analytical support is not provided to teams then ultimately this may impact on their ability to operationally plan, which will have knock on consequences for staff, patients, financial implication, not achieving goals as set out in our plan.</p> <p>Risk location, Health Board wide.</p>	<p>A new Performance Improvement Analyst started in the Performance Team in September 2024. They are currently undergoing training with an aim of taking on a full range of duties from December 2024.</p> <p>We have reviewed the work of the team and have tried to scale back reporting levels to a statutory minimum.</p> <p>We are trying to signpost people to existing self-serve data sources through the Our Performance and Our Safety dashboards.</p> <p>We have established a prioritisation process to ensure that time and effort is spent on dashboard development requests that are most important for the health board.</p> <p>Continual review of processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Relevant training undertaken. Additional training to be explored pending funding.</p>	Service/Business interruption/disruption	6	3	3	9	<p>Continue to review processes to identify measures and reports that can be stood down or undertaken more efficiently to free up capacity.</p> <p>Progress discussions and actions around increasing capacity in the team.</p> <p>Explore how we attract and build skills within the team</p> <p>Develop a Data Strategy to outline the data needs within the Health Board and align a workplan for delivery</p> <p>Develop Business Continuity plan.</p> <p>Recruit into vacancy on the team.</p>	<p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Evans, Catherine</p> <p>Tracey, Anthony</p> <p>Evans, Catherine</p> <p>Price, Tracy</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Viewing figures in place for dashboards, and review being undertaken to assess existing commitments and workloads.</p> <p>Review comments from Workforce on new job description.</p> <p>Picked up as part of PADR and relevant training identified. Training has commenced, however financial constraints may restrict progress of additional training.</p> <p>This action is now ongoing - added to Control Measures.</p> <p>A draft Data Strategy has been developed and will form part of the full "Digital Response" refresh in 2025.</p> <p>A BCP has been developed and action complete.</p> <p>Executive and financial control group approval to recruitment has been given. Interviews took place on 23/07/2024 and a conditional offer has been made and</p>	Sustainable Resources Committee	2	3	6	Tolerate	28-Oct-24

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1876	Directorate Level Risk	Effective, Efficient, Equitable	Women and Children	Humphrey, Lisa	Humphrey, Lisa	01-Apr-24	<p>There is a risk of that</p> <p>1. the Women &amp; Childrens Directorate will be unable to identify the level of recurrent savings in-year required (£2.8m i.e. 5% of budget).</p> <p>2. further risk of Directorate being overspent as due to ad-hoc variable pay.</p> <p>This is caused by 1. fragile services requiring service planning and wider Health Board engagement to enact service change within the financial year.</p> <p>2. fragile services and workforce pressures driving spend on ad-hoc variable pay.</p> <p>This will lead to an impact/affect on the overall financial position of the Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>Finance Business Partner assigned to the Directorate, with weekly meetings in place with Directorate management, and ad hoc meetings as and when required</p> <p>2. Weekly review of nursing and medical staff rotas</p> <p>3. Regular job planning reviews</p> <p>4. Weekly Operational team meetings</p> <p>5. Monthly Directorate Business meetings</p> <p>6. Continual onboarding of substantive locum staff in order to reduce reliance on premium locum staff and spend</p> <p>6. We are reducing the O&amp;G spend and working with Medical Sustainability project</p> <p>7. Scrutiny of budget/Savings schemes via TI escalation meetings</p>	Finance inc. claims	6	3	3	9	<p>Full directorate review of drug spend in collaboration with medicines management to identify opportunities for more cost effective alternatives</p> <p>Melatonin highest cost drug for directorate £237,000 pa, explore ceasing repeat prescriptions and its associated saving and impact</p> <p>Explore impact of ceasing HCSW bank on maternity in terms of saving and impact</p> <p>changing BGH acute IP model to a 24/7 hr PACU</p> <p>Develop options for wider service model change at BGH Obs, Gynaecology and Peads</p> <p>Explore cost / benefit/ action of reducing beds from 24 - 20 on Cilgerran Ward and increasing PACU capacity by 4 to support wider system</p> <p>Explore cost saving/ benefit and impact of reducing IP beds on Picton Ward from 10 to 6 - and creating a 4 bedded 12 hr 5 day a week ambulatory area</p> <p>Explore cost saving/benefit/impact of removing Picton ward as a gynaecology ward and providing the elective work in a general surgical area - and providing a 4 bedded ambulatory 12 hr 5 day a week model</p> <p>Explore priding EPAU on one site only - 7 day a week model and close EPAU at WGH and BGH</p> <p>Full directorate review on consumable in collaboration with procurement to identify opportunities for savings</p>	Humphrey, Lisa	Completed	80K saving identified	Sustainable Resources Committee	2	2	4	Treat	11-Nov-24

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1646	Directorate Level Risk	Efficient, Equitable	USC: Pathology	Perry, Sarah	Jones*, Dylan	24-Jan-23	<p>There is a risk of overspending against funding allocated for external tests. There is also a risk to the health board if funding for COVID/respiratory testing is not supported by Welsh Government funding.</p> <p>This is caused by increased workload sent for testing and changes in test repertoire resulting in higher costs.</p> <p>This will lead to an impact/affect on financial overspend.</p> <p>Risk location, Health Board wide.</p>	<p>1. Regular SLA meetings to review spend</p> <p>2. Reviewed external testing sites</p> <p>3. Clinical Scientist test vetting</p> <p>4. Demand management in place to prevent sending duplicate samples.</p>	Finance inc. claims	6	4	2	8	<p>Remodel Paediatric medical rotas at consultant and SAS levels to reduce variable pay</p> <p>Serve notice on antenatal SLA with SBUHB</p> <p>Regional collaboration providing opportunities to repatriate tests.</p> <p>Review main SLAs to look at repatriating service</p> <p>Standardising clinical haematology processes, reducing send away tests</p> <p>Establish VBHC Steering Group to review demand optimisation opportunities within Pathology.</p>	<p>Davies, Nick</p> <p>Llewellyn, Cerian</p> <p>Peters, Lee</p> <p>Peters, Lee</p> <p>Peters, Lee</p> <p>Jones*, Dylan</p>	<p>31-Dec-24</p> <p>Completed</p> <p>01/06/2024-06/09/2024 31/12/2024</p> <p>01/06/2024-06/09/2024 31/12/2024</p> <p>Completed</p> <p>Completed</p>	<p>Work in progress, required in readiness for allocate medical rostering</p> <p>SBAR being reviewed Cost of LTA opportunities being calculated Engagement with SBUHB on going Notice being served end of september</p> <p>On going and linked to the ARCH Regional Solution. discussions ongoing. 05/06/2024 - update, exploring opportunities with SBU in laboratory medicine workstream. ongoing.</p> <p>FIT, MPO and PR3 testing being considered for repatriation 5.4.24 - linked to ARCH regional solution</p> <p>Continually reviewing opportunities to standardise processes. Looking at subspecialising the service in the future. 30/1/24 - reviewed send away tests. haemoglobinopathy being reviewed to bring house 5.4.24 - new managed service now in place</p> <p>Steering group established and workstreams identified to progress demand optimisation work. 5.4.24 - ongoing.</p>	Sustainable Resources Committee	3	2	6	Treat	11-Nov-24

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1793	Directorate Level Risk	Effective, Efficient, Equitable, Timely	Finance	Spratt, Andrew	Spratt, Andrew	01-Dec-23	<p>There is a risk of that staffing issues constrain the provision of internal operational financial activities, at a time when the organisation has a corporate finance risk with the highest risk rating.</p> <p>This is caused by a combination of staff turnover, long-term sickness and supporting an organisational pause on recruitment. During this period of constraint, even when special case recruitment has been sought and approved, when then following the Health Boards recruitment processes, results overall have remained poor, in both number and standard of applicants.</p> <p>This will lead to an impact/affect on reduced capacity for value-add professional support to internal stakeholders that offers insightful input and influence as we respond to growing challenges where financial savings and cost containment are required. In addition, there is an impact on staff morale within the Finance directorate due to the current resourcing pressures being experienced and the changes the team are being asked to accommodate.</p> <p>Risk location, Health Board wide.</p>	<p>Twice monthly vacancy review and updates from management team, with resource re-directed where required</p> <p>Active recruitment into critical roles being undertaken</p> <p>Long term sickness review meetings</p> <p>Business continuity plans in place to ensure continuation of external obligations, financial payment runs and statutory financial accounting activities.</p> <p>Review undertaken to identify improvements in structures and roles to enhance a career development pathway through multiple teams within the function.</p> <p>Overarching management and resource prioritisation through existing management team structures.</p>	Workforce/OD	8	2	4	8	<p>Launch for consultation, and implement where appropriate, the recommendations built on following the Arcus review, allowing for vacant roles to be launched for recruitment.</p> <p>Targeted recruitment campaign for finance professional roles identified through the Arcus organisational change process and the re-designed career pathway.</p>	Jenkins, Sian	04/09/2024 28/02/2025	<p>Jun 2024 - consultation has concluded, with a three phase plan for implementation. Phase 1, movement of the management accounting team under the business partnering team - completed in May 2024.</p> <p>Jul 2024 - Phase 2 plan developed for September 2024 implementation.</p> <p>Sep 2024 - Phase 2, movement of the Contracting and Commissioning team to Core Processing Team, line management complete in September 2024. Phase 3, demarcation lines to be implemented for business controlling/FP&amp;A and business partnering, planned for Q3/4 FY2025, in-line with Operational structure changes.</p>	Sustainable Resources Committee	1	4	4	Treat	26-Nov-24
														Owen, Sally	15/03/2024 29/11/2024	<p>June 2024 - finance recruitment and information event is planned for 10th July, targeted at Band 4-5 levels. Ongoing 'head hunter' approach being supported for hard to fill senior role, with a advert closing date for 30th June 2024. Current number of registered attendees of the event are showing positive signs being c.15, with a social media advertising campaign.</p> <p>July 2024 - recruitment campaign was run on 10th July 2024. 87 attendees registered interest, with 43 physically attending the event. It was a success as it identified a cohort of applicants that have not been seen in previous Trac adverts. Interviews are concluding on 25th July 2024, and the impact will then be known for how successful appointments have been, and the impact on the overall risk.</p>							

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date	
														Develop and finalise a functional development plan to proactively build on an engaging, equitable and dynamic working environment.	Owen, Sally	Completed	<p>Jun 2024 - Organisation Development team have facilitated a team wide finance workshop to generate a co-created development plan, which is looking to be summarised and launch in a further team session in August 2024.</p> <p>Jul 2024 - Full team face to face session help with OD team facilitating a self identification plan on 17th June 2024.</p> <p>Sep 2024 - The OD team are continuing to review the findings and presented to the DMT in September 2024, in readiness for the full team roll out on 21st October 2024.</p> <p>Nov 24 - team brief completed on 21st Oct, with a People and Well-Being Group being formed to take forward the agreed plan and embed within the environment.</p>							
														Implement a Finance apprenticeship 'grow your own' pipeline by targeting local colleagues for A-Level leavers.	John, Timothy	Completed	<p>June 2024 - apprenticeship campaign has been developed fully, with a view of recruiting candidates for the September in take. The plan is still aligned to launch and run by the end of July 2024.</p> <p>July 2024 - engagement and planning complete with HR team. Adverts to be launched having gained FCSG approval in July 2024. Interview process and appointments to be made in August 2024 for a September 2024 start.</p> <p>24/08/2024 - Completed. Successfully create, run and recruited into two finance apprenticeships both enrolled with College Sir Gar for AAT and start dates of September confirmed.</p> <p>25.09.24 - confirm that the 2 apprentices started in post and commenced their AAT studies at the beginning of the month</p>							

Risk Ref	Status of Risk	Domains of Quality	Directorate	Directorate lead	Management or service lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date	
														Move to modern, high performing property assets that allow for collaboration and team-working, and act as an attractive workplace whilst supporting agile working. Rationalise estate and dispose of low-performing, high cost accommodations.	Hughes, Sharon	31/01/2025	<p>May 2024 - Phase 1 - Corporate Hwb, Picton Tce - Business case submitted to WG Gov January 2024.</p> <p>Jun 2024 - discussions are now progressing with two plans - the original plan to move to Picton Terrace is dependant on further discussions with WG. And extending the current building.</p> <p>Jul 2024 - WG discussions are continuing, with no agreement yet reached on Picton Terrace.</p> <p>Sep 2024 - Picton terrace in principle agreement with WG for moving in spring/summer 2026. Ty Gorwel extension confirmed and work is ongoing with a steering group to implement the health boards agile hot desk environment and integrate other corporate functions.</p>							

2.9

11:50 AM, 0 Mins

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## 2.9 - PROCUREMENT UPDATE

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

| For assurance

### **Attachments**

[Procurement Update SRC 17 December 2024.pdf](#)

## PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Procurement Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas - Executive Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Katharine Fletcher – Deputy Head of Procurement

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The purpose of this report is to inform Members of the outcome of the procurement exercises which have been undertaken on behalf of Hywel Dda University Health Board (HDdUHB):

1. Bausch and Lomb Phacoemulsification and Vitrectomy Consumable Deal
2. Insourcing of Orthopaedic Services

In line with Welsh Government (WG) approval procedures, the Health Board is required to approve the following tenders, as they have each have a cumulative contract value in excess of £1m over the term of the contract for Hywel Dda University Health Board (HDdUHB).

##### Cefndir / Background

1. Bausch and Lomb Phacoemulsification and Vitrectomy Consumable Deal

##### Proposed Outcome

Duration of Contract	Proposed Supplier (s)	Current Annual Local Contract Value	Proposed Annual Value of New Contract	Proposed Total Value of New Contract – 4-year term.
1 February 2025 – 31 January 2029, with no option to extend.	Bausch and Lomb	£336,628.79	£360,000.00	£1,440,000.00

2. Insourcing Orthopaedic Services

##### Proposed Outcome

<b>Duration of Contract</b>	<b>Proposed Supplier (s)</b>	<b>Current Annual Local Contract Value</b>	<b>Proposed Annual Value of New Contract</b>	<b>Proposed Total Value of New Contract – 2-year &amp; 2 months term.</b>
1 January 2025 – 31 March 2026 with option to extend for 12 months to 31 March 2027	Healthcare Business Solutions	£0.00	£ TBC Subject to WG Funding	Up to a maximum of £5,000,000.00 (subject to WG funding)

## **Asesiad / Assessment**

### **Tender Process**

#### 1. Bausch and Lomb Phacoemulsification and Vitrectomy Consumable Deal

A consumable agreement, whereby equipment was received through committed purchase of consumables, was signed by Bausch and Lomb and HDdUHB in 2016. This agreement led to a Stellaris Elite phacoemulsification system being delivered to Amman Valley Hospital (AVH) in early 2017 on a loan agreement. Costs of the consumables were in line with the NHS Wales Ophthalmology framework, compliant following an All-Wales tender.

However, the committed volumes were not achieved during the contract period, further exacerbated by Covid-19 and the cessation of services during the pandemic.

The agreement, therefore, continued until the committed volumes were achieved. Upon Contract Management review during the pandemic recovery period, it was noted that the committed 2016 volumes were unlikely to be achieved, and the Stellaris Elite system was aging and nearing its ten-year life cycle.

NHS Wales Shared Services Partnership's HDdUHB Frontline Procurement team initiated a contract review. Following initial discussions in September 2023, it has been mutually agreed by Bausch and Lomb and HDdUHB that the agreement dated 2016 cease, without monies recovered by the provider for the consumable volumes not achieved.

The new consumable deal will provide HDdUHB with three new Stellaris Elite devices to replace the one device that was received under the previous consumable deal, as well as two additional devices to replace owned devices which are nearing end of life.

In return, HDdUHB must meet committed purchase volumes of ophthalmology lenses and consumables, which will be reviewed annually.

The consumable deal proposed is compliant through NHS Wales's Ophthalmology Consumables Framework Agreement, reference CLI-OJEU-50995.

Bausch and Lomb are the only provider on the framework who meets HDdUHB's requirements. All clinical staff are familiar with the consumables and the Stellaris Elite devices. This reduces overall risk and negates the training requirements for all staff.

Due to the cost of the systems, these would be considered Capital items. To purchase the three devices via Capital would require an investment of over £82,000.00. Due to the financial

position, Discretionary Capital Programme (DCP) funding is limited, and funding has already been agreed for the 2024-2025 financial year. Therefore, no funding is available to purchase the required replacement systems within the current financial year.

Alternative funding streams have been investigated, with a product placement agreement proposed, wherein HDdUHB will pay for the replacement systems through the cost of the consumables over a period of four years. Ownership of the systems does not automatically transfer to HDdUHB at the end of the contract period.

## 2. Insourcing Orthopaedic Services

HDdUHB seek to commission insourcing services to support with the WG referral to treatment times for trauma and orthopaedic procedures. The speciality includes orthopaedic joint replacement for hip and knee procedures.

The Scheduled Care Division provides a wide range of services including Orthopaedic services, which delivers a combined total of approximately 21,000 pre-assessment, minor operations and follow up outpatient attendances.

The Covid-19 pandemic has led to an increased patient backlog which needs to be addressed via internal and external activity plans. In 2024/2025 onwards, the commissioning Health Board faces capacity challenges in recovering this position and is therefore seeking to Insource some of this activity.

Having exhausted internal options, the Health Board has had to consider using an external provider to create capacity in order that treatment backlogs can be delivered. A prime concern for the Health Board is to treat patients as close to home as possible, and therefore deliver an insourcing solution.

The commissioning Health Board invited bids from suitably qualified providers to deliver an Insourced package for:

- An estimated volume of up to 400 cases for Orthopaedic hip and knee procedures. Full packages of care are expected to be delivered, to include pre-assessment, treatment, and follow-up, as necessary.

Volumes are not guaranteed and will largely be determined by funding availability, patient cohort, and capacity of the providers and theatre availability.

Please note that due to the time pressure on this contract, pre-approval to proceed with the recommendation to award has been provided prior to Sustainable Resources Committee (SRC) and Public Board via a Chair's Action Meeting on 11 December 2024.

### Argymhelliad / Recommendation

Sustainable Resources Committee (SRC) is asked to scrutinise and recommend for Board to:

- **APPROVE** the award of the Bausch and Lomb Phacoemulsification and Vitrectomy Consumable Deal, 1 February 2025 to 31 January 2029, with no option to extend. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). As this will be awarded against a compliant NHS Wales framework, Welsh Government approval is not required.

- **FOR INFORMATION** the award of the Insourcing Orthopaedic Services, 1 January 2025 to 31 March 2026, with the option to extend for twelve months to 31 March 2027. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). As this will be awarded against a compliant NHS Wales framework, Welsh Government approval is not required.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable

**Cydraddoldeb:  
Equality:**

Not Applicable

2.10

11:50 AM, 0 Mins

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2.10 - DECARBONISATION TASK FORCE  
GROUP UPDATE

*Lee Davies (Hywel  
Dda UHB - Executive  
Director of Strategy  
and Planning)*

| For assurance

2.11

11:50 AM, 0 Mins

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## 2.11 - FINANCIAL PROCEDURES

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

| For approval

### **Attachments**

[Financial Procedures SRC 17 December 2024.pdf](#)

[FP699 Single Tender Action Procedure.pdf](#)

[FP699 Single Tender Action Procedure EqlA.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Procedures
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim John, Senior Finance Business Partner (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 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 are presented to the Committee for approval:

- 699 - Single Tender Action Procedure

The purpose of this documents 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

- 699 - Single Tender Action Procedure

The financial procedures are covered by a specific Financial Procedures Equality Impact Assessment (EqIA) with no negative impact.

### Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **APPROVE** the following updated financial procedure:

- 699 - Single Tender Action Procedure

### 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions
Rhestr Termiau: Glossary of Terms:	Included within the body of the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	HDdUHB Finance HDdUHB Local Counter Fraud Service HDdUHB Workforce & OD NHS Wales Shared Services Partnership (NWSSP)
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial procedures are required to ensure sound financial control
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Financial procedures are required to ensure good governance and therefore minimise risk
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Financial procedures are required to ensure good governance and sound financial control
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable

**Cydraddoldeb:  
Equality:**

EqIA has been undertaken with no negative impacts on those with protected characteristics.

# Single Tender Action Procedure

**Procedure number: 699**

**Classification: Financial**

**Supersedes: V3**

**Version number: V4**

**Date of Equality Impact Assessment:  
10/12/2024**

## **Approval information**

**Approved by:** Sustainable Resource Committee

**Date of approval:**  
*Enter approval date*

**Date made active:**  
*Enter date made active (completion by policy team)*

**Review date:**  
*Enter review date (normally three years from approval date)*

**Summary of document:**

The Health Board's Standing Orders and Standing Financial Instructions, require that the purchase of all goods and services be subject to competition in accordance with good procurement practice. There may, however, be situations where it is more appropriate to approach a single provider. This procedure sets out the issues to consider and process to be followed when proposing to use a single tender action.

**Scope:**

Hywel Dda University Health Board wide

**To be read in conjunction with:**

Standing Orders & Standing Financial Instructions

**Patient information:** N/A

**Owning group:** Finance Directorate

10/12/2024

**Executive Director job title:** Director of Finance

**Reviews and updates:**

Reviews and updates	
Summary of Amendments:	Date Approved:
New Procedure	01/03/2018
Review	28/02/2021
Review	21/12/2021
Review	<b>tbc</b>

**Keywords**

Single Tender Action, Single Quotation Action, STA, SQA

**Glossary of terms**

Term	Definition
STA	Single Tender Action
ARAC	Audit & Risk Assurance Committee

**Keypoints:**

The aim of this document is to explain:

- the issues to consider and process to be followed when proposing to use a single tender action.

## **FRAUD, BRIBERY AND CORRUPTION**

All staff are required to comply with the Health Boards 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 AW Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by either 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 Counter Fraud, Bribery and Corruption Policy for further information.

## Contents

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## Scope

This procedure applies Hywel Dda University Health Board wide.

## Aim

Securing value for money, including, through sound procurement is essential across the public sector. It is the Welsh Government's policy that public sector bodies should acquire goods and services through fair and open competition, as that is considered the best way to secure value for money and ensure propriety and regularity.

There may, however, be situations where it is more appropriate to approach a single provider through the use of a single tender/quotation action. This procedure sets out the circumstances where this might be appropriate and aims to ensure that a single tender/quotation action is only undertaken when there is no feasible alternative and due process is followed.

## Objectives

The Health Board's Standing Orders and Standing Financial Instructions, to accord with the above, require that the purchase of all goods and service be subject to competition in accordance with good procurement practice.

However, in some situations this is not always practical where there are compelling reasons for single sourcing, i.e. compatibility with existing equipment, sole supplier, technical grounds and other risk management issues e.g. the purchase of infusion devices. Single quotations shall be the exception. This procedure outlines

- situations when a single tender action can be considered
- what might be expected to be seen in practice in these circumstances
- factors that indicate a single tender action is inappropriate
- process to follow when the decision to request a single tender action has been made.

## Guidelines

Circumstances under which a single tender action can be actioned:

- a) A single firm or contractor of a special character is required
- b) A proprietary item or service of a special character is required

What you might to expect to see in practice which might indicate a single tender action is appropriate:

- The service/item is follow-up work where a provider has already undertaken initial work in the same area and where the initial work was awarded from open competition;
- There is a compatibility issue which needs to be met e.g. specific equipment requirement or compliance with a warranty cover clause;

- There is genuinely only one provider;
- There is a need to retain a particular contractor for real business continuity issues (not just preferences)

The following factors might indicate a single tender action is inappropriate:

- The market is competitive;
- There are no factors suggesting this would secure value for money;
- The single tender action is driven more by time pressure than value for money considerations;
- There is pressure to spend monies late in the financial year;
- There is a familiarity/a relationship with the supplier;
- The total contract value exceeds EU procurement thresholds (currently £663,540 for Social and other specific contracts, £139,688 for Supply, Services and Design Contracts, and £5,372,609 for Works Contracts). (Correct at January 2024 please check with Procurement if the contract is close to these thresholds).

Single tender action shall only be employed following a formal submission and with the express written authority of the Chief Executive, or designated deputy having taken into consideration due regard of procurement requirements. A detailed record shall be maintained by the Chief Executive. All single tender action and extension of contracts must be reported to the Audit Committee.

It should be noted that where the purchase is made against a valid existing All Wales or NHS (or similar) Framework Agreement, subject to the Framework allowing for direct award which must be confirmed with Procurement, it will not be necessary to follow this procedure as these purchases have been subjected to competition.

## Process for Application and Approval

- Procurement Services must be consulted prior to any STA application being submitted for approval.
- Where a request is received for Single Tender Action, this should be submitted to the Procurement Department on the attached pro forma. (Appendix 1) Completion of all fields is mandatory and any incomplete forms will be returned.
- The Single Tender Action will be registered on the Procurement Dept's STA Register and will be provided with a reference number.
- The reasons for requesting Single Tender Action (STA) should be clearly stated on the form and all supporting documentary evidence provided. The form should be signed by the budget holder and then countersigned by the County Director, Operational Director or Assistant Director, in accordance with the financial limits prevalent in the Health Board's Scheme of Delegation and Authorised Limits, outlined below, and submitted to Procurement. **Note: the same person cannot request and approve.**
- On receipt in Procurement all due diligence checks will be carried out to ensure that the requirement detailed on the single tender action form meets the required standards, is fit for purpose and demonstrates value for money.
- Once the procurement department have completed their checks, the form is forwarded onto the Financial Controls Group for approval. If approved at the Financial Controls Group, the Board Secretary will check the form for any conflict of interest / declaration of interest issues, and then cross reference against relevant registers (including locally held Declarations of Interest and Gifts

and Hospitality). Approval is required by the DoF for values under £25k, and for values over £25k approval is required by the CEO or Deputy CEO, or where there is a conflict of interest the DoF.

- This is in line with the Health Board's Scheme of Delegation and Authorised Limits, outlined in Appendix 2 below and on the intranet [Standing Orders and Standing Financial Instructions - Hywel Dda University Health Board \(nhs.wales\)](#).
- Applications relating to Use of Consultancy services should also refer to the Financial Procedure FP21-01 Use of Consultancy.
- Once the STA is fully approved the form shall be returned to Procurement for completion. On completion the STA requestor will be asked to generate a requisition on the Oracle system so that Procurement can issue an order number to cover.
- A register must be kept by Procurement for monitoring purposes.
- A report on a bi-monthly basis will be sent to the Health Board's Audit & Risk Assurance Committee (ARAC) detailing the approved Single Tender Actions (excluding maintenance contracts which are not required to be reported upon) during the period. This includes extension of contracts, which must be reported to ARAC.

## Scrutiny

The Audit & Risk Assurance Committee will consider the following when reviewing STAs:

- There is sufficient evidence/assurance that the process has been followed in accordance with the guidelines above and that the information provided on the STA is complete and accurate.
- The STA has been approved by the Financial Control Group.
- There is a clear basis for each STA including how the DoF/CEO reached their conclusion and there is evidence of proper consideration of the indicators above.
- Where issues are identified, to consider the next steps such as escalation to the Board.
- Any concerns reference Fraud, Bribery and Corruption should be reported to the Health Board's Counter Fraud Department in line with the Counter Fraud, Bribery and Corruption Policy

## Monitoring and Review

The monitoring and review of this financial procedure shall be the responsibility of the Finance Department. The procedure shall be reviewed whenever amendments to the procedure or related process are deemed necessary and no later than 3 years after the date the procedure was made active.

# Appendix 1 – Single Quotation/ Tender Form



## HYWEL DDA UNIVERSITY HEALTH BOARD SINGLE QUOTATION/TENDER REQUEST FORM

REFERENCE NUMBER: HDD.....

**PLEASE ENSURE PROCURMENT ADVICE HAS BEEN SOUGHT BEFORE COMPLETING SINGLE QUOTATION / TENDER APPLICATION**

### SECTION 1 To be completed by the Budget Holder

REQUEST TO WAIVE : Please delete as appropriate	Single Quotation	Single Tender
Name:		
Title:		
Ward / Department:		
Contact no:		
Budget Holder:		
<b>Reasons why waive of Standing Financial Instructions is being sought? (delete or cross through as relevant) :</b>		
a)	There is genuinely only one supplier	
b)	Compatibility with existing equipment e.g. specific equipment requirement	
c)	Interim arrangements pending tender exercise	
d)	Maintenance of existing equipment eg compliance with warranty cover clause	
e)	Technical Grounds	
f)	Continuity of service/goods – there is a need to retain a particular contractor for real business continuity issues (not just preference)	
g)	The service / item is follow-up work where a provider has already undertaken initial work in the same area and where the initial work was awarded from open competition	
<b><i>'Urgency' is not generally regarded as a valid reason for the avoidance of a competitive exercise</i></b>		
<b>Background: Reason for single supplier &amp; details of any alternatives considered &amp; reasons for their rejection (supplier(s) details required)</b>		
<b>Explicit reasons as to how 'Value for Money' will be achieved when services are provided by a single supplier. <i>Sufficient detail should be provided in this section or the request will be returned</i></b>		
<b>Have any trials / evaluations been undertaken within the Health Board?</b>	<b>Yes / No</b>	<b>If Yes please state the evaluation number :</b>

N.B Appropriate advice should be sought from Procurement in advance of trials being undertaken			
If Yes please give full details of the evaluation. Including whether or not any relevant Groups have been made aware of this evaluation (please state)			
Consequence and impact if this Single Tender Action request is not approved:			

Proposed supplier (name & address):			
PLEASE PROVIDE DETAIL OF GOODS (including model no. where appropriate) / SERVICES / WORKS REQUIRED:			
IF SERVICES, IS THIS FOR CONSULTANCY AND OR INDIVIDUAL	Yes/ No	If yes an IR35 assessment must be completed. IR35 applies?	Yes/ No or not applicable (Completed form should be attached to this request)
Proposed agreement period including end dates. NB: Approval cannot be granted retrospectively.			
UNIT COST / ANNUAL COST:			
TOTAL COST (inc. delivery & VAT):			
WHOLE LIFE COSTS: (Please state all additional goods/services/works that may be required during the life of the goods/service/works being requested here. E.g. Maintenance, Consumables etc.)			
New or Replacement Equipment/Service: (Please state)			
Life Expectancy of equipment (if applicable)			
Is this a recurring requirement?	Yes / No		
What is the length of the proposed agreement? (if applicable)			
Will there be a requirement to extend?	Yes / No If yes give details		
SOURCE OF FUNDING: (Revenue/Capital/Charity etc.)		Please provide Financial Code:	
Breakdown of estimated capital and on-going revenue charges per annum. NB: Please ensure your Finance Team are consulted before submitting form			

Have any revenue consequences (particularly staffing or maintenance implications) been agreed?	Yes / No If yes give details	
Any other financial consideration to be declared e.g. risks to ongoing funding, savings: cash releasing, cost avoidance, cost pressure, VFM impact.		
<i>I have delegated responsibility for the non-pay expenditure budget specified above. I confirm that sufficient funding is available within the budget code specified, and authorise the expenditure to be coded accordingly.</i>		
Signature of budget holder:		
PRINT NAME:		
POSITION:		
DATE:		

**\*\* BUDGET HOLDER TO COMPLETE\*\***

**SECTION 2 DECLARATION OF INTEREST**

The Health Board is obliged to ensure that all procurement processes are carried out in accordance with the public procurement rules and NHS Wales's guidance. Where an employee is engaged in a procurement exercise a formal declaration is required to confirm that there is no potential interest which may give rise to a conflict.

**Please confirm the following statements are correct:**

		✓ x
1.	Neither I, my family, friends, acquaintances or work colleagues involved in this process, will receive any benefit or gain (financial or otherwise, directly or indirectly) if the contract is awarded to any of the bidders involved in the process as they become known.	
2a.	I have no material interest in whether the contract is awarded or not.	
2b.	I am not in possession of any Additional Information in respect of the procurement process. (Save for the information in the 'Additional Information box below)	
3.	I currently do not benefit in any way, financially or otherwise, including (but not limited to) the receipt of a grant or outside funding, that could influence my decision in respect of the procurement or any of the bidders involved in this process.	
4.	I have not received hospitality (other than of a nominal value or that declared in the register of gifts and hospitality maintained by Corporate Management) or any material gifts, as outlined in the LHB's Standards of Behaviour Framework Policy from any of the bidders involved in the process.	
5.	I have read, understood and will abide by the NHS Guidance entitled "Standards of Business Conduct for NHS Staff" (DGM (93)84) and the LHB's Standards of Behaviour Framework Policy.	
6.	By signing this declaration I understand that it is my responsibility that should my circumstance change or a new relationship be established in relation to any bidding organisation, I will consult with the Lead Procurement contact and am aware that I may be required to complete a new Declaration of Interest or be required to withdraw my participation.	
7.	I will keep the identities of the bidders, the content of the bids and procurement documents confidential.	

I hereby certify that, to the best of my knowledge and belief, the statements set out above are correct. I understand that any failure on my part to declare an interest in a contract or otherwise to breach the rules and instructions mentioned above is a serious matter and could result in further legal or professional action being taken against me, including (but not limited to):

- Exclusion from the current procurement exercise and future procurement activities
- For LHB employees, it could result in disciplinary proceedings being initiated.

- Should the matter involve issues that are of a criminal nature e.g. fraud, bribery or corruption then the LHB will notify the appropriate authority to take any necessary action which may include prosecution.

<b>Signature:</b>
<b>PRINT NAME:</b>
<b>POSITION:</b>
<b>DATE:</b>

**SECTION 3 AUTHORITY BY COUNTY DIRECTOR / OPERATIONAL DIRECTOR / ASSISTANT DIRECTOR**

<b>Signature:</b>
<b>PRINT NAME:</b>
<b>POSITION:</b>
<b>DATE:</b>
<b>ANY COMMENTS:</b>

**PLEASE NOTE: STA requests cannot be processed unless supported by the above signatures.**

<b>If you have any queries regarding completing this form please contact one of the following:-</b>
Action point address – <a href="mailto:NWSSP.HywelDda.Procurement@wales.nhs.uk">NWSSP.HywelDda.Procurement@wales.nhs.uk</a>
Once completed please e-mail Action Point
<b>Note: Contracts should not be awarded until the single quotation/tender action has been approved.</b>
<b>Please refer to 699 <a href="#">Single Tender Action Procedure</a> for full guidelines.</b>

**SECTION 4 PROCUREMENT CHECKS – TO BE COMPLETED BY HEAD OF PROCUREMENT**

	✓ x
<b>a) Equipment</b> - All checks carried out to ensure that the equipment meets required standards and is fit for purpose	
<b>b) Other Services</b> - All checks carried out to ensure that the service to be delivered is compliant with regulatory procedures, including compliance of HMRC IR35 rules where services such as consultancy contracts are involved and that all the usual employment checks have been undertaken.	
<b>c) The contract value does not exceed EU procurement thresholds</b>	
<b>d) Is there another alternative option?</b>	
<b>e) Any other Comments</b>	

**CONFIRMATION OF REVIEW BY HEAD OF PROCUREMENT:**

<b>Signature:</b>
<b>Date:</b>

**SECTION 5 USE OF RESOURCES GROUP (All STA forms to be forwarded to UOR group)**

<b>UOR GROUP APPROVAL</b>	<b>YES / NO</b>
---------------------------	-----------------

**SECTION 6 BOARD SECRETARY DECLARATIONS / CONFLICT OF INTEREST CHECK**

<b>CONFLICT OF INTEREST?</b>	<b>YES / NO</b>
<b>ANY COMMENTS (including any conditions/future actions):</b>	

**CONFIRMATION BY BOARD SECRETARY:**

<b>Signature:</b>
<b>Date:</b>

**SECTION 7 DIRECTOR OF FINANCE APPROVAL**

<b>REQUEST SUPPORTED?</b>	<b>YES / NO</b>
<b>SUPPORTING or REJECTION COMMENTS (including any conditions/future actions):</b>	

**DIRECTOR OF FINANCE APPROVAL:**

<b>Signature:</b>
<b>Date:</b>

**AND**

**CEO or DEPUTY CEO FOR APPROVAL OVER £25,000 or WHERE THERE IS A CONFLICT OF INTEREST FOR THE DoF:**

<b>Signature:</b>
<b>Date:</b>

# Appendix 2 – Scheme of Delegation

Description	Specific	More information	Any expenditure approval must be within funding limits of approved budgets. Budget holders are responsible for providing services within the available financial resources delegated to them and are held accountable for managing within the budget.										Notes	
			Welsh Government	Board (following CEO/ET approval)	Charitable Funds Committee	Charitable Funds Sub-Committee	Capital, Estates and IM&T Sub-Committee	Chief Executive and Executive Team	CEO (or Deputy CEO) and DoF	Chief Executive Officer (CEO)	Director of Finance (DoF)	Executive Directors		Other Officers as delegated by Executive Directors
Budget Changes	Transfers between budget managers	Budgetary Control Procedure		>£1m				>£0.5m≤£1m	≤£0.5m	≤£0.5m				
General Non-pay Expenditure	The values refer to individual orders / requisitions ( for the total life of the contract) Goods or services should be sourced from the approved catalogue or if this is not possible via a public sector contract framework. Where an item is not on catalogue or framework Procurement Services should be requested to undertake quotation / tendering exercise. All orders for goods and services must be accompanied by an official order number in accordance with the No PO, No Pay policy.	Purchase to Pay Procedure	> £1m	> £1m			>£0.5m≤£1m	>£0.5m≤£1m	≤£0.5m	≤£0.5m	≤£0.1m	Refer to Cost Centre Structure Purchasing Approval	In addition to delegated limits competition requirements apply when procuring goods. Advice should be sought from Procurement before entering into or extending existing contracts as the ability to extend is not automatic.	
Healthcare agreements	NHS - These are agreements that the UHB will enter into to commission healthcare services for its resident population from other NHS providers.	New contract or variation to existing contract		>£10m (below £10m retrospectively reported)			>£0.5m≤£10m	>£0.5m ≤£5m	≤£0.5m	≤£0.5m				
Healthcare agreements	Private sector For contracts >£1m WG must approve before contract is awarded	New contract or variation to existing contract	> £1m	> £1m			>£0.5m≤£1m		≤£0.5m	≤£0.5m				
Healthcare agreements	Primary Care Contracts (General Medical Services and Community Pharmacy) Dental follows competitive procurement process	via the Primary Care Applications Committee		✓										
Leases	Property or equipment leases			>£0.5m (plus any that need signing under seal) Reservation of power			>£0.25m≤£0.5m		>£0.1m≤£0.25m	>£0.1m≤£0.25m				
Consultancy	External consultancy	Use of Consultancy Financial Procedure	> £1m	>£0.025m≤£1m			>£0.025m≤£1m		≤£0.025m	≤£0.025m	≤£0.025m			
Special (ex-gratia) payments	Ex-gratia payments are payments which a Health Body is not obliged to make or for which there is no statutory cover or legal liability. These limits are for ex gratia payments for personal property claims relating to both patients and staff.	Losses and Special Payments Procedure	>£0.05m							>£250≤£0.05m		Directorate Managers ≤ £100 General Managers ≤ £250		
Losses/special payments	Different limits apply dependent on category of claim with approval required from WG For Personal Injury/Clinical Negligence refer to the Claims Management Policy	Losses and Special Payments Procedure		✓			>£0.5m≤£1m			≤£0.5m			Terminations to £50k DW&OD else to WG; VERS RATS Committee Limits relate to items below referral to WG thresholds	
Single Tender/Quotation Action	Goods and services should be procured through fair and open competition to secure value for money and ensure propriety and regularity. However, there may be situations where it is more appropriate to approach a single provider through the use of a single tender/quotation action (STA/SQA). A STA/SQA should only be undertaken when there is no feasible alternative and due process is followed.	Single tender action procedure						>£0.025m		≤£0.025m			Single Tender Action must be approved by DoF (and CEO for spend >£25k) following scrutiny by Board Secretary. Retrospective Reporting to Audit Committee	
Staffing	Increase in establishment								Can approve posts across HB	Can approve posts within own structure in line with delegated budget and limits				
	Agency and waiting list initiatives								Can approve posts across HB	Must be agreed in advance within the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive				
Charitable Funds	Expenditure from charitable funds is exclusively for charitable purposes. The expenditure shall satisfy both the objects of the relevant registered charity and the deed of trust of the specific fund. A Request for charitable funds expenditure form needs to be completed in the first instance detailing the item of expenditure and justification for spend, ensuring spend is eligible. All items of expenditure, will need to be approved prior to the expenditure being incurred by the appropriate authorisation level. The procedure for requisitioning any items or service using money held in charitable funds is identical to that for exchequer funds, therefore all procurement policies apply equally.	Charitable Funds Policy and Procedure		>£0.1m	>£0.05m<£0.1m	>£0.01m<£0.05m						Refer to Charitable Funds authorised signatory list	Expenditure over £0.1m will be approved by the Board acting as the Corporate Trustee	
Capital	Property, Plant and Equipment should be capitalised if the cost of the item is ≥ £5,000. This includes assets which individually may be less than £5,000 but together form a single collective asset (grouped asset) with a group value of ≥ £5,000 (including VAT where this is not recoverable) that fulfill the following criteria - the items are functionally interdependent; the items are acquired at about the same date and are planned for disposal at about the same date; the items are under single managerial control; and each individual asset thus grouped has a value of at least £250, however this de minimus value does not apply in dealing with the initial equipping of hospitals. IT Assets - IT hardware may be considered interdependent if it is attached to a network, even if capable of stand-alone use. In effect all IT equipment purchases, where the final three criteria above apply, will be capitalised.	People, Planning & Performance Assurance Committee consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board.	Approval required for projects outside Discretionary Capital Programme (DCP) and schemes >£1m in DCP	Overall Strategy and schemes >£1m			Capital projects/schemes must be approved by the Sub-Committee before sign off via the Scheme of Delegation.	>£0.5m≤£1m		≤£0.5m		Refer to Capital Cost Centre Structure Purchasing Approval	Requisitions up to £1m for schemes that have already been agreed via the Capital approval process and pre-approved by the Head of Capital Planning for assurance of their validity will be approved by the Assistant Director of Finance (Financial Planning & Statutory Reporting). All requisitions in excess of £1m require one-off limit increase approval by the Director of Finance.	
Income	All funding bids to Welsh Government or other organisations require approval by the Director/Deputy Director of Finance prior to submission.									All			The Health Board welcomes additional sources of funding to help deliver services and improve patient care. Good governance would suggest that bids should be reviewed by the relevant Finance Business Partners in the first instance and that all bids for funding are forwarded for review by the Director/Deputy Director of Finance for sign-off before submission.	

## 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](mailto: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](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Hywel Dda University Health Board wide
<b>Service Area</b>	Hywel Dda University Health Board wide

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	699 – Single Tender Action Procedure
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim of this document is to explain the issues to consider and process to be followed when proposing to use a single tender action.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

- Standing Orders Hywel Dda University Local Health Board
- Standing Financial Instructions
- Standards of Behaviour Policy
- Counter Fraud, Bribery and Corruption Policy
- Audit and Assurance
- Procurement
- Other Financial Procedures

**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 EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on people of different age groups.				
<b>Disability</b>				
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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will not have an impact on those with a disability.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no effect on individuals who have undergone gender reassignment.				
<b>Marriage / Civil Partnership</b>				
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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on the workplace/ employment of individuals who are married or in a civil partnership.				
<b>Pregnancy and Maternity</b>				
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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on those who are pregnant or are on maternity.				
<b>Race / Ethnicity</b>				
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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on people of different race or ethnicity.				

<b>Religion or Belief</b>				
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on people who have a religious belief.				
<b>Sex</b>				
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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on one sex more than the other.				
<b>Sexual Orientation</b>				
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on individuals regardless of their sexual orientation.				
<b>Armed Forces Community</b>				
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: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on members of the Armed Forces and their families.				
<b>Socio Economic Duty</b>				
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: <a href="#">more-equal-wales-socio-economic-duty</a>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It will have no impact on individuals of different socio-economic group.				

<b>Welsh Language</b>			
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: This policy explains the issues to consider and process to be followed when proposing to use a single tender action. It 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 EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	<a href="mailto:Sarah.Morgan16@wales.nhs.uk">Sarah.Morgan16@wales.nhs.uk</a>
	Date	2 December 2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Tim John
	Title	Senior Finance Business Partner
	Contact details	<a href="mailto:timothy.john@wales.nhs.uk">timothy.john@wales.nhs.uk</a>
	Date	02/12/24
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>
	Date	10/12/2024
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 EqlA and inform the D&I team.**

3

11:50 AM, 10 Mins

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3 - DIGITAL

3.1

12:00 PM, 0 Mins

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3.1 - INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE

*Anthony Tracey  
(Hywel Dda UHB -  
Digital Director)*

| For assurance

3.2

12:00 PM, 0 Mins

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3.2 - DIGITAL OVERSIGHT GROUP UPDATE

*Anthony Tracey  
(Hywel Dda UHB -  
Digital Director)*

| For assurance

4 - FOR INFORMATION

4.1

12:20 PM, 0 Mins

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## 4.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

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

| For information

### **Attachments**

[IPAR Month 8 2024-25 SRC 17 December 2024.pdf](#)

[Appendix 1 M8 2024-25 IPAR Overview.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Performance Update for Hywel Dda University Health Board – Month 8 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance In association with all Executive Leads
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, 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 8, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The committee is asked to note the report.

The IPAR consists of two parts:




- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via the Integrated Performance Assurance Report (IPAR) dashboard as of 30 November 2024. Ahead of the Board meeting, the dashboard will also be made available via the Health Board's [internet site](#).
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 30 November 2024* is also provided as **Appendix 1**. This document summarises performance, issues and actions for our key improvement measures for 2024/25.

The dashboard has been redesigned to make it more streamlined and easier to use so it may initially take a little more time to adjust to the changes. Developments are:

- A performance summary for all metrics, which can be filtered to show all or key deliverables metrics;
- Performance charts have been grouped by topic, enabling all charts to be displayed on one page.

A summary of the SPC chart icons is included below. Further details on why we are using SPC charts and SPC rules can be found in the supporting overview document.

<b>Variation</b> 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

<b>Assurance</b> 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

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team - [GenericAccount.PerformanceManagement@wales.nhs.uk](mailto:GenericAccount.PerformanceManagement@wales.nhs.uk)






### Cefndir / Background

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

### Asesiad / Assessment

The table below provides a summary of our key financial and sustainability measures. The supporting IPAR overview (**Appendix 1**) includes the latest data, challenges, issues and key actions for the financial deficit (in-month) measure.

#### **Position as of 30 November 2024**

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£-16.299m (plan)	£-18.315m		n/a
Agency spend	5.47%	1.3%		
Break-even duty forecast	£20.133m (YTD) £31.550m (FYE)	£20.133m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	7.9%		n/a
Third party spend – Welsh suppliers	n/a	41.5%		n/a
Total carbon emissions**	n/a	93,940 tCO2e	n/a	n/a

\* Positive figures represent a deficit and negative figures a surplus

\*\* Carbon emissions data as at 31<sup>st</sup> March 2023

### Argymhelliad / Recommendation

The Committee is asked to **DISCUSS** the SRC measures from the Integrated Performance Assurance Report and **ADVISE** of any issues that need to be escalated to the January 2024 Board meeting.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.</p> <p>2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in HDDUHB's Annual Plan</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:**  
**Further Information:**

Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance, Performance, internal Escalation process

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Better use of resources through integration of reporting methodology
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Use of key metrics to triangulate and analyse data to support improvement
<b>Gweithlu:</b> <b>Workforce:</b>	Development of staff through pooling of skills and integration of knowledge
<b>Risg:</b> <b>Risk:</b>	Better use of resources through integration of reporting methodology
<b>Cyfreithiol:</b> <b>Legal:</b>	Better use of resources through integration of reporting methodology
<b>Enw Da:</b> <b>Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.

<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Integrated Performance Assurance Report (IPAR) Overview

As at 30<sup>th</sup> November 2024

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



This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care’s priorities for this financial year. We have also included measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 30<sup>th</sup> November 2024.](#)

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Oct 2024	75%	45%	●	■	◆
Delayed discharges	Number of Pathways of Care delayed discharges	Nov 2024	n/a	204	●	N/a	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2024	0	6,451	●	■	◆
Finance	Financial in month deficit	Nov 2024	n/a	-£18,315,000	●	N/a	◆
Infections	E. coli: Number of confirmed cases (in-month)	Nov 2024	21	37	●	■	N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Nov 2024	6	08	●	■	N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Nov 2024	8	16	●	■	N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Oct 2024	80%	75.6%	●	■	◆
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Oct 2024	80%	18.6%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Oct 2024	80%	84.1%	●	■	◆
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Oct 2024	80%	98.1%	●	■	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2024	0	2,622	●	■	◆
Planned care	Patients waiting 104 weeks+ RTT	Nov 2024	0	1,951	●	■	◆
Planned care	Patients waiting over 52 weeks RTT	Nov 2024	0	14,628	●	■	N/a
Planned care	Follow-up appts - delayed >100%	Nov 2024	0	16,682	●	■	N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Oct 2024	95%	65.0%	●	■	N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Nov 2024	0	2,244	●	■	◆
Urgent and emergency care	% Ambulance red call responses < 8 mins	Nov 2024	65%	49.5%	●	■	N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2024	0	986	●	■	◆
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2024	0	295	●	■	N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2024	95%	63.9%	●	■	N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2024	0	1,543	●	■	◆
Workforce	% staff PADRs in the previous 12 months	Nov 2024	85%	83.1%	●	■	N/a

**Key**

**Variation - how are we doing over time**

- Improving trend
- Usual trend
- Concerning trend

**Assurance - performance against target**

- Always hitting target
- Hit and miss target
- Always missing target

**Trajectory - performance against our ambition**

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

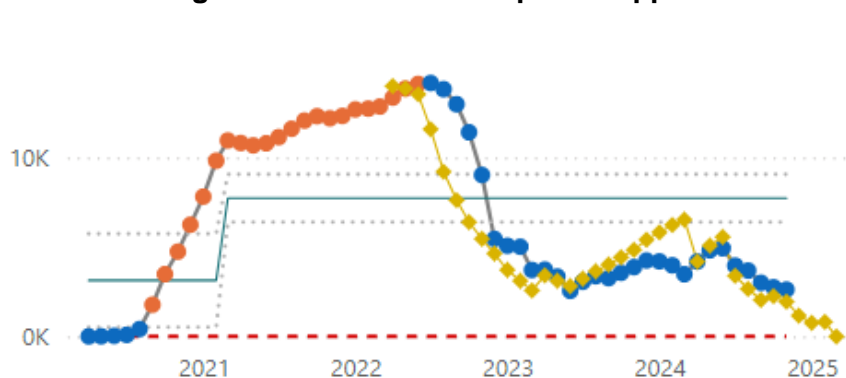
**Statistical process control (SPC) charts**

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

Key

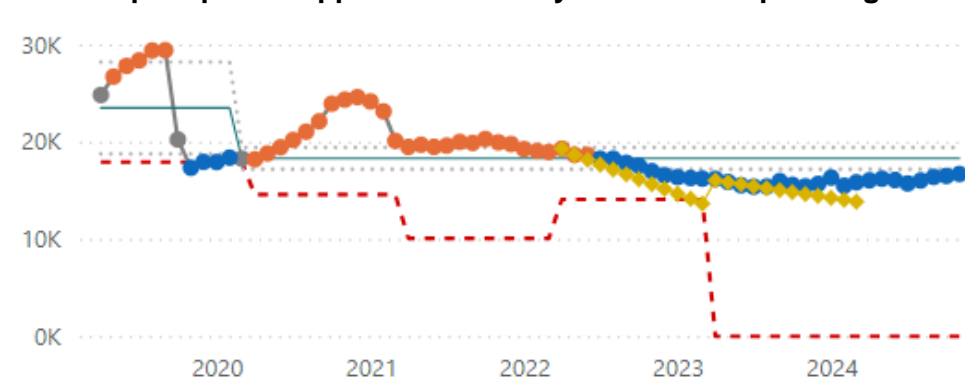
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Breaches have reduced for 5 consecutive months with improving variation showing. The 2,622 breaches in November 2024 equates to a 47% reduction since June 2024 and the lowest recorded since June 2023, however, the ambition for November (1,949) was not met.

Follow up outpatient appointments delayed over 100% past target date



The number of follow ups delayed by more than 100% of their target date has increased for 4 consecutive months. The 16,682 breaches in November 2024 is the highest recorded since November 2022.

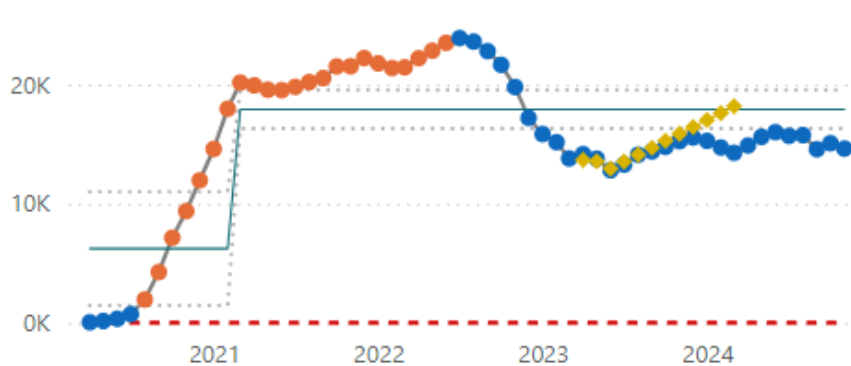
Key challenges / issues	Key actions / initiatives	Due date
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<ul style="list-style-type: none"> <li>Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).</li> <li>The Health Board actively manages and triages referrals which has resulted in no waiting list growth.</li> <li>Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, bereavement, and clinical unavailability. Additional factors include vascular regional capacity issues.</li> <li>Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.</li> <li>35% reduction (4,606) in 36 week new outpatient breaches since June 2024, with positive indications for further recovery in future years.</li> </ul>	<ul style="list-style-type: none"> <li>The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government. There are challenges within General Medicine and Care of the Elderly services where mitigation and recovery plans are being developed.</li> <li>Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS &amp; PIFU).</li> <li>Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.</li> <li>Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines.</li> <li>Demand and capacity plans have been developed and are regularly in use across key specialties to maximise capacity and forecast accurately.</li> </ul>	<p>31/03/25</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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Key

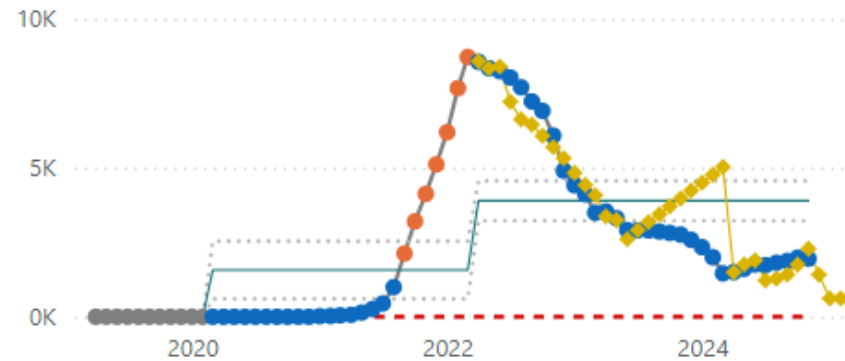
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance has been steadily improving in recent months, with improving variation showing. Breaches in November 2024: 14,628

Patients waiting over 104 weeks from referral to treatment



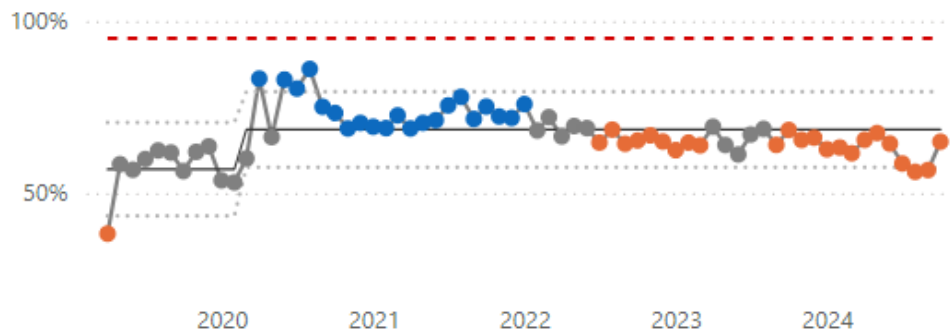
An increasing trend since March 2024, however, improving variation is showing and November 2024 saw a reduction in breaches (1,951) compared to October. Trajectory (2,284) was met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Ongoing acute hospital site pressures can adversely affect elective care.</li> <li>• Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.</li> <li>• Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support.</li> <li>• Longer waiting patients are requiring additional pre-assessment support.</li> <li>• Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.</li> <li>• Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include:                         <ul style="list-style-type: none"> <li>• Prioritising Urology cancer backlog over routine backlog demand</li> <li>• Colorectal cancer demand utilising routine slots.</li> <li>• Vascular regional capacity issues</li> <li>• Ophthalmology and Rheumatology capacity to meet demand.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (SoS &amp; PIFU).</li> <li>• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.</li> <li>• Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.</li> <li>• Independent sector insource solution being commissioned to supplement existing capacity.</li> </ul>	<p>Ongoing</p> <p>31/03/25</p> <p>Ongoing</p> <p>31/01/25</p>

**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**



The summer saw the lowest performance since pre-Covid, however, performance increased from 56.7% in September to 65% in October 2024, where 1,166 out of 1,795 high-risk (R1) patients attended appointments within their clinically assigned target date or within 25% beyond that date and performance shows concerning variation. Target = 95%.

**% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date**

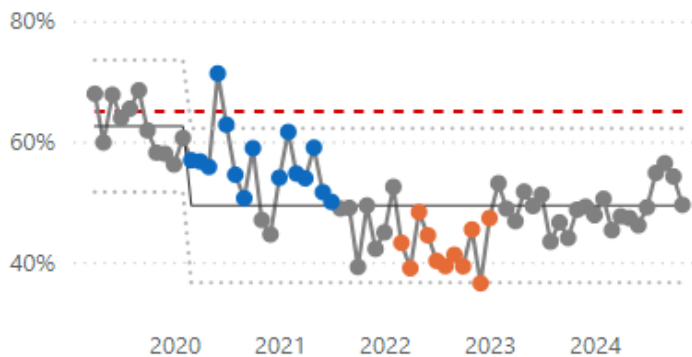


In October 2024, 35% of high-risk (R1) patients (6,289 out of 17,892) were waiting within their clinically assigned target date or within 25% beyond that date, the lowest level recorded. Target = 95%.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>• Ophthalmology has struggled to recruit and retain the medical workforce to deliver required clinics.</li> <li>• The service has struggled to recruit and retain the necessary skilled nursing and non-medical staff to deliver required clinics.</li> <li>• Ophthalmology is delivered out of nine sites which is unsustainable in terms of travel and retaining skilled staff. There is limited estates available on central sites to deliver the required clinics. The current workforce would be better utilised if larger clinics could be overseen by one Consultant, which would increase productivity and help to retain staff.</li> <li>• Limited clinic appointments result in a conflict between delivering the Eye care Measures targets and Ministerial Measures targets (including Referral To Treatment).</li> </ul>	<ul style="list-style-type: none"> <li>• Two speciality doctors on-boarding.</li> <li>• Two consultant posts to go out to advert.</li> <li>• Developing a training programme for two junior doctors.</li> <li>• Two Band 7 posts awaiting job description sign off to go out to advert.</li> <li>• R1 delivery plan presented to board with short term recovery secured, with further discussion about longer term recovery ongoing.</li> <li>• Clinical Service Plan is ongoing to review resources and estates, reducing delivery to fewer key sites.</li> <li>• The above measures and investment required will increase the percentage of R1 cohort of patients waiting for an appointment within their target from 35% to 75%.</li> </ul>	<ul style="list-style-type: none"> <li>31/03/25</li> <li>30/06/25</li> <li>31/08/25</li> <li>31/03/25</li> <li>30/04/25</li> <li>31/01/27</li> <li>31/03/26</li> </ul>

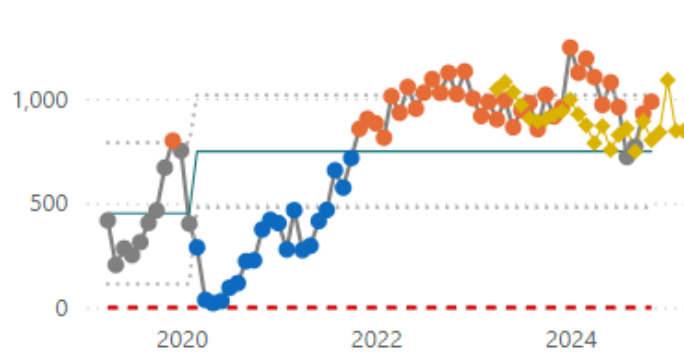
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 - - Target  
 ● Ambition

**Life threatening (red) call responses taking over 8 minutes**



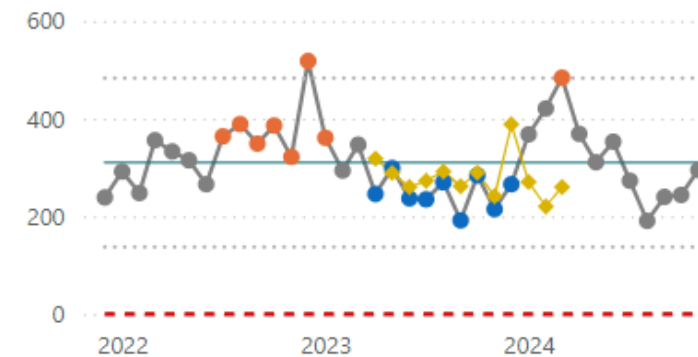
Latest data is showing expected (common cause) variation, 344 red calls met, out of a total of 695 responses, 49.5% (target = 65%).

**Ambulance handovers taking over 1 hour**



Latest data is showing concerning variation. 986 handovers > 1 hour out of a total of 1,925, 51%. The trajectory of 801 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 295 handovers > 4 hour out of a total of 1,925, 15%.

**Key challenges / issues – red calls**

**Key actions / initiatives – red calls**

**Due date**

The Welsh Ambulance Services University NHS Trust (WAST) have been unable to provide an update on issues due to additional operational pressures resulting from Storm Darragh.

- 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.
- Palliative care Paramedic trial live 8<sup>th</sup> October 2024, which will provide support to palliative care patients within HD.
- Porth Preseli staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance. Improvements being made with uplifting cover
- Recruitment of newly qualified paramedics, emergency medical technicians and to the Cymru High Acuity Unit

Weekly ongoing

Daily – Hourly

Ongoing

Weekly ongoing

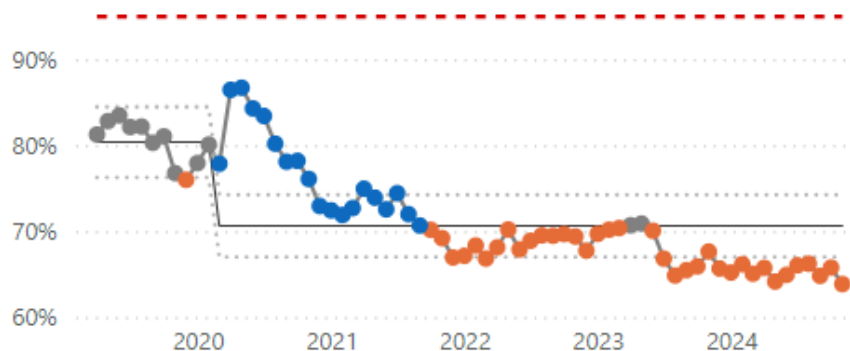
Completed but needs ongoing work.

End of January 2025

Key

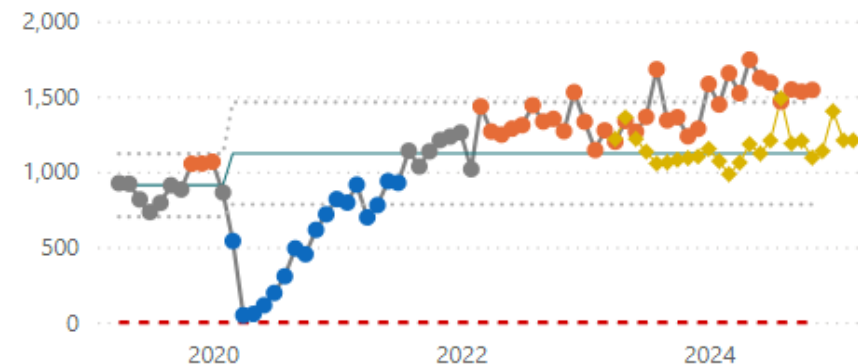
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

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



64% reported for November, 4,997 breaches out of 14,075 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,543 breaches out of 14,075 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,093 was not met

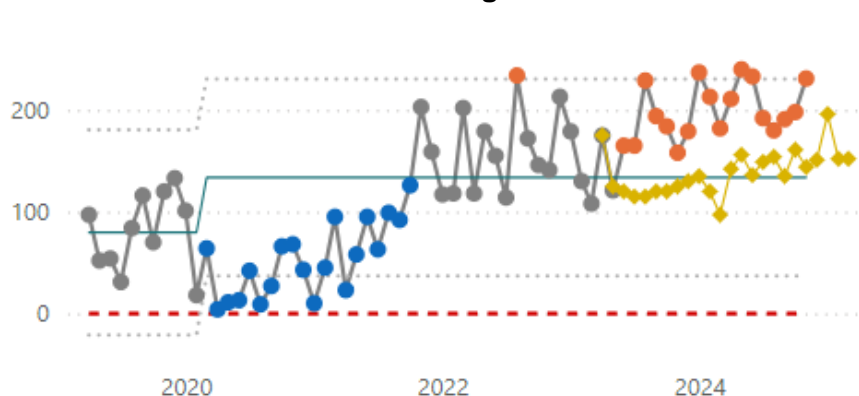
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

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

Key

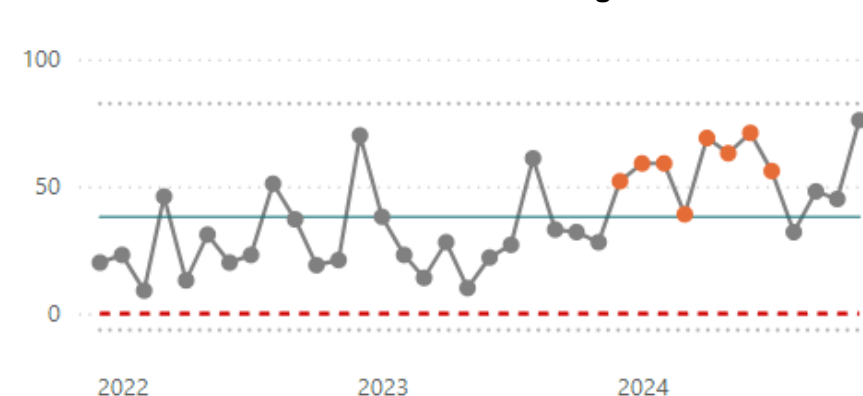
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 231 handovers >1 hours reported out of a total of 410 handovers, 56%. The trajectory of 144 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 76 handovers >4 hours were reported out of 410 total handovers 19%.

Key challenges / issues

- Continued Emergency department “front door” capacity pressures continue. Increase in ambulance conveyances to site currently seen – average of 12 per day to average of 18 presently. Emergency and Urgent Care surge (number of patients beyond the capacity) and unallocated bay pressures maximised - with patients routinely cared for in corridor areas to maximise flow available. Surge areas are additional beds opened to support additional demand where no other capacity is available. This is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased concurrently. Recovery and de-escalation is impacted by the combination of all of these factors.
- The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Flow out from this unit has become constrained in relation to non-availability of social care capacity.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.
- Triumvirate team are pursuing the potential to devise and hold a “flow summit” in January 2026 with all elements of the patient flow journey to identify if any further improvements in process can be secured.

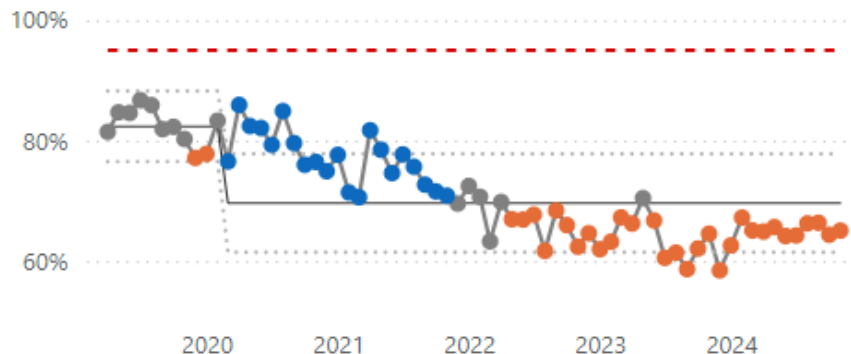
Due date

- 31/03/25
- 31/03/25
- 31/12/24
- To be confirmed

**Key**

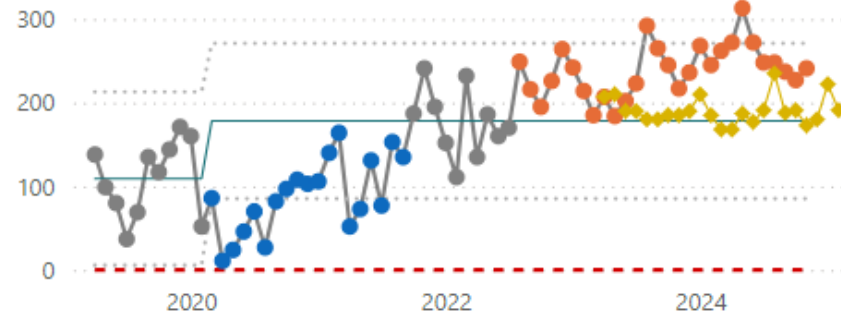
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Patients waiting less than 4 hours in A&E**



65% reported for November, 919 breaches out of 2,661 new attendances. Chart is showing a concerning performance Trend.

**Patients waiting over 12 hours in A&E**



241 breaches out of 2,661 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 173 was not met.

**Key challenges / issues**

- 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible.
- The position is further compounded by an increase in the acuity of patients including those self-presenting- and often, these patients are triaged with a higher priority than those subject to handover delays
- Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.
- Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.

**Key actions / initiatives**

- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.
- Triumvirate team are pursuing the potential to devise and hold a “flow summit” in January 2026 with all elements of the patient flow journey to identify if any further improvements in process can be secured.

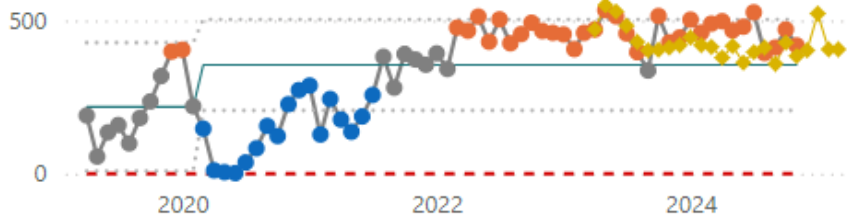
**Due date**

- 31/03/25
- 31/03/25
- 31/12/24
- To be confirmed

Key

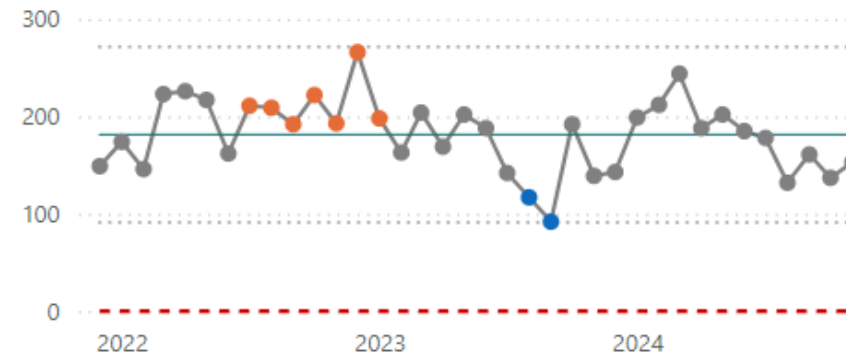
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 419 handovers >1 hours reported out of a total of 735 handovers, 57%. The trajectory of 384 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 153 handovers >4 hours reported out of a total of 735 handovers, 21%.

Key challenges / issues

The Emergency Department continues to be overcrowded with a high surge (number of patients beyond the capacity) of patients around the ED bay, in ambulatory rooms and in the waiting area. Overcrowding impacts on the ability to handover ambulances in a timely manner.

Ward closures within medicine specialty due to the prevalence of Flu and Covid.

Reduced ED capacity due to Resus flooring repairs.

Key actions / initiatives

- Surgical Same Day Emergency Care (SSDEC) piloted w/c 11.11.24 within existing ward area with no additional staffing to reduce specialty waits within ED/ Reception area.
- Plans being worked up to accommodate additional specialties such as T&O and Urology within ward areas to avoid ED pathway.
- Red and Amber 1 ambulance release requests facilitated with escalation in place in and out of hours.
- Boarding protocols implemented as daily practice on confirmed discharges from ward areas. Boarding on query discharges (predicted but not confirmed) at high escalation status.
- 12 week improvement plan (currently in week 3) to focus on key areas in line with targeted Intervention with support from Senior Quality Improvement.

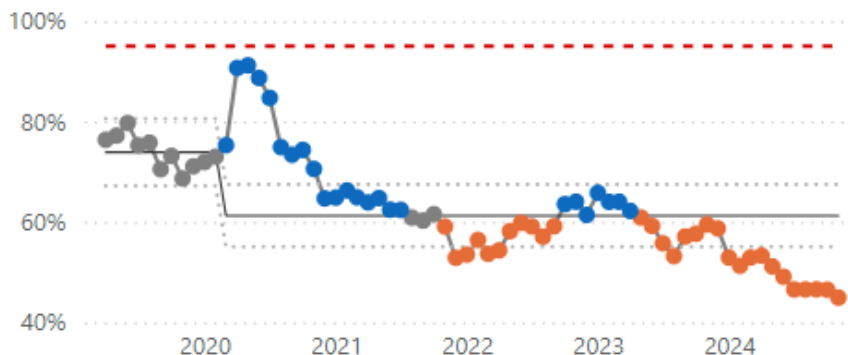
Due date

- 13/01/25
- 31/01/25
- Ongoing
- Ongoing
- 03/02/25

Key

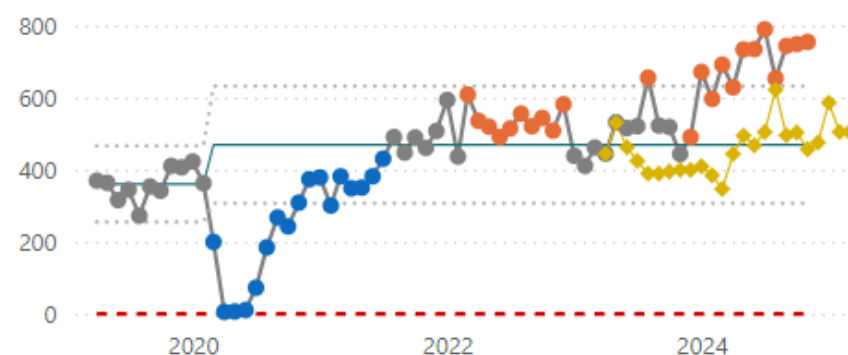
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



44.9% reported for November, 2,404 breaches out of 4,365 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



755 breaches out of 4,365 new attendances, 17%. Chart is showing concerning performance trend. The trajectory of 457 was not met.

Key challenges / issues

- Lack of appropriate space for medical and surgical specialties to review patients when department is fully escalated (co-ordinated and progressive response adopted when Emergency patient pathway has reached predefined thresholds of risk or failure).
- High demand of attenders within Emergency Department and large volume of high acuity self-presenters.
- Long waits for Mental Health pathways with patients remaining in ED's.
- Continued high demand of attenders to Glangwili Hospital with large volume of high acuity self-presenters.

Key actions / initiatives

- Surgical Same Day Emergency Care (SSDEC) pilot commenced on 11/11/2024. Full impact to be reviewed mid January (from ED Length of stay data). Consideration for Phase 2 for surgery specialties.
- Data quality improvement work planned for roll-out mid to end of December with support from Informatics.
- Implementation of Criteria Led Discharge across additional areas to include weekends.
- Further use of virtual ward for community and Medical SDEC. Consultant connect in use within Medical SDEC for streaming.

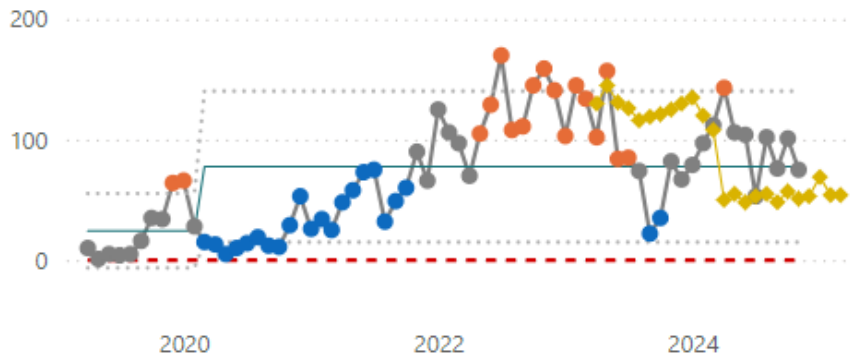
Due date

- 13/01/25
- 31/12/24
- 31/12/24
- Ongoing

Key

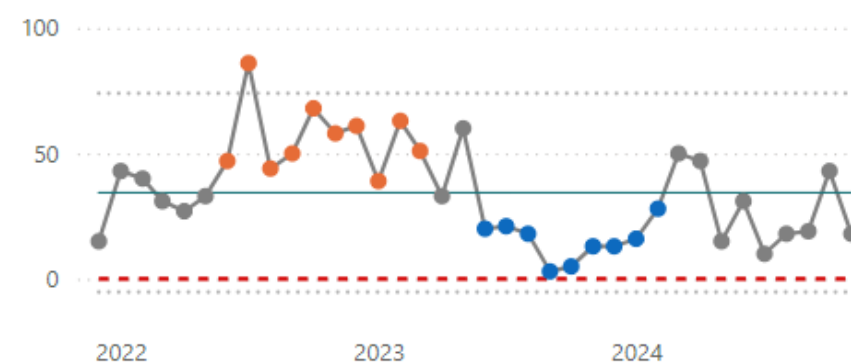
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 75 handovers >1 hours reported out of a total of 209 handovers, 36%. The trajectory of 51 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 18 handovers >4 hours reported out of a total of 209 handovers, 9%.

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

- Overall ambulance arrivals shows a further decrease from previous months but <1 hour target was still not met.
- Challenges with the prioritisation of medical patients in MIU needing an inpatient bed which resulted in slightly longer delays in ambulance handovers due to clinical prioritisation.
- All our ward areas continue to operate on full capacity with additional patients in surge areas to maintain flow.
- Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave
- Challenges remain with a spike in infection control issues this month with various bays closing and with the closure of 1 ward area resulting in closed beds

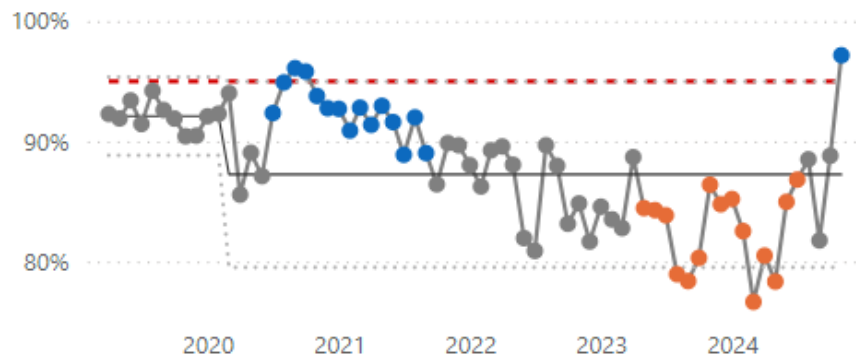
- Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation.
- Red and Amber 1 ambulance release plans continue to be facilitated, scoping safe areas to handover patients.
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) being agreed to included interface frailty service. Recruitment of Advanced Nurse Paramedic (ANP) has been successful. Frailty model currently being worked up.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.

- 31/12/24
- Ongoing
- 31/12/24
- 31/12/24

Key

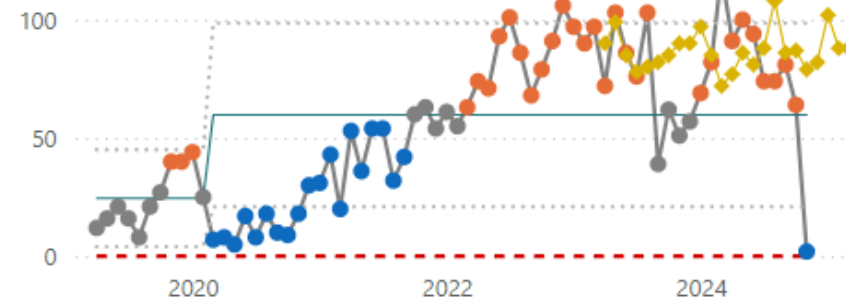
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.2% reported for November, 56 breaches out of 2,032 new attendances. Chart is showing improving performance trend.

Patients waiting over 12 hours in MIU



2 breaches out of 2,032 new attendances, 0.1%. Chart is showing improving performance trend. The trajectory of 79 was met.

Key challenges / issues

- Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased with only 23% of patients presenting with a major complaint. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breach position.
- Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.

Key actions / initiatives

- Same Day Emergency care (SDEC) continues to support with redirection from MIU (in hours) if appropriate and admission avoidance. Attendances remain high with our hybrid model including medical input with circa 95% discharge rate. Looking to increase medical support.
- Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctors weekly timetables to meet the demand and avoid delays.
- Nursing recruitment ongoing with nurses on boarding.
- Working with community colleagues on early discharge planning.

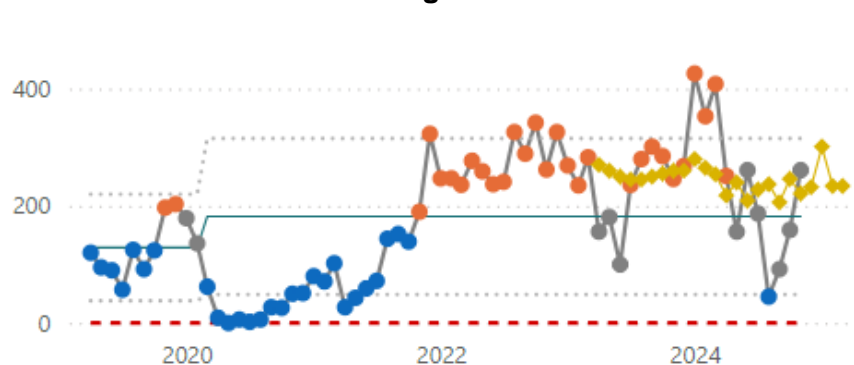
Due date

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

**Key**

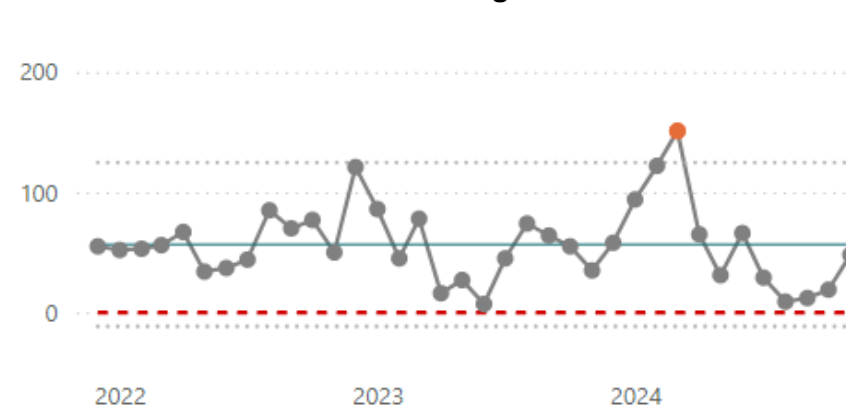
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**Ambulance handovers taking over 1 hour**



Latest data is showing expected (common cause) 261 handovers >1 hours reported out of a total of 571 handovers, 46%. The trajectory of 221 was not met.

**Ambulance handovers taking over 4 hours**



Latest data is showing expected (common cause) variation. 48 handovers >4 hours reported out of a total of 571 handovers, 8%.

**Key challenges / issues**

- The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.
- The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department. This backlog often leads to a bottleneck as inpatients beds remain occupied, limiting the ability to admit new patients from the emergency department.

**Key actions / initiatives**

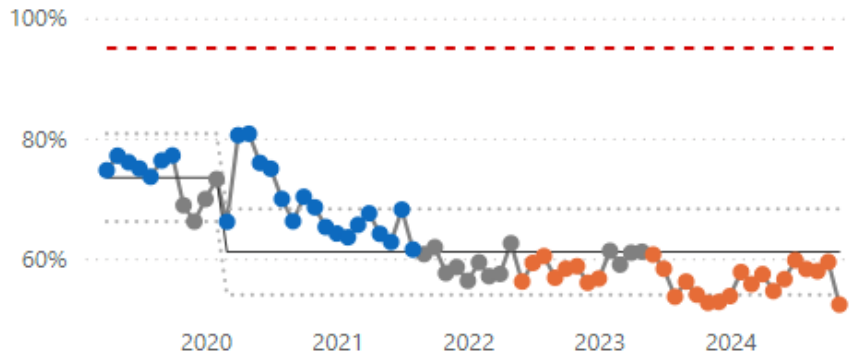
- 3 SDEC type unit open (Medical, Frailty and Surgical) Completed
- The improvement of specialty pathways, with medical teams directly engaging with patients in the emergency department (ED) before they are transferred to the ward, is a highly effective strategy for enhancing patient flow. Completed
- The implementation of a boarding protocol, where wards accept patients from the ED even before a discharge patient has physically left the ward, is another valuable strategy to improve patient flow. This proactive measure can help reduce ED overcrowding by accelerating patient transfers. Completed
- The implementation of an Advanced Paramedic Practitioner (APP) to screen the ambulance incident stack is a forward-thinking strategy to reduce necessary conveyance to the ED. By triaging & managing cases effectively we can significantly improve system efficiency and patient outcomes. Completed

**Due date**

Key

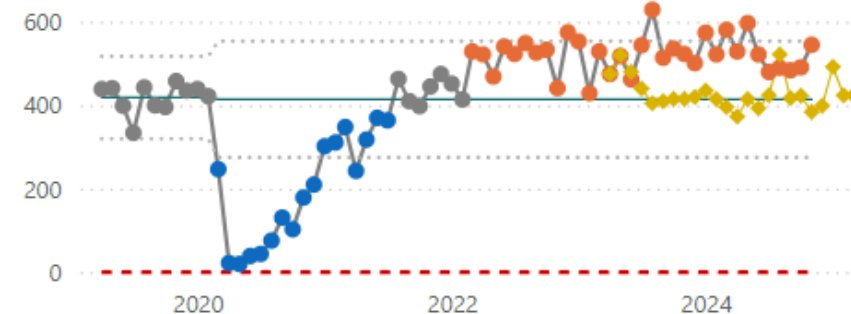
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.3% reported for November, 1,594 breaches out of 3,387 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



545 breaches out of 3,387 new attendances, 16%. Chart is showing concerning performance trend. The trajectory of 384 was not met.

Key challenges / issues

- The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.
- Discharge bottlenecks occurring toward the end of the day can significantly impact patient flow through the hospital, as inpatient beds remain occupied for most of the day, delaying admissions from the ED and other areas. This creates a domino effect, resulting in ED overcrowding and reduce capacity for incoming patients.
- The shortage of nursing home and care home beds in the county is a critical factor contributing to discharge delays, as patients who are medically fit for discharge but require ongoing care often remain in hospital beds unnecessarily.
- The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department.

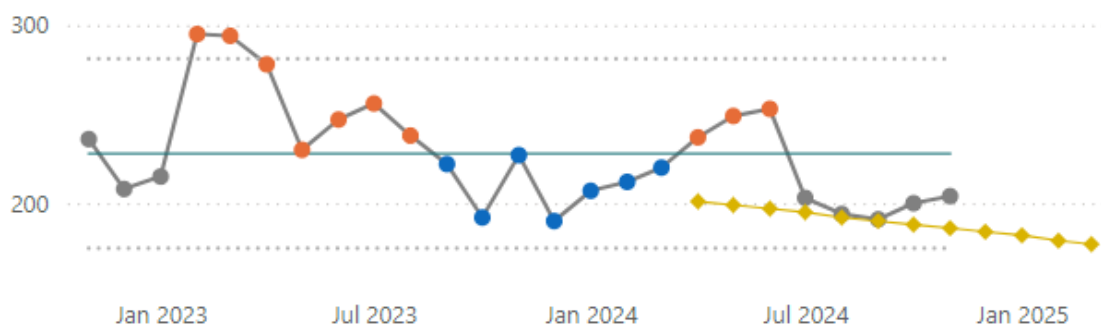
Key actions / initiatives

- Collaboration between acute care and community services is crucial for improving discharge processes. By working together, both sectors can ensure timely and safe discharges, reduce readmissions and improve patient outcomes.
- The completion of the Vanguard Programme, which focuses on exploring “what matters to the patient,” is a significant step in placing patients at the heart of their care. This programme will significantly enhance both the patient journey and discharge planning by ensuring that care is more personalised and aligned with the patients needs.
- Hot clinics running 5 days a week

Due date

- Completed
- 31/03/25
- Completed

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



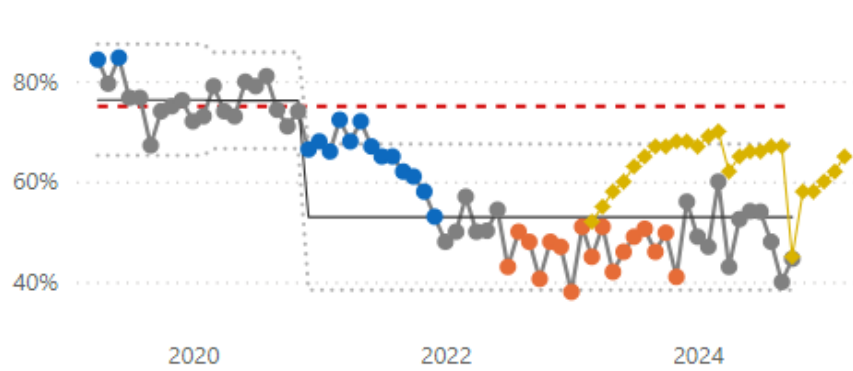
- Number of census count delays increased in November with 204 patients and expected (common cause) variation. The trajectory of 186 was missed.
- The total days delayed for non-mental health decreased in November, 7,524 days vs 7,923 in October and has decreased for the past 2 months. Mental Health and learning disability delays have been increasing since August 2024, 1,216 days in November vs 1,137 in October.
- Assessment delays remain the largest proportion of delays, in line with the rest of Wales.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

Key Challenges / Issues	Key actions / initiatives	Due date
<p><b>Non mental Health:</b> The Care Action Committee set the trajectory targets for the Pathway of Care Delays at a National level.</p> <p>Although the Health Boards trajectories have not been met this month for total delays and bed days associated with delays – the region continue to meet and exceed the trajectory in assessment reasons associated with the delays.</p> <p>Length of stay (LOS) continues to be a key challenge however the LOS &gt;100 days has decreased from 59 patients in October to 46 in November (census related delays).</p> <p>Demand and capacity continues to be a challenge at all points in the patient's journey – the county teams continue to focus on all areas of assessment, provision of service and review of patient need.</p>	<ul style="list-style-type: none"> <li>• Weekly system escalation meeting in place to consider any pathway delays across acute and community inpatient sites and to troubleshoot. Acute Head of Nursing, Ward Sister, Local Authority and Senior Community Nursing attend.</li> <li>• Weekly review of people with a LOS of over 21, 50 and 100 days, this patient cohort is reported to Executives on a weekly basis.</li> <li>• Deep dive fishbowl process on 100 day LOS across all sites to identify themes of delay, action learning focus and further escalation as required.</li> <li>• Following the census pathways of care delays, a report demonstrating numbers per hospital and reason codes is shared at Executive Team meetings demonstrating compliance against Care Action Committee targets.</li> <li>• The reasons of all census delays are mitigated and monitored through the Pathway of Care Delays Delivery Group.</li> <li>• The region continue to be supported by the National Executive team.</li> </ul>	<p>31/03/25</p>
<p><b>Mental health:</b> The Mental Health &amp; Learning Disability directorate census count for November 2024 remained unchanged as the position remained at 13. There were four discharges and four new patients identified.</p>	<p>This position now includes eight patients who have a length of stay over the 90-day threshold for Mental Health. However, all patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. This deterioration has been raised with the respective heads of service to note.</p>	<p>31/03/25</p>

**Key**

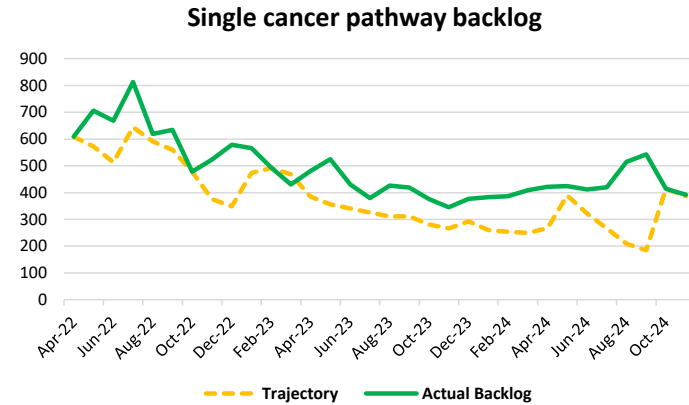
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

**% single cancer pathway patients starting treatment within 62 days**



In October 2024, 44.6% (134 out of 300) patients started treatment within 62 days against the 45% trajectory.

**Number of single cancer pathway patients waiting over 62 days**



In November 2024 there were 392 patients waiting over 62 days for treatment (trajectory 387).

Key challenges / issues	Key actions / initiatives	Due date
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The legacy impact of both Radiology reporting delays which increased during summer period due the impact of the cessation of daytime Everlight external reporting and an increase in emergency pathway demand, and loss of capacity within the skin pathway have impacted performance since August 2024.

Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5<sup>th</sup> October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.

31/03/25

November single cancer pathway performance expected to show improvement with recovery beyond the 60% threshold expected by the end of quarter 3 (December 2024).

Short term recovery plan in place for Skin pathway during September/October. Confirmed plan to increase treatment capacity from 30 patients to 50 patients per week in place to end of March 2025.

31/03/25

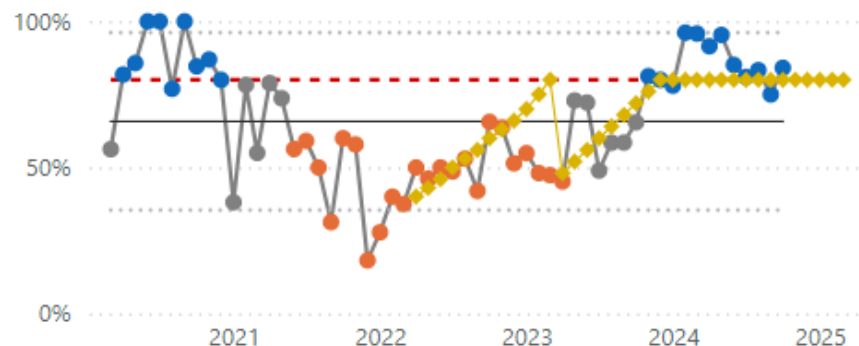
Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) which have limited resilience to sickness/absence.

Urology increase demand for LATP procuring equipment to increase capacity-working in collaboration with pathology.

31/11/24

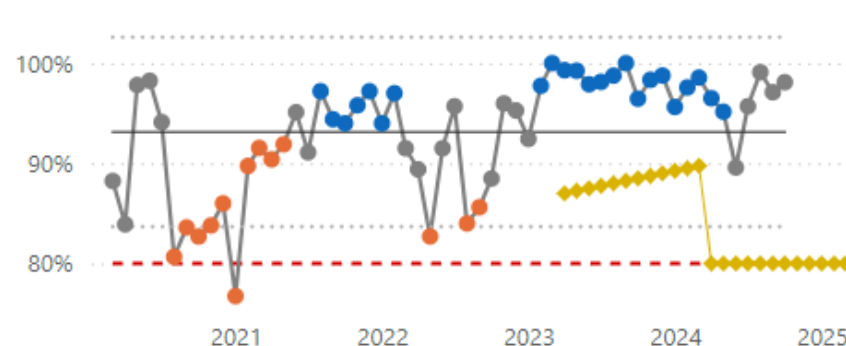
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 - - Target  
 ● Ambition

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



Latest performance of 84.1% is showing special cause improving variation and the trajectory and target of 80% were both met.

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



Latest performance of 98.1% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

**Key challenges / issues**

**Key actions / initiatives**

**Due date**

**% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17):**  
 37 of 44 of interventions were commenced within target in October. The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained.

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):**  
 A CAMHS (Children and Adolescent Mental Health Service) senior leadership service development process was initiated in October to look at care pathways across the service and establish access arrangements.  
 Patients have historically been reluctant to take up online group work and online individual work and vastly favour one-to-one appointments resulting in longer caseloads. However, we continue to trial group work programmes and approaches to identify the right approach and are working with our adult Psychological Therapies colleagues to learn from their experience.

31/03/25

**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
 Groups are now underway to support compliance. Estates access continues to be challenging across the three counties. During November the service experienced a higher-than-average sickness rate which has impacted on service provision, however staff have endeavoured to ensure compliance.

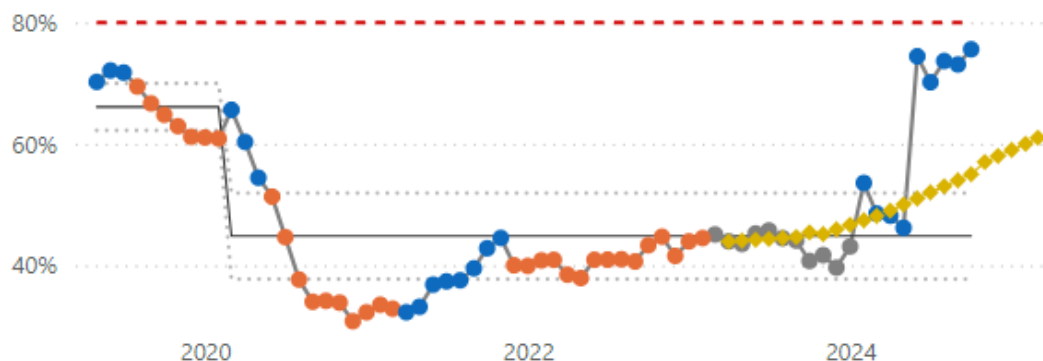
**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):**  
 Despite an increase in referrals in LPMHSS, we continue to see high compliance with targets.

31/03/25

Key

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

% adults waiting <26 weeks to start a psychological therapy

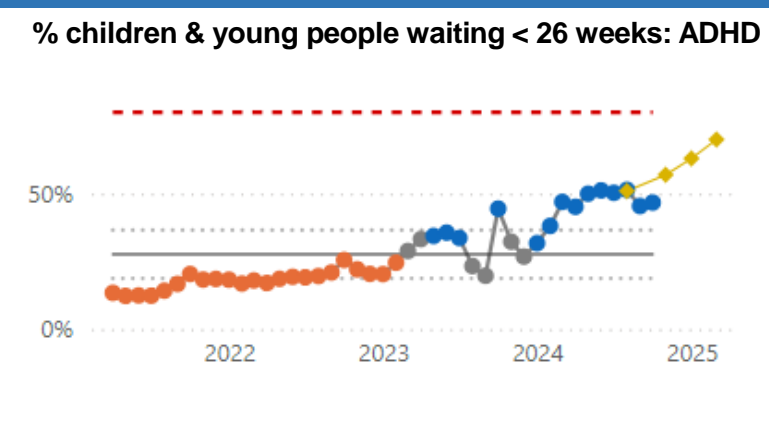
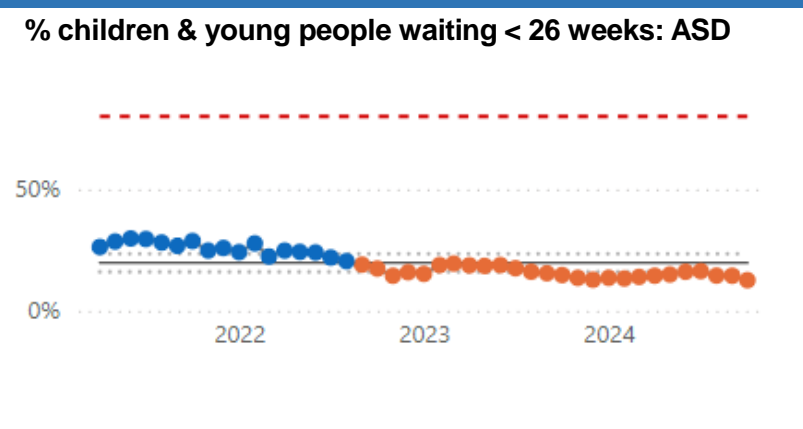
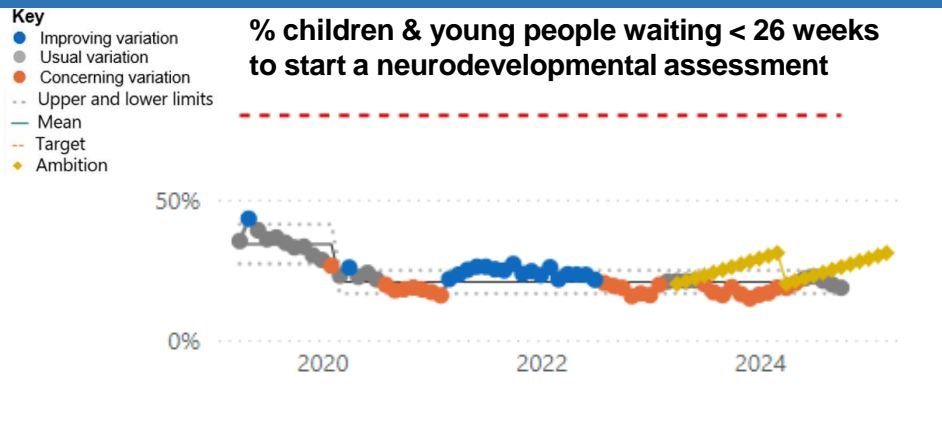


- Performance in October of 75.6% shows improving variation and the trajectory of 55% was met.
- 441 out of 533 (82.7%) patients started an integrated psychological therapy;
- 9 out of 15 (60%) started an adult psychology assessment;
- 33 out 91 (36.3%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Integrated Psychological Therapies Service (IPTS):</b> Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however, this is a cultural shift that requires effective planning over the next 6 months.</p>	<p><b>IPTS:</b> The service has achieved the required target and work now commences on the next phase of the service model of offering a tiered approach to intervention through groups being an entry point to psychological therapies ensuring it can continue to maintain the target compliance. An initial evaluation paper has reported positive outcomes to the groups and has been shared with NHS Executive, with the service planning further evaluation over the forthcoming months.</p>	31/03/25
<p><b>Adult Psychology:</b> The Psychology Adult Mental Health workforce is difficult to recruit to. A large geographical area can mean that access is limited in some areas given small staffing numbers.</p>	<p><b>Adult Psychology:</b> Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting..</p>	31/03/25
<p><b>Learning disabilities:</b> Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There is long-term sickness within the team.</p>	<p><b>Learning disabilities:</b> Practitioners across the service are utilised to prioritise most urgent cases.</p>	31/03/25

# Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in October 2024 of 18.6%, shows common cause variation and the trajectory of 26% was not met. Performance is driven by ASD, where 423 of 3,353 (12.6%) patients had an ASD assessment < 26 weeks. 336 out of 719 (46.7%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
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**Autism Spectrum Disorder (ASD):**  
Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 118 referrals per month in 2024. Welsh Government's Neurodivergence Improvement Programme (NDIP) and Code of Practice legislative requirements stipulate development of pre and post diagnostic support, with pre-assessment workshops and advice hubs for parent carers routinely in place, which has diverted resources from tackling waiting lists.

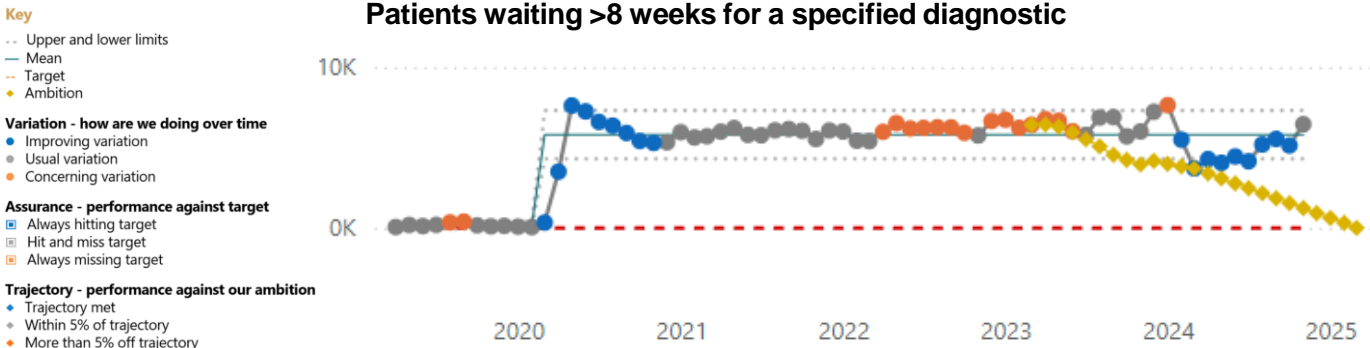
**ASD:**  
A procurement exercise to outsource ASD assessments to address waiting lists is underway with contracts awarded. An additional 66 diagnostic assessments have been procured using NDIP and Regional Integration Fund (RIF) slippage monies for this year, bringing the total to 445 diagnostic assessments for children and young people (CYP) by March 2025. Timing of referrals uploaded are in accordance with financial controls. Monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded to help tackle waiting lists.  
Relocated to new premises with dedicated clinic space to increase capacity and assessment opportunities.  
Robust caseload allocation and monitoring in place with extensive data validation of waiting list ongoing.

31/03/25

**Attention Deficit Hyperactivity Disorder (ADHD)**  
There has been a significant uplift in ADHD demand into Community Paediatrics in the last 2 years with a 100% increase in one year. In 2023/24, ADHD referrals averaged approximately 28 per month whilst in 2024/25 year-to-date the average monthly referral rate is 56. Increase in demand outweighs the ADHD capacity within the service of 40 per month. Significant progress has been made in CYP waiting over 104 weeks from 37% in March 2023 to 3% in September 2024. Clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.

**ADHD:**  
To achieve the target of 80% of CYP waiting less than 26 weeks by 31<sup>st</sup> March 2025, the service would need to increase new ADHD capacity to 26 per week compared to current core capacity. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment.  
The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing.  
Recruitment of one whole-time equivalent Community Paediatrician in BGH.  
Continue to f clinic capacity and match demand through rigorous job planning.

31/03/25



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	6,451	●	■	◆
Radiology		5,001	●	■	n/a
Cardiology		672	●	■	n/a
Endoscopy		575	●	■	n/a
Neurophysiology		176	●	■	n/a
Phys measure		15	●	■	n/a
Imaging		12	●	■	n/a

Performance in November is showing common cause variation; breaches are higher than any time since January 2024 and the trajectory of 1,235 was not met. Main driver is Radiology performance, 78% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
-------------------------	---------------------------	----------

**Endoscopy:**

- Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget – mitigation plans have been put in place to utilise variable pay.
- Stability of consultant workforce affecting provision of core capacity.
- Capital replacement programme – ageing/fragile scopes replacement.

**Endoscopy:**

- Continue to run 5 additional sessions per week (funded via recovery money) to uplift core capacity and 7 designated core sessions per week to reduce the backlog of patients over 8 weeks.
- Productivity dashboard developed and being utilised to identify ongoing opportunities for improved utilisation of capacity.

31/03/25

**Radiology:**

- Demand exceeding capacity for timely investigations and reporting.
- There have been no additional lists due to funding since 31 August 2024, to reduce 8 week backlog in Computed Tomography (CT) or Ultrasonography (US) resulting in an expected increase in breaches.
- Increased breaches in CT, due to a breakdown of GGH CT scanner.
- Reporting delays are causing delays in all pathways which is deteriorating the position. Cancer and inpatient reporting is being prioritised and additional reporting lists being held for cancer pathway.

**Radiology:**

- Awaiting Welsh Government funding decision to re-establish with additional lists and US insourcing.
- Additional Locum Consultant Radiologist commenced 02/12/24 with a second starting 20/01/25. Interviews to be held in January for a speciality grade in Breast Radiology.
- Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the first draft of the 2025/26 Radiology annual plan.
- Magnetic Resonance Imaging (MRI) upgrade at PPH. Scanning capacity temporarily reduced due to the use of a mobile unit during the upgrade period. Plans for procurement of an additional mobile MRI scanner for Q4. Extended days at GGH MRI have been re-introduced on weekdays due to the engagement of two locum Radiographers in November.

31/03/25

**Cardiology:**

- Echocardiogram (ECHO) - breaches recovering, additional lists and insourcing utilised.
- Ambulatory Monitors – breaches reducing but exceeded trajectory due to additional on-boarding activity in November.
- Transoesophageal ECHO (TOE) – breach position reduced but higher than the trajectory, due to the changes of job planned capacity.

**Cardiology:**

- ECHO - additional inhouse enhanced rate and insourcing has commenced as planned .
- Ambulatory Monitors - we have recruited/on-boarding 2 substantive Physiologists in November 2024. Service to carry out Demand and Capacity with Cardio respiratory managers.
- TOE- Review of Cardiologist job plans to prioritise capacity for increased TOE activity. Due date - 31/12/24

31/03/25  
31/12/24

# Therapy waits over 14 weeks

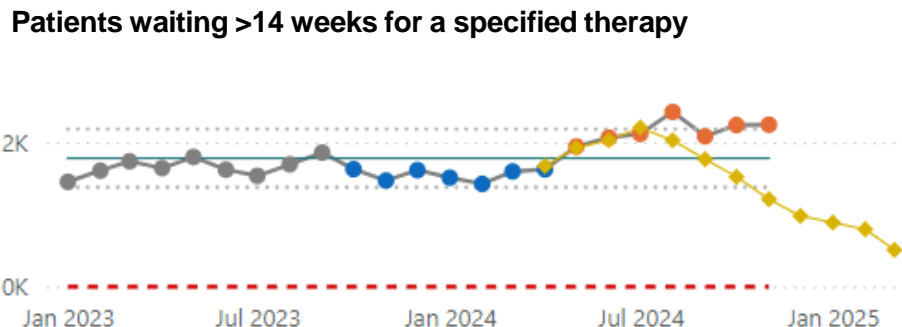
(Ministerial priority)

**Key**  
 - - - Upper and lower limits  
 — Mean  
 - - - Target  
 ● Ambition

**Variation - how are we doing over time**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation

**Assurance - performance against target**  
 ■ Always hitting target  
 ■ Hit and miss target  
 ■ Always missing target

**Trajectory - performance against our ambition**  
 ◆ Trajectory met  
 ◆ Within 5% of trajectory  
 ◆ More than 5% off trajectory



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	November 2024	2,244	●	■	◆	62.4%
Physiotherapy		1,184	●	■	◆	97%
Podiatry		546	●	■	◆	68.1%
OT		336	●	■	◆	20.3%
Dietetics**		114	●	■	◆	60.1%
Art therapy		33	●	■	◆	n/a
SALT		31	●	■	◆	91%
Audiology*		1,430	●	■	n/a	n/a

Breaches have been increasing since February 2024 and concerning variation is showing in all services, with only 1 meeting trajectory. Podiatry breaches have seen a sharp increase and are at the second highest level recorded.

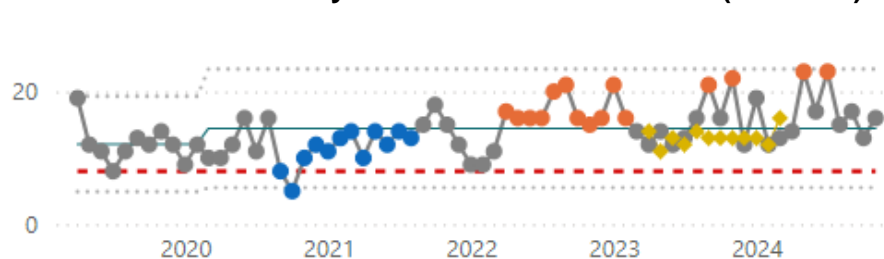
\*Data for all therapies now excludes Audiology

\*\*Dietetics now excludes waits for Weight Management Service

Key challenges / issues	Key actions / initiatives	Due date
<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Insufficient capacity to meet incoming demand and concurrently reduce the breach position. This is due to challenges securing agency and lead in times to recruit substantive posts.</li> </ul>	<p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>Active recruitment with support of campaigns team for 4 Whole Time Equivalent (WTE) Band 6 posts to support Musculoskeletal (MSK) and Community.</li> <li>Recruit 5 WTE agency for MSK recovery, supported by MEDACs</li> <li>Submit request to Financial Control Group to request support to increase bank workforce</li> </ul>	<p>31/03/25</p> <p>15/01/25</p> <p>19/12/24</p>
<p><b>Occupational Therapy (OT):</b></p> <ul style="list-style-type: none"> <li>We are experiencing the highest number of breaches in paediatrics due to the current back log and ongoing management of current new demand</li> <li>Our focus remains on prioritising all case-loads and recruitment of additional staff to address capacity shortfalls</li> </ul>	<p><b>Occupational Therapy:</b></p> <ul style="list-style-type: none"> <li>Performance/actions for improvement are reviewed weekly via therapies weekly performance meeting.</li> <li>Continued validation of the waiting list.</li> <li>Review job planning process</li> <li>We have 2 x Band 6 staff going on maternity leave in Spring 2025. We are initiating the recruitment process in December 2024 to fill these vacancies.</li> </ul>	<p>31/05/25</p> <p>31/12/24</p> <p>31/01/25</p> <p>31/12/24</p>
<p><b>Podiatry:</b></p> <ul style="list-style-type: none"> <li>Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge, impacting on new patient management.</li> <li>Withdrawal of successful candidate to Band 6 post which was introduced to manage waiting times.</li> </ul>	<p><b>Podiatry:</b></p> <ul style="list-style-type: none"> <li>Continued validation of waiting lists.</li> <li>Proactive management of waiting lists including open access clinics, phone triage and skill mix of staff.</li> <li>To go back out to recruit Band 6 podiatry role by 31/1/25</li> <li>Exploring opportunity for agency workers to support recovery.</li> </ul>	<p>31/12/24</p> <p>31/01/25</p> <p>31/01/25</p>

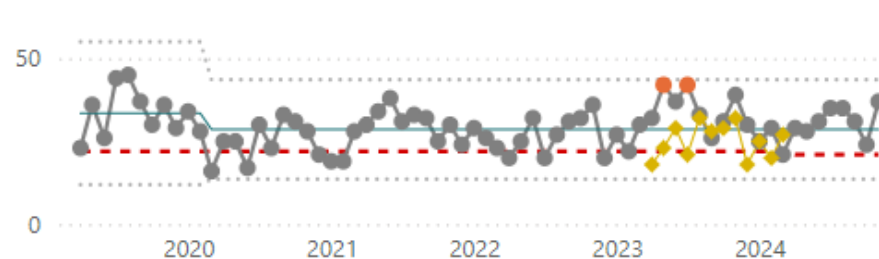
**Key**  
 ● Improving variation  
 ● Usual variation  
 ● Concerning variation  
 - - Upper and lower limits  
 — Mean  
 - - Target  
 ● Ambition

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



The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 53.6

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

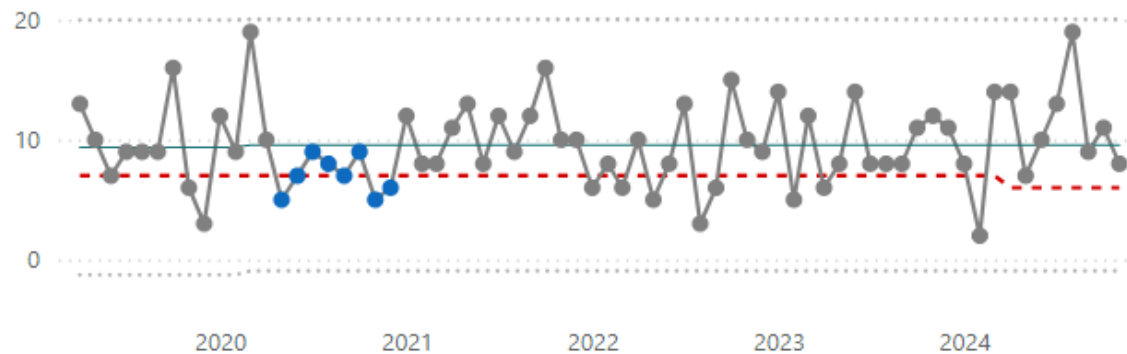


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 97.1

Key challenges / issues	Key actions / initiatives	Due date
<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data.</li> <li>Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites.</li> <li>8 Hospital onset (HO) cases were recorded in November, increasing from 7 in October and did not meet the targeted intervention (TI) goal of 6 cases.</li> </ul>	<p><b>C.difficile:</b></p> <ul style="list-style-type: none"> <li>Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24.</li> <li>Action plans developed with services focusing on Infection Prevention practice and uploaded to Datix incidents.</li> <li>Clostridium difficile Improvement (CDI) Group meetings have commenced</li> <li>Antimicrobial stewardship reviewed for each site using 'Start Smart and Then Focus' audit tool</li> <li>Data presented to Managed Practices Quality and Safety Committee Meeting for discussion.</li> <li>Monthly monitoring meetings with NHS Executive in place</li> <li>HPV/UVc decontamination is being utilised across all hospital sites alongside DiffX.</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>April 2024 to August 2024 has seen a consistent increase in cases across hospital and community.</li> <li>A higher proportion of cases are that of community onset compared to hospital onset.</li> <li>2024/25 data presents fewer cases than last year for the same period.</li> <li>9 HO cases were recorded in November and did not meet the TI goal of 5 cases, following three successive months of achieving.</li> </ul>	<p><b>E.coli:</b></p> <ul style="list-style-type: none"> <li>Progression with the HCAI Improvement Plan to provide assurance of consistency of practice</li> <li>Prevention work continues within the community with care homes</li> <li>Monthly monitoring meetings with NHS Executive in place</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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

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



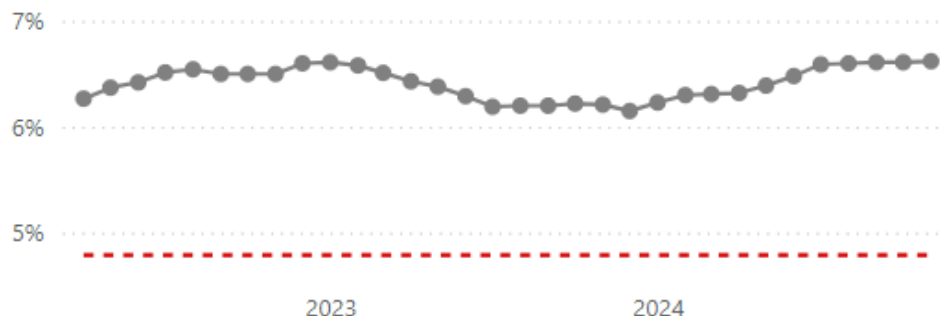
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 35.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> <li>•S.aureus cases in the HD have followed the all Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all Wales trend.</li> <li>•The majority of cases continue to be that of community onset rather than hospital onset.</li> </ul>	<ul style="list-style-type: none"> <li>• Aseptic Non-Touch Technique (ANTT) compliance for E-learning was 77.19% in August and 77.6% in September with training ongoing in December for ANTT assessors. Aiming to increase compliance to 85% by January 2025.</li> <li>• Hand hygiene compliance audits continue for clinical areas alongside messaging for 'Bare Below the Elbow'.</li> <li>• IPC representation within the Vascular Access Group to update guidance for the care and maintenance of lines</li> <li>• Learning from events for HCAI assurance meetings are reviewing cases of staph aureus bacteraemia infections for learning from events that can be shared across directorates and sites</li> </ul>	<p>31/01/25</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

**Key**

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

**% staff sickness rate (12 months rolling)**



Performance shows common cause variation, however, the 6.62% 12 month rolling staff sickness rate recorded in November 2024 is the highest level in over 2 years.

**Key challenges / issues**

**Conditions impacting absence rates include:**

Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The analysis of long-term sickness cases (more than 4 weeks) shows that circa 38% of staff are off due to anxiety/stress/depression/other psychiatric illnesses. However, only 3% of these are entered as work related absences. More work is being done to understand what additional support would enable an earlier return to work and there has been a significant increase in the number of stress risk assessments being completed which helps understand the issues impacting an earlier return.

**Review Outcomes:**

**Targeted support for sickness absence:** Whilst Operational Workforce continue to support services with the management of sickness absence on a case-by-case basis, there is little capacity to support further with targeted and proactive interventions at present due to complex employee relations case work.

\*We have diverted one part-time member of staff to some trend analysis and identification of additional interventions, and this is focused on one directorate at present. A review of the benefits of this work will be undertaken in January 2025.

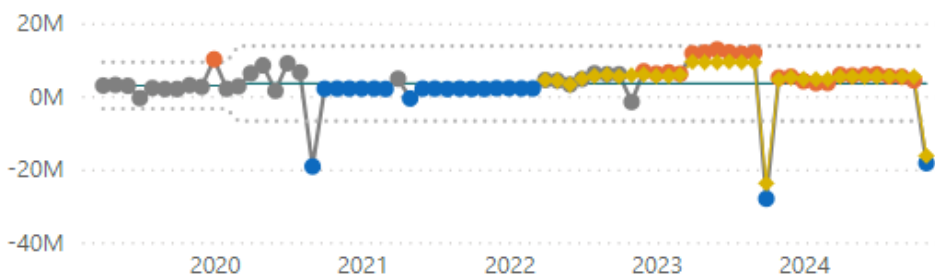
**Key actions / initiatives**

- Task & Finish Group action plan in place:** e.g. early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick. Ongoing
- Temporary redeployment guidance** – draft guidance is currently under review and awaiting approval. The guidance will support staff before they become too unwell to undertake their current role but would remain fit to do other work. 31/01/25 (revised)
- Estates and Facilities** - deep dive of sickness data has been undertaken, action plan and targeted interventions have been devised. Support in place as identified\* Action complete with ongoing support. 31/11/24
- Development of skills training analysis** to be embedded in the redeployment/ temporary redeployment process to improve development and opportunities. 31/01/25 (revised)
- Bitesize training sessions** being developed to focus on single elements of the absence management process. Piloting 5-minute session on ‘How to conduct effective return to work interviews’. A list of 15 other similar sessions have been identified and have been allocated to the Workforce team to develop. 31/01/25 (revised)
- The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group** – report on progress due end of January and will continue to adapt and deliver the action plan to support a reduction in sickness absence. 26/01/25

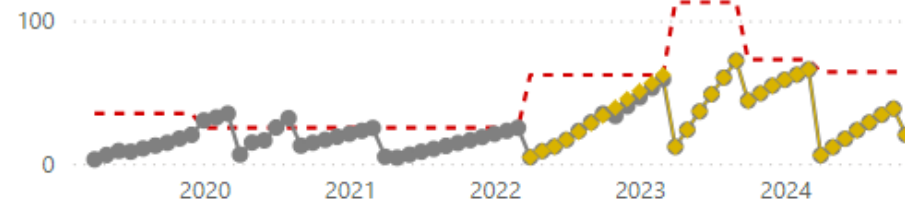
**Key**

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

**Financial in-month deficit**



**Financial deficit (£m) – year to date**



**Key challenges / issues**

**Key actions / initiatives**

**Due date**

Total funding, communicated in a letter to the CEO from Director General for The Health, Social Care and Early Years, is £32.45m, of which £26.0m has been made available on a conditionally recurrent basis, based on five criteria, one of which being to achieve a financial trajectory to breakeven by 2027/28. Whilst this does not change the previously agreed direction for the planning cycle, it provides clarity as to the Welsh Government expectation on the financial requirements to be included within the Health Boards plan for 2025-28.

1. With an improving run rate trend, and several further financial improvement actions in progress, either as savings schemes or mitigation actions, the organisation will be reviewing an assessment of progress in readiness for Month 9 reporting.
2. The programme of actions to deliver £4.2m recovery savings as agreed by the Board, have now been integrated with the development of the £20.0m recurrent savings as part of the planning cycle. The focus is to close the recurring savings gap to reduce the underlying deficit.
3. Further to the first draft planning submissions from the service on the 29 November, the next iteration of the plan is 20 December. This will include progress against the prioritisation of schemes with a clear distinction between investment and savings components. Final iterations are due by 24 January 2025 to enable a submission to the appropriate Committee forums before being presented to Public Board. The Executive Team commitment was for £20.0m of recurrent savings to be identified by December 2024 – this stands at £10.0m following the first submission.
4. Escalation process – Executive Delegated Officers, and their Service Leads are being scrutinised through the monthly forecasting and internal escalation process and are required to contain costs in line with their current forecast positions to deliver £31.5m. Further mitigating actions for areas of overspend are being scrutinised to ensure remedial actions are taken.
5. Medical Additional Cover and Premium – Bronglais Hospital and Mental Health continue use premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. Rate Card proposals required with LMC and exit strategies for

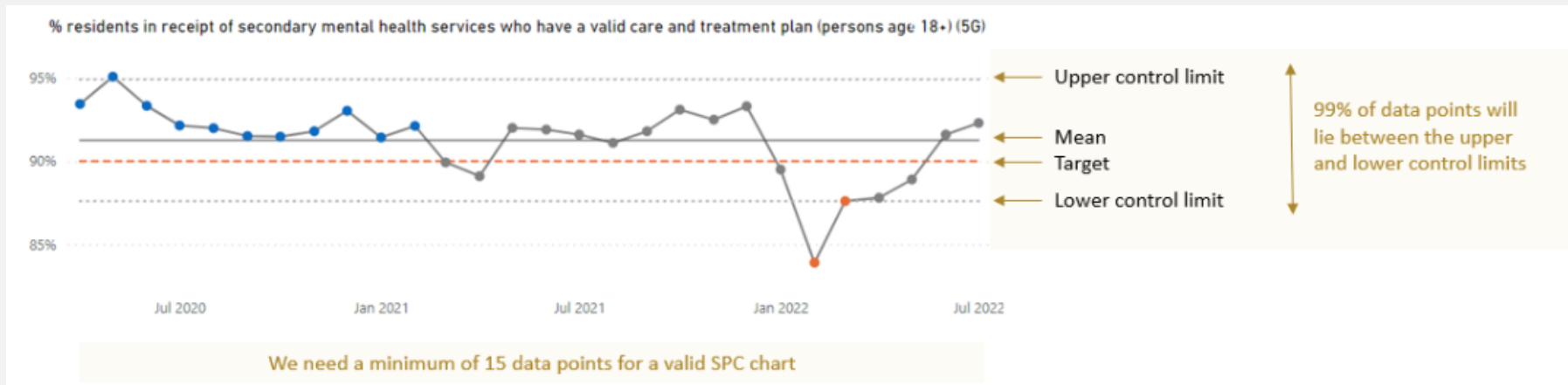
31/03/25

The Month 8 financial position is a surplus of £18.3m, recognising the impact of 7/12<sup>th</sup> prior months' Welsh Government funding. The core operational variance to plan is £(1.6)m with the in-month savings target of £2.7m being successfully over-identified by £(0.5)m, with savings plans over-delivering against their planned benefits by £(0.1)m. An over-reliance on non-recurrent savings in-year gives rise to a significant recurrent gap (£14.1m), which increases the underlying deficit as the starting point for the 2025/26 planning cycle.

## Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

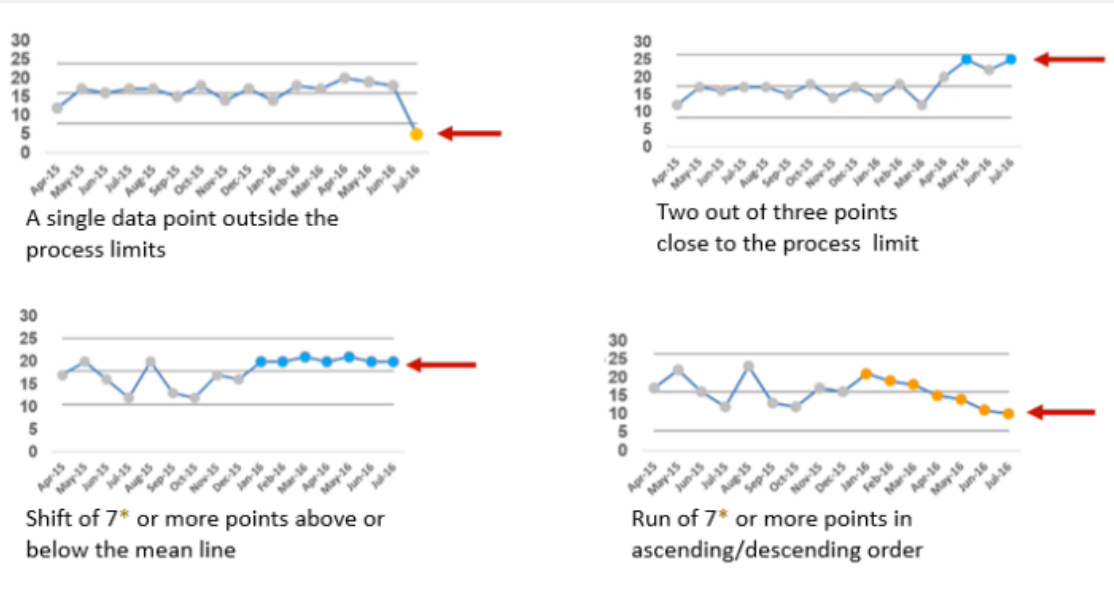
## Anatomy of a SPC chart



## Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:



\* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

## Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

<b>Variation</b> How are we doing over time	<span style="color: orange;">●</span>	Concerning trend = a decline that is unlikely to have happened by chance
	<span style="color: grey;">●</span>	Usual trend = common cause variation / a change that is within our usual limits
	<span style="color: blue;">●</span>	Improving trend = an improvement that is unlikely to have happened by chance
<b>Assurance</b> Performance against target	<span style="border: 1px solid orange; display: inline-block; width: 10px; height: 10px;"></span>	Missing target = will consistently fail target without a service review
	<span style="border: 1px solid grey; display: inline-block; width: 10px; height: 10px;"></span>	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
	<span style="border: 1px solid blue; display: inline-block; width: 10px; height: 10px;"></span>	Hitting target = will consistently meet target
Note: remember <b>blue</b> is good, orange is <b>bad</b>		

4.2

12:20 PM, 0 Mins

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

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

| For information

**Attachments**

[All-Wales Capital Programme 2024-25 CRL and Capital Financial Management SR~.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on All-Wales Capital Programme 2024/25 Capital Resource Limit and Capital Financial Management
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 Sustainable Resources Committee to:

- Note the 2024/25 Capital Resource Limit (CRL)
- Note the risks being managed
- Note the project updates
- Note and scrutinise the potential revenue consequences of capital schemes

**Cefndir / Background**

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

**Asesiad / Assessment**

**Capital Resource Limit 2024/25**

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

<b>Allocation</b>	<b>£'m</b>
All Wales Capital Programme (AWCP)	28.508
Discretionary Programme (gross allocation)	6.216
IFRS 16 Leases	0.618
<b>Total</b>	<b>35.342</b>

Since the last report the following amendments have been made to the CRL:

Scheme	£m	Description
EFAB Infrastructure	(0.050)	Reduction as part of October CRL fixing exercise to reflect expected outturn by 31 March 2025.
Withybush - RAAC Fees and Works	(0.500)	Reduction to reflect the forecast underspend against the original WG allocation
GGH Fire Enforcement Phase 2 - Fees	(0.182)	Reduction in in-year funding to reflect slippage of programme to 2025/26
Backlog Maintenance 2024-25	(0.660)	Reduction in in-year funding to reflect slippage of programme to 2025/26
DPIF (Digital Priorities Investment Fund) – RISP (Radiology Informatics System Procurement)	(0.150)	Reduction to reflect the forecast underspend against the original WG allocation
Year End Funding – October 2024	1.474	Additional funding provided by WG for various projects deliverable by 31 March 2025.
Aberystwyth Sexual Assault Referral Centre	0.708	Funding to commence works for the scheme following WG approval of the business case
Picton Terrace	1.150	Funding to purchase the leasehold of Picton Terrace from WG
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.500	Funding for the roll out of the EPMA project
IFRS 16 Leases	0.455	Funding for capitalisation of the lease of the building for the new SARC project
<b>Total</b>	<b>2.745</b>	

In addition to the above, Welsh Government has confirmed allocation of an additional £4.527m of year end funding for items deliverable by 13 March 2025, not yet reflected in the CRL.

### Capital Expenditure Plan

The following table shows the capital expenditure plan for 2024/25 with expenditure incurred to date:

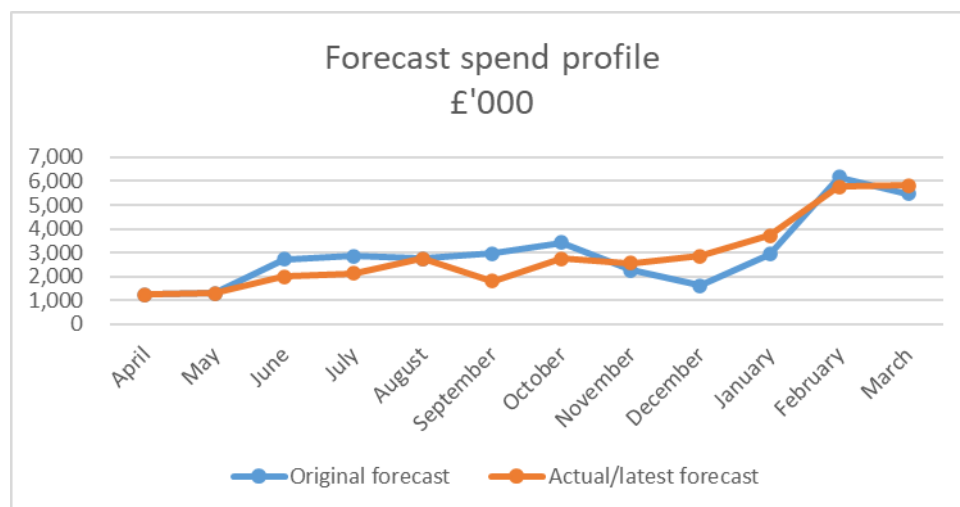
Scheme	Planned Spend 2024/25 £m	Cumulative Spend Apr - Nov £m	Spend Nov £m	Remaining balance £m
<b>AWCP</b>				
Estates Funding Advisory Board (EFAB) - Infrastructure	2.858	1.438	0.267	1.420
EFAB - Fire	1.091	0.925	0.000	0.166
WGH - RAAC Works	5.453	3.227	0.393	2.226
GGH - Fire Enforcement Phase 1	7.967	6.776	1.056	1.191
GGH - Fire Enforcement works - Phase 2 - Fees	0.055	0.042	-0.068	0.013
Cross Hands Health and Wellbeing Centre	0.177	0.177	0.012	0.000

BGH Digital Radiology X-Ray works	0.290	0.237	0.187	0.053
Diagnostic Equipment 2024-25	3.202	0.131	0.017	3.071
Backlog Maintenance - 2024-25	3.164	0.442	0.139	2.722
DPIF - RISP	0.224	0.005	0.000	0.219
Fishguard Health and Wellbeing Centre	0.070	0.000	0.000	0.070
Year End Funding – October 2024	1.474	0.000	0.000	1.474
Aberystwyth Sexual Assault Referral Centre	0.708	0.003	0.000	0.705
Picton Terrace	1.150	0.000	0.000	1.150
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.500	0.000	0.000	0.500
<b>Sub-total AWCP</b>	<b>28.383</b>	<b>13.403</b>	<b>2.003</b>	<b>14.980</b>
<b>Discretionary</b>				
IT	1.350	0.386	0.071	0.964
Equipment	1.668	1.449	0.567	0.219
Estates – Statutory	0.450	0.145	0.027	0.305
Estates Infrastructure	2.193	0.661	0.032	1.532
Other	0.680	0.512	0.050	0.168
<b>Sub-total Discretionary</b>	<b>6.341</b>	<b>3.153</b>	<b>0.747</b>	<b>3.188</b>
<b>IFRS 16 Leases</b>	<b>0.618</b>	<b>0.163</b>	<b>0.000</b>	<b>0.455</b>
<b>TOTAL</b>	<b>35.342</b>	<b>16.719</b>	<b>2.750</b>	<b>18.623</b>

Further details on the revenue consequences of these schemes are noted in **Appendix 1**.

### Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for November was slightly higher than forecast.



### Financial Risks associated with Capital Schemes in 2024/25

### ***End of Year funding allocations***

The additional capital funding received in early December will address some of the significant backlog replacement liability which the Health Board has, however there may be a risk associated with the delivery of some of these goods by the 31<sup>st</sup> March.

The procurement team are working with Directorates and suppliers to ensure that firm delivery dates are received for all items.

Close monitoring will occur to ensure that if there are any risks identified, mitigating measures are put in place to ensure that capital spend is maximised.

A corresponding risk will be raised on the Corporate Risk Register to highlight the risk of underspending against our CRL.

### ***Withybush Fluoroscopy Room Project***

Tendered costs for this scheme are circa £1.9m over the original budget. This is due to significant infrastructure upgrades which are required within Withybush to install the equipment. These were not known at the time of preparing the budget cost. We are working with the WG capital team to find a solution to the budget shortfall. There will be a requirement to bond the equipment over year end, if we proceed with the scheme.

### ***Glangwili General Hospital (GGH) Fire Precaution Works***

As reported previously, additional funding has been provided by WG for the overspend on the scheme against the original allocation. The scheme's expected completion date has slipped slightly since the last report and is now mid-February 2025. The latest cost adviser report forecasts the scheme to be within the revised allocation. This will be closely monitored by the project team as the project nears completion.

### **Impact of Inflation**

The Health Board continues to experience the impact of inflation with tendered costs exceeding previous price estimates.

Where bids are made for AWCP funding, discussions are held with WG with regard to the potential impact of inflation between pre and post tender contractual awards and the means available to manage that risk such as an additional contingency held by WG.

For any schemes which are delivered via alternative funding sources such as the DCP additional contingency allowances are made to account for the uncertainty associated with inflation.

### **Capital Scheme Updates (Schemes greater than £1m)**

#### ***GGH Fire Compliance Work***

Work commenced on site in January 2022 and the current accepted programme forecasts a completion date of February 2025. The original expected completion date was April 2023. As noted earlier the spend will exceed the original budget allocated and the request made to WG for additional funding has been approved.

#### ***Cross Hands Health & Wellbeing Centre (HWBC)***

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

**WGH Reinforced Autoclaved Aerated Concrete (RAAC) Works**

Extensive work is underway at Worthybush to make safe the roof following surveys assessing the extent of RAAC used in its original construction. £12.8m has been awarded by WG to undertake the works. Works required to six of the affected wards were completed by March 2024. The remaining works are due to complete during 2024/25. Forecast costs for the remainder of the project were robustly reviewed as part of the CRL fixing process and £0.5m of the original funding returned to WG.

**Bronglais Chemotherapy Day Unit**

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

**Aberystwyth Sexual Assault Referral Centre (SARC)**

Following WG approval of the business case for the Aberystwyth SARC, £3.354m funding has been provided with work due to start in December 2024 and complete in 2025/26. Forecast costs for the current year are £0.7m.

**Argymhelliad / Recommendation**

The Sustainable Resources Committee is requested to:

- **NOTE** the CRL for 2024/25
- **NOTE** the capital risks being managed
- **NOTE** the project updates.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 3.5 Receive assurances over 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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	8 Estates plans 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included in the main body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Capital Monitoring Forum Capital Planning Group Individual Project Boards of Capital Schemes Welsh Government Capital Review Meeting Capital Sub-Committee

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

Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
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<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Included within individual business cases and Capital prioritisation process
<b>Gweithlu: Workforce:</b>	Included within individual business cases and Capital prioritisation process
<b>Risg: Risk:</b>	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
<b>Cyfreithiol: Legal:</b>	Included within individual business cases and Capital prioritisation process
<b>Enw Da: Reputational:</b>	Included within individual business cases and Capital prioritisation process
<b>Gyfrinachedd: Privacy:</b>	Included within individual business cases and Capital prioritisation process
<b>Cydraddoldeb: Equality:</b>	Included within individual business cases and Capital prioritisation process

4.3

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4.3 - NWSSP PERFORMANCE REPORT Q2  
2024/25

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

| For information

**Attachments**

[NWSSP Performance Q2 2024-25 SRC 17 December 2024.pdf](#)

[Appendix 1-3 HDdUHB NWSSP Summary Performance Report Q2 2024-25.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY  
SUSTAINABLE RESOURCES COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	17 December 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	NHS Wales Shared Services Partnership Performance Report Quarter 2 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Davies, Assistant Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Sustainable Resources Committee with summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the Quarter ended 30 September 2024 (Quarter 2 2024/25).

The Sustainable Resources Committee is requested to receive an assurance from the content of the NWSSP Performance Report for Quarter 2 2024/25.

Cefndir / Background

The NWSSP is hosted and governed by the Velindre NHS Trust Shared Services Regulations and the Shared Services Partnership Committee (SSPC). The SSPC is hosted by Velindre on behalf of the seven Health Boards, three Trusts and two Special Health Authorities within NHS Wales ('the partners') and is responsible for monitoring governance and performance. The required standards for effective governance are outlined within the SSPC's Standing Orders, Values and Standards of Behaviours framework, and associated policies. The partners participate in the SSPC and take collective responsibility for the delivery of the services through a hosting agreement between the partners.

The purpose of the SSPC is to:

- Set the policy and strategy for NWSSP;
- Monitor the delivery of Shared Services, through the Managing Director of NWSSP;
- Seek to improve the approach to delivering Shared Services which are effective, efficient and provide value for money for partners;
- Ensure the efficient and effective leadership direction and control of NWSSP; and
- Ensure a strong focus on delivering savings that can be re-invested in direct patient care.

The Board has approved Standing Orders in relation to the establishment of joint committees. In line with these Standing Orders, Hywel Dda University Health Board (HDdUHB) has established a NWSSP Committee as a joint committee of the Board, the activities of which require reporting to the Board.

**Asesiad / Assessment**

As part of the approval of Year 1 of the SSPC Integrated Medium Term Plan (IMTP) for 2024-27, the SSPC reviewed its Key Performance Indicators. A number of Lead indicators were identified for each division. There are 20 Lead indicators in total.

Full details of the performance against all Wales agreed KPIs for services provided to HDdUHB are attached (**Appendix 1-3**) with comparison data for the rolling twelve-month period to 30 September 2024.

**HDdUHB SPECIFIC KEY PERFORMANCE INDICATORS**

In summary, of the 20 Lead indicators for Quarter 2 the performance is as follows:

	Green	Amber	Red	Not applicable*
Quarter 2 2024/25	19		1	
Quarter 1 2024/25	17	1		2

\* Two Audit and Assurance KPIs were not applicable for Quarter 1.

By exception, the area where performance is not on target is highlighted below:

**AUDIT AND ASSURANCE – AUDIT REPORTED TO AGREED AUDIT COMMITTEE**

Performance driven by both HDdUHB and NWSSP shows the organisation missing the following KPI:

**Audit reported to agreed Audit Committee:**

**Target 80%**

**Performance: 50%**

*What is happening?*

4 of the 8 reports were completed within the time frame. 1 audit was not on target for the agreed audit committee due to HB delays. The other 3 were due to NWSSP Audit and Assurance issues, with fieldwork being delayed and an audit overrunning.

*What is NWSSP doing about it?*

Heads of Audit discuss any delays directly with the health organisations and are made aware of any revised timings of reports and submission to committees.

## ALL WALES KEY PERFORMANCE INDICATORS

Performance is reported on an all Wales basis for KPIs that cannot be attributed to a specific health organisation, with comparative data for the rolling twelve-month period to 30 September 2024.

### SUMMARY ASSESSMENT BY NWSSP

The Quarter 2 performance for the organisation was good with 19 out of 20 KPIs showing as green. The time to hire target was achieved in September and NWSSP continues to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

**Appendix 4** shows the Outcome measures that NWSSP has been working on at the end of September 2024 to highlight and report the impact and importance of what it does.

### Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **RECEIVE ASSURANCE** from the content of the NWSSP Performance Report for Quarter 2 2024/25 that services provided are being delivered to expected standards;
- **NOTE** the work being developed regarding outcome measures reporting.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Regularly review contractual performance with key delivery partners.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30 September 2024.
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Shared Services Partnership Committee (SSPC)

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

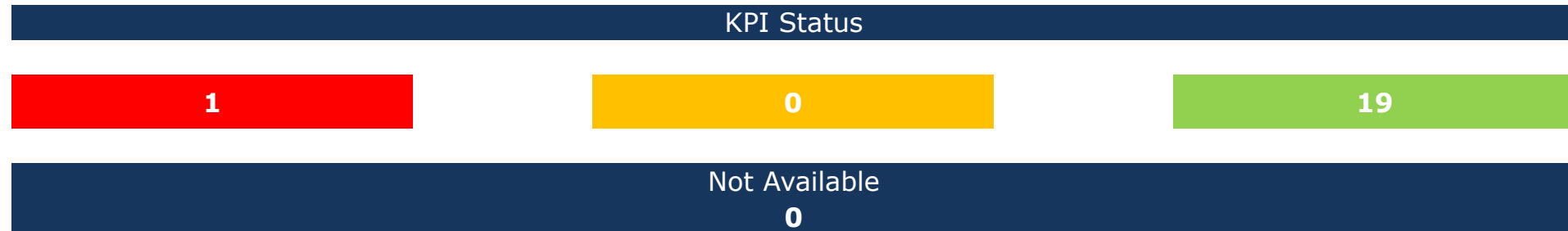
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	NWSSP was established to improve the approach to delivering Shared Services, which are effective, efficient and provide value for money for Partners.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	NWSSP has a remit to focus on delivering savings that can be re-invested in direct patient care.
<b>Gweithlu:</b> <b>Workforce:</b>	NWSSP is hosted by Velindre NHS Trust and any workforce implications are dealt with by the Trust.
<b>Risg:</b> <b>Risk:</b>	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.
<b>Cyfreithiol:</b> <b>Legal:</b>	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable

<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# NWSSP SUMMARY PERFORMANCE REPORT

## HYWEL DDA UNIVERSITY HEALTH BOARD

Period 1st July 2024 – 30th September  
2024



**Points of Contact**

Rebecca Nelson – Director of Planning, Performance & Informatics ([Rebecca.Nelson2@wales.nhs.uk](mailto:Rebecca.Nelson2@wales.nhs.uk))  
Richard Phillips – Business & Performance Manager ([Richard.phillips@wales.nhs.uk](mailto:Richard.phillips@wales.nhs.uk))

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2024.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 2 performance for the organisation was good with 19 out of 20 KPIs showing as green.

The time to hire target was achieved in September and NWSSP continue to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

Further action will continue to be taken forward to address the performance in areas of underperformance

Of the 1 KPI that did not achieve the targets:

- 1 was a combination of NWSSP and Health Board responsibility.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit continue to work with key individuals within the organisation to improve delivery against targets.

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – September 2024 for the organisation is £8.8M with the breakdown in the following table.

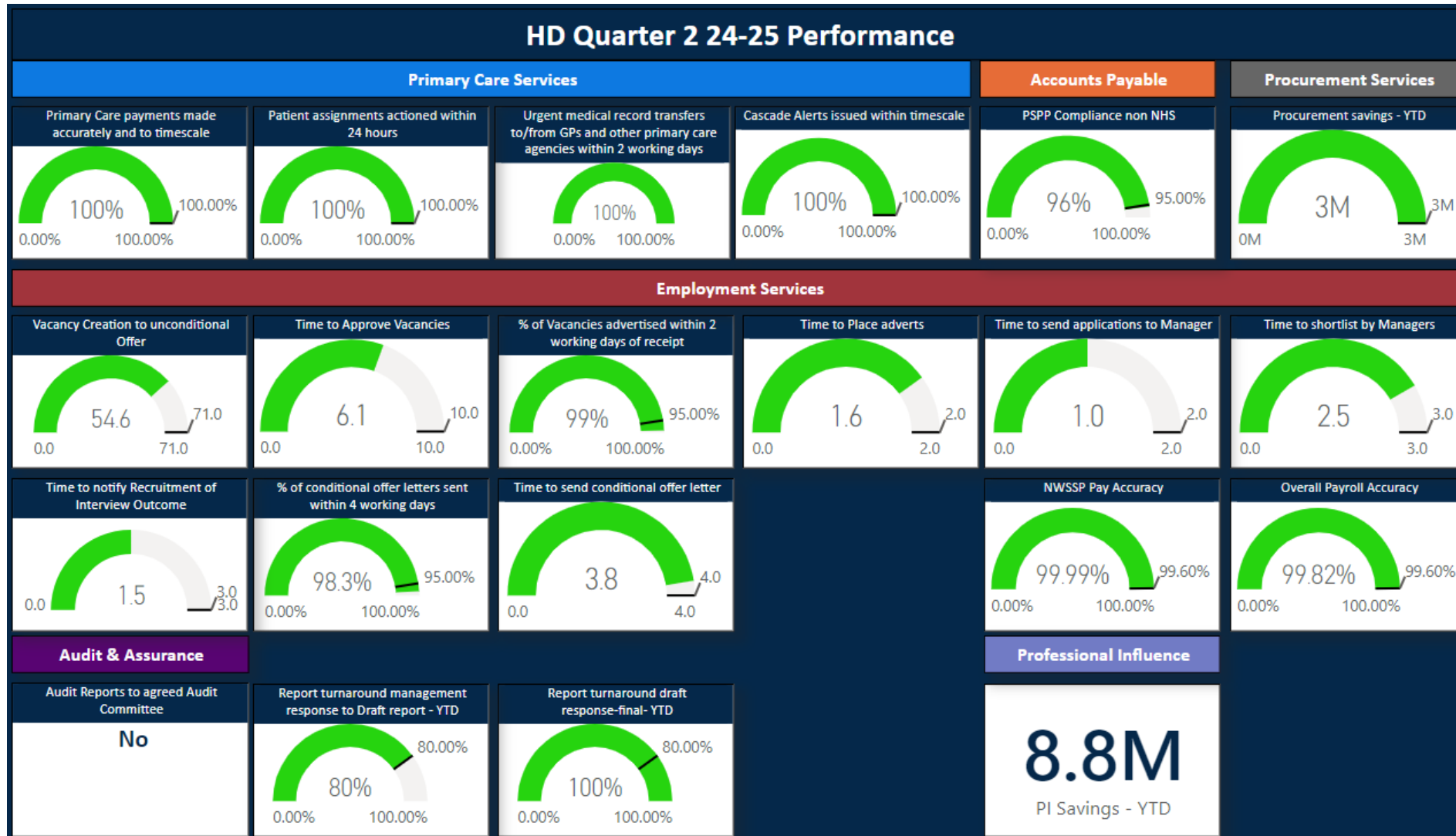
Service	YTD Benefit £m
Specialist Estates Services	0.04
Procurement Services	2.94
Legal & Risk Services	5.38
Accounts Payable	0.39
Oxygen Finance – PSP	0.01
Counter Fraud Services	0.01
<b>Total</b>	<b>8.8</b>

**Appendix 1** to this report provides the September performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th September 2024.

**Appendix 2** provides September performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2024.

**Appendix 3** then highlights the position for all health organisations at the end of September 2024.

**Appendix 4** highlights the Outcome measures reporting we have been working on at the end of September 2024.



# Action Plan for Lead Indicators

There was one KPI showing as red for the in-month September position.

HD High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee	Y/N	N	Y	Y	N	
% of audit outputs in progress		36%	16%	13%	28%	

## What is happening?

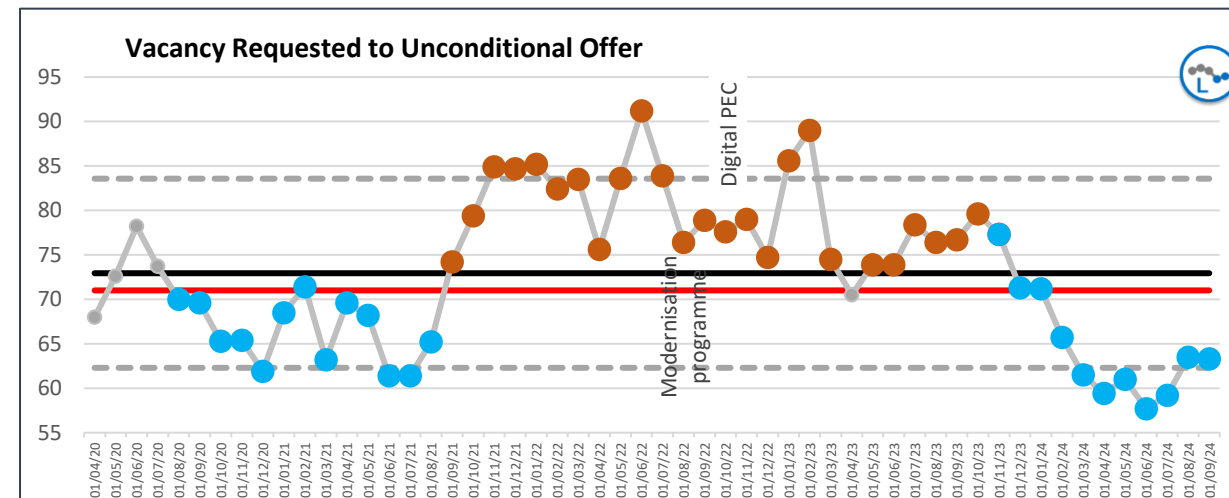
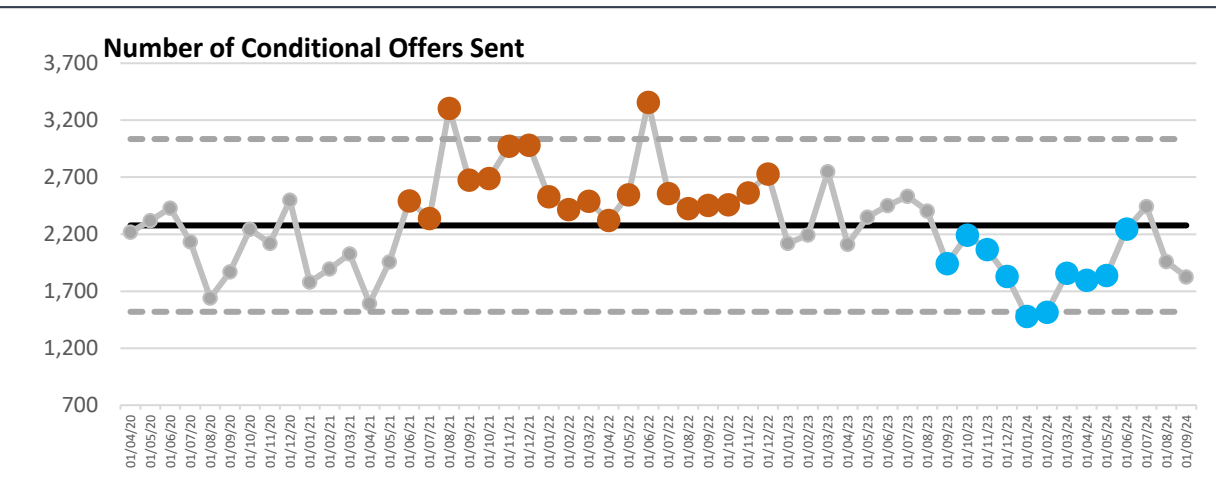
Audit reported to agreed Audit Committee failed to reach the 80% target reporting 50%. 4 of the 8 reports were completed within that time frame. The missed targets were due to internal reasons, two because fieldwork has taken longer than planned and one audit being delayed due to another over running.

## What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

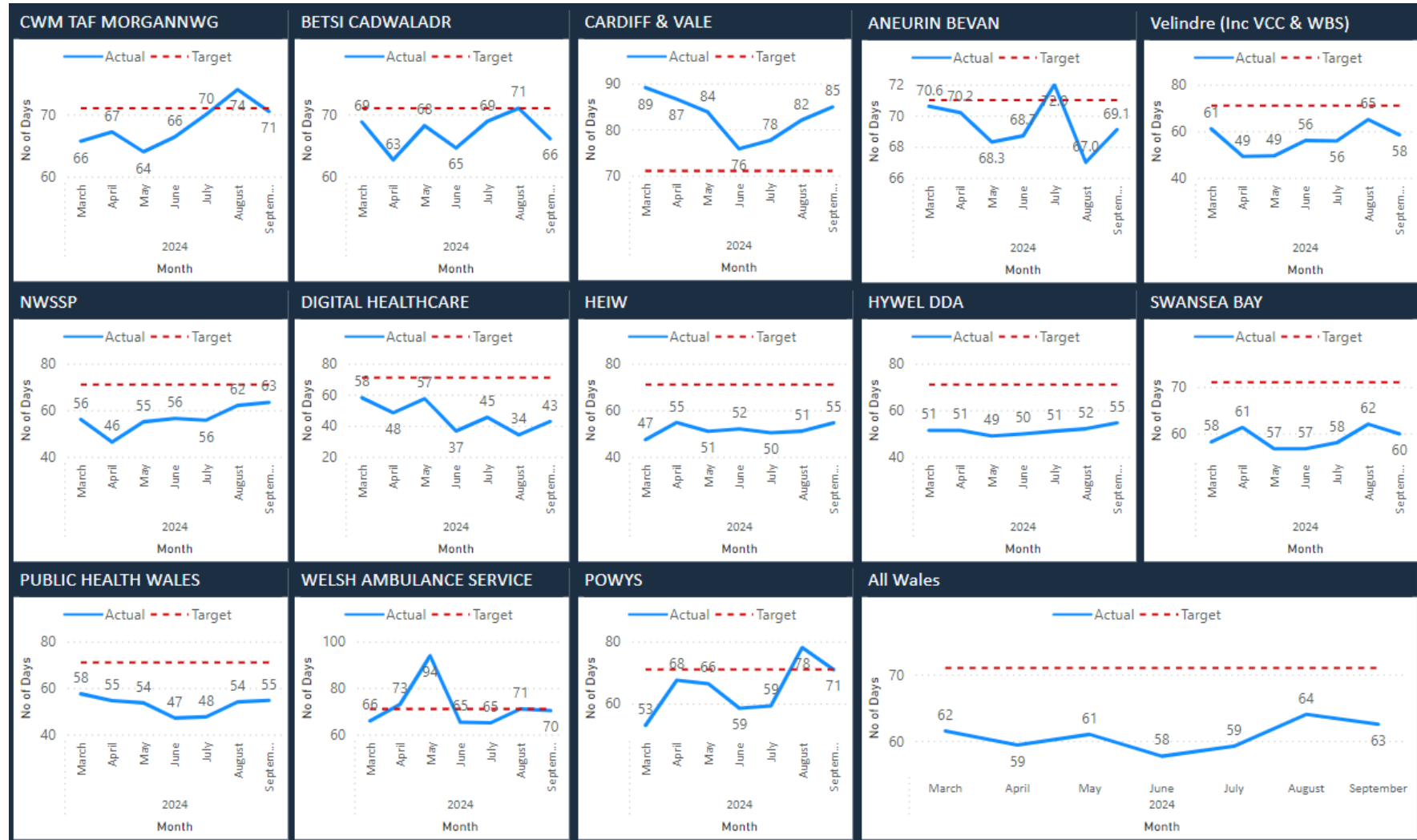
# Employment Services – Recruitment

Recruitment	Vacancy Creation to Unconditional Offer														Trend
	Org	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
AB	71	103	102	99	90	80	71	70	68	69	72	67	69	↓	
BCU	71	69	74	73	75	74	69	63	68	65	69	71	66	↑	
CV	71	95	88	94	93	84	89	87	84	76	78	82	85	↓	
CTM	71	106	94	82	82	76	66	67	64	66	70	74	71	↑	
HD	71	65	58	51	58	51	51	51	49	50	51	52	55	↓	
HEIW	71	89	101	57	73	71	47	55	51	52	50	51	55	↓	
DHCW	71	64	60	63	68	52	58	48	57	37	45	34	43	↓	
NWSSP	71	76	88	71	77	76	56	46	55	56	56	62	63	↓	
PTHB	71	70	74	69	72	70	53	68	66	59	59	78	71	↑	
PHW	71	58	57	58	57	60	58	55	54	47	48	54	55	↓	
SBU	71	72	68	70	66	69	58	61	57	57	58	62	60	↑	
VEL	71	73	66	68	61	53	61	49	49	56	56	65	58	↑	
WAST	71	109	96	80	75	66	66	73	94	65	65	71	70	↑	
All Wales	71	80	77	71	71	66	62	59	61	58	59	64	63	↑	

















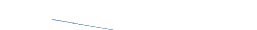







# Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations March – September 24.






















Vacancy Creation to unconditional offer

# Appendix 1 – Performance for the period to 30th September 2024

HD High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Financial Information</b>						
Professional Influence Savings - YTD		£9.418 m	£14.723 m	£4.275 m	£8.761 m	
<b>Employment Services</b>						
<b>Payroll Services</b>						
NWSSP Pay Accuracy	99.6%	99.96%	99.99%	99.96%	99.99%	
Overall Pay Accuracy	99.6%	99.89%	99.96%	99.89%	99.82%	
<b>Organisation KPIs Recruitment</b>						
% of vacancy creation to unconditional offer within 71 days		89.0%	82.5%	87.2%	81.2%	
Vacancy creation to unconditional offer	71	51.4	51.3	49.8	54.6	
% of vacancies approved within 10 working		86.0%	83.7%	76.4%	85.0%	
Time to Approve Vacancies	10	5.9	8.9	7.9	6.1	
% of vacancies shortlisted within 3 working		80.0%	89.8%	91.8%	82.8%	
Time to Shortlist by Managers	3	2.4	1.8	1.5	2.5	
% of interview outcomes notified within 3 working		88.4%	92.0%	79.7%	76.1%	
Time to notify Recruitment of Interview Outcome	3	1.3	1.5	1.7	1.5	
<b>NWSSP KPIs Recruitment</b>						
% of Vacancies advertised within 2 working of receipt	95.00%	100.0%	100.0%	99.3%	99.2%	
Time to Place Adverts	2	1.4	1.6	1.5	1.6	
% of applications moved to shortlisting within 2 working of vacancy closing		100.0%	100.0%	100.0%	100.0%	
Time to Send Applications to Manager	2	1.0	1.0	1.0	1.0	
% of conditional offer letters sent within 4 working	95.00%	98.6%	97.7%	97.6%	98.3%	
Time to send Conditional Offer Letter	4	3.6	3.4	3.7	3.8	
<b>Procurement Services</b>						
Procurement savings - YTD		Target £1.011m Actual £2.749m	Target £1.480m Actual £3.650m	Target £1.906m Actual £2.223m	Target £2.622m Actual £2.928m	
<b>Accounts Payable</b>						
Invoices older than 30 days not disputed		1,081	1,324	1,152	1,033	
% Invoices on hold not disputed over 30 days		48%	62%	63%	58%	
PSPP Compliance non NHS	95%	96.5%	95.8%	94.7%	95.8%	
<b>Primary Care Services</b>						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee	Y/N	N	Y	Y	N	
% of audit outputs in progress		36%	16%	13%	28%	
Report turnaround management response to Draft report - YTD	80%	82%	88%	Not Applicable	80%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100%	

# Appendix 2 – All Wales Performance for the period to 30th September 2024

ALL WALES KPIs		31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Primary Care Services</b>						
Prescription - Payment Month keying Accuracy rates	99%	99.76%	99.68%	99.70%	99.74%	
Prescriptions processed (Apr)	28.89m	50.7m	56.79m	7.28m	29.02m	
<b>Welsh Risk Pool</b>						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
<b>Legal and risk</b>						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	97%	100%	100%	
<b>Student Awards</b>						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	98.2%	96.9%	96.4%	98.0%	
<b>CTeS</b>						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	99%	100%	
<b>Digital Workforce</b>						
DWS % Calls Handled	85%	95.80%	95.51%	94.35%	97.96%	
<b>SMTL</b>						
% of Monitoring reports completed within 14 days from receipt into the laboratory				100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory				100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	91%	100%	100%	
% delivery of audited reports on time (NHS)	87%	100%	100%	N/A	N/A	
<b>Pharmacy Technical Services</b>						
Service Errors	<0.5%	0	4	0	0	
<b>Medical Examiner</b>						
Deaths Scrutinised	60%	100%	100%	100%	100%	
<b>All Wales Laundry</b>						
Orders dispatched meeting customer standing orders	90%	90%	94%	89%	91%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	94%	95%	97%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	0	

# Appendix 3 – Health Org Performance comparison 30th September 2024



KPIs Sep 2024	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
<b>HEALTH ORG KPIs Financial Information</b>														
Professional Influence Savings- YTD	Our Value	£110m	£27.437m	£31.781m	£38.013 m	£42.612 m	£22.233 m	£8.761 m	£2.646 m	£0.444 m	£1.278 m	£1.781 m	£0.090 m	£0.175 m
<b>Employment Services Payroll Services</b>														
NWSSP Pay Accuracy	Our Services	99.6%	99.94%	99.98%	99.97%	99.89%	99.95%	99.99%	99.81%	99.86%	99.68%	99.89%	100.00%	100.00%
Overall Pay Accuracy	Our Services	99.6%	99.79%	99.84%	99.80%	99.73%	99.75%	99.82%	99.77%	99.73%	99.50%	99.73%	99.86%	99.60%
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
<b>Orgalisation KPIs Recruitment</b>														
Vacancy creation to unconditional offer	Our Services	71 days	59.9	69.1	66.1	84.9	70.5	54.6	54.7	70.9	55.0	70.3	54.6	42.7
Time to Approve Vacancies	Our Services	10 days	3.9	11.8	4.7	19.2	16.5	6.1	5.2	6.6	1.3	10.4	5.7	0.0
Time to Shortlist by Managers	Our Services	3 days	6.8	8.2	5.3	9.6	8.0	2.5	8.0	7.2	18.2	3.2	4.3	4.3
Time to notify Recruitment of Interview Outcome	Our Services	3 days	2.9	5.7	2.2	3.4	3.0	1.5	3.1	3.2	6.2	4.2	1.1	1.4
<b>NWSSP KPIs Recruitment</b>														
Time to Place Adverts	Our Services	2 days	1.8	1.8	1.6	1.7	1.6	1.6	1.8	1.9	1.3	1.4	1.2	1.3
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Time to send Conditional Offer Letter	Our Services	4 days	3.9	3.5	3.7	4.0	3.9	3.7	3.9	3.7	3.6	3.9	4.0	4.0
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
<b>Procurement Services</b>														
Procurement savings- YTD	Our Value		Target £1.879m Actual £3.108m	Target £3.919m Actual £4.097m	Target £2.772m Actual £2.579m	Target £5.316m Actual £7.537m	Target £2.252m Actual £2.468m	Target £2.622m Actual £2.928m	Target £0.268m Actual £0.062m	Target £0.192m Actual £0.159m	Target £0.118m Actual £0.448m	Target £0.022m Actual £0.020m	Target £0.041m Actual £0.049m	Target £0.006m Actual £0.028m
<b>Accounts Payable</b>														
Invoices older than 30 days not disputed	Our Services		3,062	1,702	2,817	2,267	3,295	1,033	708	258	411	158	61	40
% Invoices on hold not disputed over 30 days	Our Services		53%	38%	53%	57%	54%	58%	72%	40%	26%	51%	51%	56%
Call Handling% - Quarterly Average	Our Services	95%	97.3%											
PSPP Compliance non NHS	Our Services	95%	96.1%	97.5%	95.4%	97.8%	95.4%	95.8%	98.0%	93.8%	97.4%	97.8%	97.8%	96.5%
<b>Audit &amp; Assurance</b>														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Y	N	N	N	N	N	N	Y	N	Y	N
% of audit outputs in progress	Our Services		39%	34%	47%	12%	22%	28%	36%	27%	21%	25%	27%	39%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	67%	Not Applicable	50%	50%	100%	80%	100%	50%	Not Applicable	100%	50%	100%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	Not Applicable	100%	100%	100%	100%	100%	100%	Not Applicable	100%	100%	100%
<b>Primary Care Services</b>														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

## Our Services

Driving the pace of innovation and consistently providing high quality services

### Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services


Our People

Our Value

#### RPA Processes

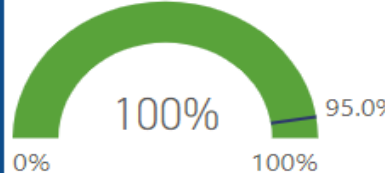
Division

- Employ...
- Accounts ...
- Other
- Primary C...



#### Legal & Risk Services

Case Closure Client Satisfaction



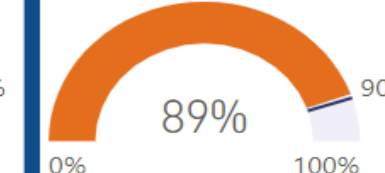
#### DWS

Customer Satisfaction



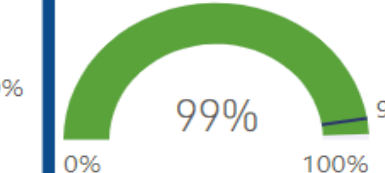
#### Central Team

Annual Customer Satisfaction



#### Specialist Estates

Annual Customer Satisfaction



Website Bounce Rate

## 31%

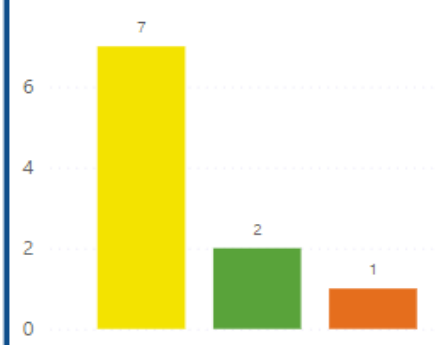
#### Customer Service Excellence

CSE Compliance Met

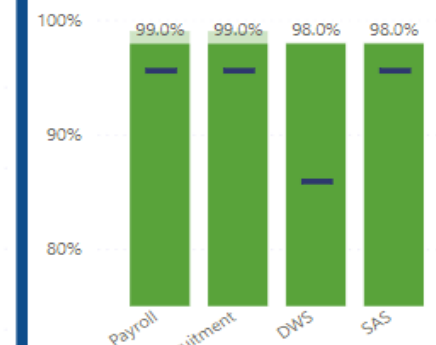
CSE Compliance P...

45
12

#### NWSSP Assurance Overview



#### Calls Answered



Website Users

## 12K

Website Page Views

## 36K


#### Website Pages - September 24 (Top 3)

1. Student award services - 4,673
2. How do I apply for a bursary - 3,749
3. Current Vacancies - 2,338

# Appendix 4 – Outcome Reporting (Our People)

## Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

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### Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Our Services

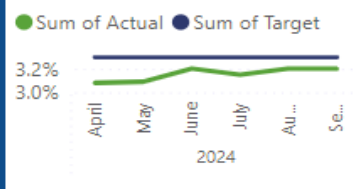
Our People

Our Value

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### Sickness

Sum of Actual (Green) Sum of Target (Blue)




3.2%  
3.0%

April May June July Au... Se...

2024

### NHS Wales Staff Survey

NWSSP (Green) All Wales (Blue)



100%  
50%  
0%

Engage... I am able I am proud I get I have a I have In the last In the last In the last My The There are There are  
Score to make to tell recogniti... choice in opportu... 12 12 three organisat... organisat... frequent opportu... for me to  
improve... people I for good deciding to improve months, months, months takes values my opportu... for me to  
in my are... work for ... work. how to d... my know... have you... have you... have you... positive ... work. for me to... develop ...

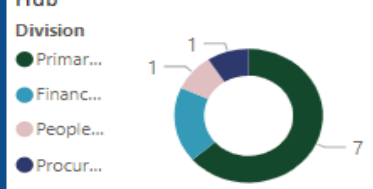
### Total Registered Innovations through Hub

11

Registered Innovations through Hub

Division

- Primar...
- Financ...
- People...
- Procur...



1 1 1 7

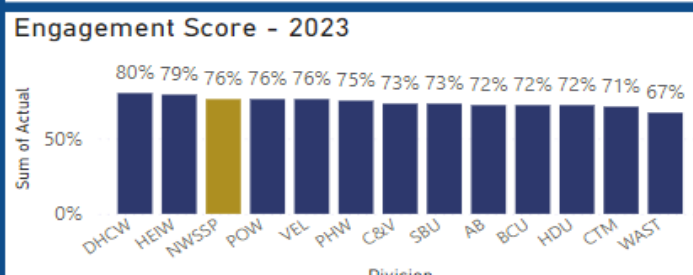
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### Annual Turnover (Excluding SLE)

10%

### Engagement Score - 2023

Sum of Actual



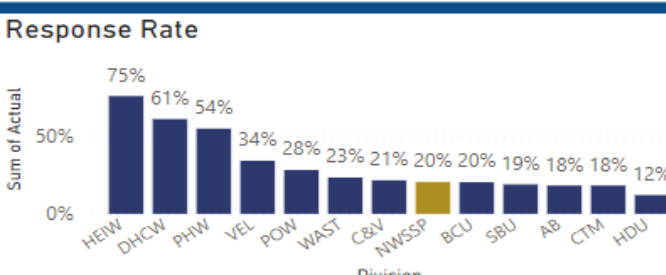
80% 79% 76% 76% 76% 75% 73% 73% 72% 72% 71% 67%

DHCW HEIW NWSSP POW VEL PHW C&V SBU AB BCU HDU CTM WAST

Division

### Response Rate

Sum of Actual



75% 61% 54% 34% 28% 23% 21% 20% 20% 19% 18% 18% 12%

HEIW DHCW PHW VEL POW WAST C&V NWSSP BCU SBU AB CTM HDU

Division

### Voluntary Resignation Reasons (Excluding SLE) (Top 3)

1. Promotion **51%**
2. Relocation **13%**
3. Health **7%**

Delivering Value, Innovation and Excellence through Partnership

Page 351

15

**Our Value**  
Maximising the benefit, efficiency, and social impact of what we do for our partners

**Outcomes**

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

**Our Value**

**Professional Influence Benefits**  
2024 YTD



Division	Value
Legal & Risk Ser...	£148M
Procurement Ser...	£24M
Specialist Estates	£11M
Procurement Ser...	£8M
Accounts Payable	£6M
Counter Fraud	£0M

**Procurement Savings - Full year**  
2024



£26M  
£0M to £23M

Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Service...

**Green**

**Procurement Savings - In Year**  
2024



£24M  
£0M to £20M

**£ Spend in Wales**



£2.1bn 2023, £2.1bn 2024

**% Spend in Wales**



44% 2023, 43% 2024

**NHS Employee Electric Miles (% of Total Miles)**  
**6%**

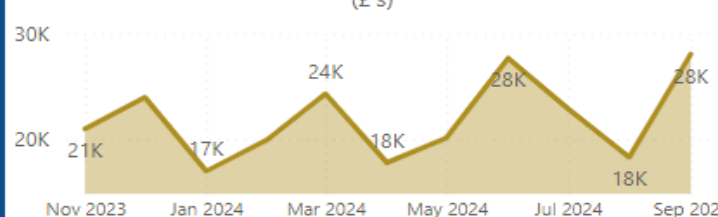
**NHS Employee Electric Miles**  
**178K**

**Supply Chain Logistics - Electric Miles %**  
**8%**

Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

**Amber**

**Travel & Subsistence (Excluding SLE)**  
(£'s)



Month	Value (£'s)
Nov 2023	21K
Jan 2024	17K
Mar 2024	24K
May 2024	18K
Jul 2024	28K
Sep 2024	28K

**Supply Chain Logistics - Electric Miles Number**



Month	Value (K)
Apr 2024	22K
May 2024	17K
Jun 2024	20K
Jul 2024	23K
Aug 2024	22K
Sep 2024	27K

NWSSP properties converted to LED Lighting

**90%**

Electric Vehicle Chargers

**37**



*Delivering  
Value, Innovation and  
Excellence through  
Partnership*

4.4

12:20 PM, 0 Mins

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4.4 - SUSTAINABLE RESOURCES  
COMMITTEE ANNUAL WORK PLAN

*Winston Weir (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For information

**Attachments**

Draft Sustainable Resources Committee Work Plan 2024-25

## HYWEL DDA UNIVERSITY HEALTH BOARD – SUSTAINABLE RESOURCES COMMITTEE WORK PLAN 2024-25

The Committee meets every other month. The following table sets out the Committee’s business for 2024/25, including standing agenda items.

Agenda Item/Issue	Lead	30 April 2024	25 June 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (EX)	17 Dec 2024	25 Feb 2025
<b>GOVERNANCE</b>								
Apologies	WW	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests	WW	✓	✓	✓	✓	✓	✓	✓
Minutes from Previous Meeting	WW	✓	✓	✓	✓		✓	✓
Table of Actions	WW	✓	✓	✓	✓		✓	✓
Annual Review of ToR/Membership	WW		✓					
SRC Self-Assessment of Performance Process	WW				✓			
SRC Self-Assessment of Performance Outcome Report	WW	✓ (2023)						✓ (2024)
SRC Self-Assessment Update Report	WW				✓			
Sustainable Resources Committee Annual Report	WW	✓						
<b>FOR DISCUSSION</b>								
Activity, Productivity and Efficiency Report	GB				✓			
Patient Outcomes Report	SM						✓	
Deep Dive: Nursing Workforce	LG		✓					
Deep Dive: Medical Workforce	LG/MH			✓				
Deep Dive: Medicines Value and Sustainability	CB				✓			
Deep Dive: Non-Pay and Procurement	KF						✓	
Deep Dive: Commissioned Care	JP						✓	
Deep Dive: Clinical Variation and Service Configuration	MH/LD							✓
1. County updates, including Six Goals Programme								✓

## HYWEL DDA UNIVERSITY HEALTH BOARD – SUSTAINABLE RESOURCES COMMITTEE WORK PLAN 2024-25

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Agenda Item/Issue	Lead	30 April 2024	25 June 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (EX)	17 Dec 2024	25 Feb 2025
2. MHL D								✓
3. Planned care, including Clinical Services Plan								✓
Deficit drivers annual refresh	HT						✓	
Financial plan and strategy	HT				✓		✓	✓
Finance Report	HT	✓	✓	✓	✓		✓	✓
Savings and Opportunities Report (may merge with the Finance report in future months)	HT		✓	✓	✓		✓	✓
Core Delivery Group and Financial Control Group Update	LG	✓						
Financial Recovery/In-Year Savings Programme (included within Finance Report)	HT	✓						
Financial Outlook 2024/25	HT	✓						
Long Term Agreement Outlook 2024/25	HT	✓						
Digital Transformational Partnership Update	HT				D			
Business Cases (as and when required for scrutiny before onward ratification at Board)	HT	✓	✓	✓	✓		✓	✓
<b>FOR ASSURANCE</b>								
Finance Targeted Intervention Actions	LD/SA	✓	✓	✓	✓		✓	✓
Financial Risks and Mitigation								
• Corporate Risk Report	HT	✓	✓	✓	✓		✓	✓
• Operational Risk Report	HT	✓		✓			✓	
Procurement Plan	HT	✓						
Procurement Update	HT		✓	✓	✓	✓	✓	✓

## HYWEL DDA UNIVERSITY HEALTH BOARD – SUSTAINABLE RESOURCES COMMITTEE WORK PLAN 2024-25

The Committee meets every other month. The following table sets out the Committee’s business for 2024/25, including standing agenda items.

Agenda Item/Issue	Lead	30 April 2024	25 June 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (EX)	17 Dec 2024	25 Feb 2025
Healthcare Contracting and Commissioning (and Outsourcing, as required) Update	SA	✓						
Information Governance Sub-Committee Update (including reports on data accuracy)	AT	✓	✓	✓	✓		✓	✓
Decarbonisation Task Force Group Update	LD	✓	✓	✓	✓		✓	✓
Digital Oversight Group Update	AT	✓	✓	✓	✓			✓
Social Value and Carbon Reporting	CE						✓	
Public Sector Emissions Reporting	CE				✓			
Digital Inclusion	AT			✓				✓
Value Based Health Care Update	LP	✓		✓				✓
Planning Objectives Update Report	DW	✓	✓		✓			✓
Welsh Health Circulars	RW		✓		✓			✓
Consultancy Review	HT		✓		✓			✓
Ministerial Directions	HT		✓		✓			✓
Balance Sheet Report	HT	✓			✓			✓
Cyber Security	AT	✓ (In-Committee)	✓ (In-Committee)	✓ (In-Committee)	✓ (In-Committee)		✓ (In-Committee)	✓ (In-Committee)
Internal Audit Report on Financial Systems, Financial Managements and Controls	HT						✓	
<b>FOR APPROVAL</b>								
Financial Procedures (as required)	HT	✓	✓	✓	✓		✓	✓
Information Governance Sub-Committee ToR	AT							✓
Decarbonisation Task Force Group ToR	LD							✓ (New Structure)
Digital Oversight Group ToR	AT				✓			

## HYWEL DDA UNIVERSITY HEALTH BOARD – SUSTAINABLE RESOURCES COMMITTEE WORK PLAN 2024-25

The Committee meets every other month. The following table sets out the Committee’s business for 2024/25, including standing agenda items.

Agenda Item/Issue	Lead	30 April 2024	25 June 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (EX)	17 Dec 2024	25 Feb 2025
Information Governance Sub-Committee Annual Report	AT			✓				
Decarbonisation Task Force Group Annual Report	LD	✓						
Digital Oversight Group Annual Report	AT			✓				
Digital Transformational Partner	HT					✓		
<b>FOR INFORMATION</b>								
Integrated Performance Assurance Report (IPAR)	HT/SH	✓	✓	✓	✓		✓	✓
Capital Financial Management Update	RD	✓	✓	✓	✓		✓	✓
Quarterly NWSSP Performance Report	HT		✓(Q4 2023/24)	✓(Q1 2024/25)			✓(Q2 2024/25)	✓(Q3 2024/25)
Matters for Board Escalation	HT	✓	✓	✓	✓		✓	✓
Sustainable Resources Committee Annual Work Plan	HT/CSO	✓	✓	✓	✓		✓	✓
Any Other Business	WW	✓	✓	✓	✓		✓	✓
<b>PROCEDURAL</b>								
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	✓	✓	✓	✓		✓	✓
Draft agenda to go to Executive Team prior to issue	CSO	✓	✓	✓	✓		✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting)	CSO	✓	✓	✓	✓		✓	✓

## HYWEL DDA UNIVERSITY HEALTH BOARD – SUSTAINABLE RESOURCES COMMITTEE WORK PLAN 2024-25

The Committee meets every other month. The following table sets out the Committee’s business for 2024/25, including standing agenda items.

Agenda Item/Issue	Lead	30 April 2024	25 June 2024	27 Aug 2024	22 Oct 2024	14 Nov 2024 (EX)	17 Dec 2024	25 Feb 2025
Disseminate agenda/papers 7 days prior to meeting	CSO	✓	✓	✓	✓	✓	✓	✓
Type up minutes/TOA within 7 days of meeting	CSO	✓	✓	✓	✓	✓	✓	✓

**Chair:** Winston Weir **Vice Chair:** Maynard Davies **Lead Executive:** Huw Thomas

<b>WW</b>	Winston Weir	<b>HT</b>	Huw Thomas	<b>RD</b>	Rhian Davies	<b>CE</b>	Catherine Evans
<b>MH</b>	Mark Henwood	<b>AT</b>	Anthony Tracey	<b>SA</b>	Shaun Ayres	<b>LP</b>	Leighton Peters
<b>DW</b>	Daniel Warm	<b>JP</b>	Jill Paterson	<b>LG</b>	Lisa Gostling	<b>LD</b>	Lee Davies
<b>RW</b>	Rachel Williams	<b>SH</b>	Sally Havard	<b>SM</b>	Simon Mansfield	<b>KF</b>	Katharine Fletcher
<b>CB</b>	Christopher Brown	<b>GB</b>	Gareth Beynon				
<b>CSO</b>	Committee Services Officer						

5

12:20 PM, 10 Mins

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5 - ANY OTHER BUSINESS

6

12:30 PM, 0 Mins

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## 6 - DATE OF NEXT MEETING

Tuesday 25 February 2025; 09:30 - 12:30