



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **25/02/2025**
Time **9:30 AM - 12:30 PM**
Location **Ystwyth Boardroom/Microsoft Teams Meeting**

Sustainable Resources Committee Meeting

25 February 2025

Agenda - 25 February 2025

1 GOVERNANCE

9:30 AM, 0 min

1.1 WELCOME AND APOLOGIES

9:30 AM, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 DECLARATION OF INTERESTS

9:30 AM, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE HELD ON 17 DECEMBER 2024

9:30 AM, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 17 DECEMBER 2024

9:35 AM, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 SUSTAINABLE RESOURCES COMMITTEE SELF-ASSESSMENT OF PERFORMANCE OUTCOME REPORT

9:40 AM, 5 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

- Report to follow self-assessment meeting 20 February 2025
-

2 FINANCE

9:45 AM, 0 min

2.1 FINANCE TARGETED INTERVENTION ACTIONS

9:45 AM, 10 min

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

2.2 FINANCE REPORT

9:55 AM, 15 min

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

2.3 FINANCIAL PLAN AND STRATEGY

10:10 AM, 30 min

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

- Report to follow discussion at Seminar on 20 February 2025
-

2.4 VALUE BASED HEALTH CARE

10:40 AM, 30 min

Leighton Phillips (Hywel Dda UHB - Director Research, Innovation and Value)

2.5 BALANCE SHEET REPORT

11:10 AM, 5 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2.6 DEEP DIVE: PEMBROKESHIRE INTEGRATED SYSTEM

11:15 AM, 20 min

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

2.7 CORPORATE RISK REPORT

11:35 AM, 5 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2.8 PROCUREMENT UPDATE

11:40 AM, 5 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

2.9 DECARBONISATION UPDATE

11:45 AM, 5 min

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation)

2.10 PLANNING OBJECTIVES UPDATE REPORT

11:50 AM, 5 min

Daniel L Warm (Hywel Dda UHB - Head of Planning)

2.11 WELSH HEALTH CIRCULARS

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

2.12 CONSULTANCY REVIEW

12:00 PM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

2.13 MINISTERIAL DIRECTIONS

12:05 PM, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3 DIGITAL

12:10 PM, 0 min

3.1 DIGITAL MATERNITY CYMRU AGILE BUSINESS CASE

12:10 PM, 10 min
Anthony Tracey (Hywel Dda UHB - Digital Director), Dana Scott (Hywel Dda UHB - Director of Midwifery & Professional Governance for Women & Children)

- Report to follow discussion at Executive Team on 19 February 2025
-

3.2 INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE AND TERMS OF REFERENCE

12:20 PM, 5 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

3.3 DIGITAL OVERSIGHT GROUP UPDATE

12:25 PM, 0 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

- **Digital Oversight Group has not met since last SRC update**
-

3.4 DIGITAL INCLUSION

12:25 PM, 5 min
Anthony Tracey (Hywel Dda UHB - Digital Director)

4 FOR INFORMATION

12:30 PM, 0 min

4.1 INTEGRATED PERFORMANCE ASSURANCE REPORT

12:30 PM, 0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

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

12:30 PM, 0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

4.3 NWSSP PERFORMANCE REPORT Q3 2024/25

12:30 PM, 0 min

Huw Thomas (Hywel Dda UHB - Director of Finance)

4.4 SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN

12:30 PM, 0 min

Winston Weir (Hywel Dda UHB - Independent Board Member)

5 ANY OTHER BUSINESS

12:30 PM, 0 min

6 DATE OF NEXT MEETING

12:30 PM, 0 min

Tuesday 29 April 2025; 09:30 - 12:30 (Finance and Performance Committee)

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1 - GOVERNANCE

1.1

9:30 AM, 0 Mins

1.1 - WELCOME AND APOLOGIES

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

1.2

9:30 AM, 0 Mins

1.2 - DECLARATION OF INTERESTS

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

1.3

9:30 AM, 5 Mins

1.3 - MINUTES OF SUSTAINABLE
RESOURCES COMMITTEE HELD ON 17
DECEMBER 2024

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

| For approval

Attachments

[Unapproved Minutes SRC 17 December 2024](#)

UNAPPROVED MINUTES OF THE SUSTAINABLE RESOURCES COMMITTEE MEETING

DATE OF MEETING: 9:30 AM, Tuesday 17 December 2024

VENUE: Microsoft Teams Meeting

PRESENT: Winston Weir (Hywel Dda UHB - Independent Board Member) (Chair) (VC)
Maynard Davies (Hywel Dda UHB - Independent Member) (Vice Chair) (VC)
Rhodri Evans (Hywel Dda UHB – Independent Member) (VC) (part)
Michael Imperato (Hywel Dda UHB - Independent Board Member) (VC)
Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair) (VC)
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)
Gareth Cottrell (Hywel Dda UHB – Deputy Chief Operating Officer) (VC)
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) (part)
Gemma Deverill (NWSSP – Procurement) (VC) (part)
Katharine Fletcher (NWSSP – Procurement) (VC) (part)
Sian Jenkins (Hywel Dda UHB – Deputy Director of Finance) (VC) (part)
Olwen Morgan (Hywel Dda UHB – Assistant Director of Nursing) (VC) (part)
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care) (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)
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary) (VC) (part)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
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SRC(24)141	WELCOME AND APOLOGIES	
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Mr Winston Weir welcomed all to the Sustainable Resources Committee (SRC) meeting.

Apologies had been received from:

- Mr Mark Henwood

- Mr James Severs

Mrs Sharon Daniel had advised that she would be late joining the meeting and Mrs Olwen Morgan would deputise for Mrs Daniel until her arrival to ensure that the Committee remained quorate.

SRC(24)142 DECLARATION OF INTERESTS

Mr Michael Imperato declared an interest in Item 2.5 ('Deep Dive: Non-Pay and Procurement') as he was currently involved in a legal case relating to procurement against a separate Health Board in Wales.

SRC(24)143 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE HELD ON 22 OCTOBER 2024

The minutes of the SRC held on 22 October 2024 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Sustainable Resources Committee meeting held on the 22 October 2024 were **APPROVED** as a correct record of proceedings.

SRC(24)144 MINUTES OF EXTRAORDINARY SUSTAINABLE RESOURCES COMMITTEE HELD ON 14 NOVEMBER 2024

The minutes of the Extraordinary SRC held on 14 November 2024 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Extraordinary Sustainable Resources Committee meeting held on the 14 November 2024 were **APPROVED** as a correct record of proceedings.

SRC(24)145 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 22 OCTOBER 2024

The Table of Actions from the SRC meeting held on 22 October 2024 was reviewed.

In response to a question from Mr Huw Thomas regarding **SRC(24)86 ('Finance Report')**, Mr Andrew Carruthers advised that a written response would be circulated to members of the Committee following clarification of the required information

requested from the Withybush Hospital (WGH) Operational Team relating to the recurrent savings relating to the bed configuration at WGH.

AC

Decision: The Sustainable Resources Committee **REVIEWED**, **UPDATED** and **NOTED** the Table of Actions from the meeting held on 22 October 2024.

SRC(24)146

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

The Table of Actions from the Extraordinary SRC meeting held on 14 November 2024 was reviewed. It was noted that all actions were complete.

Decision: The Sustainable Resources Committee **REVIEWED** and **NOTED** the Table of Actions from the Extraordinary Sustainable Resources Committee meeting held on 14 November 2024.

SRC(24)147

FINANCE TARGETED INTERVENTION ACTIONS

Mr Lee Davies presented the Finance Targeted Intervention (TI) Actions update to the Committee and advised on the revised reporting approach to each of the Board Committees with reports streamlined to the relevant areas of delegation for each Board Committee. Mr Lee Davies believed that a significant proportion of the updates relating to TI was included in the committee agenda however advised that the Finance TI Actions Update would be used to frame the narrative of the meeting in relation to TI and delivering a general overview of the Health Board's performance against the TI de-escalation criteria.

Mr Shaun Ayres believed that the Financial Control Sub-Group (FCSG) had facilitated positive grip and control over variable spending and had improved the accountability in relation to oversight of variable spend requests that had been considered by the FCSG and believed that the challenge for the Health Board was to implement the same controls for medical staffing as had been instigated for nursing staffing.

Mr Ayres believed that there was an increased level of understanding of the Health Board's deficit drivers as set out within the compendium of variation however Mr Ayres believed that there was a challenge in adopting a significant level of the savings opportunities or determining a process for discounting them and agreeing a process whereby the opportunities would be revisited for consideration.

Mr Ayres believed that there needed to be greater alignment between the formulation of the Clinical Services Plan (CSP), the production of the Annual Plan, the Health Board's financial road map and the strategic refresh of the Health Board's strategy to ensure that all four elements combine within one consistent approach for the Health Board.

Mr Ayres advised that the SRC needed to alert to the Board the number of directorates that were failing to deliver their recurrent savings target with a number of directorates having been escalated for 6 months or more without attaining the necessary traction towards achieving the savings targets.

Mr Ayres advised on the potential financial consequence of the Health Board being unable to bridge a number of performance challenges, especially within diagnostics and cancer performance and unscheduled care from within the existing capacity within the Health Board without incurring an additional financial demand. Mrs Joanne Wilson advised that performance would be scrutinised in greater detail at the Strategic Development and Operational Delivery Committee (SDODC) on 19 December 2024.

In response to a question from Mr Weir on whether there had been any consistent themes arising from directorates that had been unable to submit financial savings plans, Mr Thomas advised that of the six domains, Quality, Governance and Workforce, were process-driven whereas Fragility, Performance and Finance were more relating to structural challenges that had only seen limited progress towards their de-escalation criteria. Mr Thomas believed and that there were issues with domains having been too long in escalation status and becoming comfortable within the escalation space and felt that escalation status should be an uncomfortable space and that further work was required to understand what purpose a domain being in escalation should provide in relation to consequences and outcomes. Mr Andrew Carruthers believed that Executive Directors were involved too early within the escalation process and believed that more responsibility should be given to operational managers before Executive Directors were involved with the process.

In response to a question from Mrs Elenor Marks regarding what escalation looked like and what were the consequences of escalation, Mr Carruthers cited the example of the Carmarthenshire System which as a result of being in escalation had received a significant level of resource targeted towards delivering the Carmarthenshire System plan with planning support provided, Quality Improvement Team support and an Assistant Director leading the work with the local operational team and that similar support would be provided to the Mental Health and Learning Disability (MHL) Directorate. Mrs Wilson advised that extensive governance support was being provided to the MHL Directorate to address their lack of response to audits and recommendations arising from the audits.

Mrs Joanne Wilson left the meeting

Mr Thomas believed that there was work that was needed to be undertaken to establish a framework for what the escalation process entailed given the proposed new operational structure and care groups that were being established and the investment in operational delivery leadership. Mr Thomas advised that he would consult with Mrs Wilson to establish which Board Committee was appropriate to present a review of the overview of the overall escalation framework to.

Miss Jill Paterson joined the meeting

HT/JW

In response to a question from Mr Michael Imperato on the value of seeking external support to assist directorates, Mr Lee Davies advised that in relation to the MHLD Directorate, additional support had been sought from Welsh Government (WG) in December 2024. Mr Lee Davies advised that how the Health Board's escalation processes were being managed was due to be discussed at the TI Coordination Group meeting on 17 December 2024. Mr Carruthers advised that the NHS Executive had been utilised to test and review plans and advised that this had been undertaken with regard to the Carmarthenshire System plan and in relation to the MHLD Directorate.

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the Finance Targeted Intervention Actions update report.

SRC(24)148

FINANCE REPORT

Mr Thomas presented the Month 8 2024/25 Finance Report and advised that the Health Board had received a substantial contribution from WG to the Health Board's revenue within Month 8 with an additional allocation of £26.0m having been received by the Health Board. Mr Thomas advised that the allocation was conditionally recurrent and an additional £6.45m contribution on a 'fair shares' basis from WG in recognition of inflationary pressures.

Mr Thomas advised that the five conditions attached to the conditionally recurrent funding element of £26.0m:

- 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.
- 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 CSP to ensure sustainability.
- Regional changes at speciality-levels which address sustainability and delivers quantifiable outputs in each year of the three-year plan.

Mr Thomas advised that the Month 8 reporting figure recognised 8/12ths of the new funding of £21.63m with the end of year forecast changing to £31.55m being the new TCT for 2024/25 that was the same as the restated Annual Plan deficit figure resulting in a revised monthly planned deficit of £2.6m, which was the equivalent of £5.3m prior to the additional WG funding being received.

Mr Thomas highlighted a number of directorates that had been escalated to Level 3 ('no assurance') for three consecutive months or more for the domain of Finance, Strategy and Planning:

- 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

Mr Andrew Spratt advised that Month 8 had shown a positive in-month position showing a £2m improvement above what had been planned through improvements to identified savings however Mr Spratt advised that the majority of additional savings identified were non-recurrent with a number of under-spends predominantly within corporate directorates contributing to the improved in-month position.

Mr Spratt believed that there had been a significant improvement in the Health Board's run rate within the last three months with savings schemes being identified however the Health Board were still £1m short in the planned total identification of savings schemes and a further £1m short against delivery against identified savings schemes however highlighted the reliance on non-recurrent savings to meet the Health Board's savings target with a £14.1m savings gap on a recurrent basis and believed that this was a problem that would be carried forward into the following year's planning cycle with non-recurrent savings being assessed to ascertain if they could be converted into recurrent savings. Mr Thomas believed that there would be a reliance on directorates currently escalated to deliver recurrent savings in 2025/26 due to the achievable savings having already been made in the current

financial year resulting in an increased risk to not meeting the savings delivery in the next financial year.

Mr Spratt advised that scrutiny of the medical premium pay issues in a similar manner to the positive outcomes in relation to nursing and healthcare support worker review of premium agency usage and believed that the formulation on a consistent rate card to aid operational managers maintain agreed rates of pay.

Mr Spratt advised of a potential underspend risk in relation to a capital scheme at Withybush Hospital (WGH).

Mr Spratt highlighted the request to WG for strategic cash assistance for 2024/25 as reported to Board on 28 November 2024 with the request updated to reflect the additional financial allocation.

Mr Spratt believed that assurance was able to be given on the in-year forecast deficit delivery with the year-to-date variance to a breakeven position of £20.1m being £0.9m below the planned deficit of £21m for the first time in the financial year resulting in high confidence in the Health Board achieving its revised Annual Plan deficit target of £31.5m.

Mr Spratt re-iterated the assurance given within the Finance TI Actions progress update that the Health Board's grip and control measures relating to vacancy requests scrutinised at FCSG and the variable pay and premium pay control processes in place.

In response to a question from Mr Weir on if it was known whether other Health Boards in Wales had received an additional financial allocation from WG, Mr Thomas advised that it was only the Health Board's own additional financial allocation that the Health Board was formally aware of at present and believed that the conditions for recurrent funding imposed on HDdUHB were achievable conditions.

In response to a question from Mr Maynard Davies on the need to commit additional funding to meet performance targets, Mr Spratt believed that an assessment was currently being undertaken in December 2024 to be considered in January 2025 to assess the potential financial opportunity to provide choices to pursue in relation to improving performance however cautioned that there was a known potential financial impact to be considered relating to an on-going dispute with Band 2 Healthcare Support Workers (HCSW) that could need to be financial recognised within the current financial year.

Mr Spratt further advised that HDdUHB had received additional £6.5m in-year recovery funding for performance improvements however Mr Spratt advised that following the submission of the bid for the funding, the Health Board had pursued tenders with a number of private providers who had withdrawn their expressions

of interest with HDdUHB by the time the funding was confirmed with the Health Board needing to re-assess how the additional funding received could be applied to improve performance.

In response to a question from Mr Weir on the annual savings identification target, Mr Spratt advised that there were a number of under-spending areas that the Health Board were seeking to take a view upon whether those underspends were able to be recognised against the Health Board's savings target on a non-recurrent basis and had confidence that the Health Board's savings targets could be attained at least on an identification basis and noted a £1m shortfall in delivery of identified savings schemes with investigations on-going as to what savings schemes identified for the following financial year could be expedited to be delivered in the current financial year and to seek recurrent savings that would of benefit on-going into future planning cycles.

Mr Weir highlighted the alert of the under-delivery of savings at WGH and that the Pembrokeshire Integrated System was currently escalated and requested that a deep dive into the Pembrokeshire Integrated System including WGH be included on the workplan for the 25 February 2025 SRC meeting.

CSO

In response to a question on the use of overtime from Mrs Marks, Mr Spratt advised that FCSG were undertaking a phased review of premium and variable pay and were overseeing the requests from services for overtime usage and believed that FCSG had highlighted inconsistencies in approaches to overtime from different teams that he believed was related to historic ways of working and would be explored in greater detail by the Variable Pay Sub-Group that reports to FCSG.

In response to a question from Mr Weir on an underspend through dental contracts being handed back to the Health Board and the consequences, Miss Jill Paterson acknowledged the risk of additional dental patients waiting longer for treatment and advised of the difficulties of recommissioning dental contracts in a timely manner. Miss Paterson advised that work was being undertaken to attempt to uplift existing dental contracts on a non-recurrent basis to provide additional capacity and discussions were being held with alternative providers.

In response to a question from Mr Weir on the risk of the short-term savings resulting in longer term additional costs to treat patients as emergency dental cases, Miss Paterson advised that work was being undertaken with the Mr Thomas to produce a Dental Plan with a view to making a £1.5m investment in dental services and would present a report back to a future SRC meeting.

JP/HT

Decision: The Sustainable Resources Committee:

- **RECOGNISED** that following Welsh Government funding received, the Health Board's Deficit plan is now £31.5m, which is the new Target Control.
- **RECOGNISED** 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.
- **ACKNOWLEDGED** 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.
- **NOTED** the five conditions attached to the conditionally recurrent funding received of £26.0m
- **SCRUTINISED** 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.
- **SCRUTINISED** the Executive Delegated Officer portfolios which are overspending against their delegated budgets.
- **RECEIVED 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).
- **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 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
- **RECOGNISED** the requirement of enacting the Cash Management Strategy if the Strategic cash request is not approved in full by Welsh Government.
- **ACKNOWLEDGED** the comments made from the Review of Finance Board Report and
- **RECEIVED ASSURANCE** the responses to the observations contained within the report are appropriate for the ongoing financial stewardship responsibilities of the Committee.

Mr Thomas presented the Financial Plan and Strategy report to the Committee and advised that this was the initial discussion on the Financial Plan ahead of further consideration at Board on 30 January 2025. Mr Spratt believed that the discussion was a means of progressing the focus into the new year with the reliance on non-recurrent savings having an impact on the 2025/26 Financial Plan with currently an additional £14.1m needed to be delivered over what is planned to be delivered in the current year.

Mr Spratt believed that the five criteria attached to the recurrent nature of the additional WG funding provided greater clarity in the medium-term with work undertaken by Mr Ayres and the planning oversight group having received the first submission of savings plans from directorates with a second submission due on 20 December 2024 ahead of a final submission of plans from directorates on the 24 January 2025.

Mr Spratt highlighted the key assumption of the strategy arose from the commitment made by the Executive Team to identify £20m of recurrent savings by the end of December 2024 that was anticipated to be demonstrated in the second submission of savings plans by directorates on the 20 December 2024 ahead of the receipt by the Health Board of the 2025/26 funding allocation from WG.

Mr Spratt advised that at the initial submission of savings plans on 29 November 2024, £10m of savings had been identified at the discovery stage for progression to the design stage and believed that historically 50% of savings at discovery stage were converted into cash savings at the design stage with an anticipated savings of £5m resulting in a residual £15m of savings needed to be identified to meet the £20m commitment by the end of December 2024.

Mr Spratt believed that significant improvement to the Health Board's underlying deficit and savings delivery however highlighted that since 2019/20 there was an even split between reliance on non-recurrent and recurrent savings schemes with the expectation from WG that the focus be on recurrent savings and less reliance on non-recurrent short-term savings schemes such as the previously highlighted practice of holding vacancies and dental underspending.

In response to a question on additional investment in prevention, Mr Thomas advised that a range of options would be presented to the Board meeting on 30 January 2025 that would include choices for investment in prevention for the Board's consideration and would be included in the report presented to SRC on 25 February 2025 and would include choices relating to prevention and value based health care (VBHC). In response to a question from Mr Michael Imperato, Mr Thomas advised that SRC would be presented with a comprehensive assessment of the Health Board's savings position on 25 February 2025 ahead of the

issuing of Accountability Letters to Executive Directors to enable an expedited process to issue the letters to ensure that no time is lost waiting for Board approval of the savings plans in March 2025.

Mrs Joanne Wilson joined the meeting

Mr Thomas believed that the delivery of savings in 2025/26 was a higher risk than 2024/25 due to the delivery of the easier savings having already been delivered with the more challenging savings schemes having to be identified and delivered in 2025/26 and highlighted the example that additional savings through nurse staffing savings would be difficult to deliver with reliance on medical staffing savings being a greater challenge to deliver and a reliance on directorates that had not delivered their expected savings in 2024/25 being expected to deliver savings in 2025/26.

In relation to the timescale, Mr Ayres advised that following the second submission of savings plans on 20 December 2024, directorates who do not meet their savings, performance or quality expectations would be bound to attend escalation meetings in January 2025 ahead of submission of their final plans by 24 January 2025 and advised that a significant role will be undertaken by the proposed Care Groups being established as part of the revised Operational Team structure to ensure that every action that does not have the anticipated impact will have associated mitigations and remedial actions to compensate.

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 financial breakeven by 2026/27 (Executive Team aspiration)
- **NOTED** 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

SRC(24)150

SAVINGS AND OPPORTUNITIES REPORT

Mrs Sian Jenkins presented the Savings and Opportunities Report to the Committee and advised that the first submission of directorate savings plans submitted by 29 November 2024 contained £10m of cash-releasing savings being identified as part of the discovery stage with a number of schemes unquantified and still at the developmental stage and related to service configuration, workforce stabilisation and non-pay opportunities such as drug efficiencies. Mrs Jenkins believed that the majority of the schemes identified amounted to less than £0.5m and that the

savings did not currently enter the service transformational space at present.

Mrs Jenkins advised that a number of savings schemes had yet to be quantified and believed that they would translate into a quantified amount ahead of the second stage of savings plan submissions on the 20 December 2024 and that several directorates that had not submitted savings plans would do so ahead of the deadline on 20 December 2024 to enable a complete oversight of the savings plans to be considered ahead of the final submission of savings plans on 24 January 2025.

In response to a question from Mr Weir on what level of confidence was held that the £20m of savings would be identified by the end of December 2024, Mrs Jenkins believed that there had been significant active engagement with directorates to progress discussions on savings however it was recognised that it would be a challenge to identify £20m of savings by the end of December 2024. Mr Carruthers advised that there were actions being progressed by Mr Gareth Cottrell and Mr Keith John however no additional confidence could be provided that significant further savings could be quantified ahead of the 20 December 2024 deadline.

Mr Ayres advised that the savings plans put forward ahead of the first submission in 29 November 2024 were triangulated around performance, finance and quality whereas ahead of the second submission by 20 December 2024 the focus was on finance with any concerns highlighted should the savings schemes have any adverse impact on quality and performance with escalation meetings scheduled in January 2025 as Mr Ayres believed that it was unlikely that £20m of savings would be identified by the 20 December 2024 deadline.

Mr Shaun Ayres, Mr Gareth Cottrell, Mr Lee Davies, Mrs Sian Jenkins and Mrs Olwen Morgan left the meeting

Mrs Sharon Daniel, Ms Gemma Deverill, Cllr Rhodri Evans, Ms Katharine Fletcher joined the meeting

Decision: The Sustainable Resources Committee:

- **RECOGNISED** 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.
- **ACKNOWLEDGED** that the scale of savings put forward to date of £10.1m falls short of the target.
- **SCRUTINISED** the level of savings put forward at a Directorate level in the first Annual Plan submission.
- **RECEIVED 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.

- **RECOGNISED** next steps outlined in the report aimed at progressing this agenda.

SRC(24)151

DEEP DIVE: NON-PAY AND PROCUREMENT

Ms Katharine Fletcher introduced the Deep Dive into Non-Pay and Procurement and believed that significant progress had been made in the last 12 months however there were still further work needed to ensure that all procurement rules and processes were being fully adhered to with breaches to Standing Financial Instructions (SFI). Mrs Wilson advised on the process of reporting SFI breaches to the Audit and Risk Assurance Committee (ARAC) and requested a further discussion on the matter.

HT/JW/
KF

Ms Fletcher outlined the procurement rules and regulations and how these were applied by the NHS Wales Shared Services Partnership (NWSSP) and the regulatory governance relating to procurement within the Health Board. Ms Fletcher advised that NWSSP's role was to assist the Health Board to stay within its governance rules and deliver value-based outcomes encompassing innovation, supporting the foundation economy and promoting sustainability.

Ms Fletcher advised that SFIs state that any procurement over £5,000 and up to £25,000 required the Procurement Team's oversight and required a quotation exercise via a multi-quote system with procurement over the value of £25,000 and up to £139,668 requiring a full tender exercise be undertaken and if the value of the procurement was over £139,668 then full public procurement rules applied.

Ms Gemma Deverill advised of the consequences of tenders when procurement procedures were not adhered to and advised that suppliers had the right to challenge the tender process from 30 days that they are aware of any discrepancy or from 10 days during the standstill period following the award. Ms Deverill advised that should a discrepancy in the process be identified there was a cost to the Health Board with the tendering process potentially having to be re-done in its entirety with all material relating to the tender disclosable through a challenge including emails and hand-written notes with the potential cost of any court action to defend the tender process.

Ms Deverill advised that all procurement contracts with a value over £500k to £1m required WG to be notified with any procurement contract with a value over £1m requiring WG approval unless it complies with a limited number of exemptions such as if the competition was run under an All-Wales approved framework with ministerial approval at the framework level.

In response to a question from Mr Weir on how HDdUHB's procurement compliance compared with other health organisations in Wales, Ms Fletcher believed that HDdUHB performed at a similar level to other Welsh health organisations with a degree of variability between teams within the Health Board as to the level of engagement with the Procurement Team and the individual compliance with procurement regulations. Mr Thomas believed that the level of tolerance of non-compliance with procurement regulations was unacceptable and that complete compliance was necessary to protect individuals and the wider organisation and agreed to discuss further with Ms Fletcher and Mrs Wilson on the procurement compliance and reporting to ARAC to ensure zero-tolerance of non-compliance with procurement rules and regulations.

HT/JW/
KF

In response to a question from Mr Michael Imperato on whether the procurement exercise limited the choice of suppliers to the Health Board when operating from a framework of suppliers, Ms Fletcher advised that when the framework was adjudged to have the appropriate number of relevant suppliers then it was used for a competitive tendering competition otherwise interest is sought from the open market. Ms Fletcher advised that there was a strong presumption against single tender actions or direct awards with the process overseen by the Financial Control Group (FCG).

[The meeting noted the declaration of interest from Mr Imperato due to his involvement in a legal case with a separate Health Board in relation to procurement.]

Decision: The Sustainable Resources Committee **RECEIVED** and **NOTED** the Deep Dive into Non-Pay and Procurement.

SRC(24)152

DEEP DIVE: COMMISSIONED CARE

The Committee deferred consideration of the Deep Dive into Commissioned Care to the 25 February 2025 SRC meeting.

SRC(24)153

CORPORATE RISK REPORT

Mr Thomas presented the Corporate Risk Report to the Committee and advised that the Health Board were awaiting confirmation from WG to the Health Board's request for strategic cash assistance before reviewing Risk 1843 ('Risk that the cash consequences of the Health Board deficit cannot be covered due to significant deficit position').

Mr Thomas advised that Risk 1352 ('Risk of business disruption and delays in patient care due to a cyber attack') remained at an escalated level due to malign state actors.

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

SRC(24)154

OPERATIONAL RISK REPORT

Mr Thomas presented the Operational Risk Report to the Committee and noted that Risk 1906 ('Risk of not achieving savings targets within our annual plan due to ongoing service demand (USC: Withybush General Hospital (WGH)') related to the outstanding action arising from SRC(24)86 with a written update to be circulated to members of the Committee.

In response to a question from Mrs Marks on Risk 1854 ('Risk to the ability to meet financial saving targets due to operational challenges (Scheduled Care)'), Mr Carruthers advised that there was a forecast underspend with planned care however there has been a failure to deliver their current spending targets as the underspend was non-recurrent.

Mr Carruthers believed that the challenge to the 2025/26 plan was that there was an anticipated increase in planned care activity against the core capacity and advised that an increase in productivity would consequentially result in an increase of consumables cost in particular relating to drug spending and ophthalmology that would be examined as part of the plan.

In relation to Risk 1530 ('Risk of overspend against site budget due to staffing cost pressures and increase in demand for homecare drugs insulin & CPAP (Continuous Positive Airway Pressure) devices (USC: Prince Philip Hospital (PPH)') Mr Carruthers advised that there had been an improvement in the PPH unscheduled care budget through variable pay derived from the nursing stabilisation programme offset by increases on non-pay consumables such as CPAP machines and insulin pumps as two significant areas of non-pay pressures across the whole Health Board that sit within the PPH unscheduled care budget. Mr Carruthers advised that a business case would be prepared in the next financial year to manage the cost pressures on an on-going basis.

In response to a question on Risk 1530 from Mrs Marks on the health and safety and quality considerations of the risk, Mrs Wilson advised that SRC considered the risk through a financial

AC

lens and agreed to discuss with Mr Carruthers the quality and health and safety impact of the risk.

In relation to Risk 975 ('Risk of failure to remain within allocated budget due to financial constraints (Estates & Facilities)'), Mr Carruthers advised that non-recurrent benefits had been derived through one-off benefits relating to energy contracts with the challenge relating to the lack of a recurrent savings plan and the need to undertake investment within the cleaning provision following discussions on quality and safety at ARAC.

In relation to Risk 1906, Mrs Wilson advised that the risk needed to be updated and agreed to discuss with Mr Carruthers to update and present to the 25 February 2025 SRC meeting.

AC

Decision: The Sustainable Resources Committee:

- **REVIEWED** and **SCRUTINISED** the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.
- **DISCUSSED** 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.

SRC(24)155

PROCUREMENT UPDATE

Mr Thomas presented the Procurement Update to the Committee and advised that there were two items for the Committee's consideration; to approve the award of the Bausch and Lomb Phacoemulsification and Vitrectomy Consumable Deal from 1 February 2025 to 31 January 2029 and to note 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, both for onward submission to Velindre University NHS Trust.

Mr Thomas advised that Insourcing Orthopaedic Services had been subject of a Chair's Action meeting and was a necessary element of the Health Board's Referral to Treatment (RTT) recovery plan.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **APPROVED** 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.

- **NOTED** 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.

SRC(24)156 DECARBONISATION TASK FORCE GROUP UPDATE

There was no Decarbonisation Task Force Group (DTFG) update as the Group had not met since the last SRC meeting.

SRC(24)157 FINANCIAL PROCEDURES

Mr Thomas presented the Financial Procedures to the Committee and advised that the only procedure for the Committee's review was Procedure 699 Single Tender Action procedure and advised that single tender actions were reported to ARAC for oversight.

In response to a question from Mr Weir on revisions to the procedure since the previous review, Mr Thomas advised that there had been no material changes to the procedure only minor updates.

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

- 699 - Single Tender Action Procedure

SRC(24)158 INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE

There was no Information Governance Sub-Committee (IGSC) update as the Group had not met since the last SRC meeting.

SRC(24)159 DIGITAL OVERSIGHT GROUP UPDATE

There was no Digital Oversight Group update as the Group had not met since the last SRC meeting.

SRC(24)160 INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) to the Committee and advised that the revised presentation of the IPAR reflected the additional funding allocation from WG. Mr Thomas believed that good progress had been made relating to agency spending having exceeded the target figure and the Health Board's position against the break-even position had improved due to the additional WG funding allocation.

In response to a question from Mr Weir any risks to nursing spend in the next quarter, Mrs Daniel advised that staff sickness was considered a risk due to the prevalence of respiratory viruses however there were no known requests for additional variable pay expenditure, particularly nursing agency usage.

Mrs Daniel believed that positive progress had been made with the latest cohort of internationally educated nurses (IEN) with 20 of the 21 intake having passed their Objective Structured Clinical Examination (OSCE) at the first attempt and would be inducted into the Bronglais Hospital (BGH) workforce.

In response to a question from Mr Weir on whether there had been any impact on quality and safety due to financial savings pressures, Mrs Daniel believed that there had not been and that quality indicators were being monitored closely for any variance. Mrs Daniel advised that there had been a reported increase in medication prescribing errors and had requested a deep dive investigation into the situation and felt that the commencement of Junior Doctors into post in November had been a contributory factor. Mrs Daniel advised that no patient harm had been reported in relation to any medication prescribing errors.

Mrs Daniel advised that there had been an in-month rise in the number of patient falls reported with further work being undertaken to understand the nature and cause of the rise.

Decision: The Sustainable Resources Committee **DISCUSSED** the SRC measures from the Integrated Performance Assurance Report and **ADVISED** of any issues that need to be escalated to the January 2024 Board meeting.

SRC(24)161

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 and Capital Financial Management Update to the Committee and advised that there was a risk of the Health Board not fully spending its 2024/25 capital allocation due to the additional financial allocation received from WG and advised that this risk would be reported to the Strategic Development and

Operational Delivery Committee (SDODC) on 19 December 2024 for further consideration.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **NOTED** the CRL for 2024/25
- **NOTED** the capital risks being managed
- **NOTED** the project updates.

SRC(24)162 NWSSP PERFORMANCE REPORT Q2 2024/25

Mr Thomas presented the NWSSP Performance Report for Q2 2024/25 to the Committee.

There were no questions from members of the Committee.

Decision: The Sustainable Resources Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 2 2024/25 that services provided are being delivered to expected standards;
- **NOTED** the work being developed regarding outcome measures reporting.

SRC(24)163 SUSTAINABLE RESOURCES COMMITTEE ANNUAL WORK PLAN

Mr Weir presented the SRC Annual Work Plan for 2024/25 to the Committee for review.

There were no questions from members of the Committee.

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

SRC(24)164 ANY OTHER BUSINESS

There was no other business transacted at the meeting.

SRC(24)165 DATE OF NEXT MEETING

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

1.4

9:35 AM, 5 Mins

1.4 - TABLE OF ACTIONS FROM
SUSTAINABLE RESOURCES COMMITTEE
HELD ON 17 DECEMBER 2024

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

| For approval

Attachments

[Draft SRC Table of Actions 17 December 2024.docx](#)

**TABLE OF ACTIONS FROM
SUSTAINABLE RESOURCES COMMITTEE (SRC) MEETING HELD ON 17 DECEMBER 2024**

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SRC(24)145	<p>TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES COMMITTEE HELD ON 22 OCTOBER 2024</p> <p>Update to SRC(24)86: 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.</p>	AC	24 December 2024	Completed. Response received from Service Delivery Manager at WGH and circulated to members of SRC.
SRC(24)147	<p>FINANCE TARGETED INTERVENTION ACTIONS</p> <p>To discuss which Board Committee to present a review of the Health Board's escalation framework to.</p>	HT/JW	25 February 2025	Completed. As this is a key interface between the Health Board's Operational Governance arrangements and Corporate Governance arrangements, it is proposed that this be held by the Audit Committee.
SRC(24)148	<p>FINANCE REPORT</p> <p>To add a Deep Dive on the Pembrokeshire System (to include WGH) on the Committee Workplan for the 25 February 2025 SRC meeting.</p>	CSO	14 January 2025	Complete Included on 25 February 2025 agenda.
SRC(24)148	<p>FINANCE REPORT</p> <p>To present a report on a Dental Plan to a future meeting of SRC.</p>	JP/HT	25 January 2025	Complete. Being presented to Executive Team on 19 February 2025 and added to 2025-26 Finance and Performance Committee Work Plan.
SRC(24)151	<p>DEEP DIVE: NON-PAY AND PROCUREMENT</p>	HT/JW/KF	25 February 2026	While these have been referred to in general as "Breaches of SFIs", they specifically refer to instances where goods

	To have a discussion regarding Standing Financial Instruction (SFI) breaches and the requirement to report breaches to the Audit and Risk Assurance Committee (ARAC).			or services have been utilised before raising Purchase Orders or involving the Procurement Team. A summary look-back for the financial year will be reported to the February ARAC meeting, and thereafter at each future ARAC meeting.
SRC(24)151	DEEP DIVE: NON-PAY AND PROCUREMENT To discuss procurement compliance and reporting to ARAC.	HT/JW/KF	25 February 2025	As above.
SRC(24)154	OPERATIONAL RISK REPORT To discuss the health and safety and quality impact of Risk 1530 ('Risk of overspend against site budget due to staffing cost pressures and increase in demand for homecare drugs insulin and CPAP (Continuous Positive Airway Pressure) devices (USC: Prince Philip Hospital (PPH)').	AC	25 February 2025	In progress.
SRC(24)154	OPERATIONAL RISK REPORT To discuss and update Risk 1854 ('Risk to the ability to meet financial saving targets due to operational challenges (Scheduled Care)').	AC	25 February 2025	In progress.

Key to Names

WW Winston Weir
 JP Jill Paterson
 CSO Committee Services Officer

HT Huw Thomas
 KF Katharine Fletcher

AC Andrew Carruthers

JW Joanne Wilson

1.5

9:40 AM, 5 Mins

1.5 - SUSTAINABLE RESOURCES
COMMITTEE SELF-ASSESSMENT OF
PERFORMANCE OUTCOME REPORT

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

- Report *to follow* self-assessment meeting 20 February 2025

| For assurance

2 - FINANCE

2.1

9:45 AM, 10 Mins

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 Targeted Intervention Actions SRC 25 February 2025.pdf](#)

[SRC TI Reporting Framework Tracker.pdf](#)



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Targeted Intervention Update

Shaun Ayres

Sustainable Resources Committee - 09:30 – 12:30, 25 February 2025



Introduction

This report provides the Sustainable Resources Committee (SRC) with an updated overview of the Health Board's position against Targeted Intervention (TI) Criteria 1, 2, and 3. These criteria collectively focus on robust financial governance and control (Criterion 1), the delivery of the Targeted Intervention Action Plan (Criterion 2), and the development of a substantial financial improvement trajectory to deliver the target control total (Criterion 3).

What Has Changed Since the Last Update

Since the previous report, the Health Board has benefited from a specific Welsh government allocation of £32.5m, which restated the annual deficit plan to £31.5m. Early indications suggested a forecast outturn of £28m, but targeted actions to stabilise workforce costs, reduce agency usage, and other non-recurrent underspends have led to a further improvement, bringing the expected year-end deficit closer to circa £24m. Additionally, planning for 2025-26 has advanced, with £17m of the required £20m in new savings already identified. These developments reflect both the Health Board's improving financial grip and control, and its growing ability to align operational and workforce initiatives with the needs of future financial years.



Criterion 1

The Health Board must demonstrate that there is a robust financial governance and control environment in place, with risks minimised

Action/Reporting Group: Value & Sustainability

Committee: Sustainable Resources Committee (SRC)

Status: Advise

Executive Lead: Huw Thomas

The Health Board continues to operate within a strengthened financial control environment. Rigorous oversight arrangements—such as directorate escalation meetings, the Financial Control Sub Group (FCSG), and targeted scrutiny on high-cost staffing have reduced in-year overspends and improved the focus on cost avoidance. In particular, nurse agency spending has been curtailed significantly through international recruitment and enhanced rostering systems and wider slippage against budgets contributing to a marked improvement in the year-end forecast, now circa £24m.

Despite this progress, reliance on non-recurrent underspends could expose the Health Board to a higher underlying deficit going into 2025-26 unless these short-term gains are converted into recurrent savings. Contract management and medical staffing controls also require further tightening to replicate the positive results seen in nurse agency management. These priorities form part of the Value & Sustainability Group's ongoing work programme and will be supported by the next phase of 2025-26 operational and financial planning.

Evidence and Assurance is derived from daily flash reporting (Day 1 and 5 Reviews), weekly reviews by the FCSG, and monthly financial updates to both the Executive Team and the SRC, thereby demonstrating that financial governance risks are being identified, mitigated, and escalated appropriately.



Criterion 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 the development and realisation of opportunities

Action/Reporting Group: Value & Sustainability

Committee: Sustainable Resources Committee (SRC)

Status: Advise

Executive Lead: Huw Thomas

The Health Board has further advanced its Targeted Intervention action plan, reducing the forecast in-year deficit from £28m to around £24m. This shift reflects in part the robust escalation framework, effective cost containment, and the proactive adoption of thematic savings schemes. High-impact interventions such as the Nurse Stabilisation Programme have not only yielded immediate in-year benefits but have also set a precedent for more strategic workforce planning.

Focus has now turned to transitioning non-recurrent underspends into longer-term, sustainable savings. Planning for 2025-26 provides evidence of this pivot, with £17m of the £20m required savings already identified. Although statutory break-even under the NHS Wales Acts of 2006 and NHS Finance (Wales) Act 2014 is unlikely this year, the Health Board's improving financial run rate and deeper understanding of cost drivers indicate that it is better placed to bridge remaining gaps. Active dialogue with Welsh Government and the NHS Executive's Finance, Performance, and Delivery Team continues to ensure external scrutiny and alignment with national expectations.

Evidence and Assurance is provided through directorate escalation reviews and outputs, run-rate trend analyses, and monthly oversight by the Executive Team, Value & Sustainability Group and the IQFPD. The Sustainable Resources Committee remains integral to monitoring how well these recovery actions translate into tangible financial performance.



Criterion 3

Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory to deliver, as a minimum, the target control total

Action/Reporting Group: Value & Sustainability

Committee: Sustainable Resources Committee (SRC)

Status: Advise (previously Alert)

Executive Lead: Huw Thomas

The Health Board has moved this criterion from Alert to Advise in recognition of its demonstrable progress toward achieving financial recovery targets. Having restated the annual plan to a £31.5m deficit following an additional allocation, the Health Board subsequently improved its forecast further to approximately £24m. This reflects more disciplined grip-and-control, budgetary underspends via the identification of non-recurrent savings, and focused interventions across workforce and operational areas.

For 2025-26, a savings requirement of £20m has been established, with £17m already provisionally identified, signalling that the Health Board is proactively developing forward-looking schemes. The Board's ability to convert these identified opportunities into implemented, recurring benefits will be critical in preventing any erosion of progress, and in ultimately positioning the Board to move from Advise to Assure. Evidence of sustained run-rate stability and real-time delivery against savings is therefore essential.

Evidence and Assurance is maintained via monthly finance reports to the SRC, weekly reviews by the FCSG, and continuous Executive Team monitoring. The route map for financial recovery, alongside the developing operational plans for 2025-26, forms the framework within which these strategies/annual plans will be tested and refined.

Conclusion, Key Takeaways and Recommendations



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Conclusion

The Health Board's financial outlook has improved since the last update due to an additional health support allocation, accelerated containment of variable pay costs, and Directorate underspends/non-recurrent savings. These factors have collectively supported a reduction in the forecast year-end deficit, now expected to be around £24m, down from £28m in the previous report. The identification (for the avoidance of doubt, these are not Green and Amber yet, please see finance report) of £17m of the £20m required savings for 2025-26 also demonstrates improved forward planning and operational alignment.

Further progress will hinge on converting non-recurrent savings into sustainable recurrent measures and finalising the remaining £3m gap for next year's plan. In the meantime, the current status of Criteria 1, 2, and 3 as Advise reflects the Health Board's measurable gains in financial governance, cost savings, and financial planning, albeit with continued oversight and focus needed to ensure delivery and preserve momentum into 2025-26. The Sustainable Resources Committee is invited to note these developments and endorse the direction of travel while recognising that ongoing scrutiny will remain essential.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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University Health Board

Criteria	Action	Reporting Group	Committee	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	SRC	Advise	Huw Thomas	<p>The Health Board continues to maintain a strengthened financial control environment, underpinned by robust oversight mechanisms such as directorate escalation meetings, the Financial Control Sub Group (FCSG), and targeted recruitment controls. These measures have reinforced financial discipline, evidenced by a trajectory of reduced overspend across several directorates and a current-year deficit forecast of circa £24.0m, against the restated £31.5m target control total.</p> <p>Significant progress in reducing reliance on high-cost nurse agency has been achieved by way of international recruitment initiatives and improved rostering. Through the Value & Sustainability Group and Integrated Quality, Finance, Performance, and Delivery (IQFPD) forums, further opportunities to reduce expenditure have been identified, bolstering the Health Board's capacity to deliver on financial commitments.</p> <p>Despite the overall positive momentum, the Health Board remains conscious of two main risks. First, underspend conversions are largely non-recurrent, which may weigh on the underlying deficit in future years if not supplanted by sustainable, recurrent savings. Second, contract management and medical staffing controls still require further development to match the rigour applied to nurse staffing. Both areas form part of the ongoing improvement plan for 2024-25 and are central to the 2025-26 planning round.</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&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:</p> <ul style="list-style-type: none"> a. Day one flash reports b. Day 5 forecast positions, and c. Monthly finance reports to Board/SRC <p>4. The Value and Sustainability Group and IQFPD meetings provides Executive oversight.</p> <p>5. A budget manager control framework has been issued to Directorates.</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&SG.</p> <p>3. Reports are part of the ET agenda packs.</p> <p>4. Agendas and minutes are available for IQFPD and V&SG.</p> <p>5. The control framework has been signed off by V&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	SRC	Advise	Huw Thomas	<p>The Health Board is on course to deliver a substantially improved in-year financial position, reducing its initial forecast deficit from £28.0m to circa £24.0m. This improvement owes much to the Targeted Intervention action plan, which has catalysed tighter oversight, more coordinated directorate planning, and the conversion of significant non-recurrent opportunities into tangible cost reductions.</p> <p>Progress in nurse staffing particularly around international recruitment and agency usage—continues to be a notable success, serving as a model for other workforce streams. Alongside these measures, the Health Board's compendium of variation and thematic savings programme have aided in pinpointing high-impact interventions, allowing resources to be redirected more effectively.</p> <p>Looking ahead, the focus remains on embedding learning from non-recurrent savings into longer-term, sustainable changes. Early work on the 2025-26 plan indicates that approximately £17.0m of the required £20.0m in further savings has already been identified, suggesting growing traction in bridging the shortfall. The Health Board's leadership acknowledges, however, that meeting statutory break-even requirements under NHS Wales legislation may remain challenging, underscoring the importance of continuous engagement with the Welsh Government and the NHS Executive's Finance, Performance, and Delivery Team.</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.	Delivery is being monitored through ongoing dialogue between Finance and the NHS Exec FP&D Team.	Further action on embedding the improvements needed in performance based on operational changes.	Directorate escalation reports, monthly run-rate data, and updates on the compendium of variation feed into the Value & Sustainability Group and IQFPD. These bodies, alongside the Sustainable Resources Committee, provide structured oversight of both the in-year recovery plan and pipeline schemes for the next financial year. External validation also continues through ongoing dialogues with the NHS Executive.	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	SRC	Advise	Huw Thomas	<p>The Health Board has stepped this criterion down from Alert to Advise in recognition of material improvements in the 2024-25 financial trajectory and the early identification of savings for 2025-26. The Health Board's projected outturn for 2024-25 is circa £24m; significantly below the restated control total of £31.5m—and forward planning has already identified £17m of the £20m new savings required for the next financial year. These developments underscore the effectiveness of strengthened financial controls, rigorous oversight from the Financial Control Sub Group (FCSG), and targeted workforce initiatives (particularly in nursing).</p> <p>While the Health Board still faces challenges in meeting the statutory break-even requirements detailed in both the NHS (Wales) Act 2006 (the overarching legislation) and the NHS Finance (Wales) Act 2014 (which introduced a three-year rolling financial duty for Health Boards), the progress achieved thus far indicates a far more robust governance framework and financial management process than in previous reporting periods.</p> <p>The drive to reduce variable pay costs, coupled with the conversion of underspends into short-term savings, has improved the in-year deficit beyond earlier estimates. Governance processes including monthly finance reports to SRC and weekly FCSG scrutiny—have helped maintain momentum without a detrimental impact on overall service quality. The introduction of a "route map" for financial recovery, supported by the Value & Sustainability Group and Executive Team, ensures that financial interventions are systematically tracked, enabling the organisation to refine its approach as circumstances evolve.</p> <p>Notwithstanding these achievements, there are indications that certain key services could face operational risks if non-recurrent underspends continue to mask genuine funding needs. A specific example involves diagnostic capacity, where temporary funding deferrals contributed to constraints that risk compromising service performance if not addressed in a timely manner. More broadly, relying heavily on non-recurrent savings could exacerbate the underlying deficit over the long term, as the Health Board may need to reinvest in core areas currently contributing to the short-term savings position. This awareness is shaping the Board's approach to the 2025-26 plan, highlighting the importance of converting opportunistic or non-recurrent underspends into lasting, recurrent benefits.</p>		Board Seminar 20th February 2025 Final Annual Plan Submission		Monthly finance reports submitted to the SRC, supplemented by weekly FCSG reviews of emerging pressures and savings schemes, confirm consistency in the Health Board's improving run-rate. Directorate escalation summaries further support the conclusion that operational teams are integrating financial targets with clinical and workforce planning. In addition, the Health Board's compendium of variation has helped identify opportunities with the highest potential return, aligning them more closely with the overall financial strategy.	1843

2.2

9:55 AM, 15 Mins

2.2 - FINANCE REPORT

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

| For assurance

Attachments

[M10 2024-25 Financial Performance Report SRC 19 February 2025.pdf](#)

[Appendix 1 - P10-25 Financial Performance Report.pdf](#)

[Appendix 2 - Letter to Chairs - NHS Planning Framework.pdf](#)

[Appendix 3 - Annex 2 - Enabling Actions.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Report – Month 10 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy Director of Finance Jennifer Thomas, Head of Corporate Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to outline the Health Board's financial position to date against the Annual Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.

Cefndir / Background

The Health Board approved a budget on 28 March 2024 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.

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 Health, Social Care and Early Years Group in Welsh Government (WG) to advise them of this action.

In a letter dated 2 December 2024, the Director General for Health, Social Care and Early Years (HSCEY) wrote to the Health Board's Chief Executive confirming additional in-year financial allocations and a revised Target Control Total (TCT). This resulted in the Health Board's planned deficit improving from £64.0m to £31.55m, with the TCT also becoming £31.55m from the previous expectation of £44.8m.

Delivery of the restated planned deficit of £31.55m would meet the revised expectation set by WG, resulting in the Health Board's financial plan being acceptable on an in-year basis. It should be recognised a deficit plan continues to remain a 'novel and contentious action' by not delivering against the Board's statutory duty to financially breakeven across a three-year period.

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

Asesiad / Assessment

Financial Position

- The Health Board is reporting a surplus of £0.3m in month 10, which is a favourable variance of £2.9m against the restated planned deficit of £2.6m – the fourth consecutive month of the financial year that was better than the planned in-month deficit.
- Following further assessment of all service areas expenditure trajectories, the Health Board has formally reported an improvement in the end of year deficit, from the restated planned deficit of £31.5m to £24.0m, signalling a £4.0m improvement from the Month 9 position of £28.0m.
- The £4.0m improvement is mainly due to non-recurrent improvements in Ophthalmic Services, Continuing Health Care Services & Primary Care Prescribing with further in-month conversion of underspends into savings schemes. This does not address the underlying deficit that remains greater than the revised 2024/25 forecast outturn.
- The following table summarises the key drivers, and full analysis are included within Financial Performance Report in **Appendix 1**.

Driver (£'m)	Current month variance to breakeven	Year to Date variance to breakeven	End of Year forecast to breakeven
Restated Planned Deficit	2.6	26.3	31.5
Unidentified / (Identified) savings gap / (improvement)	(0.4)	0.2	(0.3)
Under / (Over) Delivery of Savings Schemes	0.2	0.6	1.4
Core Operational Variation	(2.7)	(6.1)	(8.6)
Gross Forecast			24.0
Reported Net Position	(0.3)	21.0	24.0

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.

Mitigating Recurrent Savings Shortfall

- There has been significant effort in the last quarter to identify the £32.4m Savings target, and as at Month 10 current £32.7m has been identified on an in-year basis resulting in an in year over identification of £0.3m, of which, there is a delivery gap of £1.4m against expected benefits.
- Whilst savings delivery is an improving trend, of the £30.9m delivery projection, there is a recurrent savings shortfall of £14.0m, resulting in the underlying deficit significantly exceeding the 2024/25 forecasted outturn.
- Directorates have undertaken an initial review to convert non-recurrent schemes to recurrent, but this has only yielded a nominal value to date. An agenda item has been added to the escalation meetings to further scrutinise options available to directorates where further actions are required at pace for credible and deliverable Amber and Green schemes.

- 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 committed to identifying £20.0m of robust recurring deliverable plans by December 2024. Actual plans stand at £19.0m at the end of January 2025, of which £12.0m are ideas, signalling a further conversation risk from ideas to robust deliverable plans high proportion in the idea discovery phase, which will likely convert to less in terms of robust delivery plans based on previous evidenced conversion rates.

Financial Underlying Deficit

- As has been reported to Board and Sustainable Resources Committee throughout the financial year, there is an ongoing significant challenge in reducing the Health Board's underlying deficit. Whilst progress in-year has been improving, a lot of actions have been non-recurrent in nature.
- As part of the 2025/26 Annual Plan deliberations the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or if a decision is not taken to hold expenditure levels at the current run rate.
- The carried forward impact from 2024/25 into the underlying deficit starting point for the 2025/26 financial plan will include, as a minimum, the 2024/25 outturn (currently £24.0m), the recurrent savings gap (currently £14.0m), the underspending directorates that are not currently signalling an ongoing underspend (£7.4m) and new funding challenges (circa £10.0m) over and above the Welsh Government allocation.

Level 3 Escalated Directorates

The following directorates have been escalated to Level 3 (no assurance) for at least five of the last six months, 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
- Pathology
- Planned Care
- Women's and Children
- Therapies and Health Sciences
- Director of Operations

A review of the internal escalation framework is being undertaken in readiness for the start of the new financial year, with proposals being drafted for Executive Team consideration for appropriate ways to ensure timely corrective action is taken for those directorates that are in distress for a prolonged period of time, recognising limited improvement has been experienced during 2024/25.

Notable movements: the Executive Nursing portfolio was de-escalated from Level 3 to Level 2 in January 2025.

Directorate Status by Month	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Bronglais Hospital	3	3	3	3	3	2	2	2	2	2
Cancer & Oncology	1	1	2	3	3	2	2	2	3	3
Carmarthenshire County	3	3	3	3	3	3	3	3	3	3
Ceredigion County	3	3	2	3	3	3	3	3	3	3
Corporate Services	1	1	1	1	1	1	1	1	1	1
Director of Finance	1	1	1	1	1	1	1	1	1	1
Director of Nursing	1	1	1	2	2	3	3	2	3	2
Director of Operations	1	1	1	2	2	3	3	3	3	3
Director of Public Health	1	1	1	1	1	1	1	1	1	1
Director of Strategy and Planning	1	1	1	2	2	3	1	1	2	2
Director of Therapies and Health Sciences	2	2	3	3	3	3	3	3	3	3
Director of Workforce & OD	1	1	1	1	1	1	1	1	1	1
Facilities	2	2	3	3	3	2	3	3	3	3
Glangwili Hospital	3	3	3	3	3	3	3	3	3	3
Medical Directorate	1	1	1	1	1	1	1	1	1	1
Medicines Management	1	1	3	3	3	3	3	3	3	3
Mental Health & Learning Disabilities	3	3	3	3	3	3	3	3	3	3
Pathology	2	2	3	3	3	3	3	3	3	3
Pembrokeshire County	3	3	3	3	3	3	3	3	3	3
Planned Care (incl. Audiology and Endoscopy)	3	3	2	3	3	3	3	3	3	3
Primary Care	2	2	2	2	2	2	3	1	1	1
Primary Care Management	1	1	2	2	2	2	3	1	1	1
Prince Philip Hospital	3	3	3	3	3	3	3	3	3	3
Radiology	3	3	3	3	3	2	2	2	3	3
Withybush Hospital	2	2	3	3	3	3	3	3	3	3
Women & Children	3	3	3	3	3	3	3	3	3	3

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.

Financial Performance

- The Chief Operating Officer (£0.8m), Director of Therapies and Health Sciences (£0.2m), Director of Strategy and Planning (£0.2m) and Director of Nursing (£0.2m) portfolios are adversely performing against core budgets, offset by all other directorates under spending against core budgets, when factoring in over/under delivery against expected savings scheme benefits.
- The projected under-delivery against identified savings plans of £1.4m is linked, in the main, to bed plans within Withybush Hospital (WGH).
- Whilst Chief Operating Officer budgets are overspending, this is the first month the budgets have been underspending against core budgets £(0.5)m, the main cause of the overall overspend is the under-delivery against savings £1.3m.

Capital

There is a risk of underspending against the Capital Resource Limit due to the significant number of capital schemes which need to be completed before the end of March. Mitigation

plans are in place to manage this risk, and the position will continue to be monitored until the end of March. A corporate level risk has been raised to reflect this.

Introduction of Ministerial Enablers: Annex 2

As part of the NHS Planning Framework, the Cabinet Secretary for Health and Social Care has written to Chairs to highlight the expectations for the new financial year. This letter is included as **'Appendix 2 - Letter to Chairs - NHS Planning Framework'**. Within the letter, a number of enabling actions are mandated on the basis of "adopt or justify", some of which specifically relate to measures that drive financial implications. These enabling actions are included as **'Appendix 3 - Annex 2 - Enabling Actions'**.

A summary of the expectations set out in **Annex 2** are set out in the below table.

Area	Objective	Responsibility
Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation.	Andrew Carruthers
Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity.	Andrew Caruthers
Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity.	Andrew Caruthers
Improving Value, Optimising Outcomes & Minimising Variation	Support improvements in outcomes, effectiveness, and value through optimising resource utilisation and improving outcomes.	Andrew Caruthers, Huw Thomas, Jill Paterson, Mark Henwood
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas.	Huw Thomas, Jill Paterson, Lee Davies
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	Lisa Gostling

Agency and Variable Pay Sustainability

- Managing medical rotas and variable pay has been a critical focus for the Health Board with BGH and MHLD continued use of premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters.
- Medical rate card proposals are continuing to be discussed with the Local Medical Committees (LMC) and exit strategies for reliance on premium cover are required.
- A key enabling component of the plan is the Allocate adoption across the all patient facing medical staff. Whilst plans are progressing around variable pay, E-rostering, this is pending the Allocate implementation and business process adoptions to ensure sustainable staffing levels are achieved without the reliance on agency.
- Contained within **'Appendix 3 - Ministerial Enablers: Annex 2'**, specific requirements are set out for the Health Board to take further action to reduce the amount it spends on variable pay and agency, and has set out the following mandate:
 - Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure;
 - Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates and Ancillary staff to zero by 30th September 2025;
 - Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025;

- Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the All-Wales Occupational Health minimum service levels.
- A Financial Control Sub-Group decision has been taken to allow a non-direct engagement medical agency worker (off-contract) to support a hard to fill position in a fragile service on a six-month basis. This will require a justification as part of the **Appendix 3 - Ministerial Enablers: Annex 2**, should costs be incurred during 2025/26.

Assure (to note)

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

In-Year Forecast Deficit

- The Board's expectation was to de-risk the financial delivery of the Annual Plan in Quarter 1. Improvements had been made by the start of Quarter 3 and the Health Board was forecasting to deliver the planned deficit.
- Following further work, undertaken by the end of Quarter 3, the Health Board has forecast additional non-recurrent improvements enabling the reported forecast to change from the Month 9 position of £28.0m to be further improved by £4.0m to £24.0m
- Improving further than the restated planned deficit of £31.5m supports the request from Welsh Government to go beyond the restated TCT where possible.

Cash

- WG have confirmed in a letter dated 10 February 2025 that the Health Board will receive strategic cash in line with its forecast deficit and working capital balances. An approved cash management strategy is in place. The Health Board recognises that as the forecast deficit has changed in Month 10, the Strategic Cash will reflect, as a maximum, the current forecast deficit.

Grip and Control Measures

- An internal escalation framework has been agreed and 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.
- Whilst the process and monitoring of the internal escalation framework can be assured, the Board is advised in the Alert section of those directorates that do not delivery the outcomes required.
- Grip and control measures covering recruitment, training and procurement overseen through the Financial Control Subgroup, chaired by the Director of Finance is providing scrutiny to current vacancies, with a sense of control starting to permeate across the organisations resulting in the improvements to the financial bottom line in recent months.
- 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 BGH, 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.
- Further work is ongoing with regards to Medical, as referenced in the Alert section.

Changes to Reporting Structures for 2025/26

As part of the operational and clinical team Organisational Change Process (OCP) that is being lead by the Chief Operating Officer, a revised reporting structure will be implemented across all financial reporting and accountability arrangements from April 2025 to align to the new model. This will see the 19 Directorates currently residing under the Chief Operating Officer and Director of Primary Care, Community and Long Term Care replaced with 5 Clinical Care Groups and 2 Support Functions, all of which reporting to the Chief Operating Officer.

The table below illustrates the change in reporting structure to be expected from April 2025 onwards. It should be noted that the refined structure will provide greater clarity over accountability arrangements with more appropriate spans of control and a Clinical Service Group structure in place below the Clinical Care Groups, each of which to undertake consistent business management meetings with comprehensive governance arrangements.

Current Finance Reporting Structure	Proposed Finance Reporting Structure
Chief Executive Chief Executive Chief Operating Officer Asst Dir Ops Quality & Nursing Facilities Mental Health & Learning Disabilities Oncology & Cancer Services Operations Director Management Pathology Planned Care Radiology Unscheduled Care Bronglais Unscheduled Care Glangwili Unscheduled Care Prince Philip Unscheduled Care Wyllybush Women & Children Director of Primary Care, Community and Long Term Care Carmarthenshire County Ceredigion County Medicines Management Pembrokeshire County Primary Care Primary Care Management Director of Nursing, Quality and Patient Experience Executive Medical Director Director of Allied Health Professions and Health Sciences Director of Public Health Director of Workforce and Organisational Development Director of Finance Digital Performance Finance Director of Strategy And Planning Strategy and Planning LTA's With Other NHS Providers	Chief Executive Chief Executive Chief Operating Officer Estates and Facilities Mental Health and Learning Disabilities Community and Integrated Medicine Operational Allied Health and Health Sciences Planned and Specialist Care Primary Care, Community Strategy and Long Term Care Chief Operating Officer Management Executive Director of Nursing, Quality and Patient Experience Executive Medical Director Executive Director of Allied Health Professions and Health Sciences Executive Director of Public Health Executive Director of Workforce and Organisational Development Executive Director of Finance Digital Finance Executive Director of Strategy and Planning Strategy and Planning LTA's with Other NHS Providers

Colour Key

Level 3 Executive Director Portfolio
Level 4 Clinical Care Group / Executive Function

6

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, and the reported financial position has further improved to £24.0m in Month 10.

- **GAIN ASSURANCE** that with a year-to-date delivery of £21.0m against a planned deficit of £26.3m, the Health Board is now on a trajectory to achieve the revised financial position of £24.0m.
- **SCRUTINISE** the progress of savings actions to bridge the recurrent savings gap, of the Executive Team commitment to identify £20.0m of recurrent savings by the end of December 2024, £19.0m has been identified to date with £12.0m being ideas.
- **SCRUTINISE** the Executive Delegated Officer portfolios which are overspending against their delegated budgets.
- **ACKNOWLEDGE** that an underlying deficit assessment is ongoing as part of the 2025/26 planning cycle, and that it is likely to be significantly higher compared to the 2024/25 forecast outturn due to the reliance in-year on non-recurrent actions and the lack of progress made in converting the same to recurrent improvements.
- **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 (full details provided within the IPAR report as well as directorates listed under the alert section for the finance domain).
- **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;
 - Appropriate mechanisms are in place to review and monitor the emerging Capital Resource Limit risk.
- **ACKNOWLEDGE** the Ministerial Enablers: Annex 2 requirements for 2025/26, and **DISCUSS** if any reporting changes are required to ensure assurance can be taken in future committees.
- **ACKNOWLEDGE** the changes that will be made to financial management reporting hierarchies and accountability arrangements for the 2025/26 financial year following Executive Director and Chief Operating Officer portfolio changes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>3.1 Undertake detailed scrutiny of the organisation's overall:</p> <ul style="list-style-type: none"> • Monthly, quarterly and year-to-date financial performance; • Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>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.</p>

	2000 (score 12) Risk of the Health Board significantly underspending in excess of its statutory Capital Resource Limit for 2024/25.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termiau: Glossary of Terms:	<p>BGH – Bronglais Hospital CHC – Continuing Healthcare EOY – End of Year FDU – Finance Delivery Unit FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OCP – Organisational Change Policy/Process OOH – Out of Hours PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics TCT – Target Control Total TTP – Test, Trace, Protect WG – Welsh Government WGH – Withybush Hospital WRP – Welsh Risk Pool</p>

	WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.

**Cydraddoldeb:
Equality:**

Not applicable.



GIG
CYMRU
NHS
WALES







Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Financial Performance Report – Sustainable Resources Committee

Month 10 2024/25

25 February 2025

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Executive Summary (2 of 5)

The Health Board's restated Annual Planned Deficit is £31.5m with a savings target of £32.4m, following receipt of £32.5m in-year funding. A revised end of year forecast of £24.0m is reported for Month 10, indicating an improvement of £7.5m from the restated Annual Plan and Target Control Total.

The Month 10 financial position is a surplus of £0.3m, which is an improvement against the in-month Deficit Plan of £2.6m. The core operational variance to plan is £(2.7)m with the in-month savings target of £2.7m being successfully over-identified by £(0.4)m, with savings plans under-delivering against their planned benefits by £0.2m. An over-reliance on non-recurrent savings in-year gives rise to a recurrent gap (£14.0m), which does not support an improvement in 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
Restated Planned Deficit	2.6	2.6	26.3	31.5	31.5
Unidentified / (Identified) savings gap / (improvement)	(0.5)	(0.4)	0.2	0.2	(0.3)
Under / (Over) Delivery of Savings Schemes	(0.2)	0.2	0.6	1.3	1.4
Core Operational Variation	(0.7)	(2.7)	(6.1)	(5.0)	(8.6)
Gross Forecast				28.0	24.0
Reported Net Position	1.2	(0.3)	21.0	28.0	24.0

Key Measures (Risk rating = Impact x Likelihood)	In-Year Revenue	Following the latest review of the Health Boards end of year financial forecast position, the annual reported deficit has been improved by £4.0m to £24.0m. This recognises the improving trajectory previously signalled and the ongoing actions that are being managed across service areas.
	Cash	Risk #1843 5 x 4 = 20 Welsh Government have confirmed 10 February 2025 that the Health Board will receive strategic cash in line with its forecast deficit and working capital balances. An approved cash management strategy is now in place. The Health Board recognises that as the forecast deficit has changed in Month 10, the Strategic Cash will reflect as a maximum the current forecast deficit.
	Savings	Of the annual savings target of £32.4m, £32.7m has been identified on an in-year basis resulting in an in year over identification of £0.3m. Of which, there is a delivery gap of £1.4m against expected benefits. There is a recurrent savings delivery shortfall of £14.0m, resulting in the underlying deficit substantially exceeding the 2024/25 forecast outturn. Further actions are urgently required to deliver recurrent improvements to avoid a significant deterioration from the 2024/25 outturn.
	Capital	Risk #2000 3 x 4 = 12 The risk to underspending against the Capital Resource Limit (CRL) remains at a medium risk. There are a significant number of capital schemes which need to be completed before the end of March. Mitigation plans are in place to manage this risk, and the position will continue to be monitored until the end of March. A corporate level risk has been raised to reflect this.
	Underlying Deficit	Risk #1199 5 x 5 = 25 The underlying deficit remains a concern with a recurrent delivery gap of £14.0m 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 further in-year impacts to the underlying deficit, will be assessed as part of the planning cycle. A £20.0m commitment has been made to identify robust recurring deliverable plans to close the in-year recurrent gap and provide initial input to the 2025/26 financial plan. £19.0m of the £20.0m has been identified to date, of which £12.0m is being a further conversation risk from ideas to robust deliverable plans.

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
Restated Planned Deficit	31.5	31.5	0.0
Unidentified Savings Gap	0.2	(0.3)	(0.5)
Under / (Over) Delivery of Savings Schemes	1.3	1.4	0.1
Core Operational Variation	(5.0)	(8.6)	(3.6)
Gross Forecast	28.0	24.0	(4.0)
Further mitigating actions required	0.0	0.0	-
Reported Net Position	28.0	24.0	(4.0)

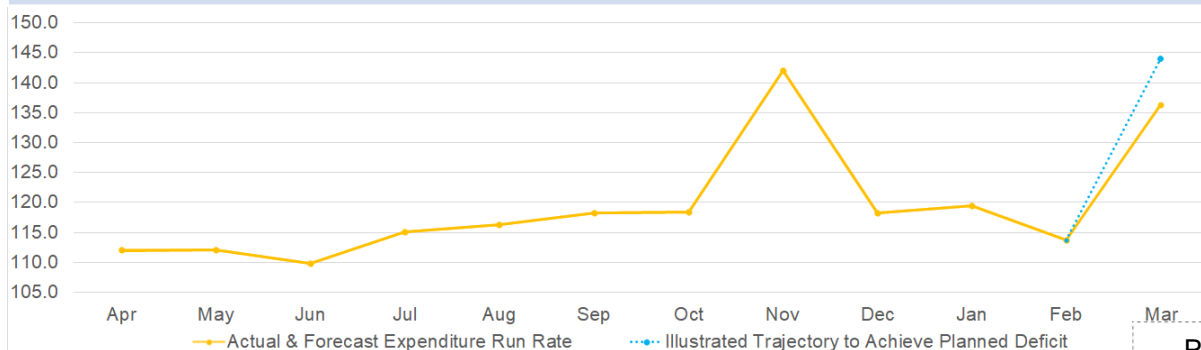
Unidentified Savings Gap (£'m)	Change
In-month underspend conversion into savings	(0.5)
Newly identified schemes	0.0
Blue/Red converted to Amber/Green savings schemes	0.0
Movement in Unidentified Savings Gap	(0.5)

Under / (Over) Delivery of Savings Schemes (£'m)	Change
Further under delivery of Withybush Bed Rationalisation	0.1
Movement in Savings Delivery	0.1

Core Operational Variation (£'m)	Change
Primary Care Ophthalmology Funding Confirmation	(1.0)
Continuation of Vacancies	(0.9)
Prescribing Activity & Drugs Rebate	(0.7)
Income Overachievement	(0.5)
Continuing Healthcare Services Package Reduction	(0.5)
Movement in Core Operational Variation	(3.6)

Monthly Actual and Forecasted Expenditure Run-Rate £'m

The latest service forecast revenue run-rate trajectory reflects a revised reported net deficit position £24.0m, £(7.5)m improvement against the Annual Planned Deficit £31.5m.



Executive Summary (4 of 5)

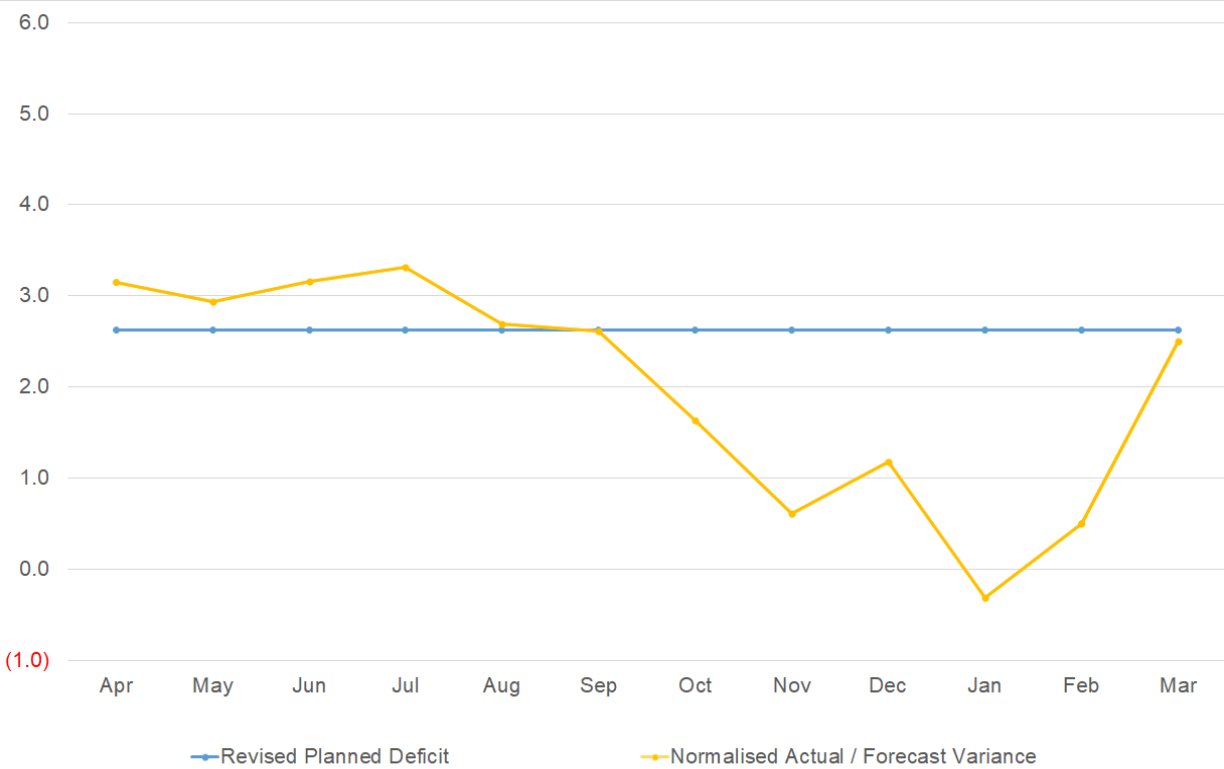
Key Performance Commentary

Director of Therapies & Health Sciences (£0.2m), Director of Nursing (£0.2m) and Director of Strategy and Planning (£0.2m) are adversely performing against core budgets, partly offset by other directorates underspending. Chief Operating Officer is under delivering against identified savings plans by £1.3m linked, in the main, to bed plans within Withybush General Hospital.

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)
Restated Planned Deficit					31.5
Chief Executive	0.3	0.3	-	(0.3)	(0.3)
Director of Finance	1.7	1.6	0.1	(0.6)	(0.5)
Director of Nursing, Quality & Patient Experience	0.5	0.5	-	0.2	0.2
Chief Operating Officer	16.1	14.8	1.3	(0.5)	0.8
Director of Primary Care, Community & Long-Term Care	2.5	2.5	-	(7.9)	(7.9)
Director of Public Health	1.3	1.3	-	(0.4)	(0.4)
Director of Strategy and Planning	3.3	3.3	-	0.2	0.2
Director of Therapies & Health Sciences	1.6	1.6	-	0.2	0.2
Director of Workforce & Organisational Development	1.4	1.4	-	(0.9)	(0.9)
Executive Medical Director	0.4	0.4	-	(0.2)	(0.2)
Health Board Wide	3.6	3.6	-	1.3	1.3
Subtotal	32.7	31.3	1.4	(8.9)	(7.5)
Unidentified / (Identified) savings gap (to target of £32.4m)	(0.3)				(0.3)
Gross forecast					24.0

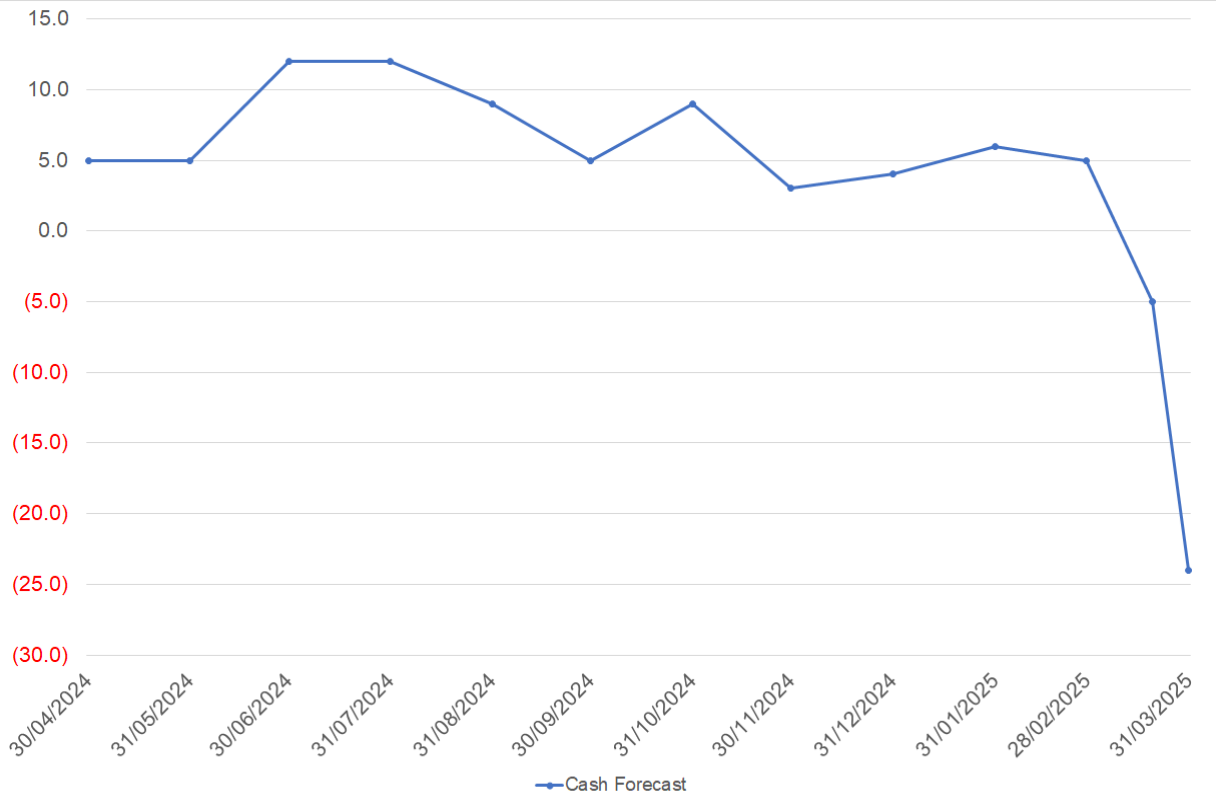
Revenue Deficit Trajectory (£'m)

The Health Board's restated planned deficit is £31.5m with a savings target of £32.4m. The new funding received in Month 8 has been normalised over prior months. The revenue deficit trajectory is now below the planned deficit at £24.0m, sighting a £7.5m improvement. An average deficit of no more than £1.5m is required for future months to achieve the forecast trajectory.




Cash Deficit Trajectory (£'m)

Welsh Government have confirmed 10 February 2025 that the Health Board will receive strategic cash in line with its forecast deficit and working capital balances. 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 Health Board recognises that as the forecast deficit has changed in Month 10, the Strategic Cash will reflect as a maximum the current forecast deficit of £24.0m.



Key Performance Indicators



YTD Position

● **£21.0m**


Restated Annual Plan: £26.3m
79.8% of Planned Deficit



Gross Forecast Outturn

● **£24.0m**

Restated Annual Plan: £31.5m
Actions Required: N/A



In-Year Savings Identification

● **£32.7m**

Plan: 100% of required £32.4m
Prior Month: £32.2m



In-Year Savings Delivery

● **£31.3m**

95.7% Delivery against Identified Plans



EoY Capital

● **£42.6m**


£0.0m deviation to EoY Plan



Underlying Financial Plan

● **TBC**


Assessment being undertaken for 2025/26 planning cycle



Total Pay

● **£632.5m**

Prior Month: £630.2m



Agency / Premium Locum

● **£16.8m**

Prior Month: £16.1m



Primary Care Prescribing

● **£84.8m**

Plan: £84.2m
Prior Month: £85.1m



Cash Consequences

● **£24.0m**


Welsh Government Confirmed Strategic Request in Feb 25



Secondary Care Drugs

● **£70.5m**

Plan: £67.7m
Prior Month: £69.9m



Energy

● **£10.6m**

Plan: £11.9m
Prior Month: £10.4m

Savings Plans and Delivery Performance (1 of 3)



Annual Plan Requirement
£32.4m



In-Year Delivery
£31.3m



In-Year Shortfall
£1.1m

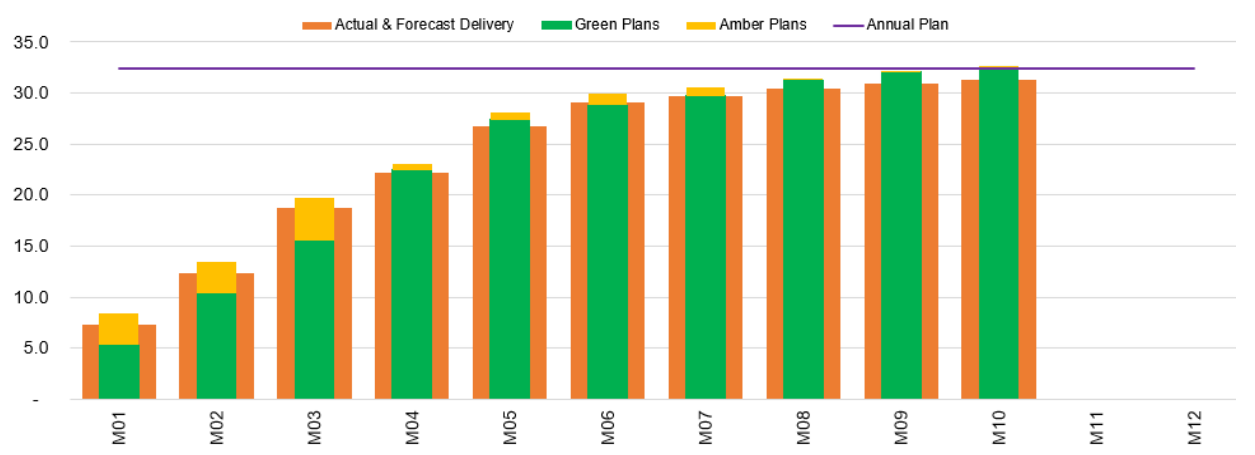


Recurrent Delivery
£18.4m

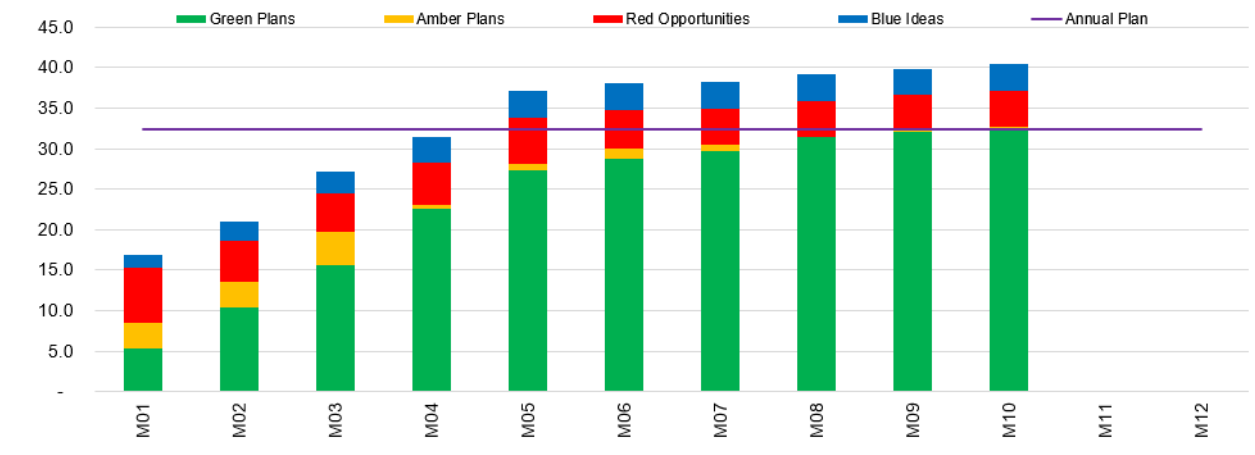


Recurrent Shortfall
£14.0m

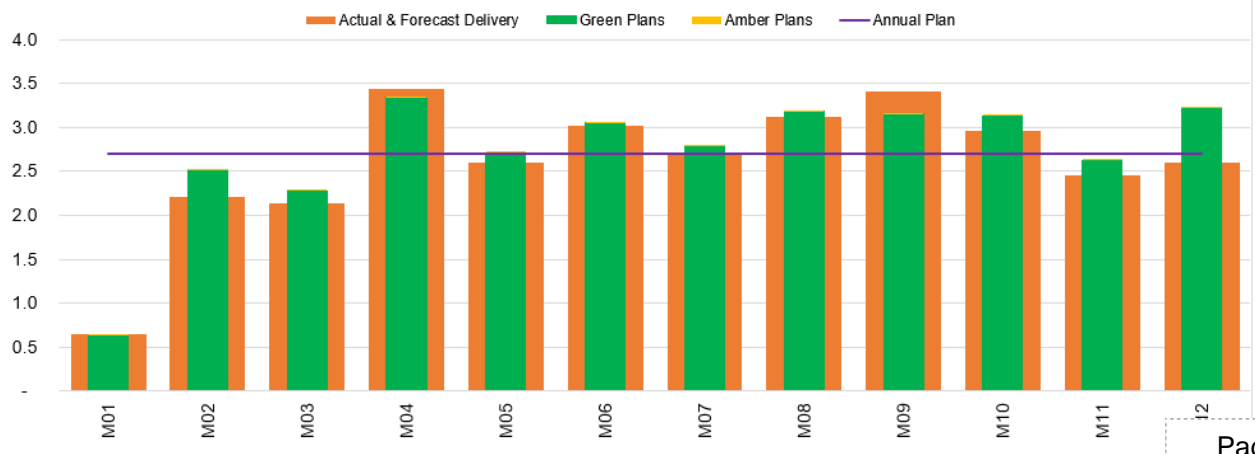
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



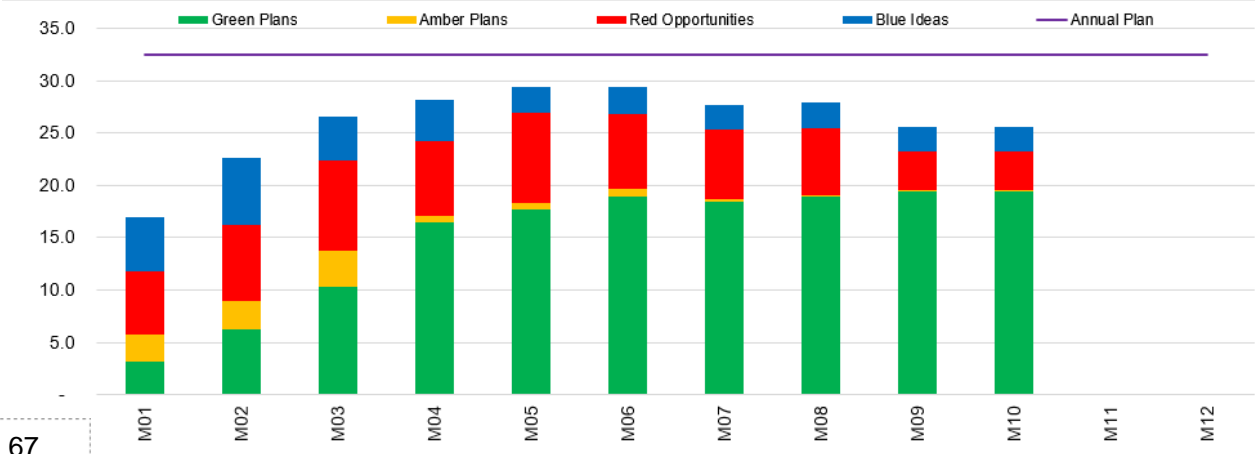
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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



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



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)	15.0	15.0	0.0
Non-recurrent savings identification	17.2	17.7	0.5
Total in-year savings identification	32.2	32.7	0.5
Unidentified / (identified) savings gap/(improvement)	0.2	(0.3)	(0.5)
Recurrent savings delivery (in-year element only)	14.0	13.9	(0.1)
Non-recurrent savings delivery	16.9	17.4	0.5
Total in-year savings delivery	30.9	31.3	0.4
Savings under / (over) delivery vs identified benefits	1.3	1.4	0.1
Savings Delivery Gap/(Improvement) vs Annual Plan	1.5	1.1	(0.4)

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

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 = £1.1m

Currently £(0.3)m above plan for saving schemes identification with an additional £1.4m forecast delivery under-performance against the schemes that have been identified, resulting in the total forecast delivery shortfall of £1.1m.

Main reasons for the under-delivery of identified scheme benefits £1.1m:

- 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.
- Digital – two schemes related to Switchboard and Application Rationalisation.
- Facilities – relates Withybush RAAC savings

Material Movement Changes £0.5m:

Directorate Underspends £0.5m:

Related to six schemes converted from directorate underspends in-month within Radiology £0.1m, Planned Care £0.1m, Primary Care £0.1m, Mental Health & LD £0.1m with the remaining £0.1m for Asst Dir of Ops & Workforce.

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
CHIEF EXECUTIVE	169	317	186	131	317	(147)	8.8%	186	(16)	5.1%
CHIEF OPERATING OFFICER	41,482	16,079	6,773	8,009	14,782	26,700	2.5%	9,385	32,096	1.6%
ASST DIR OPS QUALITY & NURSING FACILITIES	51	148	0	148	148	(97)	14.6%	0	51	0.0%
MENTAL HEALTH & LD	2,468	3,275	1,221	2,018	3,239	(770)	6.6%	1,235	1,233	2.5%
ONCOLOGY & CANCER SERVICES	5,170	3,346	661	2,685	3,346	1,824	3.2%	1,000	4,171	1.0%
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	3,466	1,223	2,090	3,313	2,855	2.7%	1,647	4,522	1.3%
UNSCHEDULED CARE BRONGLAIS	1,164	489	291	198	489	675	2.1%	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	205	457	3,277	1.1%	340	3,395	0.8%
WOMEN & CHILDREN	3,508	2,053	1,234	0	1,234	2,273	2.9%	1,251	2,257	2.9%
DIRECTOR OF FINANCE	2,803	61	71	0	71	2,732	0.1%	71	2,732	0.1%
DIRECTOR OF FINANCE	1,161	1,682	659	902	1,561	(400)	6.7%	1,161	(0)	5.0%
DIGITAL	839	717	370	226	596	244	3.5%	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%
DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE	484	522	439	62	502	(18)	5.2%	439	44	4.5%
DIRECTOR OF PRIMARY CARE, COMMUNITY & LONG TERM CARE	11,632	2,457	905	1,598	2,503	9,129	1.4%	1,139	10,493	0.6%
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	533	743	378	3.0%	403	718	1.7%
PRIMARY CARE	306	440	307	133	440	(134)	7.2%	307	(1)	5.0%
PRIMARY CARE MANAGEMENT	255	255	255	0	255	(0)	5.0%	255	(0)	5.0%
DIRECTOR OF PUBLIC HEALTH	329	1,339	329	1,010	1,339	(1,010)	20.4%	329	(0)	5.0%
DIRECTOR OF STRATEGY AND PLANNING	3,030	3,347	2,113	1,234	3,347	(317)	5.5%	2,113	917	3.5%
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	1,420	186	1,234	1,420	(1,233)	38.1%	186	0	5.0%
DIRECTOR OF THERAPIES & HEALTH SCIENCES	1,414	1,558	0	1,558	1,558	(144)	5.5%	600	814	2.1%
DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT	758	1,413	349	1,061	1,410	(651)	9.3%	758	0	5.0%
HEALTH BOARD WIDE	1,814	3,595	2,100	1,495	3,595	(1,781)	9.9%	2,100	(286)	5.8%
MEDICAL DIRECTOR	202	377	47	330	377	(175)	9.3%	202	(0)	5.0%
Grand Total	62,474		399	17,390	31,289	31,185	3.2%	18,412	44,062	1.9%

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

Theme	£'m	Operational Driver Comments
Planned Deficit	2.6	Monthly Deficit
Unidentified Savings Gap to Annual Plan	(0.4)	The in-month Annual Plan includes a requirement of £2.7m savings identification and delivery, of which £3.2m is identified for delivery, split between £1.4m Recurrent & £1.8m Non-Recurrent. New schemes added in month were £0.5m Non-Recurrent underspend conversions.
Other Non-Pay	1.2	IT contract and telephone expenditure due to inflationary increases above 8% (£300k). Central Losses provisions for permanent injuries claims (£400k). Other non-pay costs across various Directorates, including training & licenses within Workforce (£500k) .
Secondary Care Drugs	0.4	Oncology drug costs due to activity increase of 8.5% or 9 patients per day plus 19%/£150 per patient costs increase (£190k). Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Bronglais & Withybush. (£210k).
Medical & Dental	(0.1)	Reduction in Additional Medical Sessions at Bronglais General Hospital .
Commissioned Healthcare Services	(0.3)	Net reduction of 5 Continuing Healthcare packages within Mental Health & Learning Disabilities
Primary Care Services	(0.4)	Dental contracts handed back to the Health Board, partially offset by associated reductions in income. General Medical Services underspends on Enhanced Services £(0.1)m.
Income Overachievement	(0.5)	NHS Wales Shared Services Partnership income for 2024/25 Distribution, additional income for Out of Hours 111 Service & Electronic Prescribing Funding and Local Authority income for the Building Community Capacity scheme.
Primary Care Drugs	(0.7)	Primary Care price impact of the October Prescribing Audit Report which has been transacted in month £(0.6)m. Reduction in WP10 prescribing costs £(0.1)m.
Administration Vacancies	(0.9)	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	(1.2)	Reduced Nursing & Healthcare expenditure across County Directorates alongside Mental Health & Learning Disabilities.
Operational Variance	(2.9)	
Reported in-month position	(0.3)	

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

Theme	£'m	Operational Driver comments
Planned deficit	26.3	
Unidentified savings gap to annual plan	0.2	The YTD plan includes a target of £27.0m savings identification and delivery, of which £26.8m is identified for delivery, leaving a gap of £0.2m.
Other Non-Pay	2.7	Other sources of energy (LPG, Biomass & Heating Oil). RAAC inspection (wards only), additional costs associated with ongoing maintenance and repairs. Other non-pay costs across various Directorates, including training & licenses within Workforce.
Clinical Services & Supplies	1.6	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.
Secondary Care Drugs	1.0	Increase in Oncology price per patient alongside Homecare drugs pressures in Prince Philip and Glangwili acute wards and other drugs pressures in Withybush.
Primary Care Drugs	0.8	Despite in month reduction in National cost per item decrease to £7.55, it has previously been £7.57, which was higher than the annual plan cost per item of £7.56.
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.
Commissioned Healthcare Services	(0.6)	Decreases to Continuing Healthcare spend, particularly within Mental Health & Learning Disabilities.
Nursing & Healthcare Support Workers	(2.1)	Nurse Agency usage reduction particularly across Counties Community Care and Mental Health & Learning Disabilities. Vacancies within District Nursing teams within County Directorates.
Administration & Clerical Vacancies	(2.3)	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.
Income Overachievement	(3.1)	Flying Start Local Authority increases within Women and Children, Velindre Secondary Drugs rebates income and Planned Care Public Health Wales Bowl Screening income. Facilities income received from NHS Wales Shared Services Partnership for the Laundry Service Level Agreement offsetting previous overspends.
Primary Care Services	(4.0)	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.
Total deviation to annual plan	(5.3)	
Reported position	21.0	

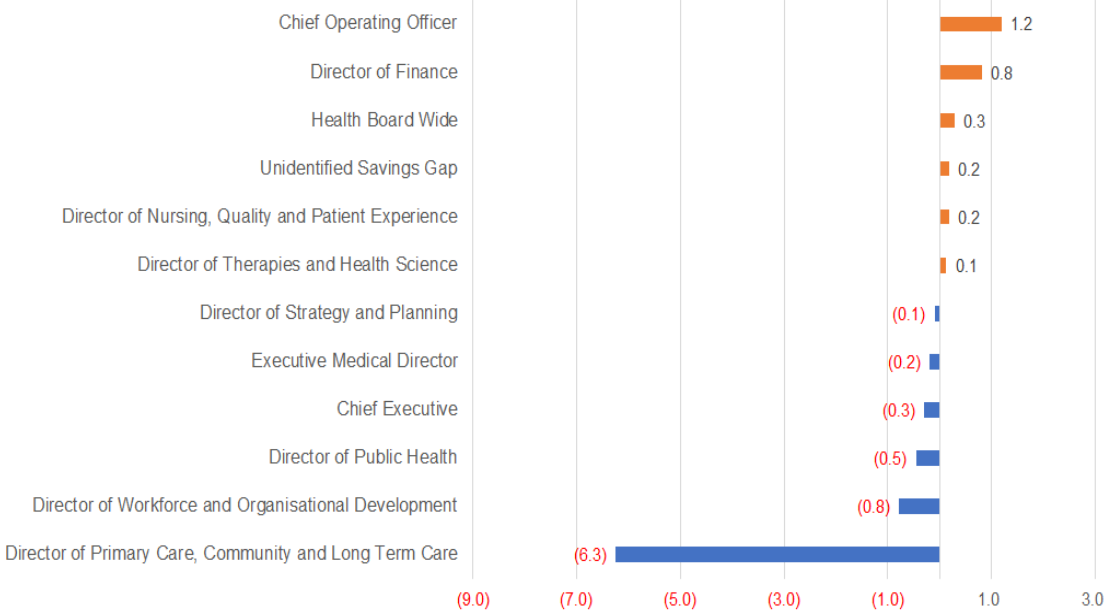
Revenue Position (3 of 4): End of Year Forecast Gross Revenue Position

Theme	£'m	Operational Driver comments
Planned Deficit	31.5	Revised Deficit and Target Control Total following new funding of £32.45m
Unidentified savings schemes	(0.3)	The FY25 plan includes a target of £32.4m savings delivery, £32.7m identified exceeding our target by £0.3m, of which £15.0m are Recurrent savings and £17.7m are Non-Recurrent.
Other Non-Pay	2.5	Other sources of energy (LPG, Biomass & Heating Oil), RAAC inspection (wards only), additional costs associated with ongoing maintenance and repairs of estate. Central Losses provisions for permanent injuries claims. Theatre consumables driven by increased Orthopaedic Sessions at Prince Phillip Hospital and Regional Orthopaedic Work with Swansea Bay. IT and telephone contracts due to inflationary increases above 8%.
Clinical Services & Supplies	2.4	Pathology increased activity within lab testing. Prince Phillip Hospital Continuous Positive Airway Pressure Machines and Insulin Pumps. Paediatric equipment aids and diabetic consumables.
Secondary Care Drugs	2.2	Oncology price growth surpassing the assumed price growth of 14%. Homecare drugs pressures in Prince Philip and Glangwili acute wards and other high-cost drugs pressures in Withybush.
Medical Additional Cover and Premium	0.7	Bronglais and Mental Health & Learning Disabilities significant use of locum and agency to cover sickness and annual leave rota planning as well as gaps within the roster. Increase in Medical Out of Hours and Management Sessions within Operations Directorate.
Primary Care Drugs	0.6	Increased National cost per item which is higher than the annual plan cost per item of £7.56
Commissioned Healthcare Services	(0.9)	Reductions to Continuing Healthcare packages, particularly within Mental Health & Learning Disabilities and County Directorates.
Administration and Allied Health Vacancies	(2.9)	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	(3.4)	Flying Start Local Authority increases within Women and Children, Secondary Drugs Velindre Drug rebates income and Planned Care Public Health Wales Bowel Screening income. Facilities income received from NHS Wales Shared Services Partnership for the Laundry Service Level Agreement.
Nursing & Midwifery, incl. HCSW & Agency	(3.5)	Nurse Agency usage reduction particularly across Counties Community Care and Mental Health & Learning Disabilities. Vacancies within District Nursing teams within County Directorates.
Primary Care Services	(4.9)	Dental contracts handed back to the Health Board, partially offset by associated reductions in income alongside Community Strategic Programme underspends. Offset by Managed Practices overspend driven by premium locum and agency costs.
Operational Variance	(7.5)	
Reported End of Year Forecast	24.0	

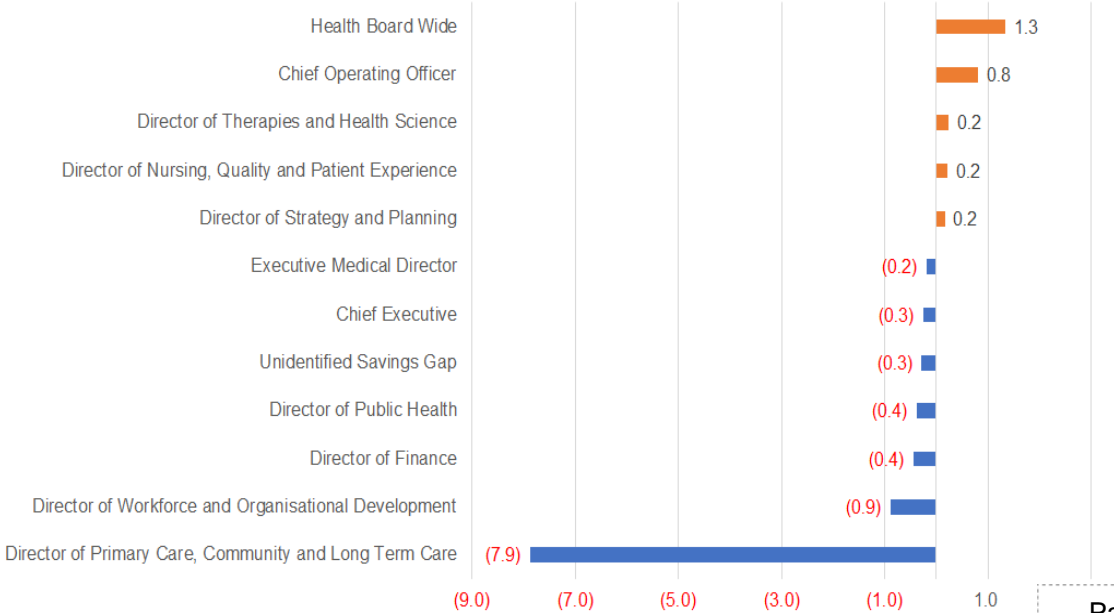
Revenue Position (4 of 4): Summary Financial Performance by Portfolio (£'m)

Delegated Officer Performance

Year to Date

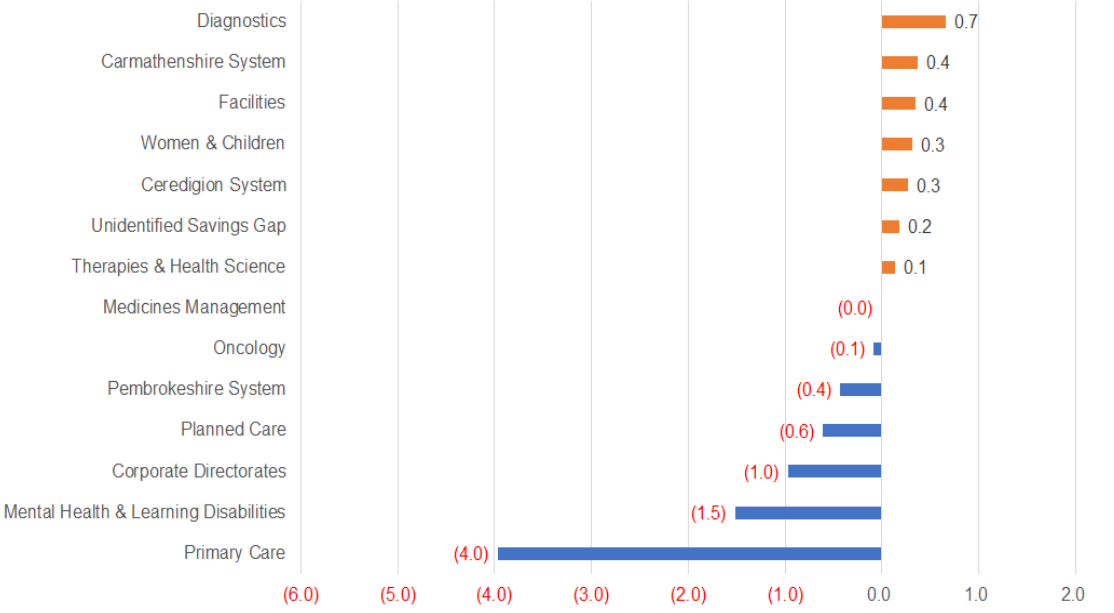


End of Year

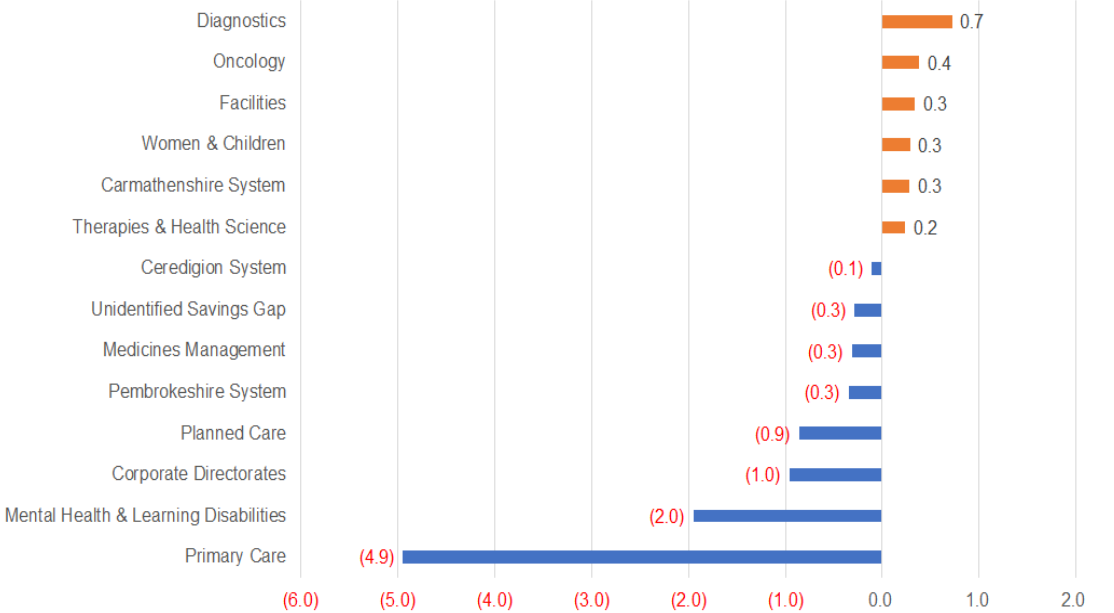


Service Portfolio Performance

Year to Date



End of Year



Next Steps and Mitigating Actions

Further Actions

1. With an **improving run rate trend**, and several financial improvement actions in progress, **urgent management action** is required to formally recognise **recurrent savings schemes** to close the recurrent savings gap before the end of March 2025. Whilst the 2024/25 outturn is favourable against the restated annual plan, the underlying deficit is materially adverse due to the continued reliance on non-recurrent actions.
2. Of the **£20.0m Executive Team commitment** made to identify robust recurrent savings delivery plans by December 2024, £19.0m of schemes have been identified. Further action is required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings. A **risk is likely** on the **conversion factor** reducing the £12.0m.
3. As part of the **2025/26 Annual Plan deliberations** the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or a decision not taken to hold expenditure levels at the current run rate.
4. **Escalation process** – Performance levels of directorates, for six domains, is scrutinised through the **internal escalation process**. For the domain of Finance, Strategy and Planning, **six directorates have been escalated to Level 3 (no assurance) for four consecutive months or more**. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place.
5. Medical Additional Cover and Premium – Continued use of 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 to support service sustainability.
6. The Health Board **acknowledges the conditions assigned** to the allocation of the **conditionally recurrent** funding received in 2024/25. Initial assessments of the financial challenge for 2025/26 indicates both a significant risk in the delivery of the required recovery trajectory and mitigating a net macro-economic and growth impact following the budget allocation confirmation to ensure this funding can be made recurrent.

Risks and Opportunities Under Review

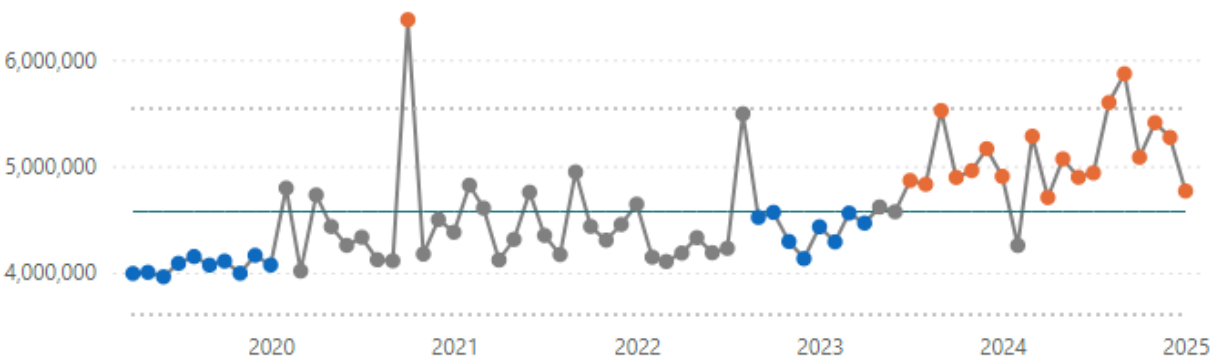
- Utilisation of Referral to Treatment Recovery and 50 Day Cycle resources assumes a significant step up in activity levels during February and March 2025 which could result in a hand back of resource should plans not fully deliver.
- The Health Board is engaged with stakeholders on a potential clinical banding dispute, the outcome of which, if materially different to current assumptions, could lead to a financial deviation for the organisation.
- Pay award funding implications for Medical Intensity payments are being reviewed as part of national dialogue with Welsh Government.

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.

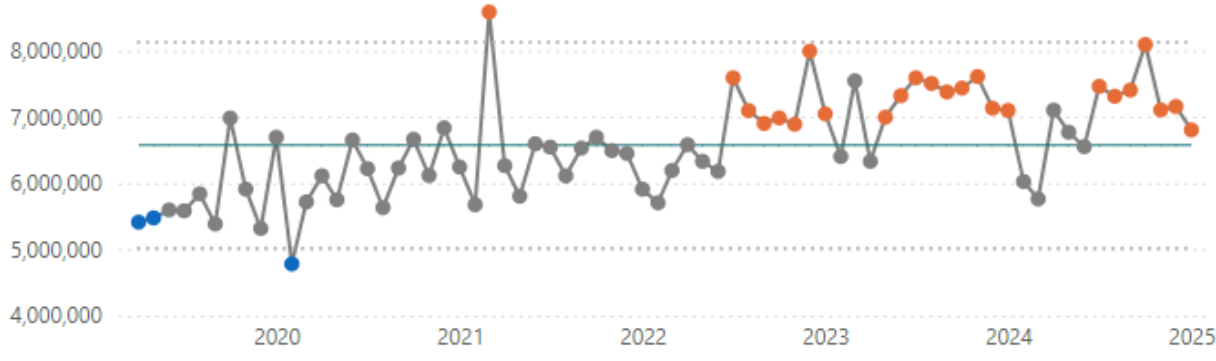


Net reduction of 5 Continuing Healthcare packages within Mental Health & Learning Disabilities.

Primary Care Prescribing Expenditure (£'m)

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

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

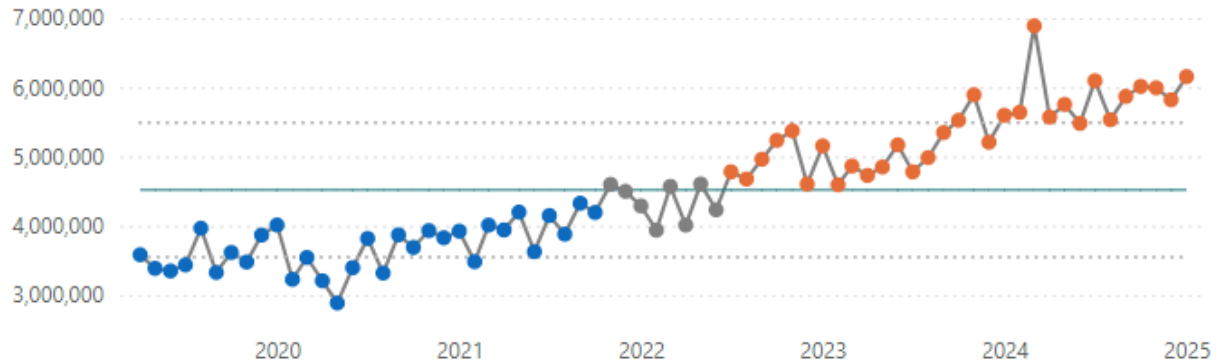


National cost per item of £7.55 in month 10, which is now lower than the annual plan cost per item of £7.56.

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.

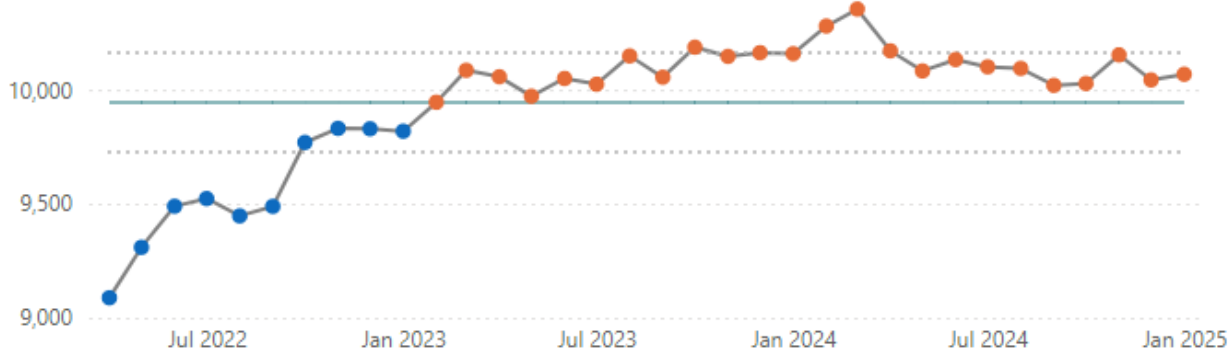


This year has seen an increase in Oncology price per patient alongside pressures within Homecare Drugs in acute sites.

Total Agenda for Change (WTE)

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

Expected performance is between 9,719 and 10,163.

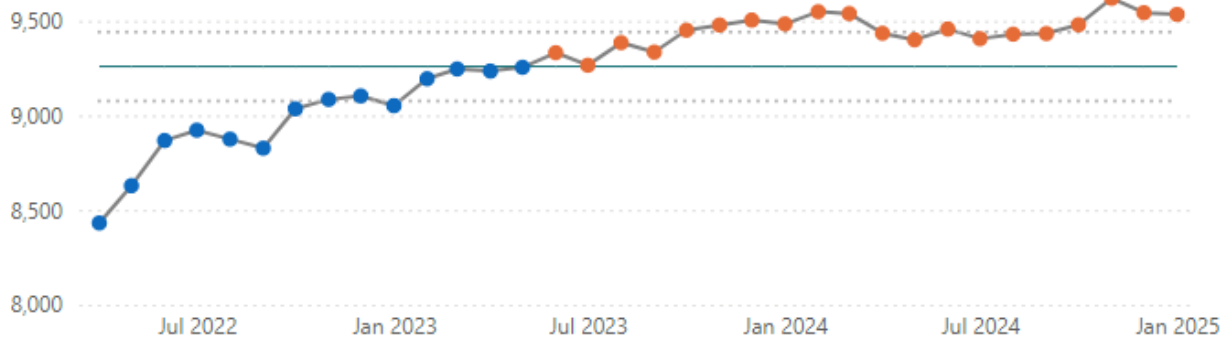


This total WTE is inclusive of Substantive staff, Bank, Overtime & Agency. It excludes Medical resources.

Appendix: Key Analysis (2 of 8)

Substantive (WTE)

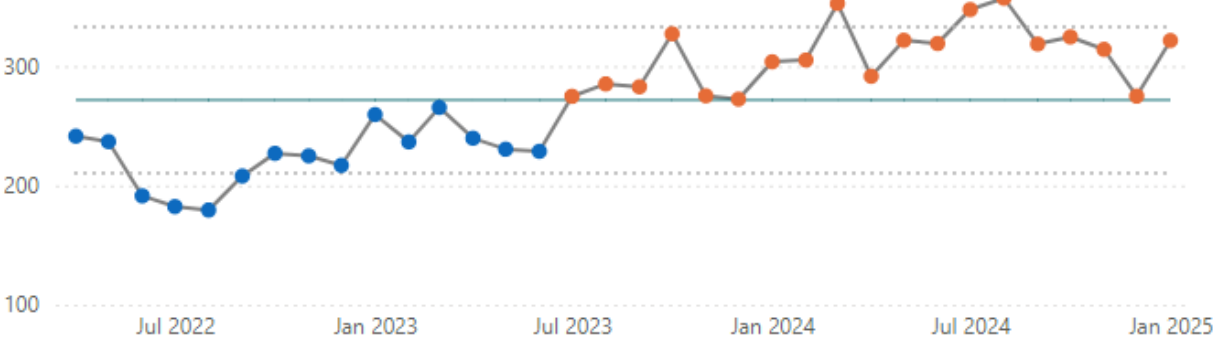
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 9,077 and 9,442



There has been an increase of c.1102 in the number of Substantive WTEs since April 2022.

Bank (WTE)

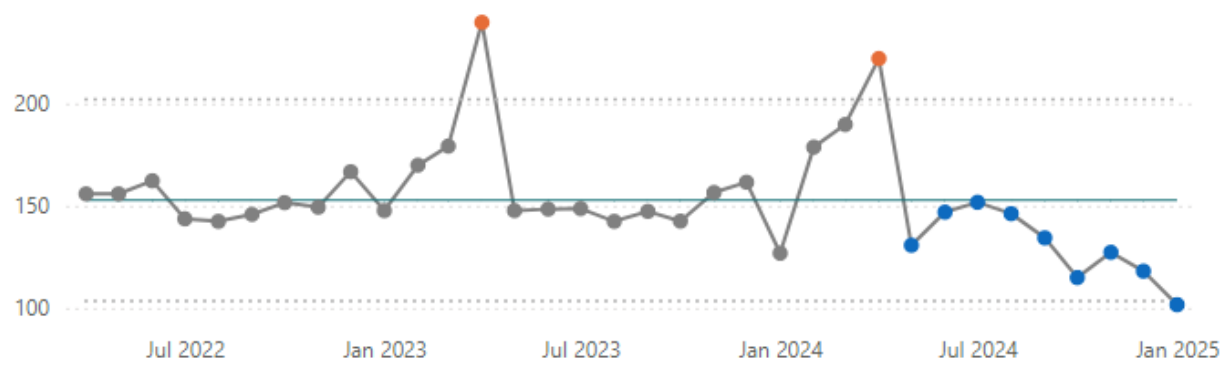
The latest data is showing a concerning trend which needs to be investigated. Expected performance is between 210 and 333.



There has been an increase of c.81 in the number of Bank WTEs since April 2022.

Overtime (WTE)

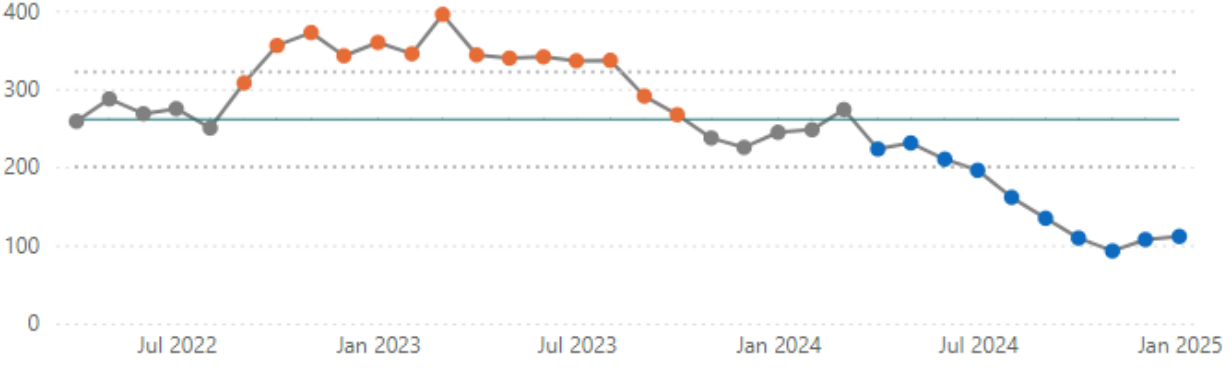
The latest data is showing improvement. Expected performance is between 103 and 202.



The number of overtime WTE has decreased to 102 WTE, which is below the mean of 153 WTE.

Agency (WTE)

The latest data is showing improvement. Expected performance is between 201 and 322.



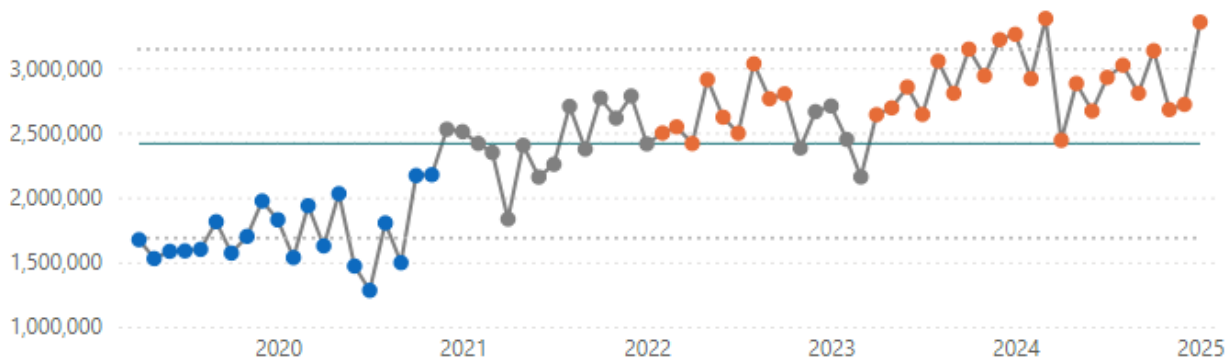
The WTE used in month has seen a marginal increase, but the trend remains at the lowest seen since implementation of Allocate.

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.

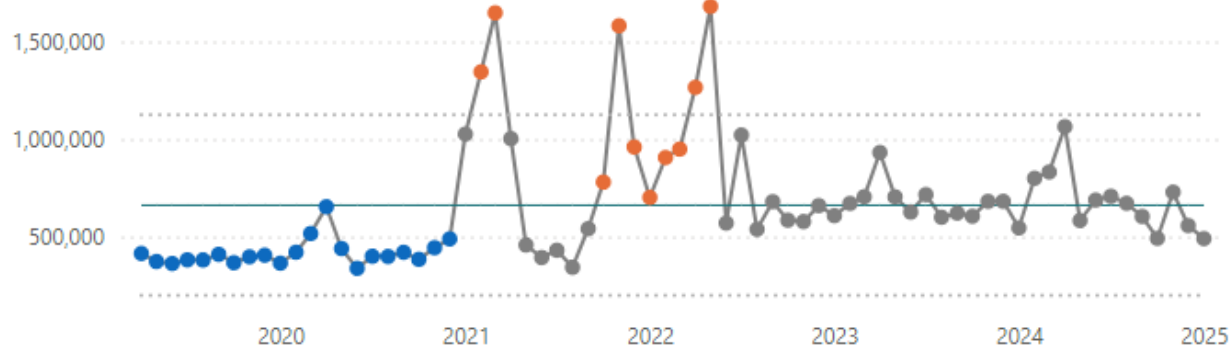


Premium cover YTD increase within Withybus and Bronglais to cover gaps in the roster, and an increase in Paediatrics, Obstetrics and Gynaecology locum usage with additional retrospective shifts.

Overtime Expenditure (£'m)

This indicator is showing expected (common cause) variation.

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

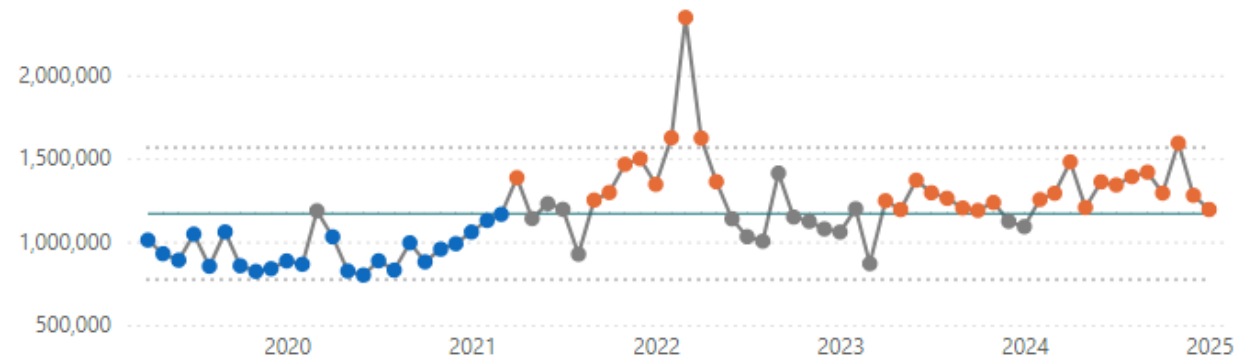


Whilst there was not a concerning statistical trend yet, the recent months have shown a steady decrease in overtime usage.

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.

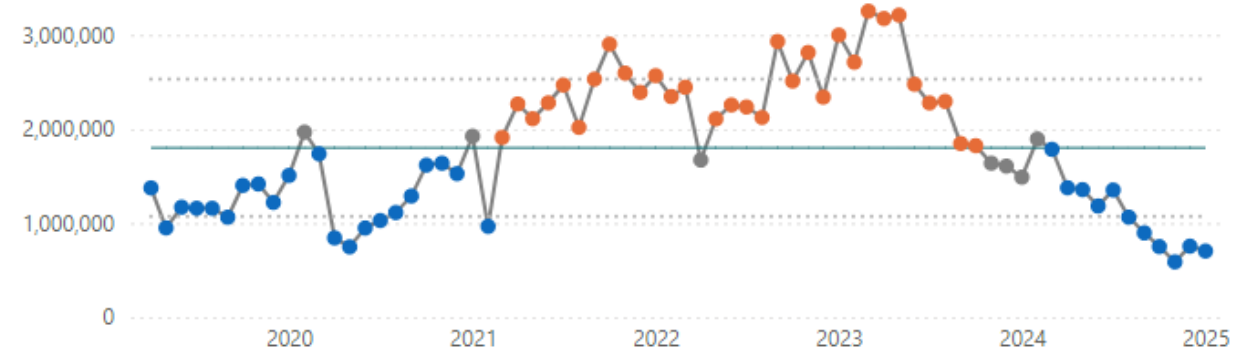


Whilst there is not a concerning statistical trend yet, the most recent months have all shown a steady rise in bank usage.

Nurse Agency Expenditure (£'m)

The latest data is showing improvement.

Expected performance is between £1.1m and £2.5m.



Following the Core Delivery Group's decision to restrict Agency utilisation and terms/rates, no Off-Contract Agency Nursing were utilised over the last seven 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
CHIEF OPERATING OFFICER	105.6%	2,742	2,370	(226)	221	45	106	146
MENTAL HEALTH & LEARNING DISABILITIES	98.0%	266	214	(58)	46	4	2	(6)
PLANNED CARE	103.9%	178	149	(22)	17	2	9	7
UNSCHEDULED CARE BRONGLAIS	115.8%	344	264	(33)	22	7	51	47
UNSCHEDULED CARE GLANGWILI	109.4%	659	574	(28)	58	14	13	56
UNSCHEDULED CARE PRINCE PHILIP	105.2%	441	384	(35)	42	1	14	22
UNSCHEDULED CARE WITHYBUSH	103.3%	551	488	(45)	33	12	18	18
WOMEN & CHILDREN	100.8%	303	296	(5)	3	4	0	3
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	75.4%	76	66	(34)	7	1	2	(25)
CARMARTHENSHIRE COUNTY	97.5%	74	64	(11)	7	1	2	(2)
CEREDIGION COUNTY	8.2%	2	2	(23)	-	-	-	(23)
Grand Total	104.5%	2,817	2,436	(260)	228	45	108	122

Note: There are no wards within Pembrokeshire County due to Sunderland Ward now rescheduled Care Withybush.

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
CHIEF EXECUTIVE	93.9%	89	89	(6)	-	-	-	(6)
CHIEF OPERATING OFFICER	93.4%	4,409	4,282	(437)	72	52	4	(310)
ASST DIR OPS QUALITY & NURSING	66.8%	14	14	(7)	-	-	-	(7)
FACILITIES	95.8%	874	816	(97)	42	17	-	(39)
MENTAL HEALTH & LEARNING DISABILITIES	91.7%	900	889	(92)	9	1	-	(82)
ONCOLOGY & CANCER SERVICES	89.3%	100	97	(15)	2	0	-	(12)
OPERATIONS DIR MANAGEMENT	89.9%	252	249	(31)	3	0	-	(28)
PATHOLOGY	97.7%	236	226	(15)	1	9	-	(5)
PLANNED CARE	92.8%	831	804	(91)	4	19	4	(64)
RADIOLOGY	92.8%	247	244	(22)	2	2	-	(19)
UNSCHEDULED CARE BRONGLAIS	91.5%	97	96	(9)	0	0	-	(9)
UNSCHEDULED CARE GLANGWILI	105.0%	187	180	2	5	2	-	9
UNSCHEDULED CARE PRINCE PHILIP	87.9%	106	106	(15)	-	-	-	(15)
UNSCHEDULED CARE WITHYBUSH	85.0%	115	113	(23)	2	1	-	(20)
WOMEN & CHILDREN	96.0%	452	449	(22)	3	1	-	(19)
DIRECTOR OF FINANCE	94.0%	298	297	(20)	-	1	-	(19)
DIGITAL	94.2%	197	196	(13)	-	1	-	(12)
FINANCE	94.3%	94	94	(6)	-	-	-	(6)
PERFORMANCE	86.3%	7	7	(1)	-	-	-	(1)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	94.6%	196	196	(11)	-	-	-	(11)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	93.3%	1,162	1,141	(105)	19	2	-	(84)
CARMARTHENSHIRE COUNTY	97.2%	278	271	(15)	6	1	-	(8)
CEREDIGION COUNTY	104.3%	179	173	1	6	0	-	7
MEDICINES MANAGEMENT	95.0%	232	232	(12)	-	0	-	(12)
PEMBROKESHIRE COUNTY	88.7%	224	217	(36)	6	1	-	(29)
PRIMARY CARE	79.4%	175	175	(46)	-	-	-	(46)
PRIMARY CARE MANAGEMENT	104.7%	74	72	2	1	-	-	3
DIRECTOR OF PUBLIC HEALTH	79.9%	128	127	(34)	2	-	-	(32)
DIRECTOR OF STRATEGY AND PLANNING	104.5%	34	34	1	-	-	-	1
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	98.8%	612	610	(9)	-	2	-	(7)
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	74.4%	229	229	(79)	-	-	-	(79)
EXECUTIVE MEDICAL DIRECTOR	98.7%	92	92	(1)	-	-	-	(1)
Grand Total	93.0%	7,251	7,097	(701)	93	56	4	(548)

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	(10)					(1)		(22)	(5)	(37)
CHIEF OPERATING OFFICER	(877)	43	(180)	(800)	37	33	349	196	(200)	(1,400)
ASST DIR OPS QUALITY & NURSING	2	(0)		(2)	(1)		(0)	2		(0)
FACILITIES	(417)		0	(1)	4		1	57	17	(339)
MENTAL HEALTH & LEARNING DISABILITIES	(5)	60	34	(387)	(3)	30	(27)	(61)	(3)	(361)
ONCOLOGY & CANCER SERVICES	(8)	(16)	(26)	(16)	12	4	188	2	(61)	79
OPERATIONS DIR MANAGEMENT	(159)	(1)	87	(3)	6	(3)	3	13	(62)	(118)
PATHOLOGY	(5)	4	49	(26)	191	(78)	(87)	(6)	(16)	27
PLANNED CARE	1	(1)	(100)	(10)	(127)	35	34	90	(32)	(110)
RADIOLOGY	(12)	26	(6)	(3)	(62)	(10)	(15)	81	(9)	(11)
UNSCHEDULED CARE BRONGLAIS	(37)	(13)	(185)	82	0	0	(13)	64	1	(100)
UNSCHEDULED CARE GLANGWILI	(63)	(0)	(9)	(198)	(19)	(14)	136	(38)	(2)	(207)
UNSCHEDULED CARE PRINCE PHILIP	(56)	12	(16)	(56)	70	17	69	(13)	(6)	21
UNSCHEDULED CARE WITHTYBUSH	(98)	(19)	(86)	(110)	(10)	12	75	(6)	6	(236)
WOMEN & CHILDREN	(20)	(9)	78	(72)	(25)	40	(15)	11	(32)	(45)
DIRECTOR OF FINANCE	(77)	(0)	2	(0)	0	(29)	0	364	(116)	143
DIGITAL	(22)	(0)	2	(0)	0	(18)		323	48	332
FINANCE	(49)					(11)	0	42	(164)	(182)
PERFORMANCE	(7)			(0)				(1)		(8)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	(15)	1	(1)	(77)	(0)	(0)		(40)	70	(61)
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(106)	(37)	165	(239)	(8)	(772)	(660)	124	(31)	(1,564)
CARMARTHENSHIRE COUNTY	(17)	(10)	30	(92)	37	(35)	(1)	(22)	(72)	(181)
CEREDIGION COUNTY	(4)	(4)	5	(66)	(4)	(57)	(1)	(6)	(13)	(150)
PEMBROKESHIRE COUNTY	(22)	(0)	1	(86)	5	(84)	(2)	84	1	(104)
MEDICINES MANAGEMENT	(5)	(35)		4	(20)	8	(677)	(42)	(37)	(805)
PRIMARY CARE	(58)	13	130	(18)	(2)	(604)	22	59	90	(368)
LONG TERM CARE & CHRONIC CONDITIONS	(1)	(1)		18	(24)	0		51	(0)	44
DIRECTOR OF PUBLIC HEALTH	(46)	13	(18)	(30)	(10)	5	59	91	(13)	52
DIRECTOR OF STRATEGY AND PLANNING	4	22	(4)			(54)	0	12	(2)	(21)
LTA'S WITH OTHER NHS PROVIDERS	2					(54)	0	(0)		(52)
STRATEGIC PLANNING	2	22	(4)			0		12	(2)	31
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	22	10	0	(10)	18	8	(3)	26	(25)	45
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(29)	(14)	(8)	(106)	0	7	(1)	103	(49)	(97)
EXECUTIVE MEDICAL DIRECTOR	9	(8)	43	(2)	(1)		0	(14)	(52)	(25)
HEALTH BOARD WIDE	103				4	(80)	4	411	23	464
CENTRAL CAPITAL					0	21		14	(40)	(4)
CENTRAL CONTRACTING						(15)		(1)		(16)
CENTRAL FINANCING	3				4	10	4	398	(7)	411
CENTRAL INCOME									70	70
CENTRAL RESERVES	100					(96)		0	(0)	4
PLANNED DEFICIT								2,629		2,629
UNIDENTIFIED SAVINGS GAP								(442)		(442)
Grand Total	(1,022)	31		265	41	(883)	(252)	3,438	(399)	(313)

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	(181)				0	(13)		(133)	24	(304)
CHIEF OPERATING OFFICER	(1,124)	(528)	518	(468)	1,831	550	837	1,019	(1,435)	1,201
ASST DIR OPS QUALITY & NURSING	(44)	(7)		0	(59)		(0)	34		(75)
FACILITIES	515	0	0	(18)	29	(12)	5	163	(329)	353
MENTAL HEALTH & LEARNING DISABILITIES	(171)	(206)	661	(1,300)	3	(222)	(285)	(4)	10	(1,514)
ONCOLOGY & CANCER SERVICES	(23)	(149)	(158)	(131)	88	26	347	35	(121)	(85)
OPERATIONS DIR MANAGEMENT	(398)	(93)	233	43	80	(28)	37	5	(195)	(317)
PATHOLOGY	(27)	162	407	57	475	57	(292)	(62)	(96)	681
PLANNED CARE	(195)	161	(566)	(314)	89	187	(42)	411	(335)	(605)
RADIOLOGY	(61)	(18)	(177)	109	45	120	(84)	190	(145)	(21)
UNSCHEDULED CARE BRONGLAIS	(174)	(113)	433	340	50	14	(16)	175	(5)	702
UNSCHEDULED CARE GLANGWILI	(170)	(62)	(90)	391	86	1	680	(76)	(13)	748
UNSCHEDULED CARE PRINCE PHILIP	(184)	(67)	(252)	(153)	732	48	281	(0)	(23)	382
UNSCHEDULED CARE WITHYBUSH	(289)	(75)	(362)	831	13	25	317	113	63	637
WOMEN & CHILDREN	97	(60)	390	(323)	201	333	(111)	36	(246)	317
DIRECTOR OF FINANCE	(335)	2	(6)	(3)	1	(390)	0	1,410	135	812
DIGITAL	13	2	(6)	(2)	1	(279)		1,163	303	1,195
FINANCE	(287)					(112)	0	259	(159)	(300)
PERFORMANCE	(61)			(2)				(11)	(9)	(83)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	15	(34)	2	(218)	9	26		104	276	180
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(369)	(229)	1,318	(1,293)	(167)	(6,899)	907	208	267	(6,257)
CARMARTHENSHIRE COUNTY	(34)	(91)	10	(240)	122	(395)	8	(8)	(132)	(760)
CEREDIGION COUNTY	18	8	(7)	(400)	(30)	14	(22)	(31)	20	(430)
PEMBROKESHIRE COUNTY	(93)	3	11	(708)	44	(327)	7	(47)	44	(1,066)
MEDICINES MANAGEMENT	(31)	(278)		132	(83)	(15)	837	69	(635)	(3)
PRIMARY CARE	(220)	135	1,305	(278)	87	(6,175)	77	133	972	(3,966)
LONG TERM CARE & CHRONIC CONDITIONS	(9)	(6)		201	(307)	0		92	(2)	(32)
DIRECTOR OF PUBLIC HEALTH	(144)	38	(179)	(232)	(79)	53	(77)	147	18	(455)
DIRECTOR OF STRATEGY AND PLANNING	(52)	21	(6)			(47)	0	56	(69)	(97)
LTA'S WITH OTHER NHS PROVIDERS	18					(52)	0	(3)		(36)
STRATEGIC PLANNING	(70)	21	(6)			6		58	(69)	(60)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	107	4	0	(125)	98	56	(22)	238	(222)	134
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(405)	(65)	(47)	(111)	4	(2)	(9)	46	(191)	(781)
EXECUTIVE MEDICAL DIRECTOR	120	175	199	15	(1)		0	(3)	(698)	(194)
HEALTH BOARD WIDE	535			3	28	(128)	283	(211)	(217)	292
CENTRAL CAPITAL						21		22	(105)	(62)
CENTRAL CONTRACTING						119		(7)		113
CENTRAL FINANCING	35				28	44	283	(218)	(303)	(131)
CENTRAL INCOME									193	193
CENTRAL RESERVES	500			3		(313)		(8)	(2)	180
PLANNED DEFICIT			(0)					26,292		26,292
UNIDENTIFIED SAVINGS GAP								180		180
Grand Total	(1,834)	(615)		433	1,723	(6,795)	1,918	29,351	(2,113)	21,003

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	(223)				0	(16)		(6)	(8)	(253)
CHIEF OPERATING OFFICER	(1,659)	(469)	627	(1,292)	2,193	414	1,435	1,255	(1,698)	806
ASST DIR OPS QUALITY & NURSING FACILITIES	(79)	(12)	0	(14)	(60)	(12)	(0)	30		(135)
MENTAL HEALTH & LEARNING DISABILITIES	(219)	(74)	826	(1,740)	4	(446)	(338)	13	22	(1,951)
ONCOLOGY & CANCER SERVICES	(35)	(181)	(189)	(140)	106	31	852	42	(110)	376
OPERATIONS DIR MANAGEMENT	(525)	(131)	327	(13)	144	(34)	43	99	(322)	(411)
PATHOLOGY	(32)	154	575	51	468	16	(348)	(60)	(85)	740
PLANNED CARE	(274)	178	(775)	(342)	182	213	(67)	405	(378)	(857)
RADIOLOGY	(79)	36	(209)	112	35	140	(93)	201	(164)	(22)
UNSCHEDULED CARE BRONGLAIS	(247)	(138)	544	86	50	15	14	184	(4)	503
UNSCHEDULED CARE GLANGWILI	(202)	(67)	(106)	319	87	2	803	(77)	(16)	744
UNSCHEDULED CARE PRINCE PHILIP	(232)	(77)	(287)	(150)	898	58	311	17	(27)	511
UNSCHEDULED CARE WITHYBUSH	(363)	(79)	(456)	951	(3)	38	384	140	82	695
WOMEN & CHILDREN	111	(78)	377	(393)	245	393	(132)	22	(260)	284
DIRECTOR OF FINANCE	(406)	1	(2)	(4)	1	(449)	0	233	182	(444)
DIGITAL	40	1	(2)	(2)	1	(315)		(86)	362	0
FINANCE	(372)					(134)	0	332	(171)	(345)
PERFORMANCE	(75)			(2)				(14)	(9)	(99)
DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE	18	(31)	0	(273)	9	26		123	349	221
DIRECTOR OF PRIMARY CARE, COMMUNITY AND LONG TERM CARE	(492)	(260)	1,544	(1,618)	(147)	(8,369)	693	428	349	(7,872)
CARMARTHENSHIRE COUNTY	(61)	(110)	17	(380)	146	(403)	6	(55)	(136)	(977)
CEREDIGION COUNTY	18	(1)	2	(513)	(40)	(57)	(25)	7	(4)	(611)
PEMBROKESHIRE COUNTY	(127)	3	12	(826)	59	(280)	8	69	42	(1,039)
MEDICINES MANAGEMENT	(40)	(355)		166	(80)	1	622	94	(725)	(316)
PRIMARY CARE	(274)	210	1,512	(303)	130	(7,630)	81	153	1,173	(4,947)
LONG TERM CARE & CHRONIC CONDITIONS	(8)	(7)		238	(363)	0		160	(2)	18
DIRECTOR OF PUBLIC HEALTH	(194)	65	(214)	(317)	(99)	62	101	186	24	(386)
DIRECTOR OF STRATEGY AND PLANNING	(55)	21	(43)			246	0	64	(72)	161
LTA'S WITH OTHER NHS PROVIDERS	23					239	0	(4)		258
STRATEGIC PLANNING	(77)	21	(43)			6		68	(72)	(97)
DIRECTOR OF THERAPIES AND HEALTH SCIENCE	145	34	0	(131)	111	72	(29)	247	(216)	234
DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT	(433)	(91)	(64)	(146)	4	39	(10)	15	(201)	(889)
EXECUTIVE MEDICAL DIRECTOR	142	202	325	12	(2)		0	(70)	(793)	(184)
HEALTH BOARD WIDE	735			3	428	(580)	683	226	(154)	1,341
CENTRAL CAPITAL						21		22	(118)	(75)
CENTRAL CONTRACTING						179		(9)		170
CENTRAL FINANCING	35				28	60	283	(75)	(303)	27
CENTRAL INCOME								268		268
CENTRAL RESERVES	700			3	400	(840)	400	289	(2)	950
PLANNED DEFICIT								31,551		31,551
UNIDENTIFIED SAVINGS GAP								(285)		(285)
Grand Total	(2,422)	(528)		57	2,497	(8,554)	2,873	33,966	(2,238)	24,000



Ein cyf/Our ref: MA/JMHSC/10881/24

NHS Chairs

20 December 2024

Dear colleagues,

Working together to transform services - NHS Wales Planning Framework 2025-2028

As we work together to transform health and care services in Wales, I am delighted to be presenting my first NHS Wales Planning Framework. It is an opportunity for me to set out my high-level ambition for our health and care system that I know you will share.

There has been a period of considerable uncertainty since the onset of the pandemic in 2020 and recovery of health and care services is clearly still not where it needs to be for patients in Wales. I want to see a speeding up of improvements in delivery, drawing on innovative as well as familiar approaches. Quality, safety and the improvement of outcomes must be at the forefront of all the choices and decisions we make in all parts of our NHS.

Delivery and Performance

This Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years. They are in areas which have been consistently raised through the First Minister's conversations and engagement with the public and staff since the summer. They are important to Welsh citizens. The areas of focus are broadly:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

More specifically, the delivery expectations which are required in each of these strategic priority areas are set out in Annex 1.

I want to see a concerted focus on these in your plans in order to make early and sustainable gains for the population of Wales. Delivering these should be at the centre of how you plan resources and capacity in order to see greater pace and purpose. Progress in some of these areas will require you to prioritise partnerships with social care. Delivering on these expectations will help achieve the improvements in performance and outcomes that we would all wish to see in year 1 of your plans (2025-26). I expect to see continual and consistent improvement towards delivery across all the strategic priority areas over the three years.

To support you to deliver against these expectations, we are setting out a number of enabling actions (attached as Annex 2) which we are mandating on the basis of “adopt or justify”. Each has an evidence base to demonstrate improved efficiency and/or outcomes, without driving additional cost. They are the product of work underway through the National Strategic Programmes, the Strategic Clinical Networks and the Value and Sustainability Board. They are already required, but implementation across Wales is inconsistent. We need to see more consistent application and implementation – this is good for patients and good for value and sustainability. Progress against the mandated enabling actions, along with an assessment of the associated productivity, efficiency and/or financial gains must also be reflected in your plans.

Although this Framework is clear about the national priorities that your plans need to most focus on, NHS organisations need of course to commission and/or provide a wide range of services to improve the health of their populations and to meet the strategic objectives of A Healthier Wales, within the resources available to them. I trust that your Boards will keep this balance in mind when making decisions and choices in other areas.

Local health boards are best placed to identify the needs of their local populations, so whilst setting out my expectations for delivery against the 3-year national strategic priorities, Year 1 delivery expectations and enabling actions, I recognise that this means greater flexibility in delivering on other areas.

I look forward to an ongoing dialogue with you on this – your suggestions about how we can identify areas to consider for de-prioritisation would be welcome. In fact, several of the enabling actions relate to activity which *must* be deprioritised and stopped where there is evidence of waste, harm or variation resulting in no (or low) clinical value or effectiveness.

I also want to explore with you how we can streamline the working relationship between the Welsh Government and NHS health boards and organisations, so that we can ensure that our data reporting, accountability and other systems are always proportionate, not over-complicated and reduce duplication. As a tangible example of this in the coming months, I expect that this will be the last year in which our planning framework is published separately and I have set an objective for the Welsh Government to integrate the quality, planning and performance frameworks to streamline our requirements in future.

To begin this process of alignment, this year’s NHS Wales Planning Framework is being issued at the same time as the NHS allocation framework for 2025/26 to ensure absolute clarity about the parameters within which your plans must be developed. Delivering financial improvement and sustainable financial positions, maximising the use of our resources, and increasing our productivity and efficiency, continue to be critical in delivering this agenda.

To support delivery and performance across our NHS, the Ministerial Advisory Group on Performance and Productivity will provide me with its findings and recommendations by the end of March. I will want to work collaboratively with you in responding to those recommendations to ensure that we can reap the benefits of the improvements that we wish to see across the system.

I am keen to ensure all parts of our NHS seek continuously to learn from best practice both from within the NHS in Wales and beyond, proactively working together to identify successful innovation – applying a principle of “adapt, adopt or justify”. This includes rapid progress on digital innovation and transformation, to strengthen the delivery of services.

I also want to understand how organisations are collaborating to create new regional ways of working to deliver quality, access and levels of care that often cannot be delivered by one organisation alone. It is imperative that health boards grasp the opportunities this can bring, in the interests of better patient outcomes and sustainable services.

All organisational planning and delivery must be built upon the domains of improving quality, safety, outcomes and value, supported in turn by robust enabling plans for capital, digital, collaborative working and the NHS workforce.

Workforce and Leadership

I am grateful for the dedication and commitment of our workforce across the NHS in Wales, who are at the heart of the experience and quality of services we deliver for our patients. Investment in building our workforce has increased year on year, and we must continue to focus, in social partnership, on ways to engage and empower our people to deliver safely, effectively and flexibly across the NHS in Wales.

Leading with compassion at all levels across the NHS in Wales will mean we properly listen to, understand, and empathise with our workforce so that we can help to remove the challenges and barriers they are experiencing which are getting in the way of delivering improved services for the people of Wales. Creating a safe and inclusive culture and collaborative leadership across the NHS is key to empowering people to deliver their best. This will value individuals’ contributions and develop more effective teams who are confident to make effective decisions, for example about care, treatment and discharge. Effective leadership - regardless of hierarchy - is also crucial to fostering team, organisational, regional and system-level innovation by seizing opportunities to adapt and improve service delivery.

I expect to hear how organisations are developing their leadership and culture to ensure the safety, health and well-being of their workforce to enable them to deliver, optimise their team effectiveness and improve their services.

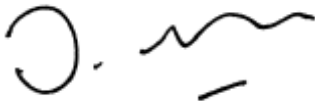
Outcomes that matter to people

In the coming months I intend to continue to talk with the public and the NHS workforce across Wales to hear about the challenges and opportunities across the health and care system. Some of the key issues which we are working on together, such as long waits for treatment, and discharge from hospital are of course already high on the agenda for the public, patients and health and care staff. It is imperative that we are clear about what must be done in the short term and what we need to do in the longer term, to live healthier lives through preventative approaches and avoid the need for hospital care where we can. There

are no simple solutions so I want to explore with the public what reforms and service developments can be set in train to support the NHS to adapt for the future.

We must act to balance better long-term outcomes with addressing the here and now issues that face our communities, our patients, our workforce and our health and social care system. I know that all of your staff working on the front line and delivering care in our communities, day in and day out, are at the heart of everything that needs to be done. With your support I am confident that we can together make the improvements we all want to see.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Annex 2 - 2025/26 Cabinet Secretary's Enabling Actions

Thematic Area	Objective	Enabling Actions
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation	Implementation of the Community Based Falls Response - 6 Goals Programme
		Implementation of the remote clinical assessment services framework - 6 Goals Programme
		Implementation of acute frailty model at the Front Door - 6 Goals Programme
		Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme
		Implement the Optimum Hospital Flow Framework - 6 Goals Programme
		Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.
		All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.
		Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.
		Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.

		<p>On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.</p> <p>Ensure effective utilisation of theatre capacity through:</p> <ul style="list-style-type: none"> - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026. <p>Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on:</p> <ul style="list-style-type: none"> - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2. <p>Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025</p> <p>Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.</p>
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and	<p>Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular</p> <p>Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.</p>

	effective deployment of the workforce.	<p>Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.</p> <p>Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.</p> <p>Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.</p>
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	<p>Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.</p> <p>Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)</p> <p>CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.</p> <p>Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.</p>
Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised,	<p>Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme</p> <p>Ensuring full compliance with straight to test guidance</p> <p>Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes</p>

and focus on improving outcomes	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.
	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26
	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.

2.3

10:10 AM, 30 Mins

2.3 - FINANCIAL PLAN AND STRATEGY

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

- Report *to follow* discussion at Seminar on 20 February 2025

| For assurance

2.4

10:40 AM, 30 Mins

2.4 - VALUE BASED HEALTH CARE

*Leighton Phillips
(Hywel Dda UHB -
Director Research,
Innovation and
Value)*

| For assurance

Attachments

[VBHC Update SRC 25 February 2025.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood, Interim Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield, Head of Value Based Health Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Sustainable Resources Committee (SRC) to provide an update on progress with the implementation of a Value Based Health Care (VBHC) approach as described in the strategy document '*Our Approach to Value Based Health Care 2022-2025*'

SRC is asked to review the progress that has been made, and to take assurance from this report.

Cefndir / Background

The HDdUHB approach to VBHC focuses the development of sustainable healthcare by focusing resources on the outcomes that matter most to our population, primarily through the collection of Patient Reported Outcome Measurements (PROMs).

Through the work of the National Value and Sustainability Board, Welsh Government (WG) has identified the following five national high value, high impact areas for prioritisation:

- Diabetes.
- Bone Health.
- Trauma & Orthopaedic Hips and Knees.
- Trauma & Orthopaedic Shoulders and Elbows.
- Cardiovascular Disease – Heart Failure.

The Value Based Health Care approach to these priority areas provides opportunities to embed higher value approaches at all stages of a pathway:



The work of the WG policy and service specification ‘Promote, prevent and prepare for planned care’, more commonly referred to as the 3Ps, is becoming increasingly relevant in the delivery of higher value interventions.

Much of this work occurs at an earlier stage in the patient pathway, and seeks to improve outcomes, obviate the need for some interventions and use scarce healthcare resources more effectively. These ‘upstream’ objectives are contextualised by the predicted resource demands of an ageing population, who are likely to present with significantly more diseases of ageing and multiple co-morbidities.

Nationally, there is a requirement to share summary PROM data, to enable the comparison and benchmarking of different populations throughout Wales.

In order to achieve this goal a national PROM Standardised Operating Model (PSOM) has been developed and system suppliers were invited to tender for a national framework contract to collect, visualise and share PROM data. Five suppliers were successfully added to the national framework and a group of four Health Boards undertook a local evaluation, resulting in an award to Promptly Health as the new digital PROM solution provider.

Asesiad / Assessment

This section provides a summary of progress against the national priority pathways as well as the work funded by the HDdUHB VBHC Team.

This report also provides a summary of the wider PROM collections and the work of the Rapid Value Programme. Noted within the update are the volumes of PROM responses received, this rich vein of data provides opportunities to understand how patients experience their condition and provides insight into how services actually improve outcomes.

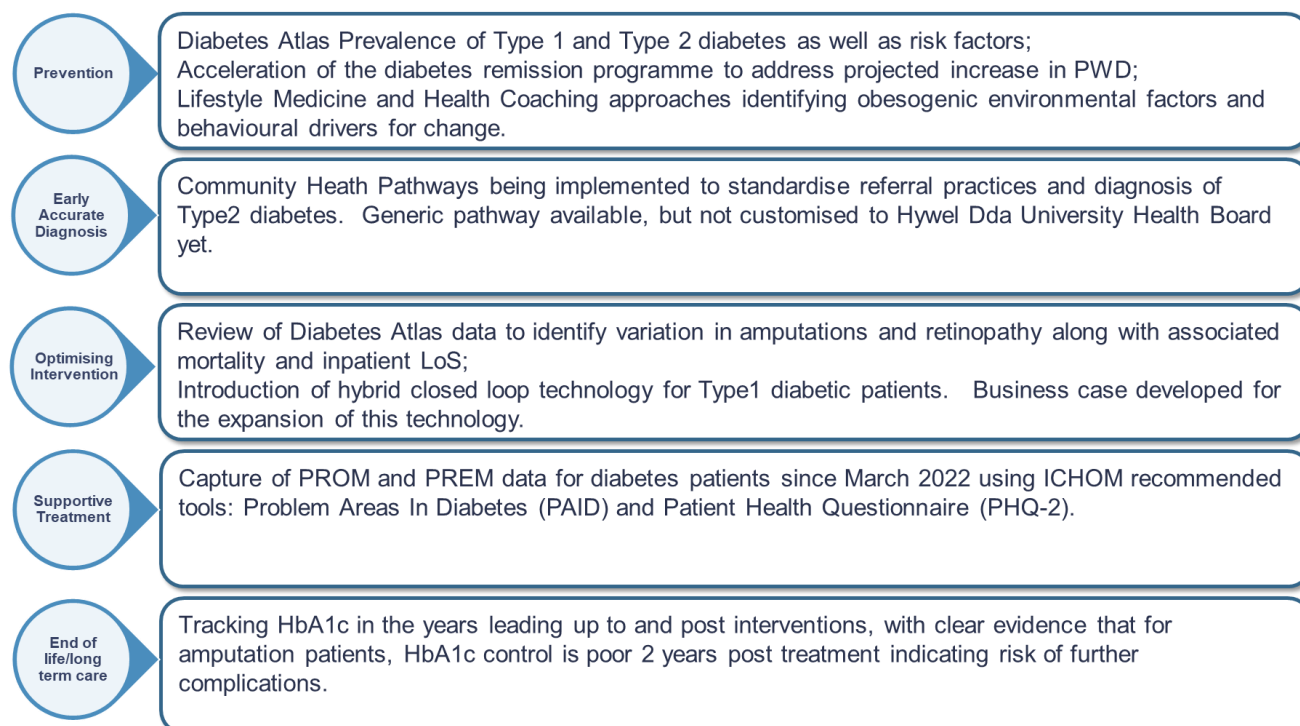
In many cases the PROM data has informed the changes to delivery of services, but there remains significant opportunity to engage in more structured conversations with patients and to use these data more routinely in the planning of service delivery.

National Priority Pathways

The HDdUHB VBHC Team have worked with service teams to consider the interventions and developments at all stages of the patient pathway through the lens of Value.

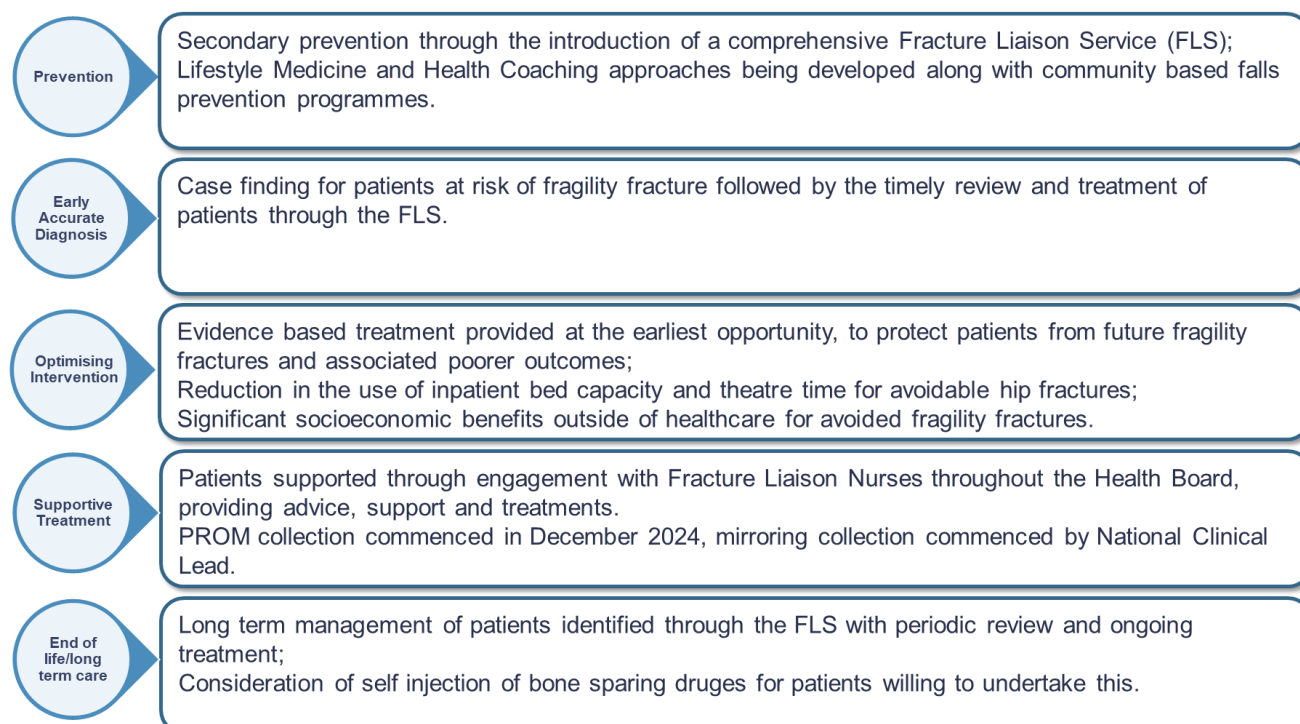
Included below is a summary of the work undertaken to date in each pathway:

Diabetes



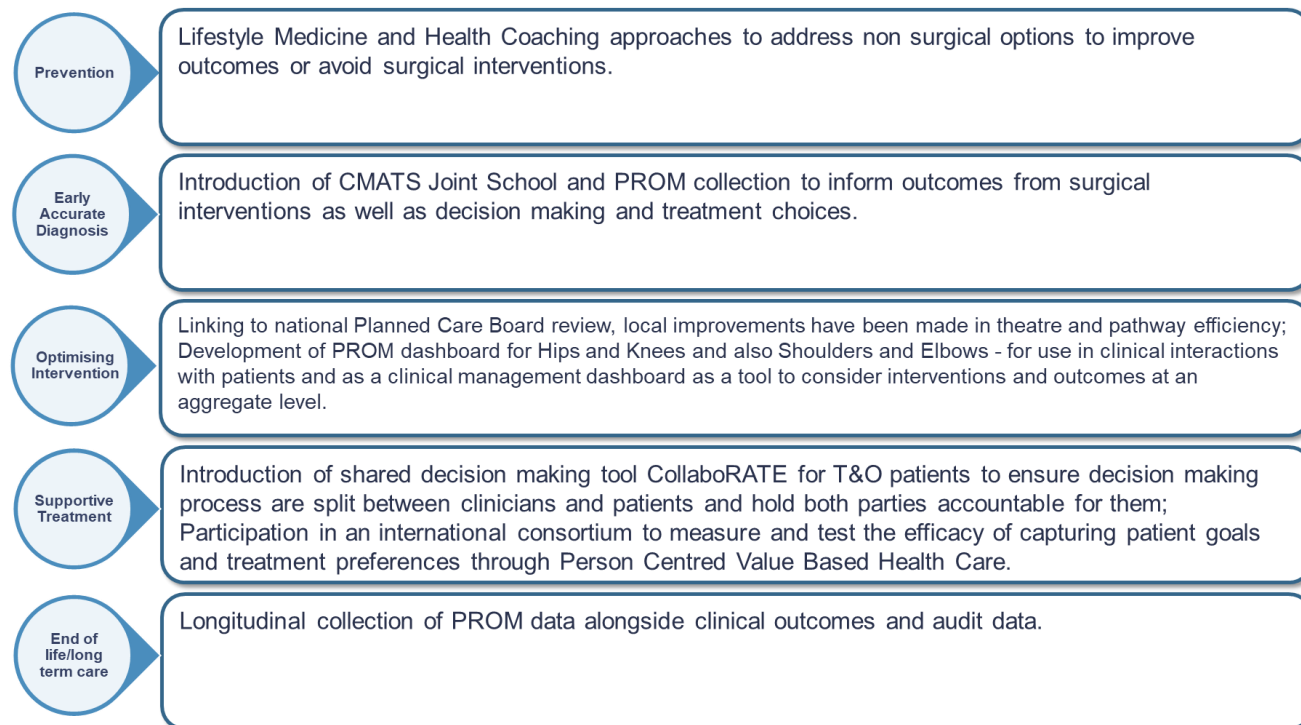
PROM data - 7,105 collections

Bone Health



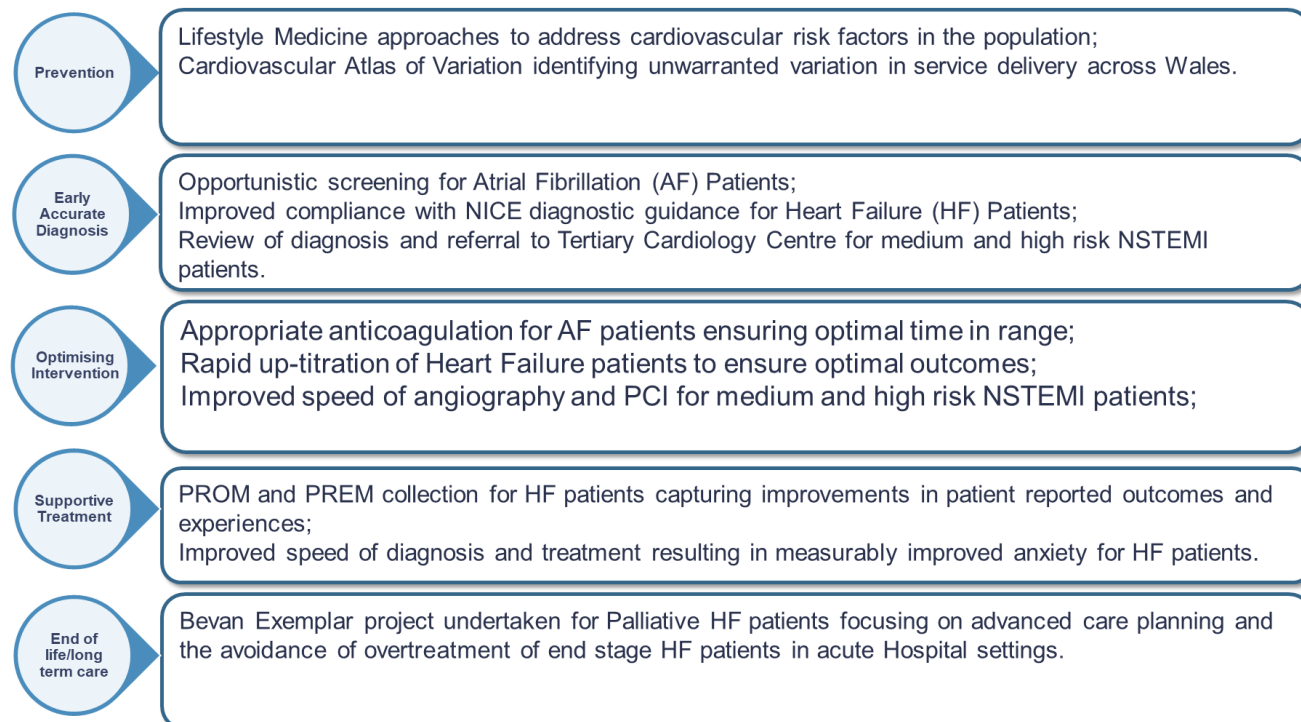
PROM data - 641 collections

Trauma and Orthopaedics



PROM data - 11,504 collections

Cardiovascular Disease



PROM data - 10,975 collections

Value Based Health Care Delivery Fund

Through WG funding, the HDdUHB VBHC Team have provided resources to support the following projects:

- Atrial Fibrillation (AF) – opportunistic AF screening in Podiatry Clinics
- Lymphoedema – ongoing support for national team and avoidance of disease progression
- Heart Failure – one stop diagnostic clinics and improved compliance with National Institute of Clinical Excellence (NICE) guidelines
- Fracture Liaison Service (FLS) – funding to implement FLS across the Health Board
- Acute Kidney Injury (AKI) – introduction of novel AKI nurse role to better manage AKI
- Vascular podiatry – novel service approach to treat patients within HB using better staff mix
- Virtual Reality (VR) – use of VR headsets to manage palliative care patients
- Diabetes remission Service – improved access to diabetes remission service
- Community Falls prevention service – avoiding falls for high-risk patients in the community
- Lifestyle Medicine support and evaluation – Demonstrating the impact of prevention

Additional Pathways

In addition to the national priority areas and projects that are supported through the VBHC Delivery Fund, the HDdUHB VBHC are also working and collecting PROM data in a number of service areas.

Digital PROM Solution

Following a procurement off the national framework, HDdUHB were the first Health Board to implement the Promptly Health and undertook an ambitious implementation plan that transitioned all of the existing PROM collections across.

As part of this, over 200 staff were trained on the new platform. PROM data is being provided to the National Data Resource and patient level visualisation of PROM data is now available within the Promptly platform for all service areas that collect PROMs.

Further work is required by Digital Health and Care Wales (DHCW) to ensure that national systems are fully integrated, enabling PROM collections to be triggered at all points in the pathway and patient level visualisations to be available in Welsh Clinical Portal alongside pathology results, radiology investigations and clinic letters.

Rapid Value Programme

Alongside the core VBHC Programme, HDdUHB has initiated a Rapid Value Programme. This work is founded on the principles of Lean and focuses on the identification and elimination of waste in pathways where it does not add to the achievement of better outcomes for patients.

The Rapid Value Programme works in 90-day sprint cycles with approximately 10 projects per sprint. The current work programme for the Rapid Value Programme includes the following:

- Biosimilar switch
- Nitrous oxide usage
- Palliative Care review
- Pathology Faecal Immunochemical Test (FIT) and d-dimer testing
- Maternity services review
- Women and Childrens Health neurodevelopment review
- Women and Childrens Health psychology and intervention
- Withybush Hospital (WGH) Medical Day Unit review
- Children's continence service
- Stroke Early Supported Discharge (ESD) service review
- Mental Health service review
- Electronic Prescribing and Medicines Administration (EPMA) evaluation
- Porth Preseli implementation and evaluation

Plans

Looking ahead, the VBHC Team will now work to update and refocus the strategy document 'Our Approach to Value Based Health Care 2022-2025' with a revised vision that will be based upon the routine use of PROM data at the patient, cohort and population level and the changes that this enables. Additionally, the strategy and goals will reflect the national objectives of evidencing the impact of preventative approaches through the use of health coaching and lifestyle medicine approaches.

The HDdUHB VBHC Programme was presented to the national Value Finance Leadership Group and was warmly received. In addition, In addition to congratulating the organisation on the progress that has been made, the Director of Finance Health and Social Services Group (HSSG) of WG have asked what work could be shared, or accelerated within HDdUHB or across the region. In reflection, opportunities exist in the preventative, interventional and flow domains

Preventative

- Lifestyle Medicine/Health Coaching
- Development of a wellness app
- Community based health check and screening
- Community based falls prevention programmes

Interventional

- Acceleration of diabetes remission programmes
- Improved access to closed loop glucose monitoring for eligible patients
- Remote monitoring of obstructive sleep apnoea
- Perioperative review of surgical patients
- Use of VR technologies in palliative care, Intensive Care Unit (ICU) and Older Adult Mental Health settings
- Improved access to Arts in Health
- Acceleration of Women's Health Psychology

Flow

- Wider rollout of Same Day Emergency Care (SDEC)/Same Day Urgent Care (SDUC) models
- Extension of weekend working in Cardigan Integrated Care Centre (CICC) Minor Injuries Unit (MIU)

- Care, Assessment and Treatment of Children at Home (CATCH) Team
- Hospital at Home
- Alternative approaches to Medically Fit for Discharge patients

In order to support some of these approaches, it is also suggested that a collaborative arrangement with Swansea University VBHC Academy could enable more nuanced approaches to the development of Value driven business cases, enable regional value-based procurement to be undertaken and to provide small digestible educational offerings on key aspects of Value.

We are also cognisant of the challenges we face in integrating systems locally and nationally and placing the data seamlessly into the hands of clinicians and service managers alike.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **TAKE ASSURANCE** from this report on the work of the Value Based Health Care Programme and that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium-term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	6 Clinical services plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Report of the Chief Medical Officer 2018/19 <i>'Our approach to Value Based Health Care'</i>
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	VBHC Management Group National Value in Health Community of Practice

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A VBHC Business Case has been submitted and approved by the Sustainable Resources Committee to support the implementation of a comprehensive VBHC Programme. In addition to this Business Case, project plans are being constructed for individual services and pathway areas. These plans culminate in a Service Review process that considers the resources consumed in delivering services against the outcomes achieved by patients. The insights and proposed changes may impact all elements of a service both in pay and non-pay and are built upon the principles of Prudent Healthcare.
Ansawdd / Gofal Claf: Quality / Patient Care:	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	Individual teams and resources are considered as a part of the VBHC review of services, but recommendations are owned by service areas.

Risg: Risk:	VBHC Programme risk assessment has been completed, however individual project areas are subject to their own project structures with risk assessment being an integral component.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.

2.5

11:10 AM, 5 Mins

2.5 - BALANCE SHEET REPORT

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

| For assurance

Attachments

[Balance Sheet Analysis SRC 25 February 2025.pdf](#)

[Appendix 1 Statement of Financial Position as of 31 December 2024.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Balance Sheet Analysis as of 31 December 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Senior Finance Business Partner (Accounting and Statutory Reporting)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of the report is to outline the Health Board's Balance Sheet position as at the end of Quarter 3 2024/25 (M9), to provide an explanation for any key movements and to provide assurance to the Committee that robust, routine and effective monitoring is in place.

The report also outlines the monthly scrutiny of the Balance Sheet and any further developments.

Cefndir / Background

The Health Board's Financial Accounts team, on behalf of the Director of Finance, and as part of a monthly review process and sign off, will ensure scrutiny and completeness of the Health Board's Balance Sheet.

Asesiad / Assessment

Quarter 3 2024-25 Balance Sheet Review

The Month 9 Balance Sheet, with explanation of key variances, is shown at **Appendix 1**.

The movement of £19m from the opening position can be summarised as follows:

	2024-25 Opening balance £m	31 Dec 2024 £m	Movement £m
Non-Current assets			
Fixed Assets	381	371	-10
Other non- current assets	56	58	2
	437	429	-8
Current Assets			
Inventories	12	12	0
Trade and other Receivables	76	76	0
Cash	2	4	2
Total Assets	527	521	-6
Liabilities			
Trade and other Payables	-188	-148	40
Provisions	-80	-95	-15
Total Liabilities	-268	-243	25
Net Assets less Liabilities	259	278	19
Financed by:			
General Fund	194	210	16
Revaluation Reserve	65	68	3
Total Funding	259	278	19

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **NOTE** the Balance Sheet as at the end of Quarter 3 2024/25

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2	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
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:		Risk 1843: Current Risk Score = 20.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)		Not Applicable
Galluogwyr Ansawdd: Enablers of Quality:		Not Applicable

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 2 Financial recovery and route map 6 Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	The Health Board has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against the Health Board's financial plan will affect its reputation with Welsh Government, Audit Wales and with external stakeholders
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

APPENDIX 1: Statement of Financial Position as of 31 December 2024

	Opening Balance 1 April 2024	Closing Balance 31 December 2024	Movement
	£'000	£'000	£'000
Non-Current Assets			
Property, plant and equipment (PP&E)	378,696	369,215	(9,481)
Intangible assets	2,422	1,871	(551)
Trade and other receivables	54,664	56,755	2,091
Other financial assets	974	974	-
Non-Current Assets sub total	436,756	428,815	(7,941)
Current Assets			
Inventories	11,616	12,017	401
Trade and other receivables	76,429	75,717	(712)
Cash and cash equivalents	2,141	4,301	2,160
Other financial assets	147	147	0
TOTAL CURRENT ASSETS	90,333	92,182	1,849
TOTAL ASSETS	527,089	520,997	(6,092)
Current Liabilities	(180,188)	(145,422)	34,766*
Provisions	(27,370)	(42,064)	(14,694)^
NET CURRENT ASSETS / (LIABILITIES)	(117,225)	(95,304)	21,921

There has been a decrease in the total for Non-Current Assets of £8m since the end of 2023/24. Fixed assets (PP&E) have decreased by £9.5m - this is the net of any indexation increase and depreciation as at the end of Quarter 3.

There has been an increase in the total amount of Current Assets of £1.8m since the end of 2023/24, of which a decrease of £0.7m relates to Trade and other receivables. Cash and cash equivalents accounted for £2.1m of the overall increase in Total Current Assets.

*There has been a net decrease in Total Liabilities (excluding Provisions) of £40.3m since the end of 2023/24. This decrease relates to Trade and Other Payables – further details are provided below**

Non-Current Liabilities			
Trade and other Payables	(7,798)	(2,252)	5,546*
Provisions	(53,014)	(53,038)	(24)^
TOTAL ASSETS EMPLOYED	258,719	278,221	19,502
FINANCED BY:			
Taxpayers' Equity			
General Fund	194,091	210,015	15,924
Revaluation Reserve	64,628	68,206	3,578
TOTAL TAXPAYERS' EQUITY	258,719	278,221	19,502

^Total provisions have increased by £14.7m since the end of 2023/24. The movement was mainly due to an increase in the provision for clinical negligence cases from the end of 2023/24. This is due to a increase in the provision across multiple cases.

**Additional information in respect of the decrease in Trade and Other Payables:

The main movements in Trade and Other payables are as follows :

Trade Payables (£29.2m) decrease	(£9.0m) Timing of year end reversals (£9.6m) Timing of Month 9 primary care contractor payments (£3.7m) Timing of invoices processed through Accounts Payable (£3.3m) Timing of CHC invoices
Non-NHS accruals (£9.0m) decrease	£8.3m Prescribing £4.6m Facilities £4.2m Pharmacy (£6.7m) CHC (£6.1m) Core Processing (£2.8m) Capital Accruals (£2.0m) Nurse Agency Payables (£4.6m) General accruals

2.6

11:15 AM, 20 Mins

2.6 - DEEP DIVE: PEMBROKESHIRE INTEGRATED SYSTEM

*Andrew Carruthers
(Hywel Dda UHB -
Chief Operating
Officer)*

| For assurance

Attachments

[SRC Presentation Pembs system final .pdf](#)



Sustainable Resources Committee

Deep Dive: Pembrokeshire Integrated System



- 2024/25 Outturn
 - What's gone well
 - Finance
 - Developments
 - Quality and Governance
 - Performance gains
 - What have been the challenges
- The Pembrokeshire Way
 - Outline of the Vanguard Work
 - Development of a new culture/ way of working
- 2025/26 Forward Look

2024/25 Outturn Forecast – What Has Gone Well



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Pembrokeshire County				
Type	Budget	Forecast	Variance	Vacancies
Income	- 544	- 502	42	
Pay	11,710	10,772	- 938	- 31.60
Non-Pay	13,716	13,572	- 144	
Grand Total	24,882	23,843	- 1,039	

Withybush Hospital				
Type	Budget	Forecast	Variance	
Income	- 918	- 835	82	
Pay	43,435	43,488	53	- 33.79
Non-Pay	6,171	6,730	559	
Grand Total	48,688	49,383	694	

Pembrokeshire System				
Type	Budget	Forecast	Variance	
Income	- 1,462	- 1,337	125	
Pay	55,145	54,260	- 885	- 65.39
Non-Pay	19,887	20,302	415	
Grand Total	73,570	73,226	- 345	

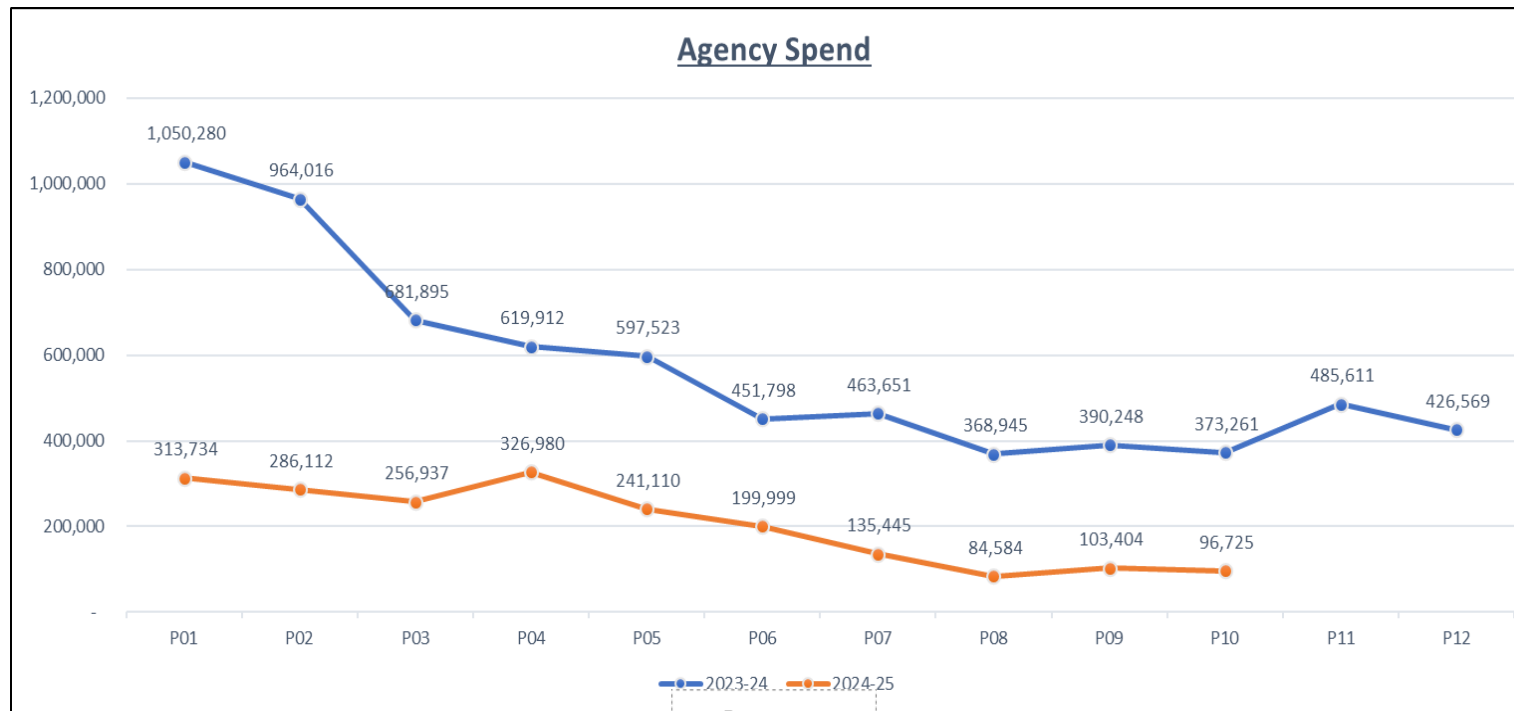
M10 Financial Position

- Pembrokeshire County is currently holding 31.6 WTE vacancies with very little use of variable pay therefore it is estimated to underspend by £1.039m.
- Withybush Hospital is currently holding 33.79 WTE vacancies but is using variable pay (nurse agency and NHS locums) to backfill some vacancies and fund surge in A&E and the wards.
- Withybush Hospital non-pay is mainly driven by drugs which accounts for the £384k of the overspend.
- The combined system is forecasted to underspend by £345k.

2024/25 Outturn – What Has Gone Well



- Nurse Agency Spend** - Due to recruitment of Internationally-Educated Nurses (IENs) and newly-qualified nurses, coinciding with bed reduction (closure of Ward 9 and Puffin Ward) demand and usage of nurse agency has decreased. In 2023-24 expenditure was £6.4m, the forecast for 2024-25 is £2.1m of which £2.045m has been incurred up to the end of January. At the same point last year, the spend was £5.96m. A&E continues as the main user of agency spend, recruitment into Registered Nurses (RNs) and Healthcare Support Workers (HCSW) vacant posts is ongoing with expectation that most staff would have onboarded or be within workforce numbers by end February 2025. Additional RNs and HCSW's are still required when A&E acuity or patients awaiting inpatient beds reach certain levels.



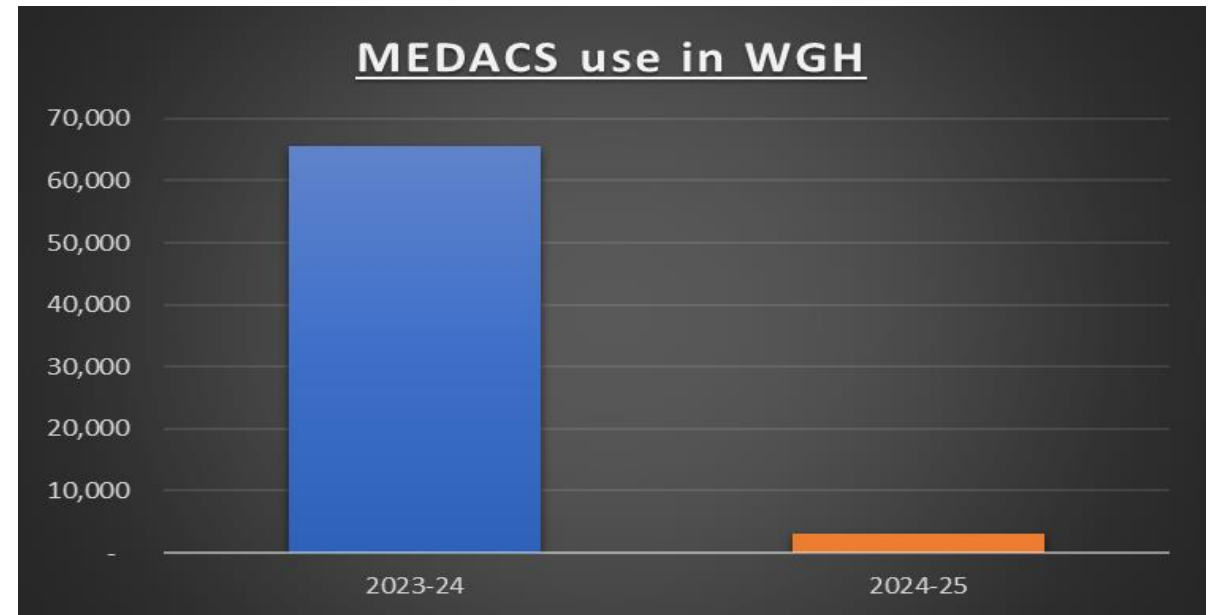
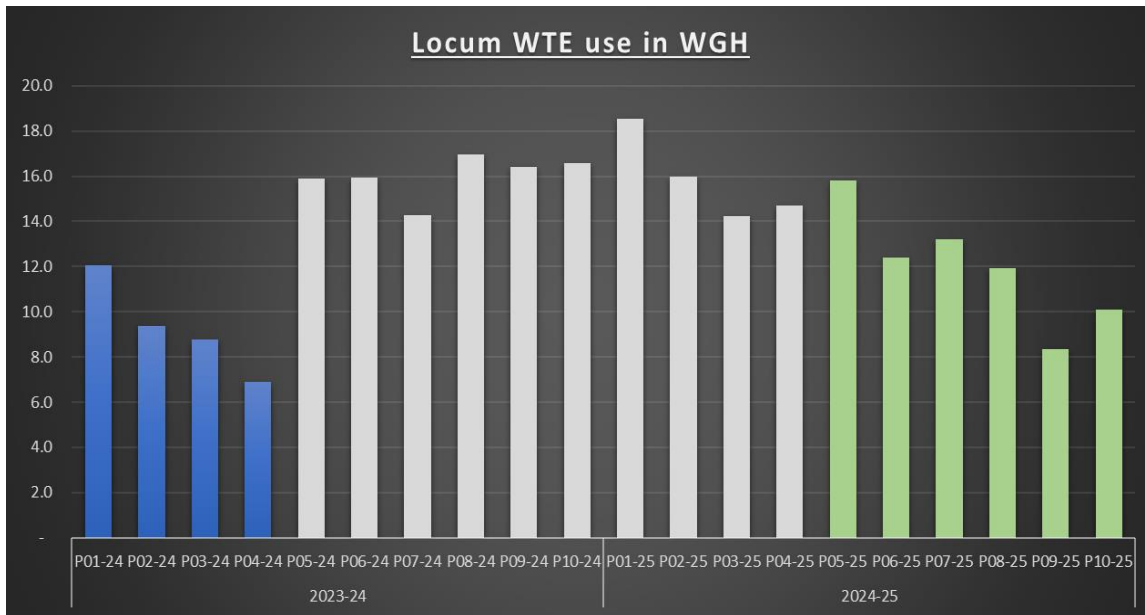
2024/25 Outturn – What Has Gone Well



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- **Medical** - There has been a substantial reduction in medical agency staff used at Withybush Hospital





- **Reduction in In-patient Beds** - The Pembrokeshire System has sustained a reduction of inpatient beds. This has been influenced in part by the ongoing Fire work / RAAC and planned enhancement of Paediatric services in Pembrokeshire. This has enabled the ward models to be revisited to support more effective/efficient nursing/ medical models.
- **RAAC**- The Pembrokeshire System has effectively managed the additional demand that the RAAC issues have placed within the services and worked collaboratively with all services to find solutions for the challenges that were presented, to ensure that services continued to be delivered as safely, effectively and efficiently as possible. RAAC will continue to present challenges in the 2025/2026 year as the re-survey work continues.
- **Frailty Pathway**
- **SDEC Model** - Both units have continued through the year to grow from strength to strength. SDEC now pulling more patients form ED.
- **Porth Preseli** – comprehensive service for adults who require support in the community through the provision of a single point of communication, coordination, and triage for all routine, intermediate, urgent and crisis referrals/requests.
- **CATCH** - multi-agency outreach team providing a Hospital@Home focused approach to rural health care by integrating crisis response teams.
- **Pathway of Care Delays and Trusted Assessor** - focus on increasing Trusted Assessor capacity with Local Authorities to reduce Assessment delays.



- **C.diff** – Improving picture which has been sustained from challenging months in May and June 2024.
- **Microbiologist and Antibiotic Pharmacist** undertake weekly rounds to review and discuss with clinicians, introduction microfibre and more consistent usage of Diffx after challenges with adherence, healthcare associated infections (HCAI) assurance discussions monthly to discuss all incidences of infections, epidemiologist support during meetings, IP&D teaching with junior doctors and nurses, jabs to tabs promotion and environmental meetings.
- **Continence Products** – sustained reduction in continence products in Sunderland Ward supported by additional education and ensuring appropriate assessments and resources available. Looking to continue this work across the Directorate. Nominated for award.
- **Community Trial Without Catheter (TWOC) Triage Nurse Post and Community TWOC Clinics** - Resulted in a reduction in waiting times from 120 days to 17 days , reduced spend on catheter consumables, increased Urology capacity for nurse-led histology or multi-disciplinary team (MDT) clinics for prostate and bladder cancer patients and reduced waiting times to see Urology Consultants in prostate and bladder cancer MDT clinics.

2024/25 Outturn – What Has Gone Well



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Improvement in Quality and Governance – Withybush Hospital

April 2024

Domain	Apr-24	May-24
Quality	3	3
Governance	3	3

December

	Escalation status	Reasons for escalation (where applicable)
Quality	2	Escalation % assurance is 40% (see Our Safety dashboard for further details) Incidents: number of incidents open >120 days = 153 (improvement) Complaints management: Longest open complaint awaiting comment from service is 229 days
Governance	1	

Improvement in Quality (County)

Escalation Level	Baseline and current position			
	Item	Baseline April 2024	Current position December 2024	Improvement?
2	Closure of incidents open over 120 days	536	258	↓ 278
2	Focus on reducing open pressure damage incidents	427	217	↓ 210
2	Total incidents open	750	384	↓ 366

Incidents open over 120 days



Performance Gains

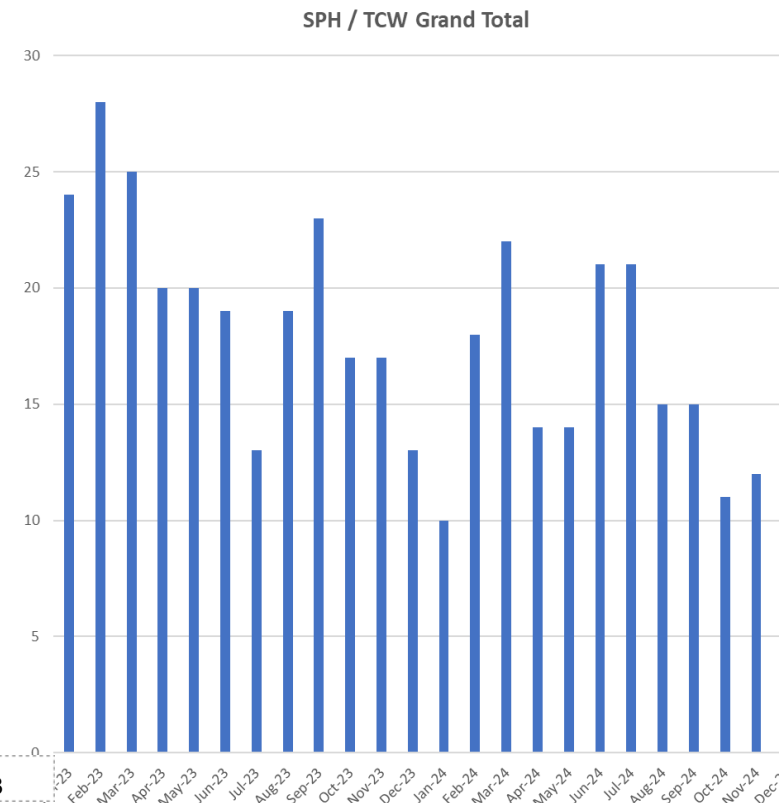
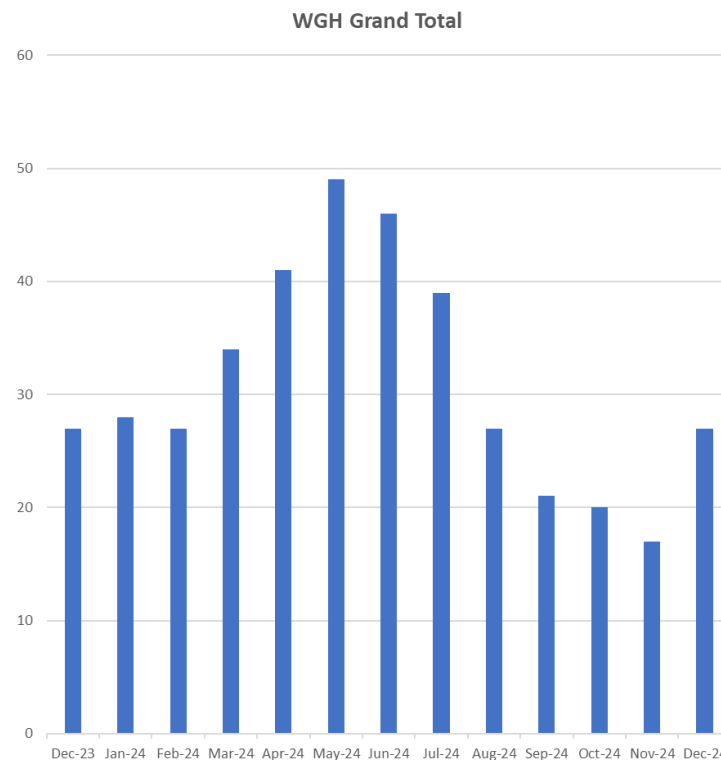


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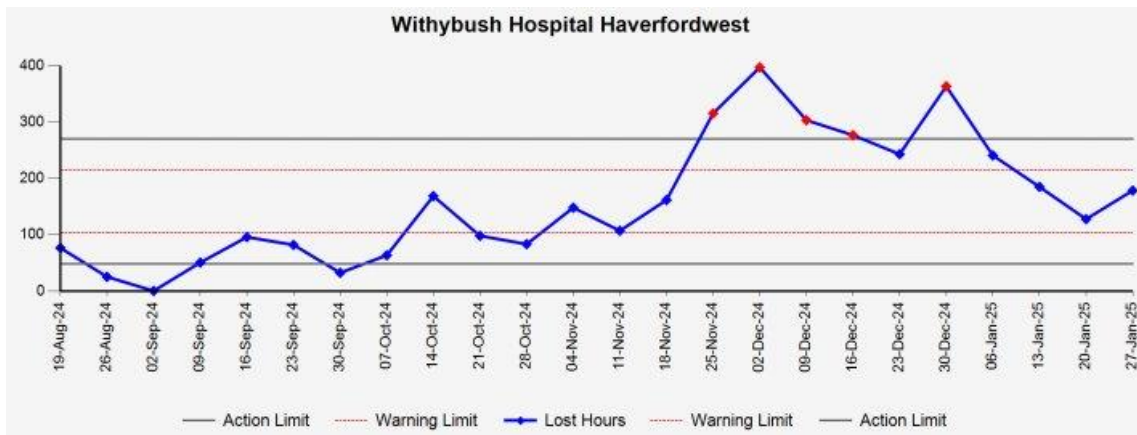
Pathways of Care Delays

Measure	Baseline April 2024	Current Dec 2024	CAC Target Nov 2024	WG requirement
Total Delays	63	61	50	To reduce Pathways of Care Delays (total patient delays) by 15% by the end of November 2024 and then maintain to March 2025
Assessment Delays	41	40	35	To reduce the number of patients who experience a Pathway of Care delay (POCD) due to an assessment reason code by 20% by end of Dec 2024 and then maintain to March 2025
Bed days	2161	2280	1674	To reduce total days delayed (the number of days delayed in hospital due to POCD) by 20% by end of Dec 2024 and then maintain to March 2025





>12-hour performance – weekly (Mon-Sun) number of patients in A&E/MIU



Withybusch Hospital (WGH) had seen improvements in the 1 and 4 hr handover targets. During the winter pressure we have not been able to consistently sustain the improvement.

The Emergency Department (ED) attendance numbers has not altered greatly. However, the acuity of the patients coming via ambulance and walk ins has increased. At times there has also been a spike in ambulance conveyance that has been difficult to predict. There has been an increase of the acuity of the walk in patients presenting at ED, which have superseded the clinical needs of the patients being conveyed via ambulance.

The ED has been at surge for many weeks, this has added pressure within the department to see and treat patients in a timely manner. ED remains holding over 20+ patients daily waiting for in-patient beds.

2024/25 Outturn

What Have Been The Challenges



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- **Challenges**

- County Patient Flow – Significant impact felt within the Emergency Department on Performance, Quality and Patient Experience
- Risk to Rotas
- Getting It Right First Time (GIRFT) Report



- Bringing the system together
- Acute and community alignment
- The development of 'The Pembrokeshire Way' and what that means
- Training and adoption of Vanguard principles to create a new way of working, challenging the norms, and empowering change
- Clinical Leadership – true empowerment of clinicians to make the changes need for patients and staff
- Developed strong relationships with the Local Authority and partners as an integrated part of delivery



- Next Steps

- To build on the strengths developed
- Maintain the current bed model at Withybush Hospital
- ED Review – we need to deep dive the capacity and demand for ED. Working with the 6 Goals Programme and GIRFT Action Plan.
- To enhance and improve on the frailty pathway
- A review of community capacity – Tenby PHC
- Growth – 7 day working of Porth Preseli/SDEC
- Ongoing delivery of proactive and preventative schemes – Keeping Well Events, Improved health education and promotion through Community Clinics, Lifestyle Health and Wellbeing Programme



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



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2.7

11:35 AM, 5 Mins

2.7 - CORPORATE RISK REPORT

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

| For assurance

Attachments

[SRC Corporate Risk Report - Feb 2025 FINAL clean.pdf](#)

[Appendix 2 - Corporate Risk Register Feb 2025 FINAL.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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**

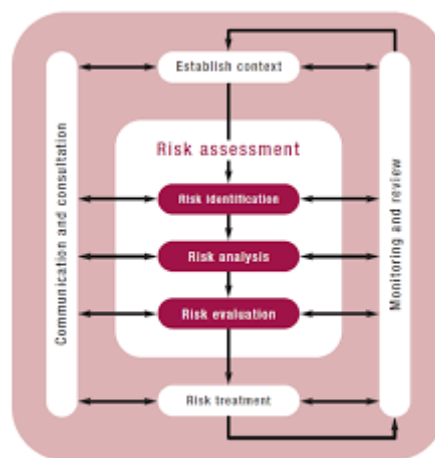
Sefyllfa / Situation

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 or lack of action.
- 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).

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the six domains of targeted intervention as outlined by Welsh Government (WG) to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025. With the disestablishment of SRC from 31 March 2025, and the establishment of a Digital, Data and Innovation Committee, a Finance and Performance Committee and Strategy and Planning Committee, risks as included within this report will be re-aligned to the new Committees, as appropriate.

There are two 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	
New risks	0	
De-escalated/Closed	0	
Increase in risk score ↑	0	
No change in risk score →	1	See Note 1
Reduction in risk score ↓	1	See Note 2

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
1352 - Risk of business disruption and delays in patient care due to a cyber attack	27/01/22	Director of Finance	4x4=16 (Reviewed 27/01/25)	<i>Details of this risk provided to SRC In-Committee.</i>	4x3=12

Note 2 - Risks that have decreased in score since the previous report

Since the previous meeting, the following risk score has decreased:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score	Current risk score	Rationale	Target Risk Score
1843 - Risk that the cash consequen	01/04/24	Director of Finance	5x5=25	4x5=20 (Reviewed 29/01/25)	The annual plan for 2024/25 is now aligned to the restated target	3x4=12

<p>ces of the Health Board deficit cannot be covered due to significant deficit position</p>					<p>control total of £31.5m.</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 out-turn was 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. The Health Board has submitted a strategic cash request and awaits a response from Welsh Government.</p> <p>The latest assessment of the financial deficit is that the Health Board has a trajectory to achieve its re-stated annual plan deficit of £31.5m.</p>	
--	--	--	--	--	--	--

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:

- **NOTE** the re-alignment of risks currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025;
- **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; and
- 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)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

- 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

	<p>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 & 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>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

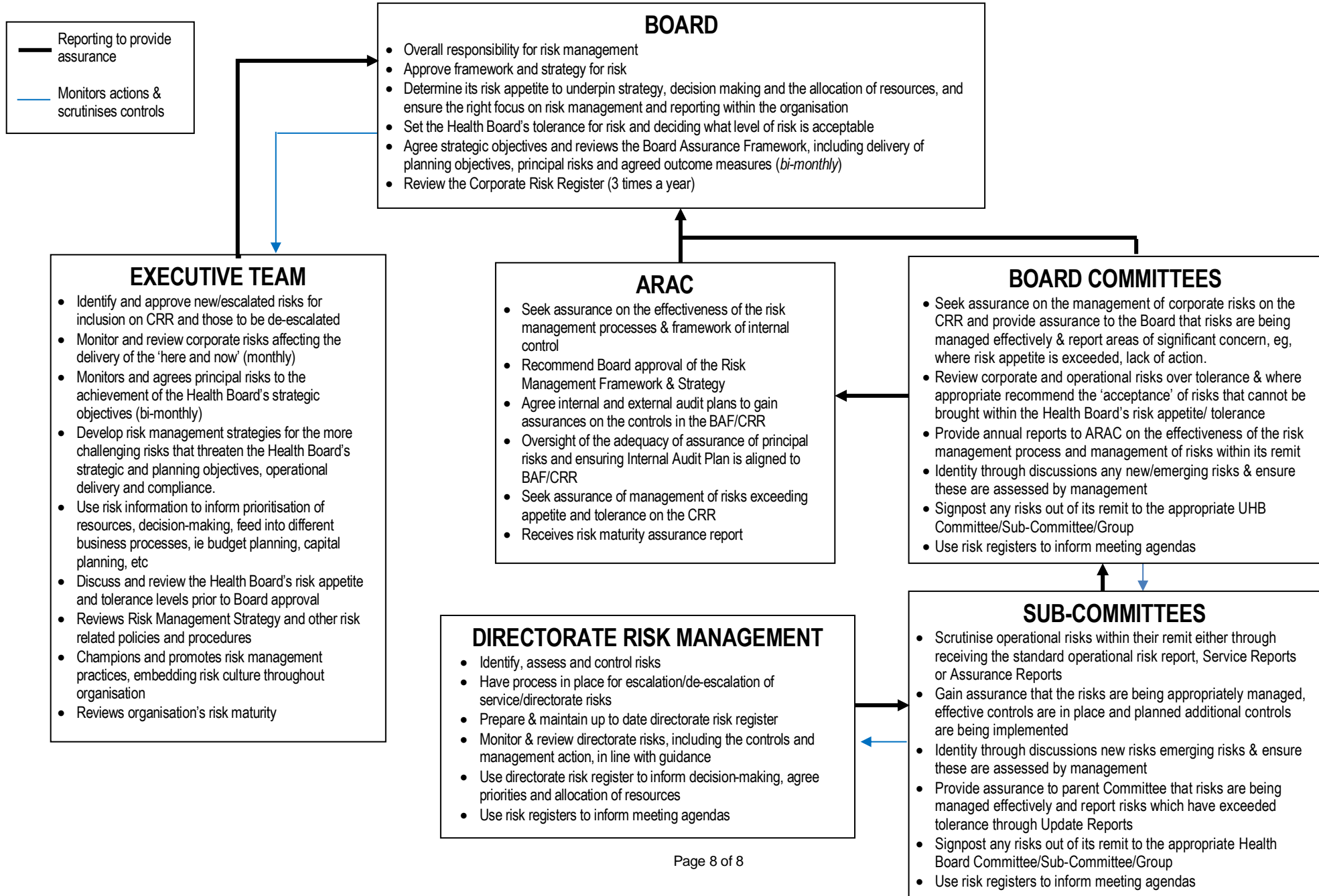
Further Information:

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

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.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	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.
Enw Da: Reputational:	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.
Gyfrinachedd: Privacy:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Cydraddoldeb: Equality:	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 Feb-25	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	5×5=20	4×5=20	↓	3×4=12	3
1352	Risk of business disruption and delays in patient care due to a cyber attack	Thomas, Huw	Statutory duty/inspections	8	4×4=16	4×4=16	→	3×4=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	

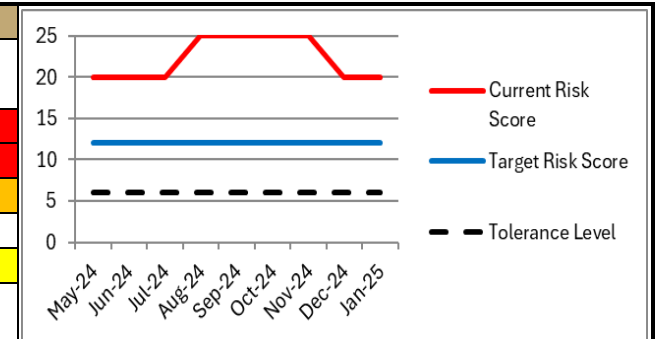
Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective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

Date Risk Identified:	Apr-24
Strategic Objective:	6. Sustainable use of resources


Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-25
Lead Committee:	Sustainable Resources Committee	Date of Next Review:	Mar-25

Risk ID:	1843	<p>Principal Risk Description: 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, due to the Health Board submitting a deficit budget outside of a financially balanced integrated medium term plan (IMTP).</p> <p>This is caused by the financial plan for 2024/25 setting a £31.5m deficit plan, which is itself a consequence of:</p> <ol style="list-style-type: none"> 1. continued significant growth in expenditure across unscheduled care services; 2. Staffing pressures and reliance on locum and agency staff to fill gaps; 3. Continued pressure across services and sites as demand exceeds capacity, compromising patient flow, elective pathways and cancer; 4. Capacity and capability amongst budget holders and service leads to adequately engage with the financial agenda; 5. The ongoing operational organisation change process that is temporarily impacting formal accountability arrangements with interim arrangements in place, or gaps in structures; 6. Several services continually being escalated to level 3 within the Health Board's internal escalation framework regarding financial performance with no imminent recovery plans or solutions to de-escalate being put forward. <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 £31.5m.</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, further 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 on a recurrent basis.</p>
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Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	5x5=25
Current Risk Score (L x I):	4x5=20
Target Risk Score (L x I):	3x4=12
Tolerable Risk:	6



		<p>This could lead to an impact/affect on</p> <ol style="list-style-type: none"> 1. An inability to meet the Ministerial priority of operating within our budget; 2. An inability to develop an approvable Integrated Medium Term Plan; 3. A likely impact that the Health Board has insufficient cash available to make payments to suppliers in February and March 2025; 4. A likely impact on the delivery of WG performance measures and consequential impact on patients having to wait longer for care or treatment; 5. A potential impact that the Health Board will be escalated further from Targeted Intervention to Special Measures.
Does this risk link to any Directorate (operational) risks?		1858, 1719, 1528, 1906, 1892, 1854, 1631, 1544, 1530, 975, 2002, 1793, 971, 1876, 1644, 1646

Trend:	
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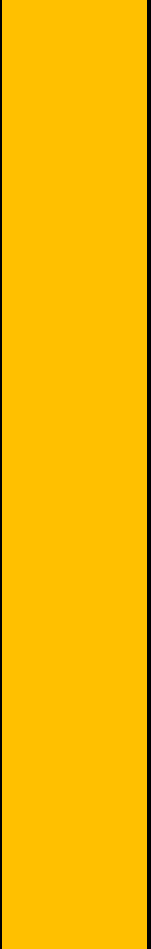






Rationale for CURRENT Risk Score:
<p>The annual plan for 2024/25 is now aligned to the restated target control total.</p> <p>The Board have been involved in the discussions and decisions in the development of the plan through our Committees, Board Seminar sessions, and Public Board meetings.</p> <p>The Board, at its meeting on the 28 March 2024 endorsed the annual plan, recognising the forecast financial out-turn was 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. The Health Board has submitted a strategic cash request and awaits a response from Welsh Government.</p> <p>The latest assessment of the financial deficit is that the Health Board has a trajectory to achieve its re-stated annual plan deficit of £31.5m.</p>

Rationale for TARGET Risk Score:
<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 & Sustainability Group</p> <p>b. Integrated Quality, Finance, Performance and Delivery (IQFPD) Group</p> <p>c. Healthier Mid and West Wales Group</p> <p>d. 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.</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>7. Implementation of escalation framework to ensure that delivery issues are identified and escalated promptly, and that corrective actions and decisions are rapidly achieved.</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"> 1. The effective management of rostering; 2. The effective management of beds; 3. Effective contract management arrangements; 4. Oversight arrangements over commissioned services; 5. A consistent rate card for Medical and AHP; 6. Operational accountability and governance arrangements. <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	<p>30/09/2024</p> <p>31/10/2024</p> <p>31/01/2025</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. Two key areas which remain outstanding relate to Variable Pay and Digitisation of Records. BankStaff+ is on track to 'go live' on 1st January 2025 to record all additional duty hours</p>
		Operational adoption of the Welsh Patient Administration System (WPAS) Bed Module and its incorporation into daily site management meetings.	Carruthers, Andrew	31/10/2024	Progress to be provided at next risk review
		Implementation of new oversight arrangements across commissioned services.	Davies, Lee	<p>30/09/2024</p> <p>31/12/2024</p>	As of August 2024, terms of reference are currently being drafted.

<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.</p>	<p>Davies, Rhian</p>	<p>Completed</p>	<p>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.</p> <p>A strategic cash request was submitted to Welsh Government by their deadline of 5 December 2024. Board approved the approach, and SRC were updated with the final letter given the additional funding received in December 2024 reduced the cash request that was proposed to the November Board.</p>
<p>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.</p>	<p>Thomas, Huw</p>	<p>Completed</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. Two key areas which remain outstanding relate to Variable Pay and Digitisation of Records.</p> <p>Completed, with final reporting for November 2024 period end. All items now included in Savings Tracker, and any additional delivery is to be updated as part of the routine savings process.</p>
<p>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.</p>	<p>Hill, Carly</p>	<p>31/03/2025</p>	<p>Meeting being arranged with LNC Chair and BMA Representative for early January 2025</p>

	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.
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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					
	Financial Performance Report to Board and SRC	2nd			Mth 4 - Paper to SRC Aug 2024					
	WG scrutiny through monthly monitoring returns and reply letter actions	3rd			Mth 5 - Paper to Board Sept 2024					
	WG scrutiny through monthly reviews with NHS Executive Finance Performance & Delivery	3rd			Mth 6 - Paper to SRC Oct 2024					
	Audit Wales Structured Assessment process	3rd			Mth 7 - Paper to Board Nov 2024					
						Mth 8 - Paper to SRC Dec 2024				
				Mth 9 - Paper to Board Jan 2025						

2.8

11:40 AM, 5 Mins

2.8 - PROCUREMENT UPDATE

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

| For assurance

Attachments

[Procurement Update SRC 25 February 2025.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Procurement Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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. All-Wales Pulp Medical Products
2. New Maintenance Contracts for the Combined Heat and Power units at Prince Philip Hospital (PPH) and Wthybush Hospital (WGH)

In line with Welsh Government approval procedures, the Health Board is required to approve the following new Maintenance contracts, as they have each have a cumulative contract value in excess of £1m over the term of the contract for HDdUHB.

Cefndir / Background

1. All-Wales Pulp Medical Products

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 March 2025 – 28 February 2029, with an option to extend for a further twelve months	Vernacare International Ltd.	£269,921.20	£278,328.78	£1,113,315.12 (or £1,391,643.90, if extended)

2. New Maintenance Contracts for the Combined Heat and Power units at PPH and WGH

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 – 8-year term.
1 April 2025 – 31 March 2033	Edina UK Ltd	£179,500.00*	£190,810.00	£1,526,480.00

* The current cost was set at 2014 and has had no inflationary increases during the life of the contract.

Asesiad / Assessment

Tender Process

1. All-Wales Pulp Medical Products

The current all-Wales contract for pulp medical products expires on 28 February 2025. The All-Wales Sourcing Team are seeing approval to award the re-procurement of contract following completing of an open tender. Two lots were included within the tender, as outlined below.

- Lot 1: Core Pulp Products
- Lot 2: Pulp Accessory Products

All but one item awarded (kidney dish pulp, available via Stores) will be available to order direct from Vernacare International Ltd through the Oracle Catalogue. To provide resilience in deliveries, and to contribute towards sustainability and environmental targets, AW Sourcing will investigate opportunities to increase stock items.

While there is a cost pressure associated with this contract, Vernacare International Ltd., offered a maximum 2% rebate for all invoices paid within ten days as part of the Priority Supplier Programme (PSP). This rebate mitigates part of the cost pressure, as outlined in the table below, based on the past twelve months of available data.

Current Annual Value	Proposed Annual Value	Estimated Annual PSP Rebate	Cost Pressure
£269,921.20	£278,328.77	£5,566.58	£2,841.00

Following the receipt of two bid responses, and an evaluation of technical criteria, a benchtop evaluation of the products, and relevant Surgical Materials Testing Laboratory (SMTL) testing for Lot 1, the recommendation is to award both lots to Vernacare International Ltd., for a four-year period, commencing 1 March 2025, with an option to extend for a further twelve months.

2. New Maintenance Contracts for the Combined Heat and Power units at PPH and WGH

HDdUHB have a new requirement to award an external Maintenance Contract for two Combined Heat and Power Units (CHP), one located at PPH, Llanelli and one located at WGH, Haverfordwest. There is a requirement for this contract to commence from 1 April 2025.

These two hospitals have gas-fired CHPs in their energy centres, both are 600kWe, 673kWth MWM TCG2016 V12 units commissioned in 2014. They are electrically led, which work alongside other boilers, and are Combined Heat and Power Quality Accredited (CHPQA).

To date, these CHP Units has been maintained since installation by Centrica Business Solutions and subcontractors as part of a 10-year Energy Performance Managed Service Contract between Centrica and HDdUHB. This arrangement expires on 31 March 2025 but Centrica Business Solutions are no longer able to provide further support, as their business model has changed and can neither offer an Energy Performance Managed Service Contract nor a standalone Maintenance contract for these CHPs.

These CHP units are manufactured by MWM who are based in Germany, and we have established that Edina UK Ltd is the official Distributor and the only authorised sales and service provider for MWM Gas Engines and Parts in the UK and Ireland. For almost 20 years, they have provided unmatched industry expertise and product support for the MWM gas engine range. Edina UK Ltd.'s collaboration with MWM has given them in-depth knowledge of these MWM gas engines, facilitating optimal performance and reliability.

Thus, a direct award to Edina UK Ltd is the only route available. However, to ensure this is an accurate position, we will publish a VEAT Notice (Voluntary Ex-Ante Transparency Notice) of our intentions to award the business to Edina UK Ltd once the costings have been received. Therefore, Edina UK Ltd were subsequently approached to establish the Maintenance options available to HDdUHB.

The current policy of Welsh Government (WG) decarbonisation strategy is that CHP units will not be replaced at end of life. At the end of the 8-year maintenance contract these units will be at end of life, during this period the UHB will need to develop plans to transition away from CHPs and introduce low carbon and electrification solutions at our Acute sites.

Argymhelliad / Recommendation

Sustainable Resources Committee is asked to scrutinise and recommend for Board to:

- **APPROVE** the award of the All-Wales Pulp Medical Products contract to Vernacare International Ltd., for the period 1 March 2025 to 28 February 2029, with an option to extend for a further twelve months. 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 external Maintenance Contract for 2 x Combined Heat & Power Units (CHP), one located at PPH, Llanelli and one located at WGH, Haverfordwest, for the period 1 April 2025 to 31 March 2033, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5 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
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

2.9

11:45 AM, 5 Mins

2.9 - DECARBONISATION UPDATE

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Sharon Hughes (Hywel Dda UHB - Principal Programme Manager Transformation)

| For assurance

Attachments

[Decarbonisation Update SRC 25 February 2025.pdf](#)

[Appendix 1 Strategic Property and Environment Governance Structure.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Decarbonisation Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Hughes, Principal Programme Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an overview and assurance that the Digital Task Force Group (DTFG) continue to monitor, review and progress delivery against the 46 initiatives set out in the Hywel Dda University Health Board (HDdUHB) Decarbonisation Delivery Plan.

The report also highlights the changes being implemented that impacts Decarbonisation activity and how this work is monitored and reported from April 2025 which is represented in **Appendix 1**.

Cefndir / Background

Programme Changes

A revised governance structure is attached in **Appendix 1**, this reflects the work undertaken over the past few months to embed the Decarbonisation Delivery Plan and 46 initiatives into broader organisational 'business as usual' activity, so that it is integrated into broader strategic plans, for example, Transport & Sustainable Travel Strategy, Estate and Property Strategies, Infrastructure Investment Plan and A Healthier Mid and West Wales. The revised structure still provides full oversight of the Decarbonisation Delivery Plan activity and the broader estate and environment reporting will include Decarbonisation as a standing item (where appropriate).

Buildings, Estates, Energy and Environment

- **Energy Performance Contract (EPC) Update** - New EPC being delivered by Vital Energi from April 2025. Since October 2024, the Health Board has developed and agreed the High-Level Assessment with Vital Energi and has commenced development of the Investment Grade Proposal, that will inform the final scope, programme, costs and future Health Board and Welsh Government (WG) approvals. Phase 1 is expected to be delivered across 2025/26 and 2026/27 financial years, subject to funding availability.

- **Heat Network Efficiency Scheme (HNES) optimisation and funding progress assurance updates** – the Health Board successfully obtained grant funding from UK Government to deliver heat network optimisation studies at Prince Philip Hospital (PPH) that is complete, Bronglais Hospital (BGH) that is currently on site and Withybush Hospital (WGH). The Health Board has submitted a capital grant application for £1.2m to secure 50% funding, to be delivered via the above-mentioned Refit scheme.
- **Private wire solar farm project near Prince Philip Hospital Update** – the work to develop this scheme (to exploit carbon and financial savings from 2026/27) is being progressed. A capital bid to the Targeted Estates Fund (TEF) has been prepared to support this scheme.
- **Targeted Estates Fund bids** - The following bids have been submitted as part of the TEF decarbonisation fund to WG (schemes that fall outside of the Refit 10-year payback criteria):
 - Infrastructure to support solar farm connection at PPH site.
 - Phased single-glaze window replacement scheme.
 - Electric Vehicle (EV) Car Charging infrastructure Phase 1
- **Audit Outcomes:**
 - Energy Audit - A reasonable assurance was obtained with positive overall feedback.
 - ISO 14001 environmental reaccreditation – the Health Board successfully retained with no minor or major non-conformities.
 - In January 2025 pre-acceptance waste audits were conducted across all Acute sites and Amman Valley hospital, with Dangerous goods audits on GGH and PPH and the waste regulator visited BGH to do an audit to monitor waste compliance. The outputs of these activities will provide assurance on the Health Boards level of compliance with waste legislation.
- **Waste updates** - the Health Board was awarded the Health and Social Care Industry Collaboration award at the Medi Wales Innovation awards for its rollout of Nappicycle' - the nappy & incontinence waste recycling project with industry partner Natural UK.

Sustainable Healthcare (Approach to Healthcare)

- **Warp-it** – The recruitment process for the storage coordinator has commenced, with the role currently pending advertisement via TRAC. Work is underway to realign budgets to centralise within the remit of Central Operations. Implementation of the new arrangements for managing Warp-it and storage are planned to commence from 1 April 2025.
- **National Approach to Healthcare Programme Board** – Owain Williams, newly appointed Clinical Director of Pharmacy and Medicines Management has been co-opted onto the board.
- **Nappi-Cycle Project** – The HDdUHB Environment Team recently won the prestigious 'NHS Wales Collaboration with Industry' Medi-Wales Award. The project removes disposable nappies and incontinence products from our waste streams and diverts away from landfill to a recycling plant where it is remade into Asphalt & Cellulose, presenting a saving of circa. £30k per annum and a 96% reduction in carbon emissions by recycling these items instead of landfilling.

- **Reusable Tourniquets to replace single use (Pathology)** – the pilot project is complete in BGH which was a huge success and enables the health board to roll-out to all remaining sites. This will remove all single use disposable Tourniquets from across all HDdUHB and replaces with a reusable item.
- **Achieving Net Zero Training** – Following submission of a more comprehensive business case to request the training be mandatory for all staff, it was refused. However, we are working with the L&D team to include information on Net Zero, Low Carbon and Environmental Sustainability in the corporate induction pack.

Transport and Sustainable Travel

- **The Mid and West Wales Regional Healthy Travel Charter Group** is in the process of merging with the Swansea Bay Healthy Travel Charter Group. This aligns to public transport organisational boundaries so to be more resourceful and avoid duplication. This approach enables greater collaboration across transport providers together with Swansea Bay Health Board to support the public sector in meeting Healthy Travel Charter commitments.
- **Carmarthen Town Car Parking Economic Study** (via the Shared Prosperity Fund in partnership with Carmarthenshire County Council). This study has been commissioned by Carmarthenshire County Council and supports the new Corporate HQ and Carmarthen Hwb projects. The study will review current public transport, active travel and car parking provision in the town centre and suggest options for improvement. The study will also consider the feasibility of sustainable transport options such as car sharing and staff shuttle buses. The economic benefits to the town centre of the Corporate HQ and Carmarthen Hwb projects will also be considered.
- **Salary Sacrifice Lease Car Scheme.** The number of staff leasing electric cars via the salary sacrifice scheme currently totals 261 vehicles with a further 16 cars on order.
- **Fleet Transition to Hybrid and EV.** The number of fleet vehicles which have been transitioned from petrol/diesel to self-charging hybrid currently totals 50 vehicles with a further 9 fleet vehicles which are fully electric. The BGH park & ride service is now using an electric people-carrier vehicle.

Agile Working / Estate Rationalisation

Corporate HQ, Picton Terrace, Carmarthen – Following board approval on the 26 September 2024, the project team continue to deliver to the agreed project plan and timeline. The project remains on target and the £1.15m has been received to purchase the 125-year lease from WG.

The related asset disposals have commenced with the Health Board vacating Building 8 on the St David's Park site in December 2024, creating an annual saving of £65,000. The funding for the internal refurbishment of Picton Terrace has been confirmed and will be drawn down in 2025/26. A series of internal design engagement sessions were conducted throughout 2024 where all affected staff were invited to participate and provide input to the floor plans, the final designs were approved by the Executive Team on the 13 November 2024.

Asesiad / Assessment

The DTFG and sub-groups continue to deliver against the 46 initiatives in the HDUHB Decarbonisation Delivery Plan, where funding, resource and infrastructure allows. Representatives are well-networked across NHS Wales and are exploring, exploiting and maximising collaborative opportunities where possible.

Furthermore, the Health Board continues to work closely with the WG Climate Change and Environmental Public Health Division and keep abreast of new and emerging climate change and decarbonisation legislative and strategic responsibilities, staying ahead of the curve.

Datix Risk 1544 (Delivery of the Decarbonisation Delivery Plan) has been updated accordingly.

Decarbonisation Audit Report Limited Assurance (January 2024) Decarbonisation Audit Report Limited Assurance (January 2024)

The internal audit report included a recommendation that HDdUHB develop a fully costed Decarbonisation Delivery Plan as opposed to the partially costed plan already developed by the Health Board. The DTFG has considered explored further and concluded that this would not be proportionate at this stage for the following reasons:

- That a fully costed plan requires funding to conduct feasibility and optimisation studies that will generate the cost models - funding is not available to undertake these activities and these studies typically expire within 6-12 months if the works are not immediately procured
- That preparing a less accurate fully costed plan using assumptions and rules of thumb via The Carbon Trust (who prepared the Health Board's existing Decarbonisation Delivery Plan) has been explored and the cost for undertaking this work is estimated at £25,000 - £30,000, reflecting the scale and complexity of the assessment. No core or external funding is available to meet these costs and procuring consultancy services would require Board approval
- That preparing a fully costed plan in these circumstances offers little benefit to HDdUHB, firstly, because it doesn't reduce the risk of not meeting the net zero targets and, secondly, because WG has postponed any reviews and refresh of policies and strategic plans (that includes the NHS Wales Decarbonisation Strategic Plan refresh) and advised health boards to continue to deliver their existing plans until further notice

The DTFG concluded that the Health Board should await the outcome of the WG plan refresh, as this will introduce a change to the 'All Wales Strategic Approach', targets and timelines, and may require us to undertake a refresh of our own strategy, which at that stage could include a fully costed plan. It should be noted that HDdUHB Decarbonisation targets and timelines should be closely aligned to the All Wales and Health Boards strategic hospital plans and timelines, as investing in aging estate does not offer good value and is unlikely to be affordable.

New Risk – 'Impacts of Climate Change' has been worked up with the risk team and representatives from the public health team.

New Reporting Structure

The new reporting structure will remain to provide an appropriate governance route for monitoring and assurance purposes, whilst decarbonisation planning and activity is incorporated into the broader organisational plans without the ongoing need for it to be segmented by a stand-alone programme.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to:

- **TAKE ASSURANCE** from the actions/activity being progressed by the DTFG as part of the Health Board Decarbonisation Delivery Plan.
- **ENDORSE** the revised structure in Appendix 1
- **APPROVE** the audit action and agree to 'complete' the outstanding management action on AMAT

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 2), considering and scrutinising the plans, including the medium term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1544
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Decarbonisation Task Force Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

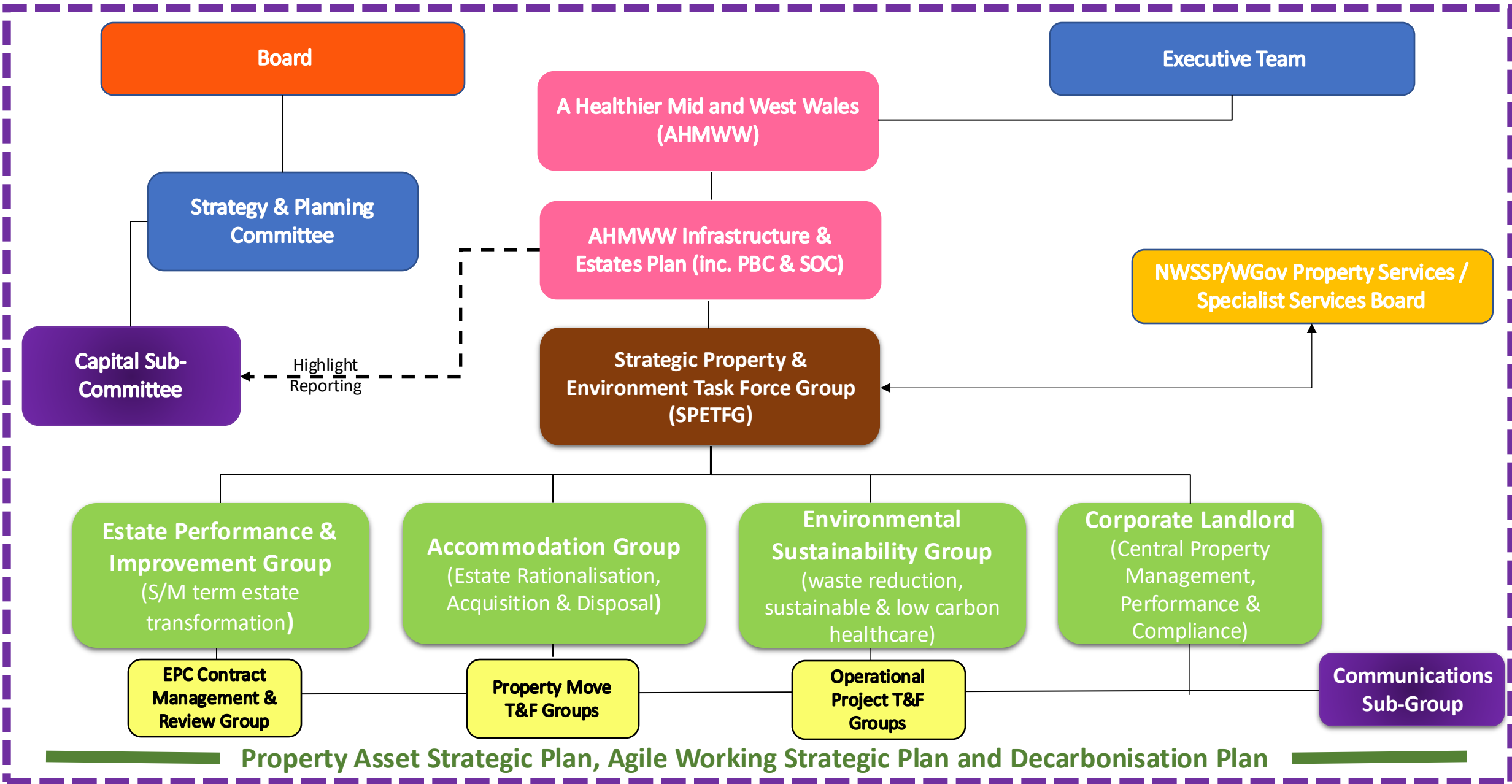
Strategic Property & Environment Governance Structure



Strategic Property and Environment Governance Structure Sustainable Resources Committee

25 February 2025

Strategic Property and Environment Governance Structure



2.10

11:50 AM, 5 Mins

2.10 - PLANNING OBJECTIVES UPDATE REPORT

*Daniel L Warm
(Hywel Dda UHB -
Head of Planning)*

| For assurance

Attachments

[Sustainable Resources Committee SBAR PO Update Report February 2025.pdf](#)

[Annex 1 SRC Planning Objective Highlight Reports.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning

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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

A revised set of 10 Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2024/25. The POs set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2024/25, two Planning Objectives are aligned to the Sustainable Resources Committee (SRC), namely PO2 Financial Recovery and Route map; and PO9 Digital Plan.

As in previous years it is the expectation that SRC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2024/25, and this report is presented as an update to demonstrate where progress has been made in delivering the Planning Objectives aligned to the SRC.

Asesiad / Assessment

The overarching status of the two POs shows an improved position for both - on-track for PO2 (Financial Recovery and Route Map) which was behind in the previous quarter; and complete for PO9 (Digital Plan) which was previously on-track.

Highlight reports for the individual POs can be found in **Annex 1** demonstrating evidence of the work which has been completed, as well as actions which are planned over the forthcoming months.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **RECEIVE ASSURANCE** on the progress of Planning Objectives PO2 (Financial Recovery and Route Map) and PO9 (Digital Plan) to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	2 Financial recovery and route map 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team
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	Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Planning Objective: Objective 2 – Financial Routemap

Executive Lead: Huw Thomas, Executive Director of Finance

Reporting Period: Q3, 2024/25

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)
 Significant progress in-year in respect of savings delivery, reduction in underlying deficit. Plans emerging for more efficient service delivery through CSP, annual plan etc. Emerging collaboration agenda with SBUHB may accelerate efficiency and productivity gains, reduce commissioning frictional losses etc.

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

- Compendium of variation updated to reflect current areas of opportunity to explore for savings generation
- Changes to internal control processes adopted to reduce expenditure in key “waste” areas – agency and locum spend, recruitment to non-essential A&C posts etc
- Opportunities identified from previous variation modelling being addresses – eg changes in MIU provision, intensive care, bed provision, out of hospital care (hospital at home) etc
- Further engagement sessions with Board, Execs and clinical leadership to address next steps
- Emerging collaboration framework with SBUHB has potential to accelerate efficiency and productivity agenda and is being actively explored through commissioning and fiancé teams

Activities completed in previous reporting period

- Refreshed compendium of variation
- Individual financial intelligence products in production, notably around end of life care and atlases of variation updates
- Revised / updated CHC and FNC benchmarking undertaken
- Value and Sustainability subgroup – mirroring that established at all-Wales level – undertaking detailed investigations into areas of financial opportunity

Activities planned for next milestone and reporting period

- Continue to undertake variation analysis to maintain list of variation / potential opportunities for efficiency, productivity, cost reduction
- Collaborate with SBUHB on developing a sub-regional assessment of demographic impacts, capacity modelling, opportunities to collaborate on joint solutions to respective financial challenges etc
- Finalise 2023/24 comparative analysis to inform strategic level variation to other Welsh Health Boards
- Assessment of impact of latest planning guidance from WG on financial performance, areas of investment / disinvestment therein

Any other Comments
Matters for information: None

Risks to delivery: Reliant on small team – risks associated with recruitment / retention of staff, common across finance department

Any other comments: None

Planning Objective: : 9 – Digital Agenda

Executive Lead: Huw Thomas, Executive Director of Finance

Reporting Period: February 2025

Overall status: Complete

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

The objective was to secure a strategic partner for the Health Board to accelerate the transformation with Digital at the heart. In December a 10-year contract was awarded to CGI and they are now actively supporting the Health Board in its transformation journey

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

The Health Board is now working with CGI to create deployment plans for the accelerated rollout of Patient flow, ePMA and the underlying technical architecture

Activities completed in previous reporting period

- Formal award of the Strategic Partner
- Contract Signed

Activities planned for next milestone and reporting period

- Deployment Plans for the foundation systems
- Integration layer required for the underlying system architecture

Any other Comments

Matters for information:

Risks to delivery:

Any other comments:

2.11

11:55 AM, 5 Mins

2.11 - WELSH HEALTH CIRCULARS

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

| For assurance

Attachments

[Welsh Health Circulars SRC 25 February 2025.pdf](#)

[Appendix 1 SRC WHCs February 2025.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Monitoring of Welsh Health Circulars
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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

This report to the Sustainable Resource Committee (SRC) includes updates on progress in relation to the implementation of Welsh Health Circulars (WHCs), which come under the remit of SRC and its Sub-Committee structure. The Committee is requested to receive assurance from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Cefndir / Background

WHCs provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations relating to different areas such as estates, finance, governance, health professional letters, information governance, quality and safety, legislation, planning, performance and delivery, policy, public health, research, science, and workforce. WHCs are published on the [Welsh Government \(WG\) website](#).

The Board has requested that WHCs that have not been implemented by the stated timescales should be closely monitored by its committee structure, in order to provide assurance on the compliance and delivery of the outstanding WHC, in addition to an understanding of the impacts resulting from late or non-delivery.

Asesiad / Assessment

Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The following RAG status is now applied to WHCs:

- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Green** = completed
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board.

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the 6 domains of targeted intervention as outlined by WG to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025. With the disestablishment of SRC from 31 March 2025, and the establishment of a Digital, Data and Innovation Committee, a Finance and Performance Committee and Strategy and Planning Committee, WHCs included within this report will be re-aligned to the new Committee, as appropriate.

An update from each Supporting Officer, in respect of the WHCs that fall under the remit of SRC, is attached at **Appendix 1**.

WHCs currently on schedule to be completed by the timescale provided / new WHCs received since the last report in October 2024 (Amber):

WHC Ref	Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
042-24	Introduction of the dictionary of medicines and devices (REISSUED) <i>No online link available</i>	22/01/25	Director of Finance	This WHC was originally issued in November 2024 but subsequently withdrawn by Welsh Government (WG). The re-issued WHC was received by the Health Board on 27 January 2025. Implementation of this WHC will be led by the Digital Directorate, and supported by Medicines Management, and linked to the roll-out of an Electronic Prescribing and Medicines Administration (EPMA) system.	Dec-27

The following WHC has been completed since the last report in October 2024 (Green):

WHC Ref	Name of WHC	Date Issued	Lead Executive /Director	Progress Update	Health Board Completion Date
007-15	Update on the all-Wales position of the Emergency Department Clinical Information Management System (EDCIMS) <i>No online link available</i>	30/03/15	Director of Finance	Confirmation was received from WG on 29 January 2025 that this WHC has been officially withdrawn.	N/A

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the re-alignment of WHCs currently reportable to SRC in line with revised governance arrangements as approved by Board at its meeting in January 2025.
- **RECEIVE ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.4 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to delivery of WHC's should be identified on directorate/service risk registers.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning WHC actions on the WHC Tracker from across HDdUHB's services reviewed by the lead Executive/Director or Supporting Officer.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Lead Executives/Lead Directors or Supporting Officers.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gweithlu: Workforce:	No direct impacts from report however organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Risg: Risk:	No direct impacts from report however organisations are expected to have effective audit and assurance mechanisms in place, along with risk management systems in place for any associated risks.
Cyfreithiol: Legal:	No direct impacts from report.

Enw Da: Reputational:	Poor management of WHCs can lead to loss of stakeholder confidence. Organisations are expected to have effective monitoring systems in place and take steps to ensure actions are delivered effectively.
Gyfrinachedd: Privacy:	No direct impacts from report.
Cydraddoldeb: Equality:	No direct impacts from report however each action is outlined in description of overarching actions required.

WHC No	Name of WHC	Link to WHC	Date Issued	Status	Category	Overarching Actions Required	Lead Director	Lead Officer	Date of Expiry / Review	Action required from	Action required by	Status RAG / R - behind schedule / A - on schedule / G - Completed	Assurance reporting	Formal update	Datix risk reference and title	Additional resources required
007-15	Update on the All Wales position of the EDCIMS (Emergency Department Clinical Information Management System)	Not available online	3/30/2015	Compliance	Information Technology	To reiterate the position of the Minister for Health and Social Services concerning the 'Once for Wales' Implementation of the Emergency Department Clinical Information System (EDCIMS) national programme.	Director of Finance	Anthony Tracey	Ongoing	Not provided	Not provided	Withdrawn	SRC	The WEDS National Project Board met on 19th July 2024 and formally agreed to close the Project and stand down the Board. Swansea Bay entered into a local contract in order to continue service in the Neath Port Talbot MIU. An email was received by the Health Board on 29/01/2025 confirming that this WHC has now been officially withdrawn and it has therefore been closed on the tracker and AMaT.	N/A	N/A as national project shut down
042-24	Introduction of the dictionary of medicines and devices (REISSUED)	Not yet available	1/22/2025	Compliance	Data Standards	NHS local health boards, NHS trusts, and NHS special health authorities must ensure that where a digital system records medication and transfers that information to another system, dm+d is used to identify that medication at the appropriate structural level	Director of Finance	Gareth Beynon	Jan-28	NHS local health boards, NHS trusts, NHS special health authorities.	Immediate	Amber	SRC	This WHC was originally issued in November 2024 but subsequently withdrawn by Welsh Government (WG). The re-issued WHC was received by the Health Board on 27 January 2025. Implementation of this WHC will be led by the Digital Directorate, and supported by Medicines Management, and linked to the roll-out of an Electronic Prescribing and Medicines Administration (EPMA) system.	N/A	Dec-27

2.12

12:00 PM, 5 Mins

2.12 - CONSULTANCY REVIEW

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

| For assurance

Attachments

[Consultancy Review SRC 25 February 2025.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consultancy Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Senior Finance Business Partner (Accounting and Statutory Reporting)

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 assurance to the Sustainable Resources Committee regarding the monitoring of consultancy usage and spend at Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

HDdUHB's Financial Accounts team, on behalf of the Director of Finance, will ensure scrutiny and completeness of the Health Board's consultancy register. Consultancy contracts are reported for assurance to the Audit and Risk Assurance Committee (ARAC). Following recommendation from Internal Audit, reporting to the Sustainable Resources Committee enables further detailed discussion regarding usage and spend on consultancy.

Asesiad / Assessment

Consultancy contracts entered into during the period 1 November 2024 to 31 December 2024 are set out in **Appendix 1** for review and discussion.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **NOTE** and **DISCUSS** the consultancy spend and usage
- **RECEIVE ASSURANCE** regarding the monitoring of consultancy usage and spend in HDdUHB.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue expenditure (all those over £1million requiring Board approval), business cases, projects, and proposed investment decisions on behalf of the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Health Board's Standing Orders and Standing Financial Instructions require that the procurement of all goods and services be subject to a fair, objective, and competitive selection process in accordance with good procurement practice
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report. The definition of Consultancy is set out in Appendix 1

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Financial Control Sub Group Audit and Risk Assurance Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Ensuring appropriate scrutiny and value for money of consultancy usage and spend
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Maintaining good systems of control of spend minimises financial risk
Cyfreithiol: Legal:	Maintaining good systems of control of spend minimises potential for legal challenge
Enw Da: Reputational:	Maintaining control of consultancy spend and usage aids the good reputation of the UHB
Gyfrinachedd: Privacy:	Not Applicable

**Cydraddoldeb:
Equality:**

Not Applicable

APPENDIX 1

Consultancy Contracts awarded										
Period Covered by this report			1 Nov 2024	31 Dec 2024						
Reference	Supplier	Description	One off or Period		Value, exc Vat	Department	Professional Services	Date of Board Approval (if applicable)	Compliant	Comment
			Start	End						
HDD-MIN-56832	Opinion Research Services	Consultation and Engagement Consultancy Services	01/01/2025	31/12/2026	£104,992	Corporate	Yes	Nov-24	Y	Following a competitive tender, Opinion Research Services were awarded a 24-month contract for Consultation and Engagement Consultancy Services. An option to extend the contract for a further 12 months is included in the award.
HDD-ITT-57059	Hugh Irwin Associates	Quality Assurance Consultancy Services for Consultation and Engagement	01/01/2025	31/12/2026	£111,120	Corporate	Yes	Nov-24	Y	Following a competitive tender, Hugh Irwin Associates were awarded a 24-month contract for Quality Assurance Consultancy Services for Consultation and Engagement. An option to extend the contract for a further 12 months is included in the award.

APPENDIX 1 (Continued)

Definition of Consultancy – From Use of Consultancy Financial Control Procedure

Consultancy seeks to fill a knowledge gap. It is defined as **the provision to management of objective advice relating to strategy, structure, management, or operations of an organisation**. It will usually be related to business change or transformation. Such advice will be provided outside the 'business-as-usual' environment when in-house skills are not available and will be time-limited. The consultants delivering the service will operate outside of the client organisation's structure and staffing establishment, with payment based on the delivery of a defined service or output.

Consultancy often includes the identification of options with recommendations, or assistance with the implementation of solutions but typically not the delivery of business-as-usual activity (eg advising on legal risk or technical matters). Such contracts should usually be categorised as professional services, rather than consultancy services

Areas where the need for Consultancy may arise, together with definition of Consultancy and Professional services, as identified by the Government guidance of 'Consultancy and Professional Services spend control' is included in Appendix 1.

DEFINITION OF CONSULTANCY

Extract from the Gov.co.uk website 'Consultancy and professional services spend controls'

Finance/Audit

The provision of objective finance advice including advice relating to corporate financing structures, accountancy, control mechanisms and systems. This includes both strategic and operational finance.

Information Technology/Information Systems

The provision of objective IT/IS advice including that relating to IT/IS systems and concepts, strategic IT/IS studies and development of specific IT/IS projects. Also includes advice related to defining information needs, computer feasibility studies, making computer hardware evaluations and to e-business.

Strategy

The provision of strategic objective advice including advice relating to corporate strategies, appraising business structures, Value for Money reviews, business performance measurement, management services, product or service design, and process and production management.

Legal

The provision of external legal advice and opinion including advice insofar as it relates to the policy formulation and strategy development particularly on commercial and contractual matters.

Property and Construction

Provision of specialist advice relating to property services and estates including portfolio management, design, planning and construction, tenure, holding and disposal strategies.

Human Resources

The provision of objective HR advice including advice on the formulation of recruitment, retention, manpower planning and HR strategies, and advice and assistance relating to the development of training and education strategies.

Technical

The provision of technical advice including the provision of technical studies, prototyping and technical demonstrators, concept development, project and task based technical advice.

Marketing and Communications

The provision of objective marketing and communications advice including advice on the development of publicising and the promotion of the Department's Business Support programmes, including advice on design, programme branding, media handling, and advertising.

Organisation and Change Management

Provision of objective advice relating to the strategy, structure management and operations of an organisation in pursuit of its purposes and objectives. Advice related to long range planning, organisation restructure, rationalisation of services, and general business appraisal of organisations.

Procurement

The provision of objective procurement advice including advice in establishing procurement strategies.

Project and Programme Management (PPM)

The provision of advice relating to ongoing programmes and one-off projects. Advisory support in assessing, managing and/or mitigating the potential risks involved in a specific initiative; work to ensure benefits realisation.

2.13

12:05 PM, 5 Mins

2.13 - MINISTERIAL DIRECTIONS

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

| For assurance

Attachments

[Ministerial Directions SRC 25 February 2025.pdf](#)



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Monitoring of Ministerial Directions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Jill Paterson, Director of Primary Care, Community and Long Term Care Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	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 purpose of this report is to provide the Sustainable Resources Committee (SRC) with a status update and assurance that all NHS Non-Statutory Instruments, otherwise known as Ministerial Directions (MD), received from Welsh Government (WG) have been implemented/adopted by Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Acts of Parliament, Acts of Senedd Cymru, Assembly Measures and Assembly Acts enable Welsh Ministers to develop more detailed legislation, known as secondary or subordinate legislation, usually by means of Statutory Instruments (SI).

Non-Statutory Instruments (NSI) are legislative in character; they alter legal rights and duties, however they are not SIs. NSIs, which are issued by Welsh Ministers, include codes of practice and guidance.

In complying with the requirements of various governance codes and the Annual Governance Statement requirements, HDdUHB has a duty to provide assurance of compliance with the NSIs.

The Audit and Risk Assurance Committee (ARAC) requested that the internal assurance process regarding the adoption of and actions in response to, these requirements be strengthened. As MDs potentially form part of the process of approving expenditure of public money, the Sustainable Resources Committee will receive a regular assurance report on compliance.

Asesiad / Assessment

The table attached at **Appendix 1** details the MDs relating to the National Health Service issued between 1 November 2024 and 31 January 2025, as well as MDs issued previously which are still in the process of being implemented. Appendix 1 provides details that all MDs have either been implemented/adopted by HDdUHB in this timeframe or are in the process of being implemented.

The following RAG status is now applied to MDs:

- **Green** = completed
- **Amber** = a plan is in place and on schedule to be completed by the timescale provided by the Lead Officer
- **Red** = behind schedule to the timescale provided by the Lead officer, or a plan (with date for implementation) is not yet in place
- **Blue** = External i.e., the means to achieve compliance is currently outside the gift of the Health Board

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the six domains of targeted intervention as outlined by WG to strengthen the Health Board's focus on digital, finance, performance and strategic planning. The Board agreed the revision of governance arrangements at its meeting in January 2025. With the disestablishment of SRC from 31 March 2025, and the establishment of a Digital, Data and Innovation Committee, a Finance and Performance Committee and Strategy and Planning Committee, Ministerial Directions within this report will be re-aligned to the new Committee, as appropriate.

Since the previous report to SRC, the following MDs have been confirmed as implemented (**Green**):

Direction Number	Name of Direction	Lead Director	Update
WG24-43	Statement of Financial Entitlements (Amendment) (No. 3) Directions 2024	Director of Finance	Receipt of MD acknowledged by Directorate lead, and confirmation received that no further action is required from the Health Board.
WG24-26	Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024	Director of Finance	All relevant applications were updated on 26 November 2024, and MD therefore complied with.
WG24-49	The Local Health Board Medical Services (Wales) Directions 2024	Director of Primary Care, Community and Long Term Care	Confirmation was received from the Assistant Director of Primary Care on 9 December 2024 that the Health Board is compliant with all relevant regulations related to Health Board managed practices..
WG24-53	The Primary Medical Services (Complex Multi-Morbidity and Frailty) (Directed Supplementary Service)	Director of Primary Care, Community and Long Term Care	Receipt of MD acknowledged by Directorate lead and confirmation of compliance received, with relevant actions undertaken.

An update from each Supporting Officer, in respect of the open MDs that fall under the remit of SRC, is attached at **Appendix 1**.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **NOTE** the re-alignment of risks currently reportable to Strategic Delivery and Operational Delivery Committee (SDODC) in line with revised governance arrangements as approved by Board at it's meeting in January 2025; and
- **RECEIVE ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 November 2024 and 31 January 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.4 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within Appendix 1 if applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Ministerial Directions
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:	Relevant Lead Executives/Lead Directors or Supporting Officers.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-statutory Instruments are legal tools which often have a financial impact on the organisation.
Ansawdd / Gofal Claf: Quality / Patient Care:	Non-statutory Instruments are legal tools which can impact patient care
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Non-Statutory Instruments are legislative in character, they alter legal rights and duties and must be implemented by the Health Board.
Cyfreithiol: Legal:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Enw Da: Reputational:	Non implementation of Non-Statutory Instruments may result in the Health Board being less likely to defend itself in a legal challenge which could lead to fines/ penalties and damage to reputation.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

APPENDIX 1

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
2021. No 59	The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	26/07/21	Chief Operating Officer	Directions to Local Health Boards and NHS Trusts on autism services for 2021. Each Local Health Board and each NHS Trust must exercise its functions in accordance with the relevant provisions of the Code of Practice on the Delivery of Autism Services, which was issued by the Welsh Ministers on 16 July 2021, and which came into force on 1 September 2021.	<p>The Health Board continues to work with the Regional Partnership Board (RPB) in the development and delivery of the Code of Practice Implementation Plan which requires a multi-agency response to address the recommendations outlined in the Code.</p> <p>The Health Board continues to work in collaboration with partner agencies in the delivery of the 3-year Improvement Plan with a focus on achieving the 3 priority areas of:</p> <ul style="list-style-type: none"> - Improving urgent need and family support; - Building sustainable services; and - Cross cutting themes to focus on workforce, digital, data and monitoring. <p>Welsh Government (WG) commissioned an independent evaluation of the Code of Practice for 2023 to identify the current position of all services in respect of the code, identify what data is collated, and to identify barriers and enablers to implementation, and identify recommendations for improvements in meeting the duties of the Code.</p>	Amber	Oct-25

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implement-ation date
					<p>Following this there is now a regional action plan in place which is monitored via the RPB and includes Local Authorities (LA) as well as the Health Board.</p> <p>WG has made £12million available as part of a 3-year Improvement Plan.</p> <p>There are now the NHS Executive Recommendations for Children and Young People (CYP) in respect of Neurodevelopmental (ND) services (Autism Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD)), which the service have developed an integrated Plan for, and will be working to implement jointly across ND services and Child Health.</p> <p>Focus is on strengthening joint working and pathways. A series of task and finish groups have been established to strengthen links and increase alignment with Children and Adolescent Mental Health Service (CAMHS) and Children's ASD services, and to strengthen transition arrangements from children's to adult neuro-developmental services. This is in addition to the existing task and finish group to develop a 3 county, multiagency approach to offering early help and support.</p>		

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
					<p>In relation to timely assessment of autism, referral rates remain exponentially high. However, dedicated premises have now been identified for children and adult ASD Services, with some clinical space which will help to increase capacity.</p> <p>The procurement exercise to outsource a number of diagnostic assessments to external providers is progressing well. In addition to the 728 assessments for CYP and adults outsourced between 2022-2025, an additional 86 assessments (66 children and 20 adults) were procured during Q4 of 2023/24 using the Regional Integration Fund (RIF) and Neurodivergent Improvement Programme (NDIP) slippage monies.</p> <p>It is noted that the Directorate has a corporate risk relating to the timely diagnosis and treatment of Mental Health and Learning Disability (MHL) clients due to demand and capacity, with specific actions relating to ADHD and ASD (Current Risk Score: 20 as at January 2025).</p> <p>There is also a directorate level risk (1287 - Risk of clients not being provided with timely interventions due to waiting lists for assessment & diagnosis of ASD, current risk score 20 as at January 2025) on the MHL risk register in relation to this MD.</p>		

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
2023. No 08	Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/23	Director of Primary Care, Community and Long Term Care	Directions regarding the Implementation of the high-cost drugs reporting system.	<p>Implementation of this MD is aligned to the Welsh Health Circular 032-22 (Further extending the use of Blueteq in secondary care). The national roll out of Blueteq will be managed by the All-Wales Blueteq Steering Group, with management support from All Wales Therapeutics & Toxicology Centre on behalf of WG.</p> <p>The Welsh Health Specialised Services Committee (WHSSC) Data Protection Impact Assessment (DPIA) and Cyber Security Impact Assessments have been approved at National level and have been sent to the Health Board Information Governance team for local approval.</p> <p>The Health Board has representation on the Blueteq Steering Group, with National drug approval templates being developed on a Once for Wales approach. Implementation of Blueteq is heavily dependent on the development of these templates for each speciality, therefore implementation dates are not currently known.</p> <p>The Assurance and Risk Team received confirmation at the Medicines Management Operational Group (MMOG) in January 2025 that there has been no further progress with this MD since the previous report.</p>	External	Apr-24 N/K

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
2023. No 27	The Primary Care (E- Prescribing Pilot Scheme) Directions 2023	01/06/23	Director of Primary Care, Community and Long Term Care	Directions to local health boards as to the Primary Care EPS (E-Prescribing Pilot Scheme) Directions 2023.	<p>This Ministerial Direction came into force on 1 June 2023. Digital Health Care Wales (DHCW), who has overall responsibility for implementation, is leading the programme.</p> <p>DHCW has set up an advisory group that is attended by Hywel Dda representatives. Due to these factors, it was agreed by MMOG to amend the status of this MD to “External”.</p> <p>To date, EPS (E-Prescribing Pilot Scheme) went live in the first GP practice and community pharmacy in Rhyl in November 2023, with the second site going live in March 2024 within Betsi Cadwaladr University Health Board.</p> <p>GP practices within Hywel Dda are not yet compliant with the new EPS system, therefore rollout is unlikely to commence prior to quarter 3/4 of financial year 2024/25.</p> <p>In addition, following a mini-procurement exercise, some GP practices within Hywel Dda have opted to switch from their existing systems to the Egton Medical Information Systems (EMIS). It is currently</p>	External	Oct-23 Mar-25

Direction Number	Name of Direction	Date Issued	Lead Director	Description	Progress on Implementation	RAG Status	HDdUHB implementation date
					not known if these changes will impact on the EPS implementation timescale for Hywel Dda.		
					<p>The existing system supplier has also announced that they will no longer provide the system in Wales, and therefore these GP practices will be required to find new system suppliers.</p> <p>The Assurance and Risk Team received confirmation at MMOG January 2025 that there has been no further progress with this MD since the previous report.</p>		

3 - DIGITAL

3.1

12:10 PM, 10 Mins

3.1 - DIGITAL MATERNITY CYMRU AGILE
BUSINESS CASE

*Anthony Tracey
(Hywel Dda UHB -
Digital Director),
Dana Scott (Hywel
Dda UHB - Director
of Midwifery &
Professional
Governance for
Women & Children)*

- Report *to follow* discussion at Executive Team on 19 February 2025

| For approval

3.2

12:20 PM, 5 Mins

3.2 - INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE AND TERMS OF REFERENCE

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For assurance

Attachments

[IGSC Update Report to SRC 28 January 2025.pdf](#)

[Procedure 773 Unauthorised Access to Patient Records Procedure.pdf](#)

[Policy 190 Written Control Documentation Policy.pdf](#)

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 28 January 2025

Quoracy: Met

Report by: Anthony Tracey, Digital Director, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert (may require discussion)

Information Governance Sub-Committee wish to **alert** members of the Sustainable Resource Committee that:

- **Unauthorised Access to Patient Records Procedure** – the Sub-Committee approved the updates changes to the procedure.
- **Written Control Documentation Policy** – the Sub-Committee approved the changes.

Clinical Coding Update

The Sub-Committee were notified that the Health Board did not meet the clinical coding target for October 2024. The Health Board has ranked 4th out of the 8 Health Boards for October performance (85%). Only 2 Health Boards, Powys and Velindre achieved the 95% target for June 2024 activity. The Health Board despite not achieving the target is still well above the all-Wales average of 70.0%. As performance has declined over the last 12 months, NHS Executive have asked to see a planned trajectory for meeting the ministerial target. The Health Board will be back to achieving the target in November 2025 (for September 2025 activity) as the new trainee coders will have been in post for 18 months.

Advise (to monitor)

Information Governance Sub-Committee had no matters that they wish to **advise** members of the Sustainable Resource Committee that:

Assure (to note)

Information Governance Sub-Committee wish to **assure** members of the Sustainable Resource Committee that:

- **Corporate and Medical Records Storage Assurance Report** – The Sub-Committee received an update report on the storage of records within external facilities. The Sub-Committee were pleased to note the number of records that have been moved back to the internal records facilities reducing our reliance on external suppliers.

Review of Risks

The Sub-Committee reviewed the two risks which are aligned to Group. As part of its review, the Sub-Committee considered the status of each risk, and the current score was deemed in tolerance. However, the Sub-Committee did recognise the work that had been done by the Information Governance and Health Records Teams in reducing the risk of inappropriate storage facilities.

Sharing of learning

The Information Governance Sub-Committee had no matters to alert the Group on this occasion.

Recommendation

The Committee is asked:

- **NOTE** the report and **TAKE ASSURANCE** from the actions and oversight of the Sub-Committee.
- **APPROVE** an update of Procedure 773 Unauthorised Access to Patient Records – Reporting and Escalation Procedure
- **APPROVE** an update of Policy 190 Written Control Documentation Policy

UNAUTHORISED ACCESS TO PATIENT RECORDS - REPORTING AND ESCALATION PROCEDURE

Procedure information

Procedure number: Enter procedure number (policy team) 773

Classification:

Corporate

Supersedes:

N/A

Clinical documents only:

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

List the LOCSSIP reference if applicable, if not state not applicable

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

List the NatSSIP reference if applicable, if not state not applicable

Version number:

1

Date of Equality Impact Assessment:

12/07/2022

Approval information

Approved by:

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:

This document includes the correct procedure for the use of the National Integrated Intelligence Audit Solution (NIIAS) to identify potentially inappropriate access to clinical records and how to escalate this through an agreed process.

Scope:

All staff with access to electronic clinical systems will be affected by the introduction of NIIAS. Staff within the Health Board have been fully briefed as to what this system will deliver through a robust communications plan, Information Governance training sessions and discussions at the relevant forums (including Staff Partnership Forum). Communication reminders are sent to staff on a regular basis to remind them of their responsibilities in relation to accessing patient records and respecting patient privacy and confidentiality.

To be read in conjunction with:

320 – Acceptable Use of IT Policy

172 – Confidentiality Policy

836 – All Wales Information Governance Policy

837 – All Wales Information Security Policy

995 - All Wales Respect and Resolution Policy

201 - All Wales Disciplinary Policy and Procedure

435 - All Wales NHS Staff to Raise Concerns Procedure (Whistleblowing)

488 - All Wales Upholding Professional Standards in Wales (Medical & Dental Staff) Policy

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Information Governance Sub Committee

Date signed off by owning group

Executive Director job title:

Huw Thomas , Director of Finance

Reviews and updates:

1.0 New Procedure

Keywords

NIIAS, Audit, Information Governance, Unauthorised Access

Glossary of terms

Term	Definition
Caldicott Guardian	A Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
Data Protection Legislation	Data protection legislation is about the rights and freedoms of living individuals and in particular

	their right to privacy in respect of their personal data. It stipulates that those who record and use any personal data must be open, clear and transparent about why personal data is being collected, and how the data is going to be used, stored and shared.
NIIAS	National Integrated Intelligent Audit Solution
Personal Data	Personal Data is information which relates to a living individual who can be identified from the information itself or by linking it with other information – for example a person’s name and address, an online profile, a member of staff’s HR record or records relating to individual’s such as patients or service users.
Personal Data Breach	A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.
Senior Information Risk Owner (SIRO)	An Executive Director or member of the Senior Management Board with overall responsibility for information risk across the Health Board.
Special Category Data	<p>Special category data means personal data consisting of information as to:</p> <ul style="list-style-type: none"> - Genetic and biometric data - Political opinions - Religious or other beliefs - Trade union membership - Physical or mental health/condition - Sexual life <p>And although not specifically described as special category data, this information requires the same treatment:</p> <ul style="list-style-type: none"> - The commission or alleged commission of any offence - Any proceedings for any offence committed/alleged to have been committed, the disposal of such proceedings or the sentence of such proceedings
Unauthorised Access	Access to information that is not part of your work duties. Access to a patients record where the patient is not under your care.

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Scope

All staff with access to electronic clinical systems will be affected by the introduction of NIIAS. Staff within the Health Board have been fully briefed as to what this system will deliver through a robust communications plan, Information Governance training sessions and discussions at the relevant forums (including Staff Partnership Forum). Communication reminders are sent to staff on a regular basis to remind them of their responsibilities in relation to accessing patient records and respecting patient privacy and confidentiality.

Aim

The aim of this document is to:

- ensure appropriate and relevant access to Patient Identifiable Information (PII).
- ensure that all staff understand their responsibilities when accessing patient records.
- educate staff on the process Information Governance will take on any identified inappropriate access to information.
- ensure the Health Board has taken all steps possible to educate staff to prevent any future breaches of confidentiality.

Objectives

The aim of this document will be achieved by the following objectives:

- Identify any potential inappropriate access to PII in line with the principles of the current Data Protection Legislation and confidentiality and privacy laws to ensure that patient information is handled by staff members fully respecting the privacy rights of each individual patient.
- Escalate any potential Personal Data Breaches to the Information Governance team so that action can be taken.
- Where a case has to be answered, inform the Workforce Department to follow the processes outlined within this procedure and which may result in action being taken in line with the Health Board's Disciplinary Policy and Procedure.

Main body (Free typing add titles etc)

1. INTRODUCTION

The National Intelligent Integrated Audit Solution (NIIAS) will take the audit trail from electronic clinical systems, e.g. Welsh Patient Administration System (WPAS), Laboratory Information Management System (LIMS), the Welsh Clinical Portal (WCP) and cross match against both an employee record in the Electronic Staff Record (ESR) and HDUHB's national directory (Cymru). NIIAS will then report on any unauthorised access to person identifiable information (PII) against the domains outlined in section 2.1.

2. PROCEDURE

The Procedures follow several steps to identify and escalate potential personal data breaches:

2.1 Definition of the 8 domains

Breaches have been defined on a National level and fall into the following 8 domains.

Term	Definition	Comment
Own Care Record	A user has accessed their own patient records.	Identification of Patient IDs for the staff member through ESR-MPI triangulation.
Family Care Record	A User has accessed the record of a Patient who has the same surname and postcode as the User.	Family classified as matching same surname + postcode through ESR-MPI triangulation.
Staff Member Record	A User has accessed the record of a Patient who has a matching employee record in ESR.	
Living in the Same Vicinity	A User has accessed the record of a Patient who lives very close to the User. In rural areas this distance is 0.5 miles, in urban areas this distance is 0.1 miles.	Identification of distance between User and Patient postcodes through ESR-MPI triangulation.
Person of Interest	A User has accessed the record of a Patient who has been flagged by the HBs as being a "person of interest".	This Patient is flagged locally using their NHS number.
Patients with the Same Surname	A User has accessed three Patients in the space of 1 day who share the same surname.	The 15 most common surnames in Wales have been excluded (Davies, Edwards, Evans, Griffiths, Hughes, James, Jenkins, Jones, Lewis, Morgan, Rees, Roberts, Smith, Thomas, and Williams).
Historic Record	A User has accessed patient records that are older than 1 year without first accessing a more recent record for that same Patient within the last 45 days.	Users with Clinical Job Roles assigned in ESR are excluded.
Deceased Patient	A User has accessed the records of a deceased Patient who has been deceased for more than 60 days.	Identification of deceased patient through MPI.

The Health Board is currently enforcing the following domains:

- Access to Own Record;
- Access to Family Record;
- Access to persons living in the Same Vicinity;
- Access to Persons of Interest;
- Access to Deceased patient's records; and
- Access to Staff Members Records.

2.2 Process for managing Access to Own Record: First time accessed by staff member (See Appendix 1 for flow chart)

The Information Governance team will produce a daily report that will identify any staff accesses to own record. Any staff member identified through the report will be sent an e-mail with an attached letter from the Information Governance Team outlining the details of the access. The attached letter will advise staff that they need to share a copy of the letter with their line manager within 5 working days, and attend one of the Information Governance Awareness Training sessions. Individuals are advised that attendance at the training session will be recorded on their ESR record.

Line Managers are then requested to confirm receipt of the letter to the Information Governance Team within 10 working days by completing the attached FORM 1 and confirming which of the Information Governance Awareness training sessions the individual will attend.

Staff will then book via ESR or directly with IG onto a virtual training session of their choosing.

Following completion of the training, any further attempts by a staff member to access their Own Record within a two-year period will be dealt with formally through the NIIAS procedure for further access to own record (see point 2.3 below).

NB: If at any point during the analysis of the NIIAS report the Information Governance Team, Executive Lead or Manager suspects there has been serious malpractice carried out by an employee a full investigation can be undertaken.

If a member of staff fails to respond to the Information Governance team, manager details are requested via Workforce.

2.3 Process for managing Access to Own Record: Further access by staff member (See Appendix 2 for flow chart)

The line manager for the staff in question will be contacted and asked to complete an 'Initial Assessment of Facts Form'. This will be returned to the Information Governance Team within 10 working days.

If it is not possible to identify the line manager for the staff member in question, the process outlined in 2.2 will be followed to make initial contact with the staff member and to request details of their line manager.

The Information Governance Team will review the returned 'Initial Assessment of Facts Form'. If the access is deemed as appropriate by the line manager (i.e. there is a legitimate work reason for the staff member accessing the record) and this is confirmed and agreed by the Information Governance team, the case will be closed on the NIIAS tracker and no further action taken.

If the access was inappropriate, the Information Governance Team will send details of the access and the outcome of the returned 'Initial Assessments of Facts Form' and investigation through to the identified link in the Workforce team to initiate the procedure as detailed in the All Wales Disciplinary Policy and Procedure document (201).

The Workforce team will liaise with the line manager to agree any further action required in relation to the staff member.

The Information Governance Team will provide any appropriate NIIAS reports as requested by the Workforce team.

2.4 Process for managing access to Family Record, Staff Record, Same Vicinity, Persons of Interest and Deceased patient's records. (See Appendix 3 for flow chart)

The Information Governance team will produce a report daily that will identify any staff accesses to the records above.

The individual staff member will be sent an e-mail with an attached basic letter advising them they have been identified through the NIIAS system as potentially having accessed a record without authorisation to do so. Staff will be asked to enter details of their line manager onto the contact letter and return this to the Information Governance team within 5 working days.

The Information Governance team will then contact the line manager directly with full details of the breach and ask that they complete an 'Initial Assessment of Facts Form' to identify whether the access is appropriate or not in relation to their staff member. This form will then be returned to the Information Governance team within 10 working days.

2.4.1 Appropriate access to records of Family Member, Staff Record, Same Vicinity, Persons of Interest and Deceased patient's records.

If the breach is deemed as appropriate by the line manager (i.e. there is a legitimate work reason for the staff member accessing the record) and this is confirmed and agreed by the Information Governance team, the case will be closed on the NIIAS tracker and no further action taken.

2.4.2 Inappropriate access to record of Family Member, Staff Record, Same Vicinity, Persons of Interest and Deceased patient's records.

The line manager will be required to conduct a formal meeting with the staff member to advise them that their access to the record is not appropriate, remind them of the NIIAS procedure and the Health Board's Confidentiality Policy. The line manager may wish to link in with their HR advisor within the Workforce team to assist with this process if further support is required.

The IG Team will run a full NIIAS check report against the individual to ensure there are no wider concerns about the individual's access to patient records.

The staff member will be required to attend an Information Governance training session within three months. The NIIAS tracker will be updated once the staff member has completed their IG training and the IG Team have completed their report. If no further inappropriate access to records takes place and no wider concerns are identified, then no further action will be taken and the case will be considered for closure.

If the access relates to more than a single record access or, if there are wider concerns confirmed or noticed about the individual's access to records, the Information Governance Team will commence the procedure for Managing Information Governance Incidents. This will be run alongside any on-going disciplinary/Workforce investigation. The Information Governance and Workforce teams will share information from their on-going investigations where it is felt appropriate to do so.

As part of the Managing Information Governance Incidents Procedure, the Information Governance Team will report the breach to the Caldicott Guardian and Senior Information Risk Owner who may decide to immediately suspend the staff member's access to patient records whilst the investigation is on-going. The Information Governance team will also need to determine if the breach is reportable to the Information Commissioner Office, this is in accordance with the Health Boards statutory obligations to report personal data breaches.

Once the investigation has concluded the Information Governance team will be informed by the Workforce link

NB: If at any point during the analysis of the NIIAS report the Information Governance team, Executive Lead or Manager suspect there has been serious malpractice carried out by an employee i.e. evidence that a large number of records have been accessed or multiple family members etc, this should be reported immediately to the Head of Information Governance and the Director of Digital Services.

2.5 Escalation process for all non-responses from staff and managers

If an individual member or line manager do not respond to requests for information from the Information Governance team within the agreed time-scales at any stage of the NIIAS process, the following action will be taken:

- An initial chaser e-mail will be sent by the Information Governance Team requesting a response within 5 working days.
- If no response, then the Workforce will be contacted for the employees managers details. If the manager fails to respond their line manager will be contacted.
- If no response received details will be sent to the relevant Executive Director who will contact the line manager requesting a response within 10 working days be sent to the Information Governance team.

2.6 Escalation process for not attending a booked Information Governance training session (without giving prior notice to the IG Team)

- An e-mail will be sent to the individual's line manager advising their staff member did not attend the IG training session. The line manager will be requested to remind the individual to book onto another IG training session and to respond within 5 working days.
- If no response then a second chaser e-mail will be sent requesting a response within a further 5 working days.
- If the individual does not attend the re-booked IG training session that their line manager has confirmed, they will be referred to their Executive Director with a request that they attend the next training session available, and their line manager will be copied into this e-mail.
- If the line manager does not respond to any requests to re-book their staff member onto a future session by the IG team then they will be referred to their Executive Director and a response will formally be requested.

2.7 Choose Pharmacy Application

The Choose Pharmacy application supports the delivery of a number of NHS community pharmacy services and enables access to NHS patient record systems including the Welsh Demographic Service and the Welsh GP Record.

The Health Board will be responsible for monitoring community pharmacy staff's access to patient data through the above application via the NIIAS monitoring tool.

The NIIAS system provides a report of potential breaches, this is then analysed by the Information Governance team on a twice weekly basis.

The Information Governance Team will then e-mail a report of any potential breaches to the Primary Care Manager (Community Pharmacy).

The Primary Care Manager will then contact the relevant pharmacy and ask that the following process is completed:

2.7.1 Pharmacy staff accessing their own record on one occasion (See Appendix 4 for flow chart)

The Pharmacist must issue a warning email for staff members accessing their own record on the first occasion. They must confirm that this action has been completed to the Primary Care Manager. The Primary Care Manager will then inform the Information Governance Team that this action has been taken.

Where the access has been made by the pharmacy superintendent/pharmacy owner, the Primary Care Manager will send the warning email.

2.7.2 Pharmacy staff accessing their own record on more than one occasion or potentially accessing another person's record inappropriately (See Appendix 5 for flow chart)

The Primary Care Manager will request that the Pharmacist undertake an initial assessment using the Potential Access Breach – Initial Assessment Form to establish whether there is a legitimate clinical or

administrative reason for the staff member to have accessed the record(s) for second access to own record or all other potential breaches.

The potential breach will be communicated to the superintendent pharmacist for the community pharmacy at which the breach occurred. The superintendent will provide the Primary Care Manager with the name of the person who will undertake the initial assessment within 5 days.

The initial assessment must be undertaken within 10 working days from a date agreed between the superintendent/owner and the Health Board.

The outcome of the initial assessment should be communicated to the Primary Care Manager via the Potential Access Breach – Initial Assessment Form.

Where the assessment concludes that no further action is necessary the Primary Care Manager will confirm they are satisfied with this decision. The Primary Care Manager will inform the Information Governance Team that no further action is required.

Where the assessment indicates the need for a full investigation – this should be completed in line with the pharmacy Information Governance policy for the management of Information Governance incidents. Access to the Choose Pharmacy application may be removed for the duration of the investigation. The outcome of the investigation will be reported to the Primary Care Manager who will inform the Information Governance Team that the record can be closed.

Any further general learning or training identified following the investigation will be agreed between the Primary Care Manager and the Information Governance team and progress monitored through the Information Governance tracker.

If the inappropriate access is carried out by the Pharmacy Owner/superintendent pharmacist then the Primary Care Manager will appoint an appropriate individual within the HDUHB to carry out a full investigation.

3 TRAINING

All staff will be required to have appropriate Information Governance training, additional training can be requested by individuals or line managers. Training will be provided in several formats to accommodate all learning styles and the requirements of staff and The Health Board.

4 IMPLEMENTATION

Extensive communications exercises have been undertaken to ensure all staff groups are aware of NIIAS and the implications of any breaches identified. This will be further supported through Information Governance communications via Globals / Newsletters / IG Awareness on Intranet.

5 REVIEW

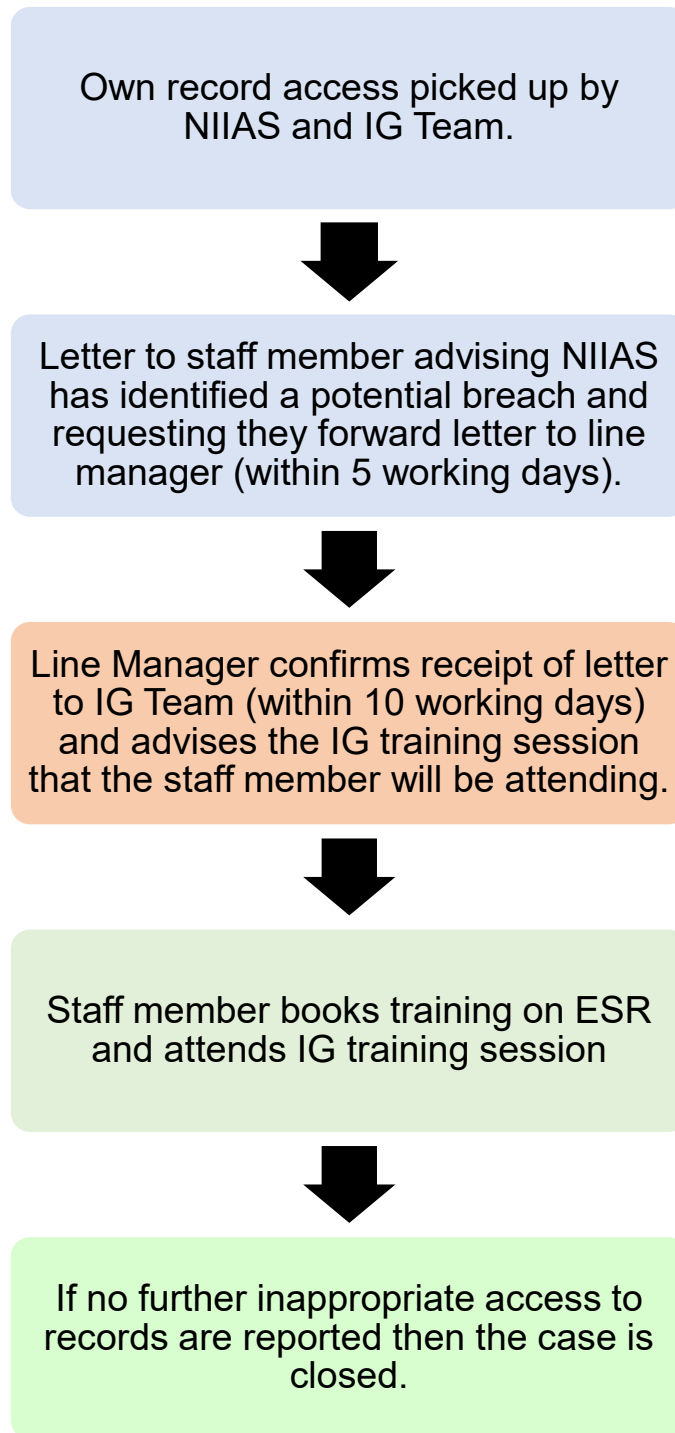
This Procedure will be reviewed in line with the further roll out and enforcement of the policy rules, or sooner, as required.

References

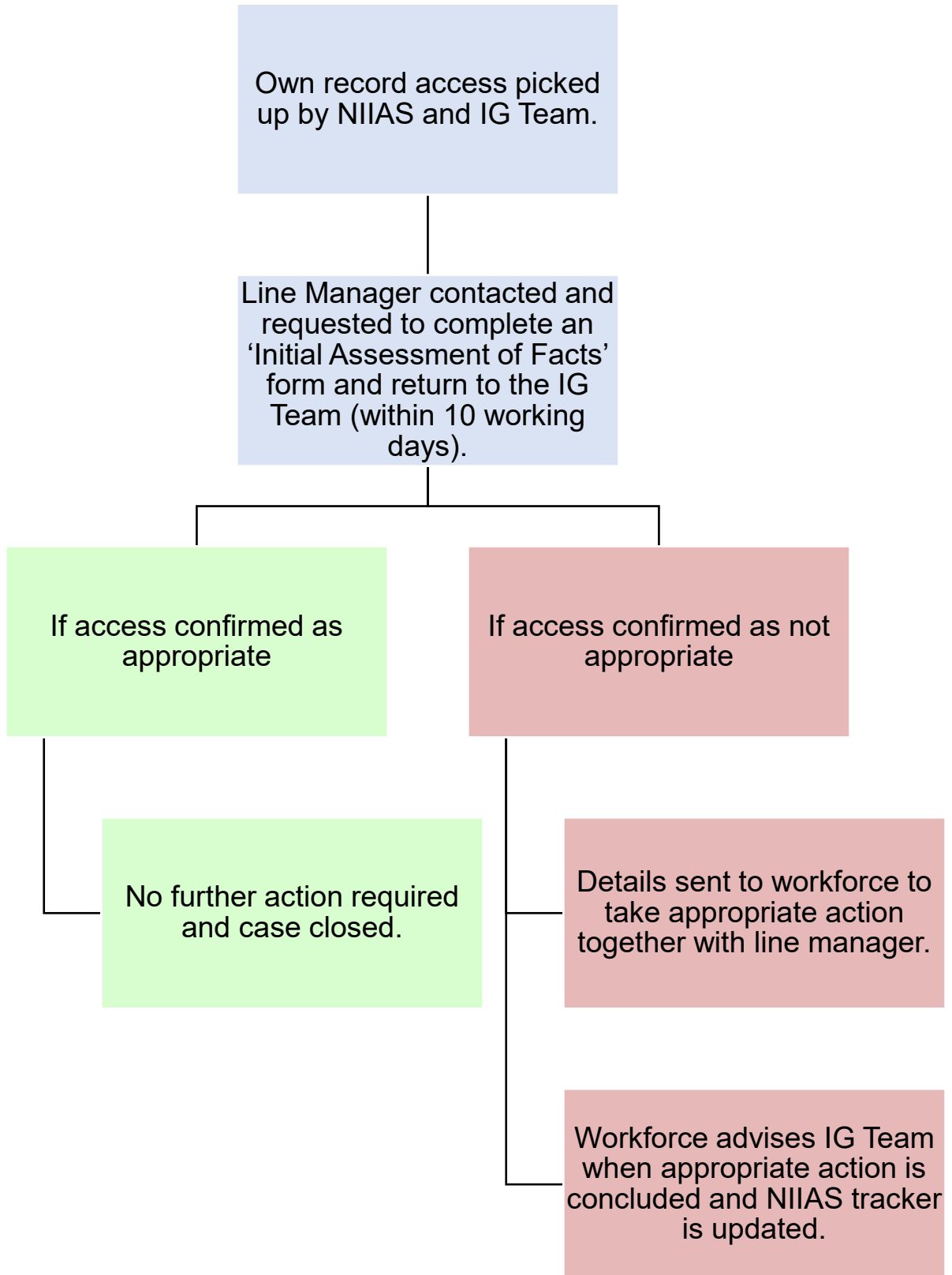
Information Commissioner Office <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/personal-data-breaches/>

6 APPENDICES

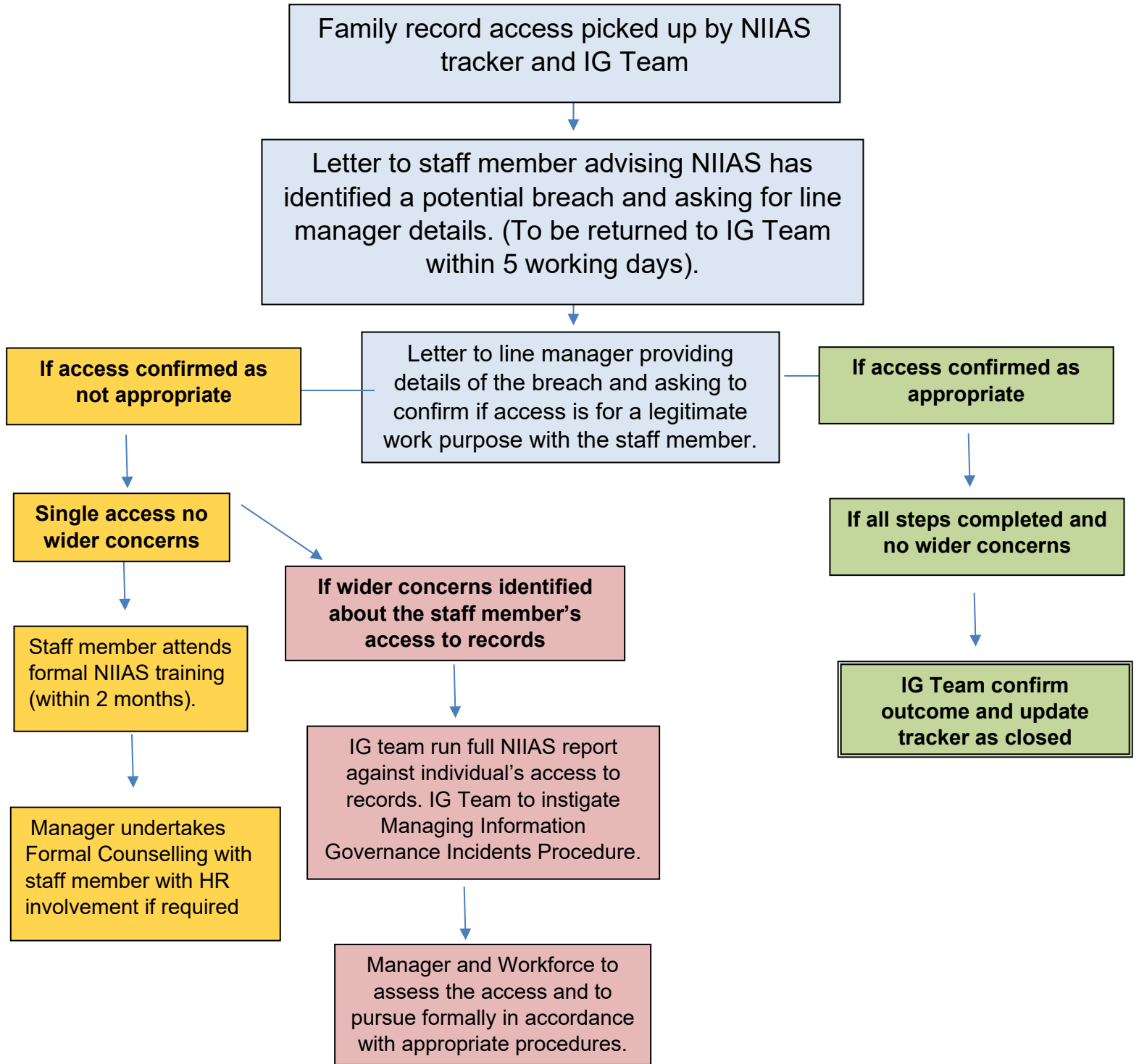
Appendix 1 – Process for managing Access to Own Record: First access by staff member



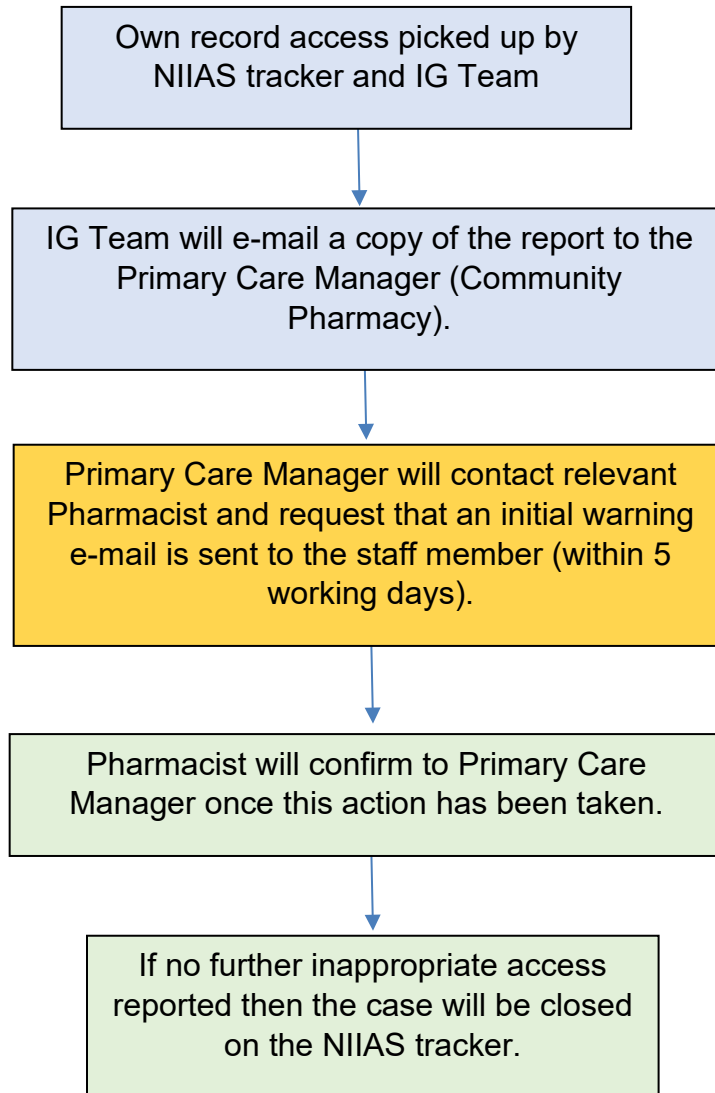
Appendix 2 – Process for managing Access to Own Record: Further access by staff member



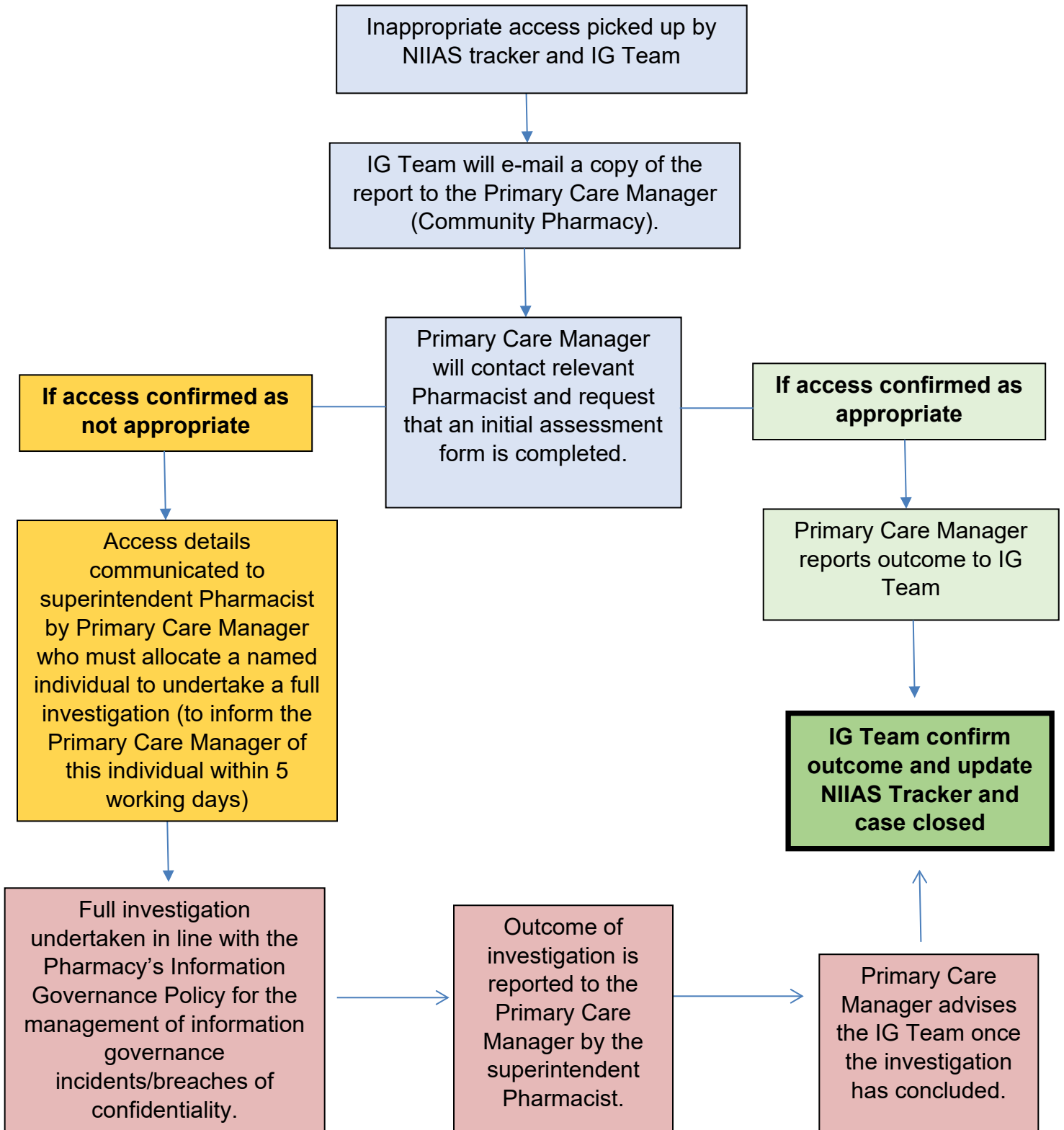
Appendix 3 - Process for managing access to Family Record, Staff Record, Same Vicinity, Persons of Interest and Deceased patient's records.



Appendix 4: Pharmacy staff accessing their own record on one occasion



Appendix 5: Pharmacy staff accessing their own record on more than one occasion or potentially accessing another person's record inappropriately



Written Control Documentation Policy

Policy information

Policy number: 190

Classification: Corporate

Supersedes: All previous versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: NA

National Safety Standards for Invasive Procedures (NatSSIPs) standards: NA

Version number: 5

Date of Equality Impact Assessment: 10.12.2024

Approval information

Approved by: Sustainable Resource Committee SRC

Date of approval:

Date made active:

Review date:

Summary of document:

This policy describes the process for the development, adoption, review, approval, publication and implementation of all written control documents (WCD-s). This policy ensures the organisations WCDs are in line with current legislation, guidance and evidence. WCDs can include policies, procedures, guidelines and strategies.

Scope:

This policy applies to all staff employed by the Health Board who are involved with the written control documentation development and review process.

To be read in conjunction with:

153 – [Equality Impact Policy and Procedure \(opens in new tab\)](#)

173 – [Freedom Of Information Policy \(opens in new tab\)](#)

193 – [Retention and Destruction of Records Policy \(including Health Records\) Version 2 \(opens in new tab\)](#)

307 - [Production of Patient and Carer Information Policy \(opens in new tab\)](#)

Patient information:

Not applicable

Owning group:

Written Control Document Review Task and Finish Group/IGSC

Executive Director job title:

Director of Corporate Governance/Board Secretary

Reviews and updates:

Version 1 – New policy approved on 10th May 2011.

Version 2 - Revised policy to reflect new process for written control documentation approved on 24th May 2016.

Version 3 - Slight amendments – Data Protection Act, approved on 26th June 2018.

Version 4 – Full review

Version 5 – Full review

Keywords

Policy, procedure, guideline, protocol, Standard Operating Procedure (SOP), Written control documents (WCD), summary approval report, Document Approval Form (DAF), Equality Impact Assessment (EqIA)

Glossary of terms

- WCD - Written Control Document
- A collective word for all policies, procedures, guidelines and strategies that the Health Board have put in place to ensure that the organisation is run effectively.
- DAF - Document Approval Form
- SBAR - Situation, Background, Assessment, Recommendations (Report)
- EqIA – Equality Impact Assessment
- CWCDG - Clinical Written Control Documentation Group
- Owner Group - The committee, sub-committee, group or department that has ownership and responsibility for each
- NWJJC - NHS Wales Joint Commissioning Committee
- WHC - Welsh Health Circular. These are health guidance issued to health boards by the Welsh Government

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Introduction

Hywel Dda University Health Board (Health Board) has a legal duty to ensure that the policies, procedures, and guidelines are in place. Written Control Documents are also known as WCDs. WCDs help ensure that the Health Board follows legislation, meets mandatory requirements, and provides services that are evidenced-based, safe and sustainable.

Having relevant, up to date and easy to follow WCDs minimises risk to patients, employees and the organisation. With this policy, the Health Board provides a robust and clear WCD management system. This policy includes the arrangements that support the development, review, approval, publication and implementation of WCDs. This policy helps to achieve compliance with corporate and clinical governance standards.

Policy statement

This policy sets out what the organisation does to manage WCDs and how that is done. This policy supports the effective decision making and delegation process and provides a step-by-step process for staff to follow.

Scope

This policy applies to all staff who have the responsibility for the development and/or review, publication and implementation of WCDs within their role. This policy applies to all Health Board WCDs, both clinical and non-clinical.

Aim

This policy aims to describe the WCD process, ensuring they are in line with current legal requirements and relevant to the service.

Objectives

To achieve this aim, the policy sets out the procedures for:

- The development and review of WCDs.
- The standard approach to WCDs, including corporate style and templates.
- Completion of equality impact assessments to enable the identification and elimination of inequality.
- Approval of WCDs following the correct approval processes.
- The publication of approved WCDs, including the WCD system.

Types of written control documents

Definitions of the WCDs in use within the Health Board are:

Strategy

A strategy is defined as a long plan designed to achieve goals or objectives. A strategy is often a broad statement of an approach to achieving these desired goals or objectives and can be supported by written control documents.

Policy

A policy is a written directive from the Board, which may be driven by statute or law, describing the broad approach or course of action that the Health Board is taking with an issue. Policies define the commitment of the Health Board and the obligations of individual staff. A policy is underpinned by evidenced based procedures and guidelines that must be adhered to.

A policy is Health Board wide and approved on behalf of the Board via the correct approval process.

Procedures

A procedure is a standardised method of performing tasks by providing a series of step-by-step actions on how to achieve a safe and effective outcome.

A procedure often sets out how a policy is to be achieved; however, procedures can also be a stand-alone document and must be adhered to.

Clinical procedures must be underpinned by evidence-based guidance from recognised bodies.

Guidelines

A guideline gives general advice and recommendations for dealing with a specific circumstance.

A guideline must be used in conjunction with your existing knowledge and expertise to ensure you take the right action in a specific situation.

A guideline often sets out how a policy is to be achieved however guidelines can also be standalone documents.

A clinical guideline is underpinned by evidence-based guidance from recognised bodies. Clinical guidelines should be followed to protect yourself and the organisation if an issue occurs.

Protocol

The Health Board considers this document as the same status as a procedure and should be referred to as a procedure.

Pathway

The Health Board considers this document as the same status as a guideline and should be referred to as a guideline.

Standard Operating Procedure

A standard operating procedure is either a procedure or a guideline and the appropriate template should be used.

Service specification

Service specifications do not fall under the remit of the 190 – Written Control Documentation Policy and therefore the process and document, EqIA and SBAR must be scrutinised and approved by the relevant operational business group/committee who has this responsibility within their terms of reference.

Service specifications must not contain guidelines or procedures – these must be separate documents, which have been through the 190 – Written Control Documentation Policy process and can be hyperlinked in.

For ease of access, service specifications can be housed on the Health Board policy intranet pages.

Prescribing information

Prescribing Information is approved and managed directly by the Medicines Management Operational Group (MMOG). All Prescribing Information, Guidelines and Procedures must be approved by MMOG prior to uploading onto an electronic resource (e.g. app).

Classification of Documents

Clinical

Clinical WCDs relate to the care and treatment of patients and offer an evidence-based approach to clinical decisions for patients with a given condition.

Corporate

Corporate WCDs relate to the management of the organisation and formulate the organisation's response to known situations and circumstances.

Employment

Employment WCDs relate specifically to the management of employees (however defined) within the organisation. They are guidance on how a wide range of issues should be handled, incorporating a description of principles, rights and responsibilities for managers and employees.

Financial

Financial WCDs relate specifically to the financial controls within the organisation. They are a written source of guidance and incorporate a description of controls, processes and responsibilities for all managers and employees. These need to align to the Health Board's standing orders and Standing Financial Instructions. The governance of financial WCD is overseen by the Health Board's Finance committee. Financial WCD do not require a DAF or to go through the global consultation process.

Identifying the need for developing, adopting or reviewing a WCD

The reason to develop a new, adopt or review an existing WCD can come from a variety of sources including:

- changes to legislation or national guidance,
- external reviews,
- audits,
- standardisation,
- clarify or improve working practices,
- to lessen an identified risk,
- to reduce the risk of fraud, bribery and corruption,
- to adopt an all Wales WCD.

The managers and staff of a service are often best placed to recognise when a WCD is needed. One example is the development of a WCD following an investigation into an incident, which includes recommendations on other controls to prevent a reoccurrence. This can also be because of an investigation into a complaint, litigation or external investigation, counter fraud review/investigation, audit or report.

Most WCDs are developed internally for use within the organisation; occasionally, a WCD needs to be developed jointly with another organisation. [See joint policy example 395 – Section 136 – Mental Health Act, 1983 Mentally Disordered Persons found in public places \(opens in new tab\)](#). This document brings together the Local Authorities, Police, Ambulance and other partner organisations. The WCD must go through the other organisation's processes and be approved.

Some WCDs are issued on an All Wales basis with the expectation of local adoption. These documents must also be subject to formal approval for use in the Health Board. Although the content of these

documents cannot be amended it is for us to confirm how they will be implemented and monitored. If more specific local information and guidance is required to implement the All Wales document, this will be contained in a local written control document.

Before developing a new or reviewing an existing WCD, the Policy Coordination Officer should be contacted. The Policy Coordination Officer will be able to provide advice and support about each stage of the process. You can contact the Policy Co-ordination officer via email at policies.hdd@wales.nhs.uk

You cannot develop or amend a document on your own; the document must be owned and overseen by the correct committee, sub-committee, task and finish group or department (known as owner group). This group must contain the expertise to advise on current legislation, guidance and evidence that affects the WCD. They must nominate a lead author who will handle ensuring that the process outlined in this policy is followed. WCDs should always be developed and reviewed in collaboration with others to ensure that the final document is in line with current legislation, guidance and evidence. If not, this may delay the approval of the document.

Strategies and policies must be sponsored by the Executive Director who has responsibility for the relevant service or area the document relates to.

All Wales and joint WCDs must be overseen by the right committee, group or department, who will nominate a lead to complete the approval process.

Steps in the development and approval process

Step 1 – Document Initial Assessment Form (DAF)

The first step in the WCD process is the completion of the Document Approval Form (DAF).

The DAF must be completed with the WCD for all documents except:

- Financial procedures, as these are structured documents which link into our standing financial instructions.
- A department only or single profession WCD, which sets out the requirements for a specific department or professional group and does not have wider implications. For further advice contact the Policy Co-Ordination Officer.

The content of All Wales documentation cannot be changed; however, the form needs to be completed to look at how the content can be implemented.

The DAF is to aid the responsible person to be clear about the reasons for the document, and the potential impacts of it. It is best practice to consider these prior to developing or reviewing all WCDs.

The DAF specifically aims to ensure that: -

- The right type of document is developed.
- The WCD is developed, adopted or reviewed within the context of existing WCDs.
- There is a plan of involvement with interested parties who will be essential to the implementation of the WCD.
- Consideration is given to the possible wider implications of the WCD.

Using this form from the start will ensure that the development or review process is robust, efficient and prompt. This form also enables the Policy Co-ordination Officer to track all WCDs that are under development or review.

Following sign off by the committee, group or department who owns the WCD, the DAF should be sent to the Policy Co-ordination Officer.

For all clinical policies, the DAF must be reviewed by the Clinical Written Control Documentation Group (CWCDG) to ensure it is right for the purpose and everyone will be consulted, and a mentor from CWCDG will be appointed.

For clinical procedures/guidelines, the DAF can be signed off by the appropriate owning group to ensure it is right for the purpose/consultation is ticked appropriately and an appropriate mentor from the group will be appointed. A summary of any DAFs approved by other groups/committees will be reported into CWCDG.

Financial WCD – The process of completing a DAF is not required.

Step 2 - Format of your document

The development and review of a WCD requires proper planning and time for collaboration with others. This will ensure that the WCD is robust and meets the requirements of current legislation, guidance and evidence. It will also ensure that enough time to undertake the development process is allocated. A minimum of 6 months should be allowed from the completion of the DAF to final publication.

Once the type of document has been agreed, the correct template must be used to ensure that the information needed is contained within the document.

The templates and guidance on how to complete them are included as appendices to this policy. Using the template correctly will ensure the document is as digitally accessible as possible, and that it can progress to consultation stage. WCDs not following this format will not go on further in the process and will be returned to the author for correction.

[The new digitally accessible templates can be found here on the developing a written control document page \(opens in new tab\)](#)

All WCDs must follow the Digital Accessibility Standards, which came into force for all public sector bodies in the United Kingdom on 23rd September 2018. The templates have been designed to comply with this; you must follow the guidance document when completing the template.

It is important that all WCDs are written so that they can be understood by all staff; to do this, the document must be written with a reading age of between 8-12 years. All WCDs must be factual, evidence-based and concise.

Step 3 - Assessing for impact

Equality Impact Assessment (EqIA)

The impact of the WCD must be considered before starting its development or at the first stages of its review. Undertaking an equality impact assessment enables resources to be targeted effectively and can help to reduce health inequalities.

A first screening will need to be undertaken for all WCDs as this will show whether a full equality impact assessment is needed.

The EqIA process involves looking at the likely effects of this document on those with a protected characteristic both while it is being developed and while it is being implemented. Impact assessments apply to existing as well as new and proposed WCDs.

Equality Impact Assessments must be undertaken on relevant WCDs to ensure they follow the Equality Act 2010 and the Data Protection Act, General Data Protection Regulations 2016 and any later legislation.

The WCD author will need time to assess the document and make any required changes once the EqIA has been completed. The EqIA needs to be signed off by the Equality & Diversity Team prior to the WCD approval. Refer to section: Approval of urgent documentation without an equality impact assessment having been finalised.

The Equality Impact Assessment will be published along with the approved WCD.

[Further information, guidance and support on EqIA completion is available here on the Equality, Diversity and Inclusion intranet page \(opens in new tab\).](#)

You can also contact the team via email on Inclusion.hdd@wales.nhs.uk.

Privacy Impact Assessment

Privacy Impact Assessments (PIAs) look at the privacy and data protection issues that may arise by the implementation of a WCD. This assessment ensures that the WCD does not breach the Data Protection Act, UK General Data Protection Regulations 2016 or any other related laws and guidance.

Ensuring WCDs are developed or reviewed with privacy in mind at the outset can lead to benefits which include:

- Potential problems are found at an early stage; this means addressing them early will often be simpler and less costly.
- Increased awareness of privacy and data protection across our organisation.
- Organisations are more likely to meet their legal obligations and less likely to breach regulations
- Actions are less likely to be privacy intrusive and have a negative impact on individuals.

A PIA can reduce the risks of harm to individuals through the misuse of their personal information. It can also help to design a more efficient and effective process for handling personal data. A first screening tool will need to be completed on all WCDs as this will show whether a full assessment is needed.

The Information Governance Team is available to help and recommend that staff complete the document and to answer any queries about the process. You can contact the team via email Information.Governance.hdd@wales.nhs.uk

[Further information on PIAs can also be viewed here on the Information Commissioners Office \(ICO\) website \(opens in new tab\)](#)

Step 4 – Collaboration with others

Compliance with legislation and regulations

All WCDs must follow legislative frameworks such as Consent, Deprivation of Liberties, Mental Capacity, Child and Adult Safeguarding, Data Protection, Welsh Language, Digital Accessibility, Equality and Fraud. To do this, the lead author must seek assurance from the relevant Health Board

leads that the WCD adheres to the relevant legislation. Evidence of this assurance must be included in the SBAR that goes with the final draft WCD when presented to the Approving Committee, Sub-Committee or Group.

Interested Parties Involvement

WCDs must not be developed in isolation. At the start of the development, adoption or review process all interested parties named in the DAF, must be approached by the lead author. The early involvement of all interested parties ensures the WCD is fit for purpose and can be implemented and followed by all involved.

Interested parties can contribute to the content of the WCD and give approval of the sections which they handle or that will affect them. Interested parties must find any barriers which could obstruct the implementation of/or compliance with the WCD. Any identified barriers must be resolved prior to the WCD being presented for approval.

For clinical WCDs, the lead author should wherever appropriate contact the Clinical Effectiveness Co-ordinator who will help with the identification of all relevant National Institute of Clinical Excellence (NICE) and Royal College Guidance. This guidance must inform and be referenced within the WCD.

The Library and Knowledge Services Manager is available to undertake a literature search and provide guidance on referencing.

Most clinical WCDs must include patient information leaflets as appendices when approved. Eido Healthcare or Welsh Risk Pool (WRP) approved alternative patient information leaflets must be used wherever possible. [For more information you can click here to visit the Patient Experience intranet page \(opens in new tab\)](#)

[Information on developing patient leaflets can be found here in 307 - Production of Patient and Carer Information Policy \(opens in new tab\)](#)

If you would like further information on patient leaflets you can email patient.experience.HDD@wales.nhs.uk

Comments and feedback received from interested parties must be collated and a record kept of the action taken; for example, if the comments were incorporated or not. This information must be included in the SBAR when the WCD is presented for approval.

Step 5 - Consultation

This is the final stage in the development, adoption or review process. This provides a further opportunity to interested parties who have already contributed and those who might have been inadvertently missed, to comment.

Any written control document that has an impact on staff (ie failure to comply resulting in disciplinary action) must be submitted to Staff Partnership Forum/Trade Union for comments.

Any clinical written control document that has an impact on staff (ie failure to comply) must be submitted to the LNC for information and comment. The Policy team will assist with this process.

Consultation must be undertaken for all organisational strategies, policies, procedures and guidelines, which are multi-disciplinary or multi-agency. You can contact the Policy Co-ordination Officer for advice on this.

Consultation involves the WCD being placed onto the Health Board's intranet site for a minimum of two weeks. The draft document is then circulated on the global emails where all members of staff are invited to comment on the WCD via the on-line form. The completed comment form is sent direct to the lead author for consideration and action.

All Wales and other relevant guidance documentation that is being adopted by the Health Board must go out for formal global consultation. Although the content of the document cannot be amended, it is for assurance that it can be implemented and monitored within the Health Board.

Comments and feedback received from the consultation must be collated and a record kept of the action taken. This must be included in the SBAR which will go with the WCD when it is presented for approval.

Step 6 – Preparing your document for approval.

Before you are ready to send your WCD for approval you must ensure you have all the accompanying information completed.

1. Equality Impact Assessment (EqIA).
2. Privacy Impact Assessment (PIA).
3. Interested parties' comments or approval.
4. If required, a full implementation plan.
5. SBAR which refers to all the above.

SBAR

All WCDs presented for approval must be accompanied by a SBAR, which will provide assurance that the development or review of the WCD has been undertaken in line with this policy.

The SBAR needs to: -

- Prove the development process has been robust and in line with this policy.
- Prove the last version of the WCD is in line with current legislation, guidelines and evidence and can be implemented.
- Include an assessment of the impact of the WCD, the EqIA and PIA.
- List the interested parties who have been involved in the development of the WCD and evidence their approval of the final WCD.
- Supply evidence that a wider consultation has taken place and include the record of comments received and actions taken.
- Supply details on how, and by whom, the WCD is issued and how you will ensure that this happens.
- Supply details on how, by whom and when the WCD will be implemented and whether a detailed separate implementation plan is needed. If it is, this must go with the SBAR.
- Prove that there are processes in place to check the compliance with the WCD and show how they will be addressed as soon as possible.

Step 7 – Approval of your WCD

Approval of single department or profession WCDs

These WCDs relate to a single department, profession or staff group and there is no wider impact on the Health Board. Final approval of these documents can be provided by the department or service manager. These documents do not need to be recorded on the central database, but records must be kept at a local level. This is to ensure that there is a full history and document archive in line with the [193 – Retention and Destruction of Records Policy \(opens in new tab\)](#)

Approval of all other WCDs

The Board has delegated approval of WCDs to its committee structure. WCD approval is included within the individual committee, sub-committee and group's terms of reference. All WCDs must be sent to the right approving committee, sub-committee or group for approval. You can find out more about which committees, sub-committees or groups approve which document by contacting the Policy Co-ordination Officer.

If an approved WCD needs to be amended or updated prior to the full formal 3-year review, contact the Policy Co-ordination officer for instructions.

Approval of urgent documentation without an equality impact assessment having been finalised.

In exceptional circumstances only, a WCD without an EqIA can be approved. This must be for a short interim period of 1-3 months only. This brief period is to give the author time to complete the equality process.

Once this urgent document has been approved, an email must be sent to the lead author and copied to the line manager and executive lead. This email will confirm the short approval and make it clear that the document will be removed after that date. The WCD and all supporting documentation must go for approval to the next relevant group or committee meeting.

Publication of the WCD

Following approval, the last version of the WCD, plus its impact assessment documentation, must be sent to the Policy Co-ordinator within 5 working days.

The Policy Co-ordination Officer will then:

- Upload the WCD and Equality Impact Assessment documentation on the intranet or internet site as appropriate within the next 5 working days.
- Include the WCD in the daily global email sent out by the Communications Team.
- Include the WCD in the Freedom of Information Publication Scheme.

The intranet or internet page will be the primary location for all WCDs. This ensures that staff have access to the most up to date version. Staff should not upload duplicated versions of the approved WCDs but should link to the newest online version. All approved WCDs will be listed on the approved WCD page on the intranet or internet site as appropriate.

The lead author can arrange for a link to the document to be published within relevant newsletters and/or other relevant sections of the intranet. Make sure that it is the link that is published and not a downloaded version of the WCD.

Dissemination of the WCD

The owner group is responsible for agreeing how, and by whom, the WCD is issued. They must also ensure that this is undertaken. As a minimum, the WCD must be issued to the relevant operational leads to implement the WCD locally.

In addition to the dissemination found within the scope, all WCDs are also issued, as relevant to Assistant Directors, Associate Medical Directors, and operational senior management. They will then act as appropriate.

Monitoring of the WCD

The owner group is responsible for ensuring that they check compliance with the WCD. They must ensure that any issues that are found are addressed as appropriate. This might result in the updating of the WCD. Correct monitoring will help ensure that the WCD stays in line with current legislation, guidance and evidence.

Reviewing the WCD

All WCDs must be reviewed every three years unless it has been reviewed within this time scale.

The owner group is responsible for ensuring the document is reviewed and stays in line with current legislation, guidance and evidence. They must review the WCD considering new or updated legislation and/ or guidance as they are published.

Extending review dates of the WCD

The Policy Co-ordination Officer will contact the owner group to let them know their document is due for review 9 months before the review date. The lead author, in conjunction with the owner group, is responsible for ensuring that the document is reviewed before the expiry date. If the expiry date will pass, the owner group must receive assurance that the current version of the WCD is still fit for purpose. The owner group must then agree an extension of up to a maximum of six months. Any significant changes to an existing WCD will require it to be re-approved by the approving owner group by following the WCD process.

Minor changes to an existing WCD

If the amendments are minor, then a SBAR/version control document must be completed and attached to a tracked-change Word version of the WCD. The version control document must be fully completed and approved by the owner group. The equality impact assessment must be checked to see if it requires updating in line with the changes.

Global consultation is not required if there are minimal changes; however, assurance must be given that the lead author/owning group have consulted with applicable colleagues.

Documentation must be submitted for approval as per [step 7](#)

Documentation should be forwarded to the Policy Co-ordination Officer for uploading.

Significant changes to an existing WCD

Significant changes to an existing WCD must be undertaken in conjunction with key individuals and the owner group identified in the original SBAR. Amendments should be undertaken using tracked changes in Word for record keeping purposes.

The equality impact assessment must also be reviewed. The amended WCD must go out for global consultation as in the initial process.

A new SBAR should be completed prior to approval.

People included in the WCD approval process

Sub-committee, group or department who owns the WCD (known as the owner group)

The owner group is responsible for approving procedures and guidelines and recommending policies for approval to the approving committee, sub-committee or group.

The owner group is responsible for: -

- Ensuring the development or review of the WCD is undertaken within the timescale.
- Ensuring that it has the relevant knowledge and expertise within its membership to develop or review a WCD.
- Nominating and providing support to the lead author. The support person will be responsible for ensuring that the process outlined in this policy is adhered to.
- Signing off the DAF.
- Providing assurance to the approving committee, sub-committee or group via a SBAR that the following has been undertaken:
 - The developmental process has been in line with the WCD Policy.
 - The final version of the WCD complies with current legislation, guidance and evidence and can be implemented.
 - Agreement on how, and by whom, the document is disseminated and ensuring that this is undertaken.
 - Agreement on how, by whom, and when the WCD will be implemented and whether a detailed separate implementation plan is required.
 - There are mechanisms in place to monitor the compliance with the WCD and ensuring that any identified issues are addressed as soon as possible.
 - Ensuring that the WCD remains in line with current legislation, guidance and evidence throughout its lifetime.

Lead author

The lead author will be identified by the owner group and will act as the nominated lead during the development or review of the WCD. The lead author should have the right level of knowledge, and experience to lead on the development of WCDs on behalf of the owner group. In particular, the lead author will be responsible for ensuring that each step of the WCD procedures has been followed.

The lead author, in conjunction with the owner group, is responsible for:

- Contacting the Policy Co-ordination Officer at the start for advice and support throughout each stage of the WCD development or review process.
- Identifying the scope and purpose of the document and completing the DAF before starting the development or review of the document.
- Identifying the interested parties, dependent upon the scope of the document and expertise required. These may include other specialist groups and committees, specialties, professional groups or services.
- Identifying and following the approval procedure for the WCD being developed or reviewed.

- Providing assurance to the approving committee, sub-committee or group that all relevant interested parties have contributed and given approval of the WCD.
- Where any issues cannot be resolved, the most senior appropriate individual must be notified before recommending the WCD for approval.
- Ensuring that the WCD is produced in line with current legislation, guidance and evidence.
- Ensuring that any potential negative impacts are considered throughout the development or review process. As a minimum, a screening for equality impact must be completed in line with this policy.
- Ensuring that privacy and data protection principles are considered by completing a Privacy Impact Assessment (PIA).
- Producing the SBAR, which must accompany the final draft of the WCD.
- Developing or reviewing documents within the 6-month timeframe.

WCD approving committee

This will be the most appropriate committee with delegated authority from the Board and its sub committees.

All Wales or jointly developed policies must be formally adopted by the Health Board, via the appropriate approval committee, before being implemented in the organisation. These may require additional procedures to be developed to support implementation within the Health Board.

The approving committee through the SBAR must assure themselves that the following has been completed: -

- The development or review process has been robust and in line with the WCD Policy. The final version of the WCD is in line with current legislation, guidance and evidence and can be implemented.
- An assessment of the impact of the WCD including the EqIA and PIA.
- The SBAR lists the interested parties involved in the development of the WCD and their comments and approval of the final WCD have been considered.
- Evidence that wider consultation has taken place and records the comments received, and action taken.
- Agreement on how, and by whom, the document is disseminated and ensuring that this is undertaken.
- Agreement on how, by whom, and when the WCD will be implemented and whether a detailed separate implementation plan is required.
- There are mechanisms in place to monitor the compliance with the WCD and ensure that any identified issues are addressed when identified.

Policy Co-ordination Officer

The Policy Co-ordination Officer will provide advice and support to authors throughout the WCD process.

The Policy Co-ordination Officer is responsible for:

- Managing the written control document system in line with statutory requirements outlined within the Public Records Act 1958.
- Providing secretarial support for the Clinical Written Control Documentation Group.
- Ensuring that this policy and process is followed and acting as the operational gatekeeper for all WCDs.

- Publishing WCDs on the staff intranet and internet sites as appropriate.
- Ensuring up to date guidance and documentation on the WCD process is accessible.

Written control document system

The WCDs that are approved within the Health Board are centrally managed through the Corporate Governance department. A WCD database is in place.

Once a WCD has been entered onto the database, approved and published on the intranet or internet, then this should be regarded as the only official Health Board version by staff.

Where to find the approved WCDs

A central written control documentation intranet page has been developed for staff to house hyperlinks to all Health Board written control documentation: [Central WCD page \(opens in a new tab\)](#)

Intranet Pages:

[Clinical WCDs can be found here on the Clinical Written Control Documents intranet page \(opens in new tab\)](#)

[Financial WCDs can be found here on the financial written control documentation intranet page \(opens in new tab\)](#)

Internet page

[Corporate and Employment WCDs can be found her on the written control document page of our website \(opens in new tab\)](#)

ARCHIVING OF WRITTEN CONTROL DOCUMENTATION

The owner group is responsible for identifying when/if a document is deemed as no longer required or fit for purpose and needs to be archived. The owner group will recommend to the approving group/committee that the document is withdrawn and archived as appropriate.

Once approval to archive has been received, the Policy Co-ordination Officer will remove the policy from the central policy page and update the database.

Where a WCD has been replaced or archived, the archived copy will be held by the Policy Co-ordination Officer but will no longer be available online. The Health Board is required to keep a record of all previously approved WCDs, for 30 years in line with WHC (2000) 071 for the Record and Records Management Policies

Each department or service that develops or reviews WCDs must set up their own WCD system. This must hold all current and out of date WCDs. All out of date WCDs must be kept for a period of 30 years.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the Health Board has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based and sustainable.

Nominated Director – Director of Corporate Governance/Board Secretary

The Board Secretary is responsible for providing a robust and clear governance framework for the effective management of all WCDs, and compliance with this policy. Specifically ensuring that:

- A consistent approach and process for the development, approval, publication, implementation and management of WCDs meets statutory requirements is in place.
- There is an appropriate scheme of delegation in place for the approval of WCDs.
- There is a WCD management system in place.
- WCDs are available to the public to improve transparency and in accordance with the requirements of the Freedom of Information Act.

Senior Management

Senior management are responsible for:

- Ensuring that the WCD policy is adhered to by staff within their area of responsibility.
- Ensuring all staff have access to WCDs.
- Ensuring that all newly approved WCDs are distributed appropriately within their area of responsibility.

Department, service or ward management

Department, service or ward managers, through their supervisory structure, are responsible for:

- Ensuring that the WCD Policy is adhered to by staff within their area of responsibility.
- Contributing to the development of WCDs that may impact their area of responsibility
- Ensuring there is a robust documentation control system in place locally to ensure WCDs are readily available and accessible to staff.
- Ensuring that staff are working to the most up to date WCD.
- Ensuring that staff are aware of any new or reviewed WCDs and a process is in place to demonstrate that staff have read and understood the WCD.
- Ensuring that any new members of staff are made aware of the local WCD system at local induction. This must include how to access relevant WCDs and demonstrate that they have read and understood them.
- Ensuring their staff are competent to implement this WCD Policy.

All Staff

All staff are responsible for:

- Complying with this policy.
- Ensuring their practice is in line with all WCDs relevant to their area of work.
- Identifying any barriers to compliance with any WCD, and report this up through the appropriate structure, for example, competence or equipment.
- Identifying any changes in practice, guidance or legislation that require a review of any WCD and report this up through the appropriate structure.

NHS Wales Joint Commissioning Committee Website (NWJJC)

(Formerly known as Welsh Health Specialised Services Committee (WHSCC))

Publications relating to written control documentation received by the corporate team from NWJJC are disseminated to relevant clinical leads in collaboration with the Clinical Effectiveness team. The Clinical Effectiveness Team is responsible for bringing to the Clinical Written Control Documentation any publications that have queries or that should be noted.

References

- Cardiff and Vale University Health Board (2011) Management of Policies, Procedures and Other Written Control Documents Policy.
- Public Records Act 1958
- WHC (2000) 071 For the record and records management policies.

3.3

12:25 PM, 0 Mins

3.3 - DIGITAL OVERSIGHT GROUP UPDATE

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

- Digital Oversight Group has not met since last SRC update

| For assurance

3.4

12:25 PM, 5 Mins

3.4 - DIGITAL INCLUSION

*Anthony Tracey
(Hywel Dda UHB -
Digital Director)*

| For assurance

Attachments

[Digital Inclusion SRC 25 February 2025.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Digital Inclusion
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

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 report provides the Sustainable Resources Committee (SRC) with an update and overview on the progress being made on Digital Inclusion Programme since the last update in August 2024. The report also provides a plan of action proposed by the Digital Inclusion team for the next 12 months. This outlines the work required to continue to develop digital skills and confidence across the workforce and to ensure efforts are in place to priorities and support the extensive digital project rollout proposed during the next 12 months, as the digital transformation plans accelerate to meet its strategic objectives. Programmes such as Patient Flow, Electronic Observations (eOBS) and Electronic Prescribing and Medicines Administration (EPMA) will depend on staffing having the digital skills and confidence to use such systems which will result in the anticipated outcomes.

Cefndir / Background

Hywel Dda University Health Board's (HDdUHB) Digital Inclusion Programme continues to work towards its planning objectives which is to lead, connect and support a coordinated approach to various digital inclusion work across the health board and its wider partners.

HDdUHB's digital inclusion programme works in line with the Health Board's digital response and will focus on and ensuring that digital inclusion and accessibility is key in the:

- Day to day activities across the health board's workforce.
- Integration of new digital programmes and related population health initiatives.
- Unlocking the skills and information required to improve decision making of patients in relation to engaging with digital and services.
- Development of patient centred solutions in communities.
- Improvement of user digital literacy allowing for maximising the benefits of digital technologies and being digitally skilled and confident.

The Digital Inclusion team is a small team consisting of two individuals, the Digital Inclusion Manager and Digital Inclusion Adviser who work closely with the wider Digital Innovation and Transformation team, other teams across Digital Services, Informatics nurses, Learning and Development, Future Workforce as well as with Digital Communities Wales (Welsh Government's (WG) Digital Inclusion Programme) to try and develop and offer the best opportunities and approach possible to address the digital inclusion considerations and requirements of the programme across the Health Board and wider population.

Asesiad / Assessment

Update on the progress made since the last update (August 2024) towards meeting the Health Board Planning objective and the 8 identified pillars within the Digital Inclusion programme is as follows.

Pillar 1 - Recognise Digital Access and Skills as a Social Determinant of Health

- Head of Digital Innovation and Transformation has been engaging with regional digital inclusion steering group to share, discuss and demonstrate the Patient Hub (Print and Post) raising the awareness of the rollout of the hub to patient population in the future.
- Digital Inclusion Manger has successfully opened doors for Digital Inclusion within the Professional Nursing Forum meetings with a permanent Digital Inclusion update slot on the agenda for the future. This has offered a wonderful opportunity to talk about the support available with ward Managers across all sites, to raise awareness to digital inclusion and its importance to patients, highlight the support resources available and training opportunities that can be accessed by the workforce. It has opened the opportunity to build key relationships with Ward Managers across all sites and has allowed an opportunity for staff to receive advice and guidance around digital issues and to respond to any questions or barriers associated with digital amongst the teams. This forum will continue to be integral to the lines of communication into teams across all sites for digital project roll outs also.
- As previously reported to the Committee, HDdUHB' Digital Inclusion team submitted a SMART Partnership Funding application to WG in partnership with University of Wales Trinity St Davids (UWTSD) to access funds to support a Digital Divide research project, however, this application has not been successful. The Regional Digital Inclusion Steering Group will relook at whether there are any further opportunities available to fund a research project in the near future.

Pillar 2 - Co-design Digital Health Services

- The Digital Inclusion Manager continues to represent the Health Board's digital inclusion programme as a member of the Digital Health and Care Wales (DHCW) NHS Wales App Patient and the Public Assurance Group to advise and guide and continuously promote and highlight digital inclusion within their ongoing work plans.

Pillar 3 - Improve Digital Health Literacy in the Population

- Positive relationships continue to grow with Ceredigion County Council's Independent living hub – exploring how we can work closer with them to enhance the digital skills and confidence of the population once people are through the door to ensure that they are

aware of the digital support available. The Hub Manager was invited to present about the project in the recent Regional Digital Inclusion Steering Group event held at Yr Egin.

Pillar 4 - Develop 'Digital Health Hubs' to Improve Inclusion.

- Pembrokeshire County Council have approached the Digital Inclusion Manager and is currently in conversations around how the Digital Inclusion team can contribute and support the digital inclusion skills and confidence aspects towards proposed plans to develop an Independent Living Centre offering access to smart digital technology, aids and adaptations along with training and support in using technology to enhance skills and confidence.

Pillar 5 - Build Trust and Relationships with Poorly Served Groups

- A strong and positive relationship has been formed with the External Engagement Coordinator of Royal National Institute of Blind (RNIB) who is supporting and advising the health board with accessibility for people living with Sight Loss in particular with projects such as Hybrid Print and Post and who has also been invited onto and agreed to be an active member of the Regional Digital Inclusion Steering Group.
- The team is working closely with the Patient Experience department to support patients with potential digital skills and confidence needs within the communities and to make referrals to local support.
- The Digital Inclusion Manager and Benefits realisation Manager have been working closely on developing an approach to engage and communicate with teams to support change management requirements and are working closely with all digital projects to ensure that the right communication and resources are embedded into the rollout approach of the projects.

Pillar 6 - Harness the Benefits of Digital for Health and Wellbeing

- Digital Innovation and Transformation projects continue to be introduced and incorporated into the Regional Steering Group Meetings with stakeholders to openly communicate progress and upcoming digital projects and digital updates and plans of the health board to grow interest and participation and cascade across stakeholders to the wider population.

Pillar 7 - Improve Digital Skills in the Health and Care Workforce

- Since the Digital Inclusion team provide it's last update to the committee back in August 2024, it has continued to press forward with raising awareness of digital inclusion across the workforce, with a total of 342 (with clinical roles being the highest area to engage at 40%) members of staff attending various Digital Inclusion Training sessions run in partnership with Digital Communities Wales and internal face to face sessions that have been delivered by the Digital Inclusion Team across the sites.

Figure 1 below provides data for 1st July 2024 to 7 February 2025:

Figure 1

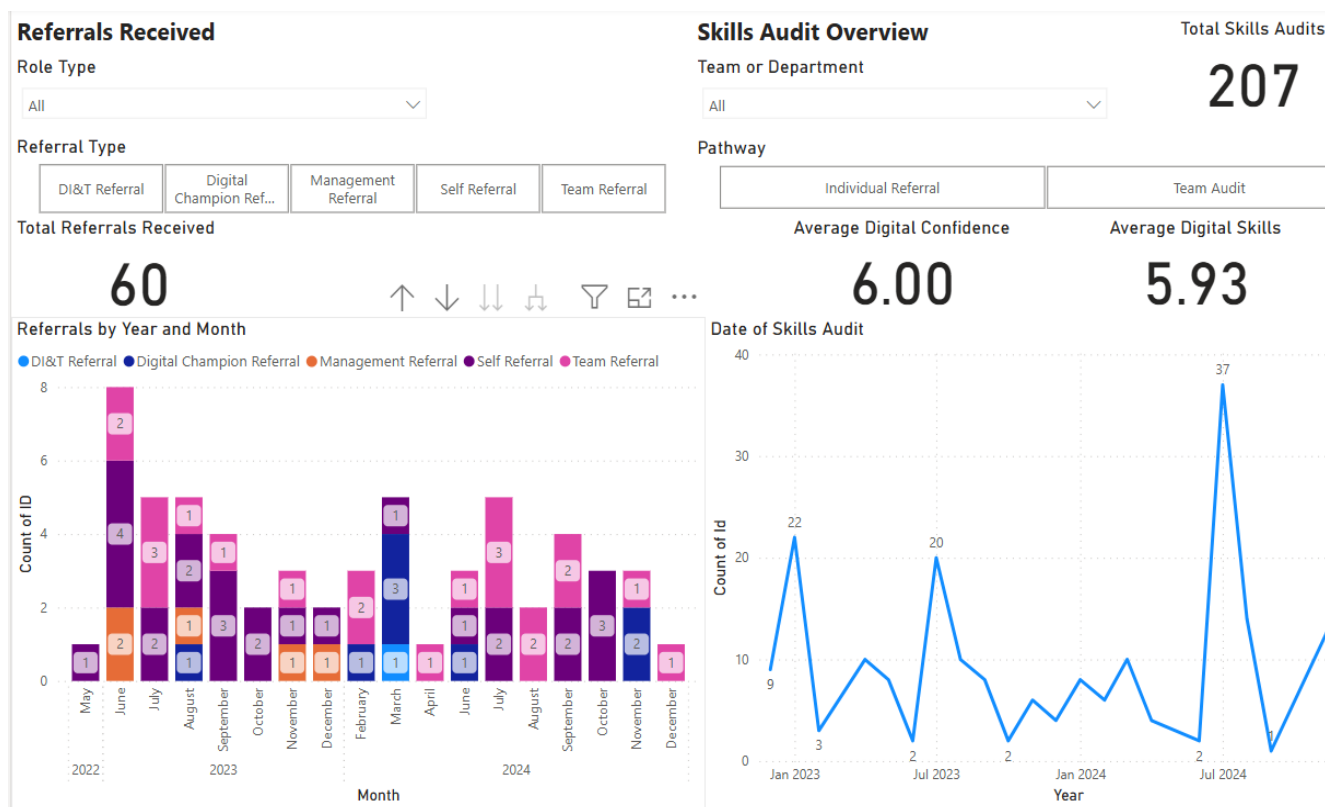


The next data set below (Figure 2) shows a steady continuation of the number of referrals being received by the team as the word continues to cascade of the support service available for the workforce. On average the digital inclusion team are currently receiving three referrals per month requesting to engage with and support skills development of teams and individuals.

The data shows that there is an increase in request to support teams which is positive to see as we continue to explore opportunities of pushing out and raising awarenesses to Team Leaders and Team Managers of the support available.

Figure 2 below gives the overall data gathered of referrals received since May 2023:

Figure 2

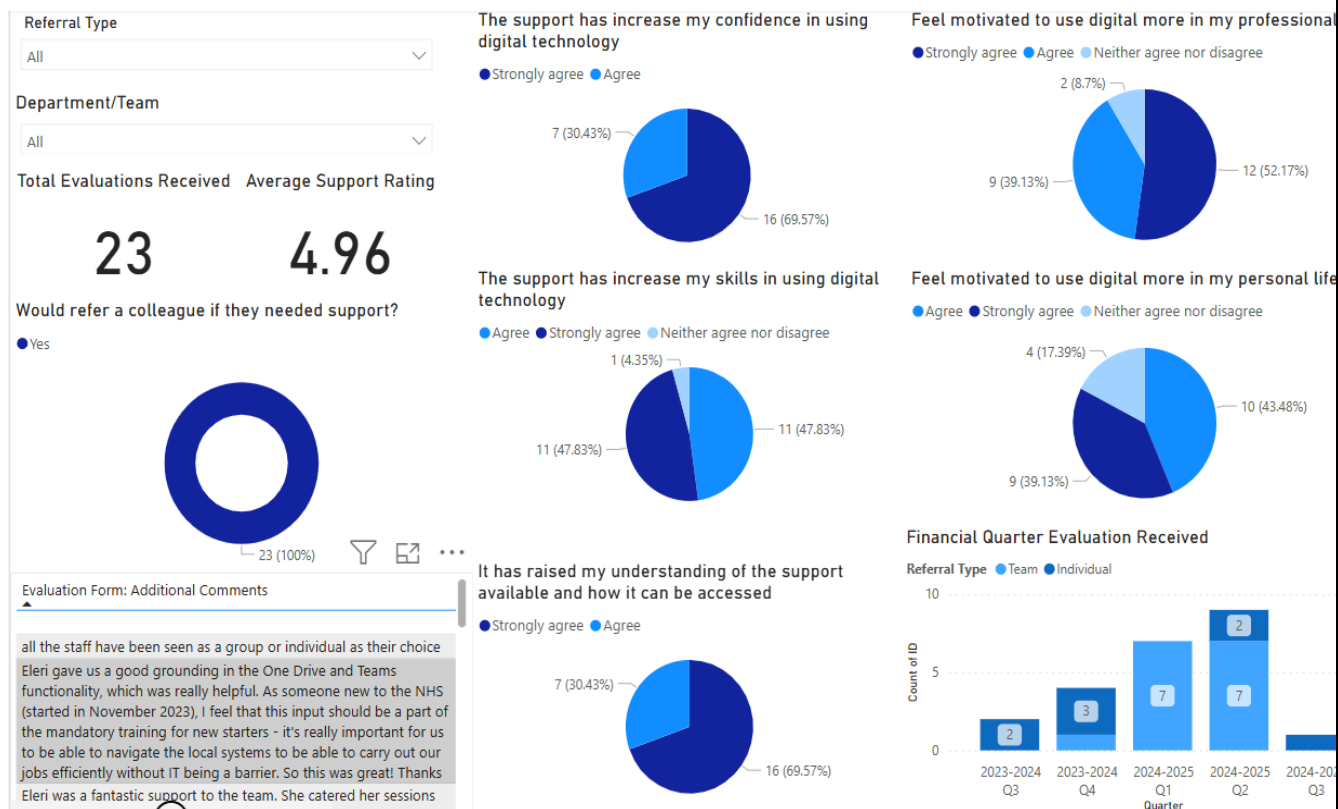


The data below (Figure 3) offers a clear picture of feedback being received by Team Managers and individuals who have engaged and accessed basic and essential digital skills and confidence support through the digital inclusion team.

The average rating of the support service continues to be incredibly positive at 4.9/5 and data shows that the Digital Inclusion Teams benefits realisation plans are being met and continue to grow as the service engages much wider with the workforce. It is important to highlight that the Support Service Evaluation feedback data shows the work of the digital inclusion team does in fact inspire, motivate, and develop digital confidence and skills of those who have engaged with the team.

Figure 3 below offers overall evaluation of service support feedback:

Figure 3



Positive feedback received from members of the workforce engaging with digital inclusion:

“Just wanted to feedback how helpful and insightful I have found previous sessions and that I will be sharing some of the resources I have learnt about at my next team meeting so you may get an influx of bookings after 13.2.25 ☺️.”

“Your support was invaluable and had the MS Teams form been suitable for stroke therapies at BGH, then with your support we would now be fully set up and running. As you appreciate, the wider issues that we had are beyond your team’s support.”

“Presented in a really friendly way using easy to understand language so I didn’t get left behind!”

“Following assessment, I realised my skills were better than I had realised, and confidence was more of the issue.”

[Changes that will help you to support your patients/ services users following digital inclusion intervention] “We now have a more efficient way of working within the team.”

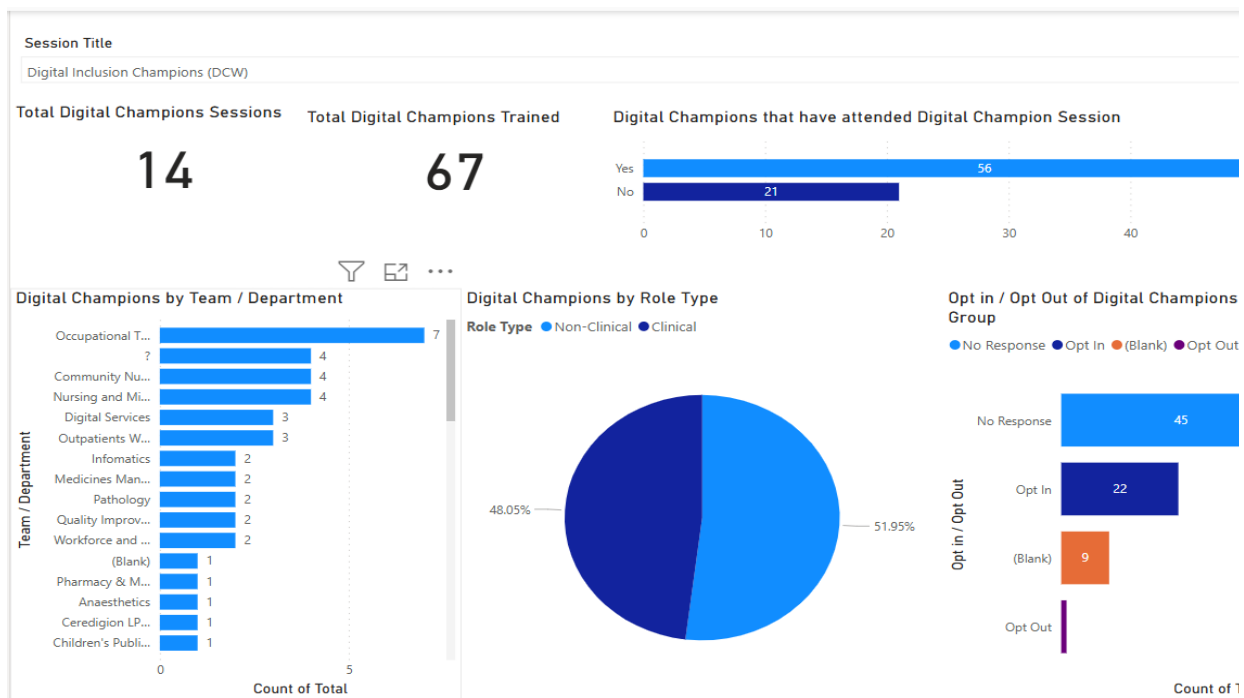
Digital Inclusion Champions Network

The Digital Inclusion Champions network continues to develop and grow although it is the intention to focus efforts on this are of work in the future so that more Digital Inclusion Champions can be identified within teams to support the success of digital project roll out. Digital Inclusion Champions will be key to support peers and ensure that barriers can be

overcome and are ambassadors to the positive benefits that the change offers. As part of the digital inclusion future planning there will be emphasis and drive to develop this area further and to work closer with Team Managers to identify and train potential Champions. Currently data shows that there is less uptake from clinical roles, and we hope to explore this in more detail moving forward to understand what support we can offer to increase digital inclusion champions within clinical areas.

Figure 4 below offers information on Digital Inclusion Champions:

Figure 4



Pillar 8 - Embed digital inclusion in health, care, and wellbeing strategies

- Work continues to plan the most effective support solution to ensure the digital readiness of our workforce with digital projects due to be rolled out health board wide. Due to the extent of the rollout for projects such as Electronic Prescribing and Medicines Administration (EPMA), Electronic Observations (eOBS) and patient flow.
- Digital Inclusion Manager is working with the Head of Digital Business and Engagement to explore opportunities of introducing a Digital Capability & Confidence section within the PADR process within the health board. Confirmation received that the PADR is currently under review and considerations are to be made around ensuring that digital capability and confidence is seen as a priority of PADR review conversations between Managers and employees.
- Wider work continues to be explored on how we can engage and develop much wider the understanding and priority that accessibility offers us to ensure equity of access to our services and the benefits to everyone. The Digital Inclusion team continue to work on developing awareness and skills around digital accessibility, device functionality and applications available to support the workforce who in turn can support the patients and public.

- The Regional Digital Inclusion Steering Group, and the development of collaborative and positive relationships with stakeholders continues to be integral to the development of and success of the programme pillars and continues to grow interest and conversation around digital inclusion across the counties. The positiveness of the collaboration is being heard across West Wales. The group have recruited further stakeholders over the year who are keen to explore further work and opportunities available to us as a collaboration and has encouraged stakeholders to identify pots of money available to support small scale digital inclusion projects within communities. The Digital Inclusion Manager is currently working on a focus and plan for the upcoming 12 months and is consulting with all stakeholders to ensure that the approach moving forward is driven by the wider collaboration and continues to ensure that stakeholders are engaged and committed to improving the digital divide across our population in West Wales.

Challenges and Risk

Training Provision

The future position of the Digital Communities Wales (DCW) Programme continues to be unknown and whether Welsh Government intends to invest further into Digital Inclusion, is unclear. Opportunities are being explored to identify other avenues to support the continuation of support and training available to the workforce post DCW. Although it must be reiterated that Digital Communities Wales will continue to support HDUHB's programme until June 2025 at a minimum. The Digital Inclusion Manager is exploring the opportunities internally to develop self-learning resources such as video training, which will allow the team to signpost individuals or teams to enhance their skills and confidence further. Exploring opportunities of closer working with Digital Services teams and Learning and Development is crucial in planning a way forward to fill any gaps identified.

Information Sharing

Due to the pressures internally on the Communication team the development of a Digital Inclusion website page (previously discussed) is currently on hold until capacity becomes available to support this however positive steps have been taken to continuously grow the information and resources available to the workforce internally through the SharePoint pages and also through the development of paper-based posters and information leaflets that can be provided to support development.

Summary & Next Steps

The Digital inclusion Programme continues to develop across all areas of the health board and wider communities to continuously enhance its commitment to improve digital literacy, inclusivity of staff, patients, carers, and wider communities.

HDdUHB's roadmap for the next 12 months includes:

- Plan and develop a new approach to digital inclusion support which will promote and emphasise the need for team managers and leaders to take responsibility over the 'Digital skills and Confidence readiness' of their employees, enhancing the digital inclusion teams ability to support the extensive roll out of new digital projects.
- Develop further resources/ pre-recorded sessions as needed that can be used as a tool to support specific gaps in skills and knowledge of the workforce allowing capacity for

the DI team to prioritise those in greater need and who require more extensive intervention to develop skills and confidence levels.

- To continue developing upon the Regional Steering Group with focus on Digital Divide Research and further planning in response to feedback received through the steering group evaluation survey from stakeholders.
- To continue to work on seeking funding opportunities to grow the digital inclusion team to allow the digital inclusion team to reach further and wider across the health board' workforce and wider communities so that future plans can enhance scope of programme pillars and explore opportunities of offering digital support within communities.
- Develop a "Digital Skills Development Framework" which will focus on opportunities available at all levels of digital capability. (in collaboration with Digital Services team, Learning and Development Informatics and Digital Inclusion) which will support our workforce to understand the variety of opportunities available across the health board to develop digital capability and also to encourage a continuous digital skill growth of our workforce for the future.
- Utilise the time left to access Digital Communities Wales's support to develop prerecorded training sessions covering all topics and areas which will offer signposting opportunities and support our wider population through the website page (once available).
- Continue to develop on the Digital Inclusion Champions Network to develop a sustainable peer to peer support opportunity across the Health Board, in particular, within clinical areas to support digital project rollout.
- Continue to work with community Libraries to explore the opportunities available to develop on Digital Health Literacy and Health Hubs.
- Continue to work with Digital Services' Head of Digital Business and Engagement to embed Digital as a mandatory area of discussion within the PADR process for the future.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to:

- **NOTE** progress made within the programme.
- **NOTE** the challenges and risks highlighted to the programme.
- **PROVIDE** any recommendations it sees appropriate to enrich the programme.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive reports relating to the Health Board's Digital Programme to ensure benefits realisation from the investment made.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	https://www.digitalcommunities.gov.wales/digital-inclusion-in-health-and-care About the network - Good Things Foundation Since accessing the Databank... it's been a like a weight's been lifted" - Good Things Foundation Device Loan Scheme Resources (gov.wales)
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

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

Ariannol / Gwerth am Arian: Financial / Service:	Not known at present.
Ansawdd / Gofal Claf: Quality / Patient Care:	The ability for patients to communicate with the Health Board is essential. Digital inclusion will allow the Health Board to explore greater digital services and therefore improving the experience of the patient.

Gweithlu: Workforce:	There will be an impact on staff as they are included within the ethos of digital inclusion. All staff and patients should feel comfortable in using the digital solutions that are to be implemented within the Health Board.
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	The inability for patients not to feel engaged with their care via the use of digital solutions will affect the Health Board's reputation within the community. The strategic movement of providing care closer to the patient will mean that the Health Board needs to embrace digital solutions to improve patient care
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

4 - FOR INFORMATION

4.1

12:30 PM, 0 Mins

4.1 - INTEGRATED PERFORMANCE ASSURANCE REPORT

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

| For information

Attachments

[IPAR M10 2024-25 SRC 25 February 2025.pdf](#)

[Appendix 1 IPAR Overview M10 2024-25.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 10 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: REPORTING OFFICER:	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 10, 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.

A Power BI dashboard is also available, 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 committee meeting, the dashboard will also be made available via the Health Board's corporate [internet site](#).

The IPAR 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, displayed on one page per topic.

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.

Variation How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	■	Missing target = will consistently fail target without a service review
	■	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	■	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance

Team - 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.

Welsh Government published the [2025/26 NHS Wales Performance Framework](#) in January 2025. The Performance Team are currently reviewing the new framework and will advise of metric changes in the next IPAR update.

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 31 January 2025

Measure	Target	Latest data	Variance	Assurance
Financial deficit (in month)*	£2.629m (plan)	£-0.313m	●	n/a
Agency spend	5.47%	1.9%	●	☐
Break-even duty forecast	£21.003m (YTD) £31.550m (FYE)	£21.003m (YTD)	n/a	n/a
Third party spend – Hywel Dda suppliers	n/a	14.3%	●	n/a
Third party spend – Welsh suppliers	n/a	22.7%	●	n/a
Total carbon emissions**	n/a	93,940 tCO ₂ e	n/a	n/a

* Positive figures represent a deficit and negative figures a surplus

** Carbon emissions data as at 31st March 2023

Argymhelliad / Recommendation

The Sustainable Resources 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 March 2025 Board meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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 Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2024/2025 NHS Performance Framework
Rhestr Termiau: 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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Yes
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 31st January 2025

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 ways 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 31st January 2025](#)

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

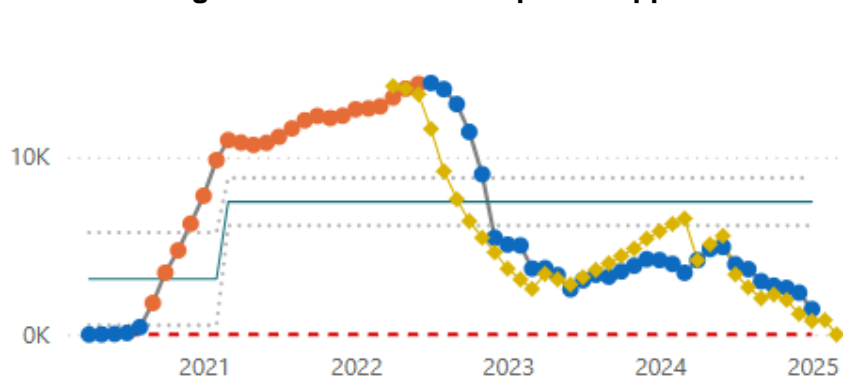
Statistical process control (SPC) charts

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

Key

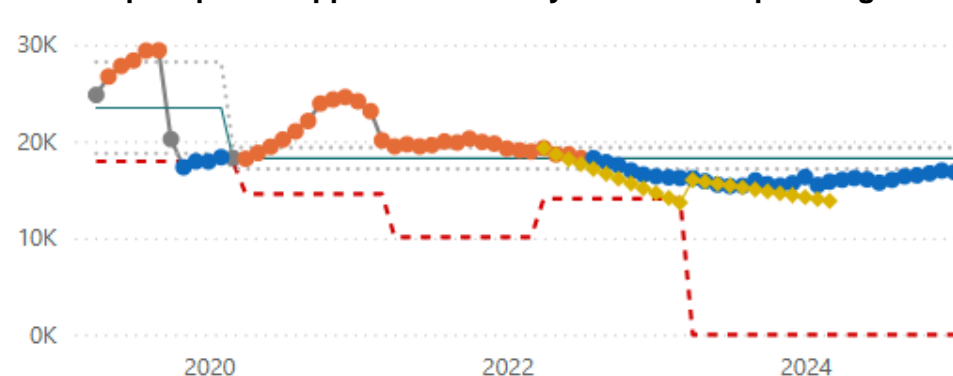
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Latest data is showing improving variation. Breaches have reduced for seven consecutive months and the 1,432 breaches at the end of January 2025 is the lowest recorded in over four years.

Follow up outpatient appointments delayed over 100% past target date



Latest data is showing improving variation, however, breaches in December 2024 (16,976) and January 2025 (16,818) at the highest level in over two years.

Key challenges / issues

- 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).
- 71% reduction in 52-week breaches since June 2024 & lowest volume for 4 years.
- The Health Board actively manages and triages referrals which has resulted in no waiting list growth.
- 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.
- Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.
- 41% reduction in 36-week breaches since June 2024 – positive indications for further recovery in future years

Key actions / initiatives

- 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.
- Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU).
- 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.
- 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.
- Demand and capacity plans have been developed and are regularly in use across specialties to maximise available capacity and forecast accurately.

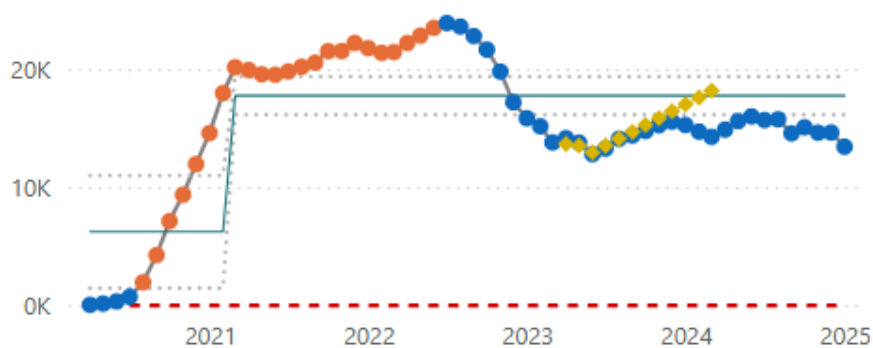
Due date

- 31/03/25
- Ongoing
- Ongoing
- Ongoing
- Ongoing

Key

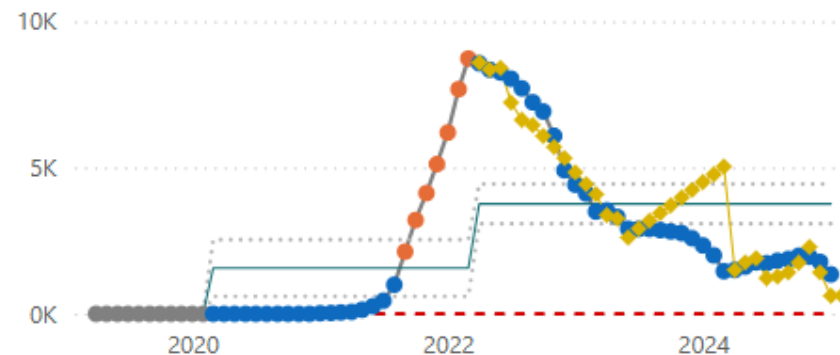
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Latest data is showing improving variation. Breaches at the end of January 2025 (13,439) are the lowest since July 2023.

Patients waiting over 104 weeks from referral to treatment



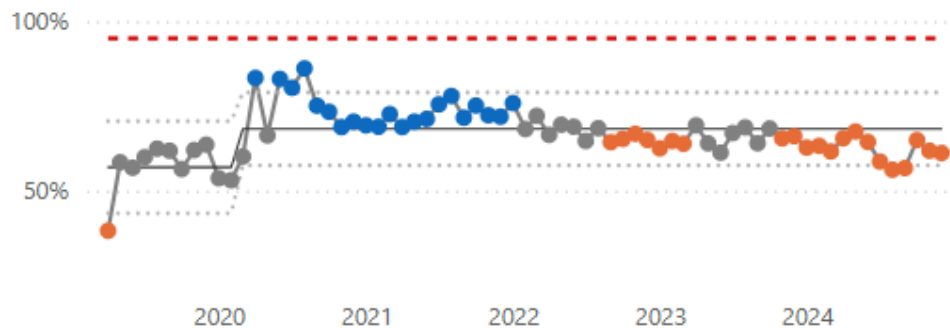
Latest data is showing improving variation. Breaches have reduced for three consecutive months and the 1,349 breaches at the end of January 2025 is the lowest recorded in over three years.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> • Ongoing acute hospital site pressures can adversely affect elective care. • Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times. • Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support. • Longer waiting patients are requiring additional pre-assessment support. • 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. • Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include: <ul style="list-style-type: none"> ○ Urology cancer backlog being prioritised over routine backlog (inpatient demand is needed for both Cancer and longest waiting routine patients). ○ Colorectal cancer demand utilising routine slots. ○ Vascular regional capacity issues 	<ul style="list-style-type: none"> • 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 (See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU)). • 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. • Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately. • Independent sector insource solution has been commissioned to supplement existing capacity. 	<p>Ongoing</p> <p>31/03/25</p> <p>Ongoing</p> <p>Ongoing</p>

Key

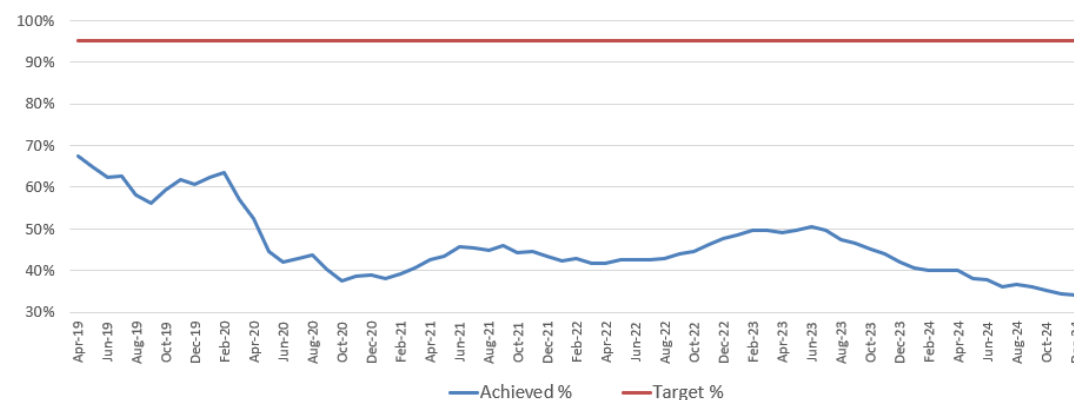
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



Latest data is showing concerning variation. In December 2024, 925 out of 1,513 (61.1%) high-risk (R1) patients **attended appointments** within their clinically assigned target date or within 25% beyond that date (Target = 95%).

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date



In December 2024, 6,182 out of 18,059 (34%) high-risk (R1) patients **were waiting** within their clinically assigned target date or within 25% beyond that date. Target = 95%.

Key challenges / issues

- Workforce/estates to deliver capacity to meet demand for high-risk (R1) patients in Glaucoma and Intravitreal Injection Therapy (IVT).
- Referral process is convoluted with many delays in the processes resulting in delays to booking.
- IVT patient breaches remain at 10 weeks which impacts R1 delivery.
- Capacity for R1 delivery directly conflicts with Ministerial Measures and the need to deliver 52-week new outpatient target.

Key actions / initiatives

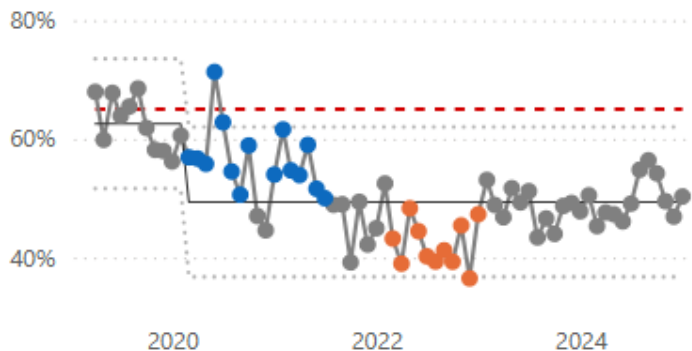
- Potential regional solutions for Glaucoma and Medical Retina being explored.
- The possibility of further regional posts could provide more Consultants.
- Outsourcing of 500 IVT patients to improve breach from 10 weeks to 8 weeks.
- Wales General Ophthalmic Services (WGOS) work continues with 277 patients discharged to the community to date.
- Referral process has been mapped with improvements identified and solutions being explored.
- IVT Situation, Background, Assessment, Recommendation (SBAR) produced to outline long term funding needed to introduce sustainable solutions. Short term solutions have been funded until March 2025 and will reduce breach position to 8 weeks. This will continue to impact R1 delivery.
- Capacity has been identified in Demand and Capacity plans for R1 delivery. This will help with R1 delivery and potentially maintain performance against target but will not improve it.

Due date

- Ongoing
- 28/02/25
- 30/09/25
- 30/04/25
- Ongoing
- Ongoing

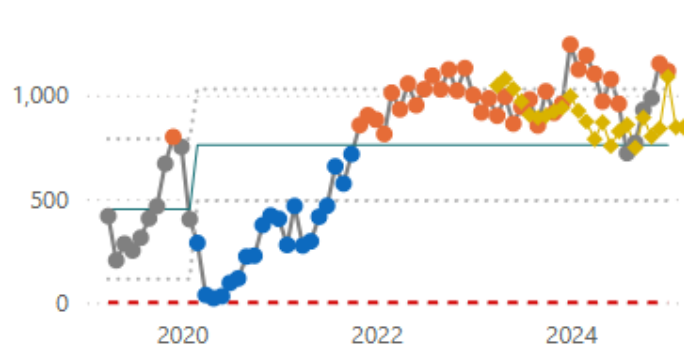
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Life threatening (red) call responses taking over 8 minutes



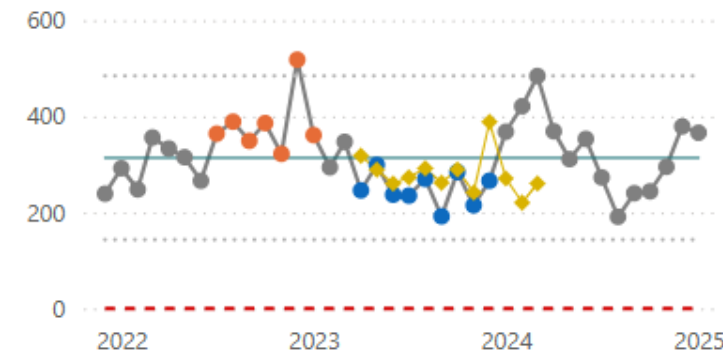
Latest data is showing expected (common cause) variation, 379 red calls met, out of a total of 754 responses, 50.3% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 1,117 handovers > 1 hour out of a total of 2,077, 54%. The trajectory of 1,089 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 366 handovers > 4 hour out of a total of 2,077, 18%.

Key challenges / issues – red calls

- 52.26% of missed red calls for January 2025 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites.
- 43.46% of missed red calls for January 2025 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8minutes if a vehicle is available and on nearest standby point.
- Overall attended demand in Hywel Dda health board area for has mainly been as forecasted but continues to remain high.
- Hospital delays in offloading WAST ambulance crews, 3,805 hours lost at the 4 acute Hywel Dda hospital sites in January 2025, which has decreased by 5.04% when comparing January 2024. Top 3 reasons for handover delays according to system data 'no beds available', 'patient had complex needs', 'no available trolley or chair'.
- Increase in the number of immediate release requests for the month of January 2025. 38 requests made, 26 accepted, 13 not accepted. Acceptance rate has decreased to 66.67%

Key actions / initiatives – red calls

- 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
- WAST resourcing reviews and targeted overtime allocation
- Porth Preseli – prehospital clinical screening model now live with advanced paramedic practitioners assisting with admission avoidance. Continuing to improve cover.
- The NHS111 press 2 access for WAST clinicians in HD area for mental health advice now live.
- Neck of Femur pathway – ongoing challenges with progression from a health board perspective and support continues to be requested from health board colleagues. Previous due date not met
- Working with health board colleagues to improve SDEC referrals and acceptance. Recruitment drive has seen an increase in Cymru High Acuity Response Unit (CHARU) paramedics improving cover.
- Palliative Care Paramedic trial, supporting palliative patients is now live in Hywel Dda

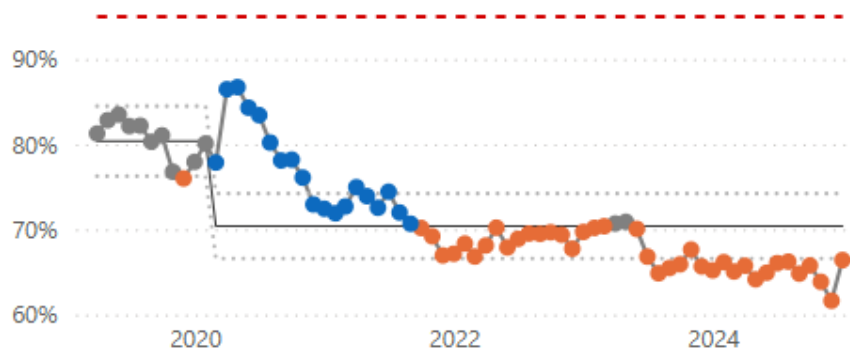
Due date

- Weekly ongoing, Daily – Hourly, ongoing.
- Weekly ongoing
- Weekly ongoing
- 30/08/25
- 30/08/25
- 31/03/25

Key

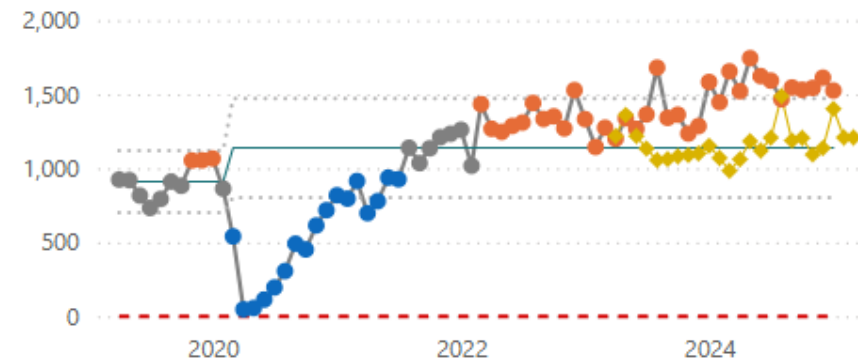
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E/MIU



66% reported for January, 4,626 breaches out of 13,771 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,525 breaches out of 13,771 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,401 was not met

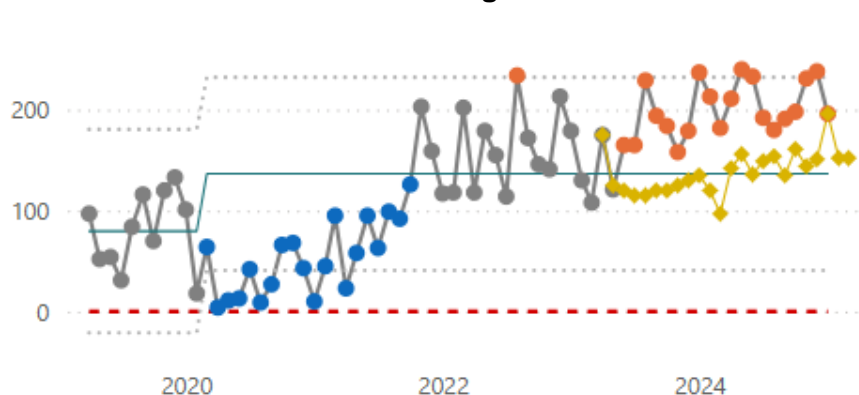
Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- [Bronllais Hospital](#)
- [Glangwili Hospital](#)
- [Prince Philip Hospital](#)
- [Withybush Hospital](#)

Key

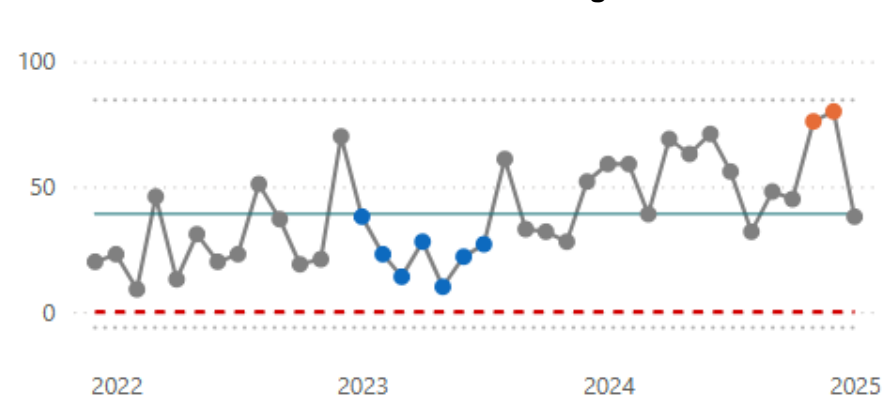
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 196 handovers >1 hours reported out of a total of 370 handovers, 53%. The trajectory of 196 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 38 handovers >4 hours were reported out of 370 total handovers 10%.

Key challenges / issues

- Emergency department “front door” capacity pressures continue. Ambulance conveyances to site average of 12 to 14 per day in the last 3 months. 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 and is currently subject to a review of its utility.
- Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.

Key actions / initiatives

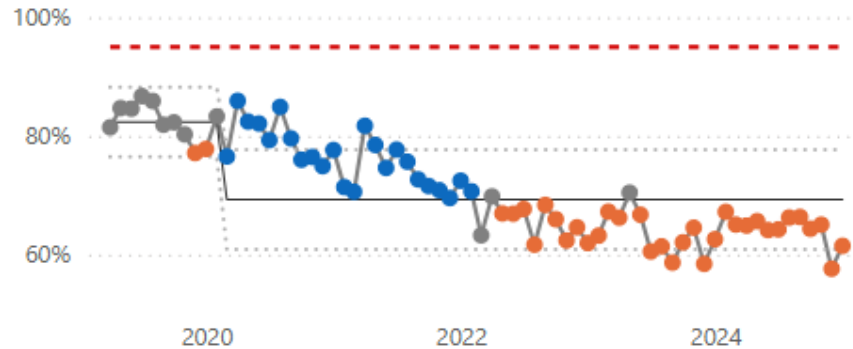
- NHS Executive action plan in situ to support actions designed to improve flow across the site
- Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.
- A request to extend arrangements at the Y Bwa site has been agreed by the executive. Project meeting held 07.02.25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 31/03/25
- 31/03/25
- 30/04/25
- 28/02/25

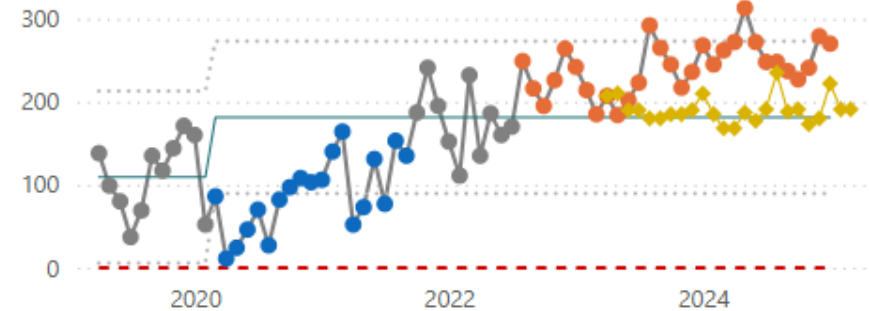
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

Patients waiting less than 4 hours in A&E



61% reported for January, 870 breaches out of 2,259 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E

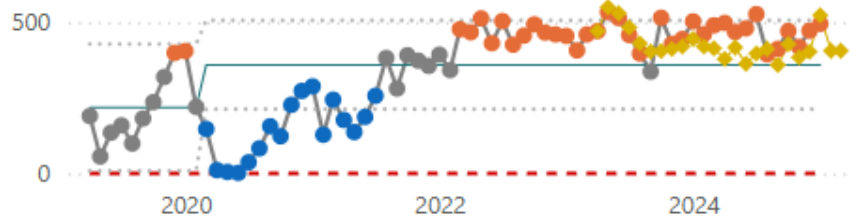


270 breaches out of 2,259 new attendances, 12%. The chart is showing a concerning performance trend. The trajectory of 222 was not met.

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 has been agreed by the executive. Project meeting held 07/02/25 to explore options for future model Detailed proposal now to be worked up/ costed for consideration re long- term model and use of facility. This will allow re-allocation of BGH site capacity with the aim of improving flow, discharge and ED performance. GIRFT follow up visit held 30/01/25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements 	<p>31/03/25</p> <p>31/03/25</p> <p>30/04/25</p> <p>28/02/25</p>

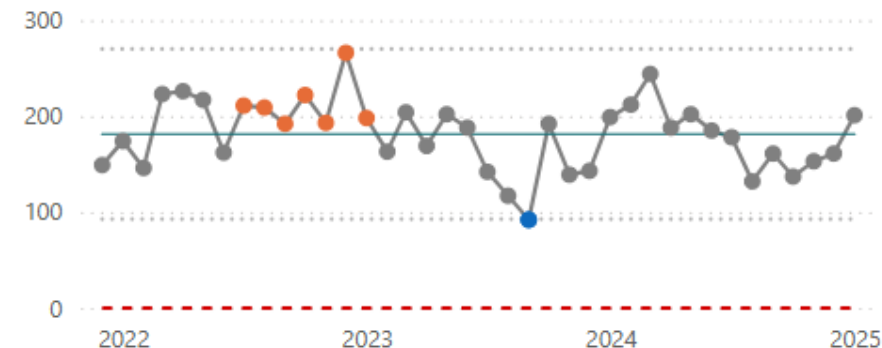
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 495 handovers >1 hours reported out of a total of 805 handovers, 61%. The trajectory of 523 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 201 handovers >4 hours reported out of a total of 805 handovers, 25%.

Key challenges / issues

Ambulance handover >1 hour performance has deteriorated in January, although total ambulance handover numbers have reduced in month compared to December. Some high ambulance arrivals reported throughout January in excess of 30.

Ambulance handover >4 hours has also seen a deterioration in January. Flow remains challenging with high acuity of patients and complex discharge needs.

Key actions / initiatives

- Red and Amber 1 release plans firmly in place and are accommodated when safe to do so. A&E safety huddle continue and focus on actions to handover ambulances and the clinical safety within the department.
- Twice daily HB calls to ensure system support for ambulance handover. Escalation of ambulance delays throughout the day to Manager of the Day and Senior Nurse for flow.
- Advanced Paramedic Practitioner and Integrated Commissioning multi disciplinary team to review ambulance stack and conveyance avoidance where possible.
- Delta rapid response and British Red Cross working at front door to facilitate early discharge with home support.

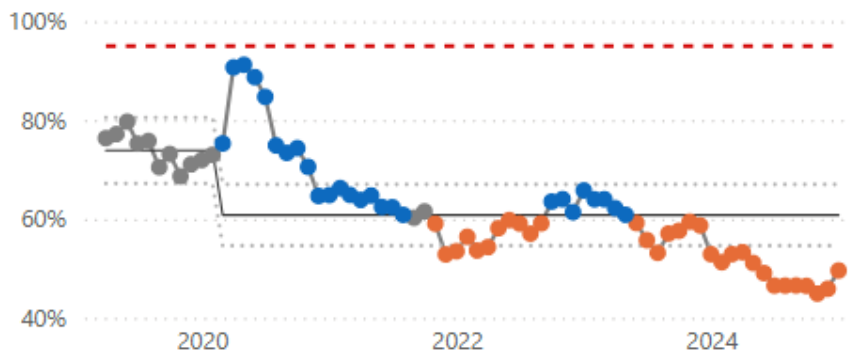
Due date

- Daily
- Daily
- Daily through Eastgate
- Daily

Key

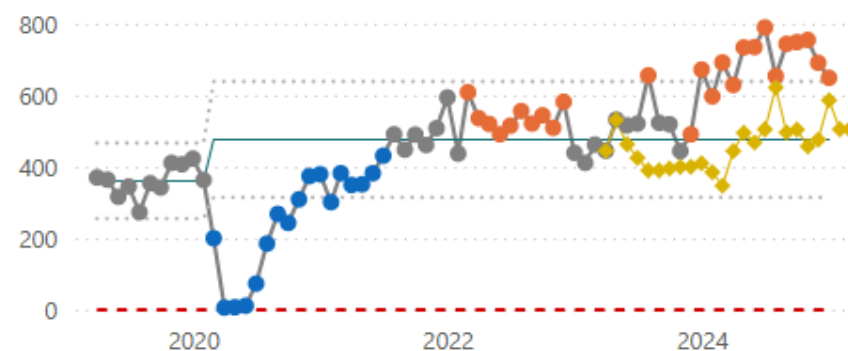
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



49.6% reported for January, 2,166 breaches out of 4,298 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



649 breaches out of 4,298 new attendances, 15%. Chart is showing concerning performance trend. The trajectory of 586 was not met.

Key challenges / issues

- 4 hour performance has remained relatively static in January although very slight improvement (4%).
- ED attendances demonstrated a slight decrease. Rapid triage and assessment is facilitated by a Senior Clinician where possible to enable early decision making.
- 12 hour performance remains relatively static due to flow through the Hospital, which continues to be challenging. High numbers of medically fit patients and increased number of ready to leave.
- Boarding protocol on ward areas at extreme risk encountered during January (additional patients in 4 bed bays) but contributed to lack of space to administer therapy and rehabilitation.

Key actions / initiatives

- Medical Same Day Emergency Care (SDEC) service trialled during perfect week (w/c 21/01/25) and continued within current staffing model.
- Surgical Same Day Emergency Care (SDEC) service continues for surgically expected patients to avoid ED overcrowding.
- Weekly Escalation meetings in place with Carmarthenshire Community teams to discuss long stay patients with focus on long stay patients.

Due date

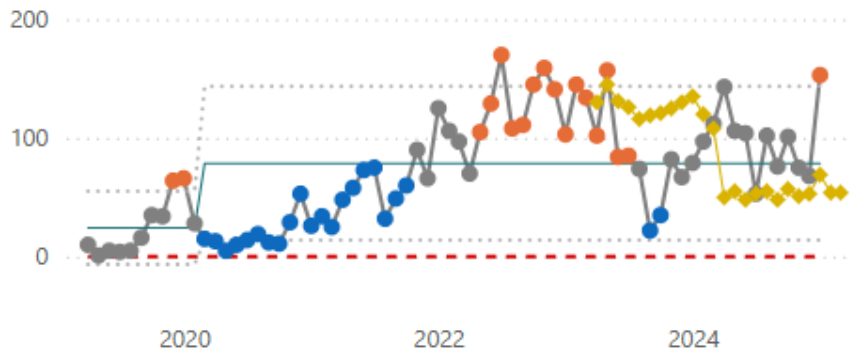
Review in March for Feb data.
SSDEC to continue.

Weekly

Key

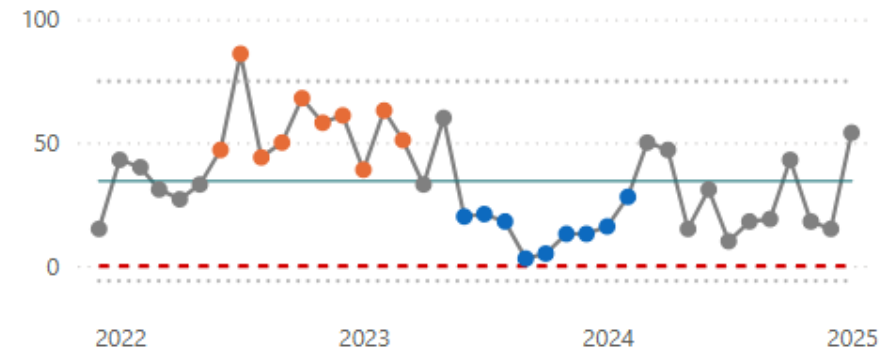
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 153 handovers >1 hours reported out of a total of 263 handovers, 58%. The trajectory of 69 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 54 handovers >4 hours reported out of a total of 263 handovers, 21%.

Key challenges / issues

- Due to the increase in ambulance demand in January, we experienced a higher number breaching >1 hour target.
- Challenges remain with a spike in infection control issues this month with various bays closing and with a temporary closure of 2 ward area resulting in closed beds.
- Across Carmarthenshire- Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave.
- Challenges continue with the prioritisation of medical patients in MIU which resulted in slightly longer delays in ambulance handovers.
- 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

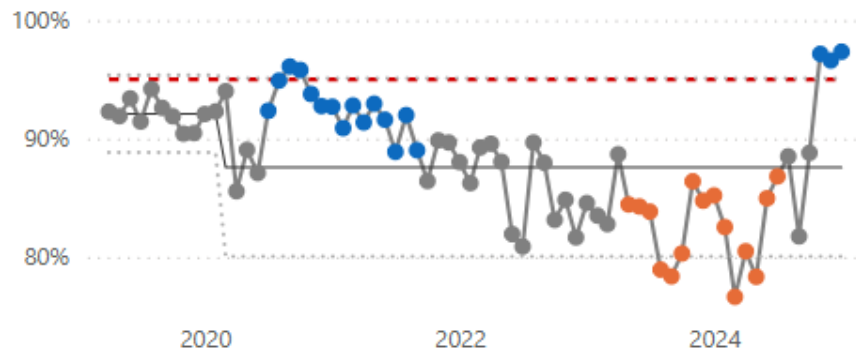
- Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients.
- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) to included interface frailty service is in its final stages of planning. Recruitment has been successful. Frailty model currently being worked up.
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.

Due date

- 28/02/25
- 28/02/25
- 28/02/25

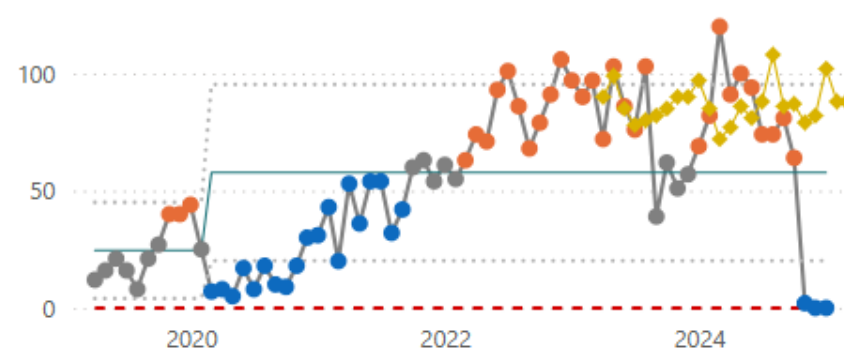
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

Patients waiting less than 4 hours in MIU



97.3% reported for January, 57 breaches out of 2,143 new attendances. Chart is showing improving variation performance trend.

Patients waiting over 12 hours in MIU



Zero breaches out of 2,143 new attendances. Chart is showing improving performance trend. The trajectory of 102 was met.

Key challenges / issues | **Key actions / initiatives** | **Due date**

- Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased. 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 breaches significantly.

- SDEC (Same Day Emergency Care) continues to support AMAU/MIU to reduce pressures at the front door. We are currently piloting SDEC weekend support to prevent admissions.
- Implementation of Criteria Led Discharge across additional areas to include weekends.
- 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.
- Further use of Virtual Wards in the community supports early discharge

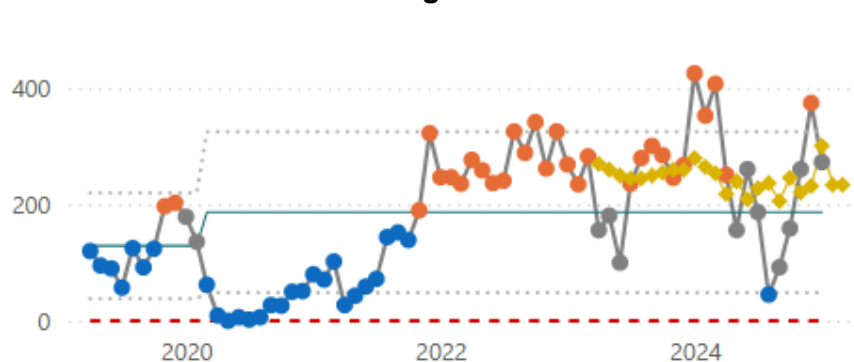
28/02/25

31/03/25

Key

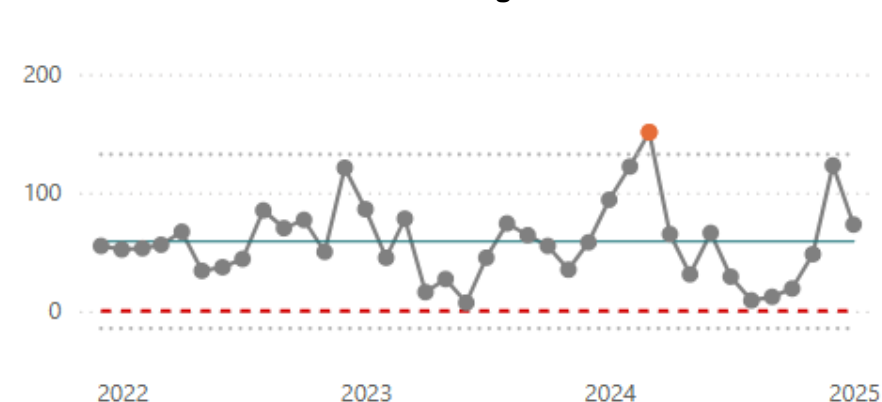
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 273 handovers >1 hours reported out of a total of 639 handovers, 43%. The trajectory of 301 was met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 73 handovers >4 hours reported out of a total of 639 handovers, 11%.

Key challenges / issues

WGH had seen improvements in the 1 and 4 hr handover targets. During the winter pressure we have not been able to consistently sustain the improvement. The ED attendance numbers has not altered greatly. However, the acuity of the patients coming via ambulance and walk ins has increased. At times there has also been a spike in ambulance conveyance that is difficult to predict. There has been an increase of the acuity of the walk in patients presenting at ED, which have superseded the clinical needs of the patients being conveyed via ambulance.

However, WGH has meet the trajectory for this target.

Key actions / initiatives

- 1 Reses bay will be ringfenced, always, to assure rapid handover of the most clinically unstable patient.
- To establish a 2nd triage room
- Clinical streaming hub continues to participate signposting patients away from ED who do not require ED
- Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.
- Boarding policy is fully implemented
- Immediate release of an ambulance is continued to be facilitated. The rapid assessment bay is ringfenced for this function.
- SDEC has increased the pull of patient from the ED queue

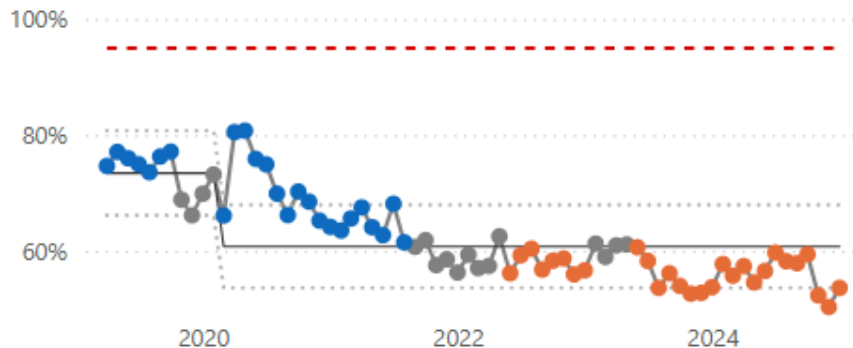
Due date

- 03/02/25
- 10/02/25
- Completed
- Completed
- Completed

Key

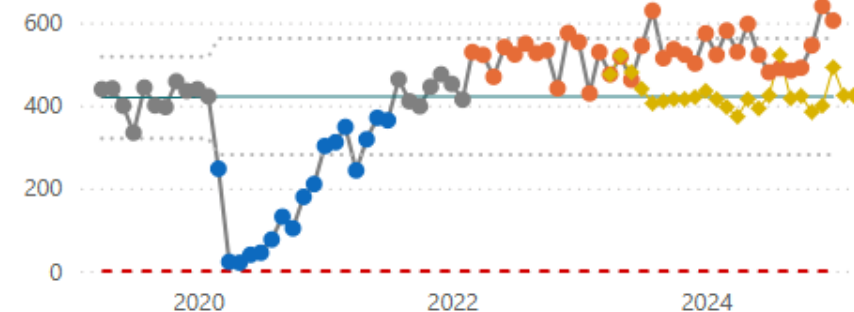
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



53.6% reported for January, 1,478 breaches out of 3,187 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



605 breaches out of 3,187 new attendances, 19%. Chart is showing concerning performance trend. The trajectory of 492 was not met.

Key challenges / issues

- We continue to see an over crowded ED. The ED clinicians do not have adequate space to see and treat patients in a timely manner.
- We consistently have 20 plus patients waiting for beds for over 12hrs.
- Pembrokeshire demographics shows we have higher percentage of people over 65 yrs. This is also seen in the SEDIT database, that our site see the higher attendance of patients being seen in ED over the age of 65. This can bring its own challenges with an increase of complexity.
- The acuity of the patients coming via ambulance and walk ins has increased
- There has been added pressure in the whole system due to seasonal infections such as Flu and Norovirus, which has seen wards/beds being closed.
- We are still seeing a high number of patients waiting in hospital who are now clinically optimised waiting for complex discharge support.

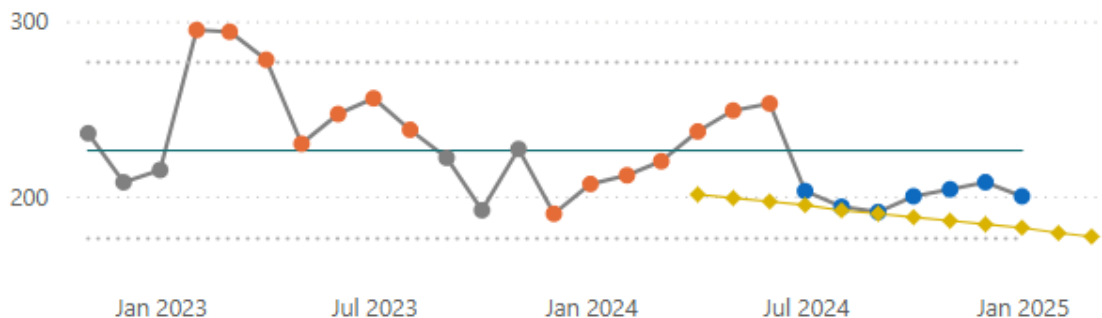
Key actions / initiatives

- Need to optimise the frailty pathway
- To have direct rereferrals from WAST/GPs to the acute frailty unit. This will avoid duplication in the patient care and have the correct input from the COTE team from the start of the patients journey in hospital.
- To map out 7 day working for the streaming hub, which may include SDEC.
- Further use of Virtual Ward and Virtual Hot clinic in the community supports early discharge or admission avoidance.
- GIRFT follow up visit held 30.01.25 Report and any actions awaited. SEDIT data package to be accessed by triumvirate team to support performance improvements across the ED system

Due date

- 01/04/25
- 01/06/25
- 01/06/25
- 01/04/25
- 01/03/25

Total number of pathways of care delayed discharges (non-MH + MH & LD)

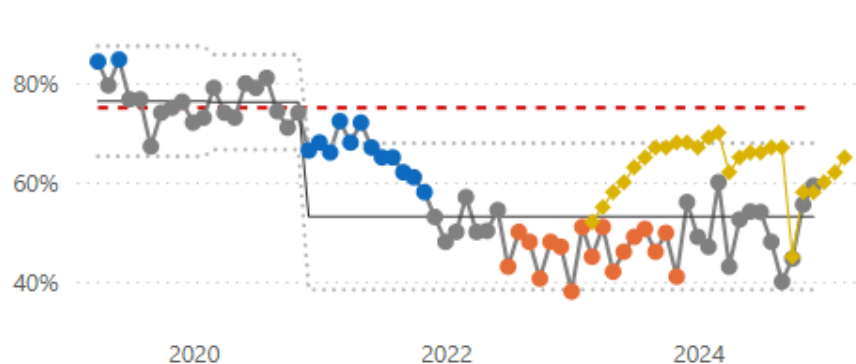


- Number of census count delays decreased in January with 200 patients and chart shows improving variation. The trajectory of 182 was missed.
- The total days delayed for non-mental health decreased in January, 7,797 days vs 7,983 December. Mental Health and learning disability delays have been increasing since August 2024 , 1,474 days in January vs 1,236 in December.
- Assessment delays remain the largest proportion of delays.
- 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
Non-mental health: Still significant health related assessment delays for nursing (21 delays, 536 days), AHP (18 delays, 301 days), CHC (1 delay, 54 days). In addition, there were 15 delays related to mental capacity (435 days). 4 Court of protection delays (637 days) Ongoing wider system challenges (RH/NH availability/ home care packages).	Review formal arrangements between senior Health Board and Local Authority partners within the region at all levels.	30/09/25
	Weekly county system patient flow review meetings feed into the monthly regional review meeting.	Complete
	Oversight of POCD established within the 6 Goals for Urgent and Emergency Care workstream 3 (known as 'Safe Hospital Care'). This encompasses the actions required from Goal 5 and 6 including POCD, D2RA, Safer and Red2Green.	30/06/25
	Health and social services weekly POCD meetings for all hospital sites in place.	Complete
	Standardised regional process required for monitoring and escalation of patients who have a length of stay of over 7 days (stranded and super stranded) – to prevent them becoming delayed by our system.	30/09/25
	Developing Trusted Assessor model - Trusted Assessor sub-group established reporting through to Health Board Delivery group.	Complete
	Review all health-related assessment delays to agree and develop interprofessional standards.	30/09/25
Mental Health The Mental Health & Learning Disability directorate Pathway of Care Delay (PoCD) census count for January 2025 remained at 13, this includes 4 discharges, and 4 new patients identified as being PoCD eligible from last month.	The position includes seven patients who have a length of stay over the 90-day threshold for Mental Health. Since last month, one new patient has attained a 90-day delay, and one was discharged. All patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. The patients include five on older adult wards and 2 on acute. This position has been raised with the respective heads of service to note and action where possible for discharge.	31/03/25

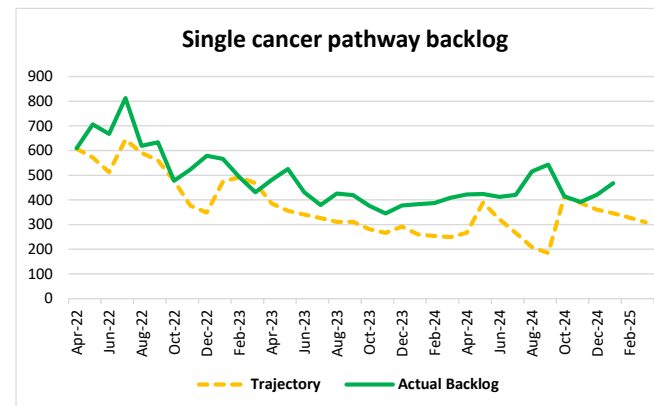
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 — Target
 ● Ambition

% single cancer pathway patients starting treatment within 62 days



In December 2024 59.3% of patients (131 out of 221) started treatment within 62 days from referral exceeding the trajectory of 58%. There were 1,733 referrals in the same month, this is the fewest number of referrals since January 2024.

Number of single cancer pathway patients waiting over 62 days

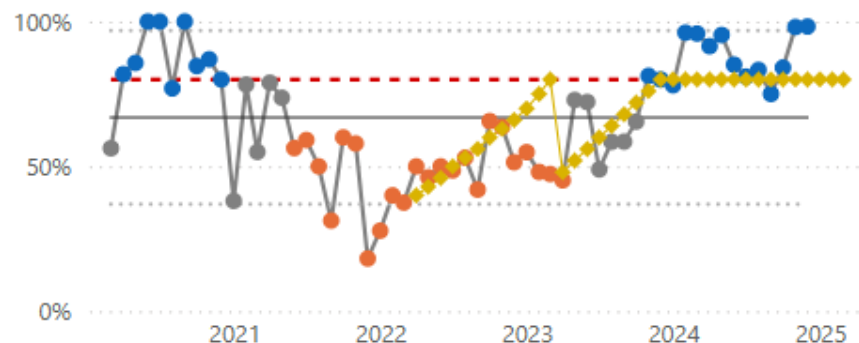


In January 2025 there were 468 patients waiting over 62 days to start treatment against the trajectory of 346. The trajectory has only been met once since April 2023.

Key challenges / issues	Key actions / initiatives	Due date
<p>Single cancer pathway The legacy impact of both Radiology reporting delays and loss of capacity within the skin pathway have impacted performance since August 2024. There was an improved position in December 2024 with performance trajectory on track for 65% by March 2025.</p> <p>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.</p>	<p>Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5th October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.</p>	31/03/25
<p>Backlog Backlog increased again in January, affecting LGI (lower gastrointestinal) and Urology pathways. Over 100 are attributable to Radiology with over half in LGI expected to recover in line with recovery plan commencing mid February (200 patients over 4 weeks). 59 Local Anaesthetic Transperineal Prostate (LATP) Urology, additional activity in place February until 50% sustainable increase in capacity commences end of February 2025.</p>	<p>Additional resources prioritised for 200 patients for CT Scans now agreed to be delivered in Q4 as agreed in IQFPD to be resourced via recovery funds. To commence 17th February 2025</p>	31/03/25
	<p>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.</p>	31/03/25
	<p>Additional resources prioritised for 50 patients awaiting a LATP biopsy agreed to be delivered by end January 2025 ahead of planned sustainable increase of capacity of 50% beginning in February 2025.</p>	31/03/25
	<p>Planning in place to deliver improvements in the Prostate Cancer Diagnosis (PROSTAD) Pathway and increase of nursing Cystoscopy workforce as per successful allocation of Wales Cancer Network (WCN) Cancer Recovery Monies.</p>	31/07/25
	<p>Focus on Gynaecology recovery – Clinically led action plan in place, smart measurable actions developed and monitored via weekly focus group with NHS Exec including additional 2 One stop clinics to be beginning March 2025</p>	31/03/25

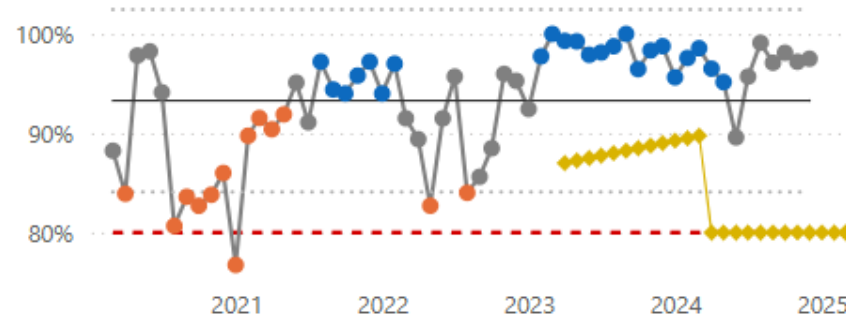
- Key**
- Improving variation
 - Usual variation
 - Concerning variation
 - Upper and lower limits
 - Mean
 - Target
 - Ambition

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 98.3% 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+)



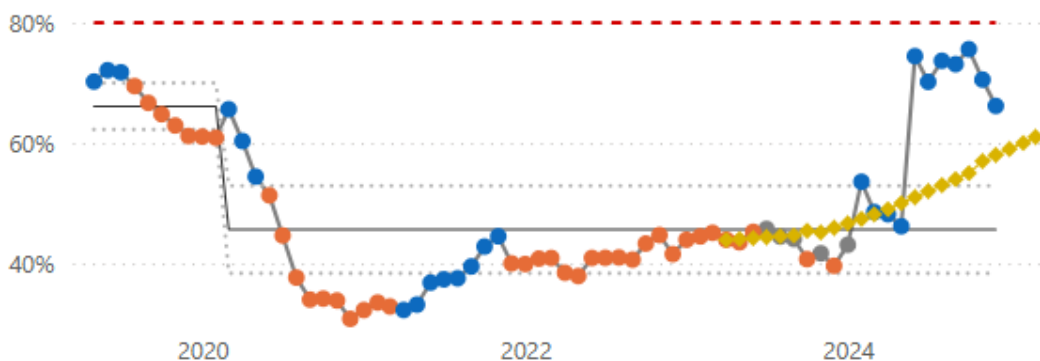
Latest performance of 97.5% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

Key challenges / issues	Key actions / initiatives	Due date
<p>% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 59 of 60 interventions commenced within target in December, with an additional ten interventions of children and young people relative to November.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained. We continue to trial group work programmes and approaches. However, 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.</p>	28/02/25
<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway and are supporting compliance. Estates access continues to be challenging across the three counties. LPMHSS referrals have slowed since November in line with expected levels.</p>	<p>% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): During November and December the service has experienced a higher-than-average sickness rate which has impacted on service provision, however, staff endeavour to ensure compliance with the measure targets.</p>	28/02/25

Key

- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% adults waiting <26 weeks to start a psychological therapy

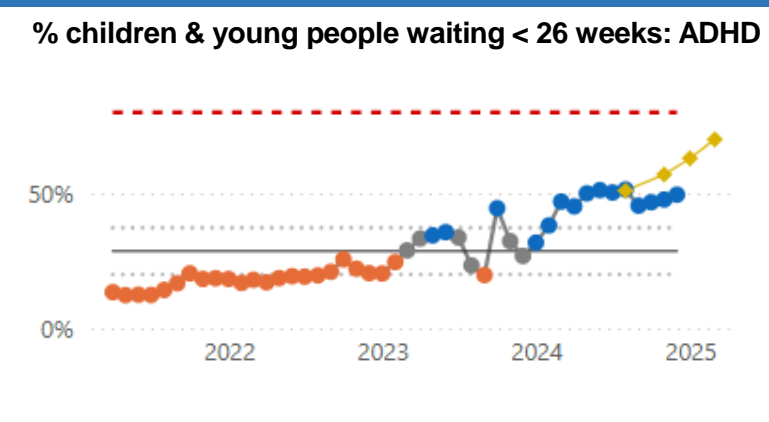
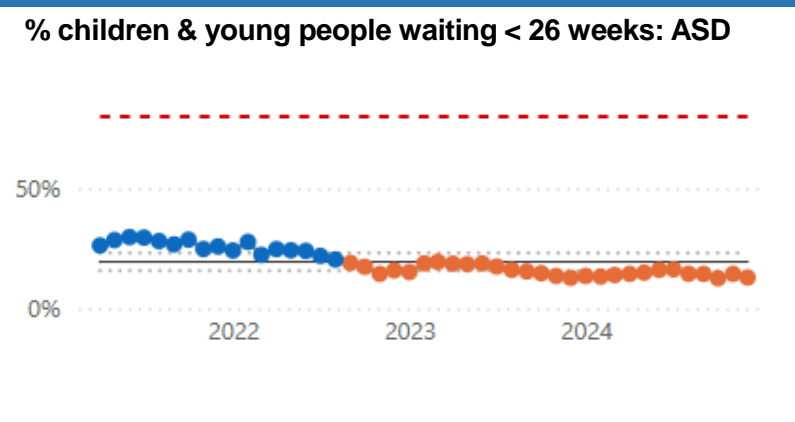
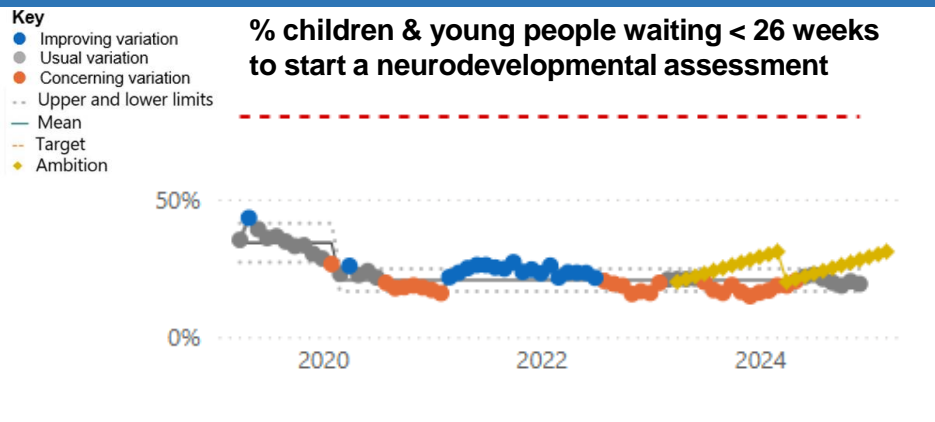


- Performance in December of 66.2% shows improving variation and the trajectory of 58% was met.
- 446 out of 628 (71%) patients started an integrated psychological therapy;
- 5 out of 12 (41.7%) started an adult psychology assessment;
- 30 out 87 (34.5%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Integrated Psychological Therapies Service (IPTS): There has been a reduction in our compliance by approximately 3.9%. The drop in compliance directly links to the time between the end of the last round of groups to the current round, where clients have moved above the 26 week wait.</p>	<p>IPTS: 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. We have received a small amount of financial support from Welsh Government to increase the number of groups which are planned to commence imminently.</p>	31/03/25
<p>Adult Psychology: 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. Additional clinical time has also been recently made accessible to the service.</p>	<p>Adult Psychology: 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>Learning disabilities: Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There was long-term sickness within the team in November who have since returned.</p>	<p>Learning disabilities: Practitioners across the service are utilised to prioritise most urgent cases.</p>	28/02/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in December 2024 of 19.3%, shows common cause variation and the trajectory of 28% was not met. Performance is driven by ASD, where 453 of 3,499 (12.9%) patients had an ASD assessment < 26 weeks. 362 out of 731 (49.5%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
<p>Autism Spectrum Disorder (ASD): The current waiting list for an ASD assessment stands at 3,499 with longest wait times of 4.75 years. Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 116 referrals per month in 2024. All-Wales Procurement controls across Health Boards impede timely utilisation of additional Welsh Government monies to help tackle waiting lists.</p>	<p>ASD: A procurement exercise to outsource ASD assessments to address waiting lists is in its final year, with 445 diagnostic assessments for children and young people by March 2025. Timing of referrals uploaded are in accordance with financial controls and monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded by Welsh Government to help tackle waiting lists - securing 182 additional assessments. A further 100 assessments are to be outsourced using Neurodivergence Improvement Programme and Regional Integration Fund slippage funds up until March 2025. All clinical posts are recruited into, with no retention issues. Introduced skill mix to teams to attract more interest in specialist roles and to promote a 'grow your own' culture. Two support worker roles have been created.</p>	<p>31/03/26</p>
<p>Attention Deficit Hyperactivity Disorder (ADHD): The significant uplift in referrals for an ADHD assessment continues and the service has seen 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. Furthermore, clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.</p>	<p>ADHD: To achieve the target of 80% of children and young people waiting less than 26 weeks by 31st March 2025, the service would need to increase core capacity significantly. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device is available 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. There is a post to advert that if successful would see the Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to f... clinic capacity and match demand through rigorous job planning.</p>	<p>31/03/26</p>

Diagnostic waits over 8 weeks

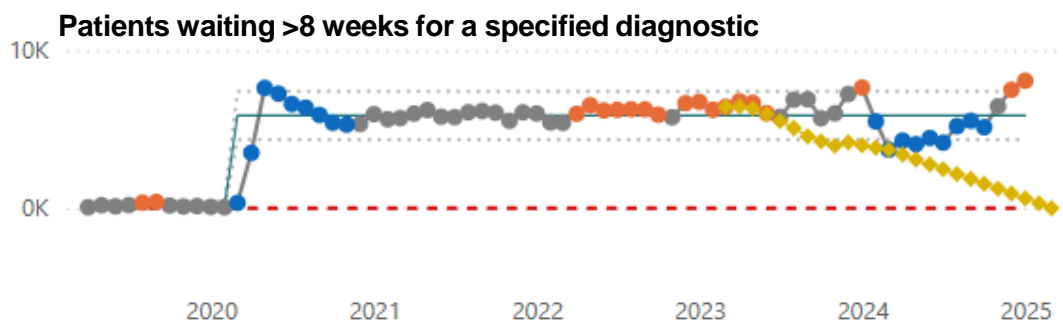
(Ministerial priority)

Key
 - - - Upper and lower limits
 — Mean
 - - - Target
 ● Ambition

Variation - how are we doing over time
 ● Improving variation
 ● Usual variation
 ● Concerning variation

Assurance - performance against target
 ■ Always hitting target
 ■ Hit and miss target
 ■ Always missing target

Trajectory - performance against our ambition
 ◆ Trajectory met
 ◆ Within 5% of trajectory
 ◆ More than 5% off trajectory



Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	8,068	●	■	◆
Radiology		7,108	●	■	n/a
Cardiology		586	●	■	n/a
Endoscopy		216	●	■	n/a
Neurophysiology		124	●	■	n/a
Imaging		21	●	■	n/a
Phys measure		13	●	■	n/a

Performance in January is showing concerning trend. Breaches are higher than any time over the previous five years and the trajectory of 619 was not met. Main driver is Radiology performance, 88% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
<p>Endoscopy:</p> <ul style="list-style-type: none"> Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget. Stability of consultant workforce affecting provision of core capacity. Capital replacement programme – ageing/fragile scopes replacement. 	<p>Endoscopy:</p> <ul style="list-style-type: none"> 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. 	<p>31/03/25</p> <p>31/03/25</p>
<p>Radiology:</p> <ul style="list-style-type: none"> Demand exceeding capacity for timely investigations and reporting. 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. Increase of 875 breaches from M9. Current breaches CT 1,234 (+318) MRI 3,350 (-3), NOUS 2,301 (+341) 7,130 breaches in total. Highest ever breach position since data recorded via single instance of Radiology Information System (RadIS) (April 2019). Radiology received 356 more USC requests than in Dec and 2,254 more requests overall which is our highest increase since Jan 2024 	<p>Radiology:</p> <ul style="list-style-type: none"> Welsh Government funding allocation has allowed planning of additional capacity in: <ul style="list-style-type: none"> NOUS via insourcing started in February. CT- no appetite from substantive staff to undertake additional work, however CT locums are starting on 15/02 MRI staffed mobile solution 9th Jan-3rd April 2025 will remove 2,184 patients. Successful advertisement and appointment of trainee Sonographers under annex 21 rules Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the 2025/26 Radiology annual plan and accompanying SBAR requesting workforce investment. 	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>
<p>Cardiology:</p> <ul style="list-style-type: none"> Waiting list backlog ETT breach position increased due to temporary equipment failure at PPH. 	<p>Cardiology:</p> <ul style="list-style-type: none"> Echocardiography (ECHO) - additional insourcing activity planned for February and March to achieve a breach-free position at the end of March '25; Ambulatory Monitors - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25; Other Diagnostics (TOE, ETT, DSE) - in-house management of demand/capacity between sites planned for February and March to achieve a breach-free position at the end of March '25. 	<p>31/03/25</p> <p>31/03/25</p> <p>31/03/25</p>

Therapy waits over 14 weeks

(Ministerial priority)

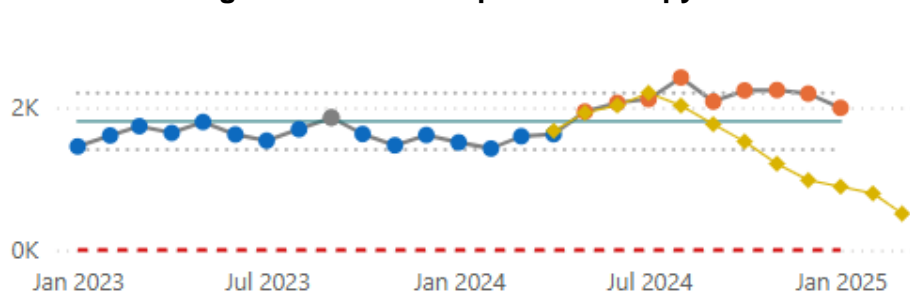
Key
 - - - Upper and lower limits
 — Mean
 - - - Target
 ● Ambition

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

Patients waiting >14 weeks for a specified therapy



Overall breaches have reduced for two consecutive months and are the lowest since May 2024, however, concerning variation is showing in all but two services. Physiotherapy accounts for just over half of all breaches.

Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	January 2025	1,995	●	■	◆	68.2%
Physiotherapy		1,040	●	■	◆	99.5%
Podiatry		523	●	■	◆	63.2%
OT		321	●	■	◆	24.4%
Dietetics**		58	●	■	◆	74.4%
Art therapy		46	●	■	◆	n/a
SALT		7	●	■	◆	100%
Audiology*		1,636	●	■	n/a	n/a

*Data for all therapies now excludes Audiology

**Dietetics now excludes waits for Weight Management Service

Key challenges / issues

Key actions / initiatives

Due date

Physiotherapy:

- Demand in Musculoskeletal (MSK) and some areas of community is greater than capacity.
- Some parts of the system (E.g. MSK Carmarthenshire) are having challenges with certain grade of registrant recruitment.

Physiotherapy:

- Targeted workforce campaign for band 5 registrant posts with a view to securing candidates to offset turnover later in the year. Campaign has been initiated.
- Development of a bank system for registrants at Band 5 and 6. Five whole time equivalent (WTE) band 5 posts offered. Aiming for completion of recruitment process by 17th March 2025.
- Extend current agency and recruit up to 7 WTE to support recovery.

30/09/25
31/03/25
31/03/25

Occupational Therapy (OT):

- High number of breaches in paediatrics due to backlog and demand.
- Staff going on maternity leave in February and March 2025. Backfill recruitment underway to minimise impact or reduced capacity.

Occupational Therapy:

- 321 breaches, continuing to track near to our trajectory.
- High number of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

Ongoing

Podiatry:

- Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand.

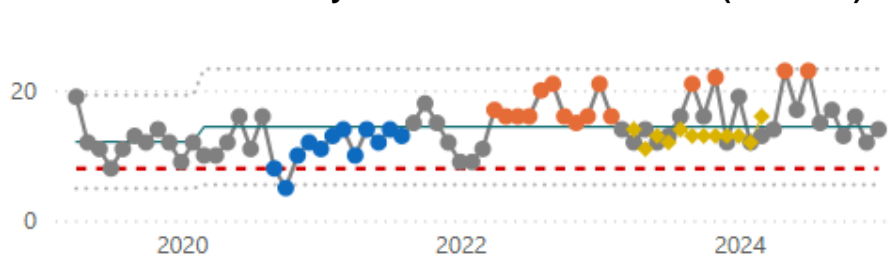
Podiatry:

- Actions to address include constant staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.
- Long term plan needs to be agreed to avoid podiatry service having a reduction from its 48 whole time equivalent (WTE) staffing position. Podiatry and Orthotics have been reduced effectively by 2 WTE which has happened subsequent performance deterioration.

Ongoing

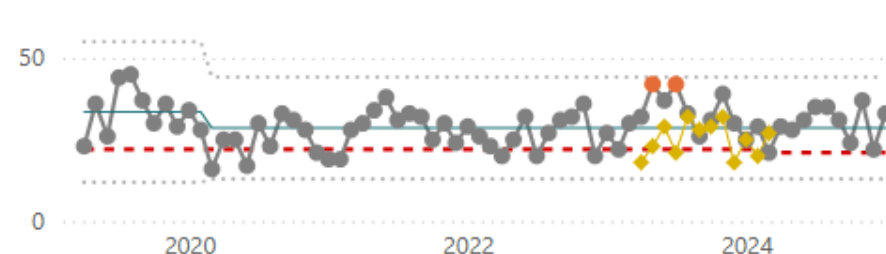
Key
 ● Improving variation
 ● Usual variation
 ● Concerning variation
 - - Upper and lower limits
 — Mean
 - - Target
 ● Ambition

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 50.8.

Number of laboratory confirmed E.coli cases (in-month)

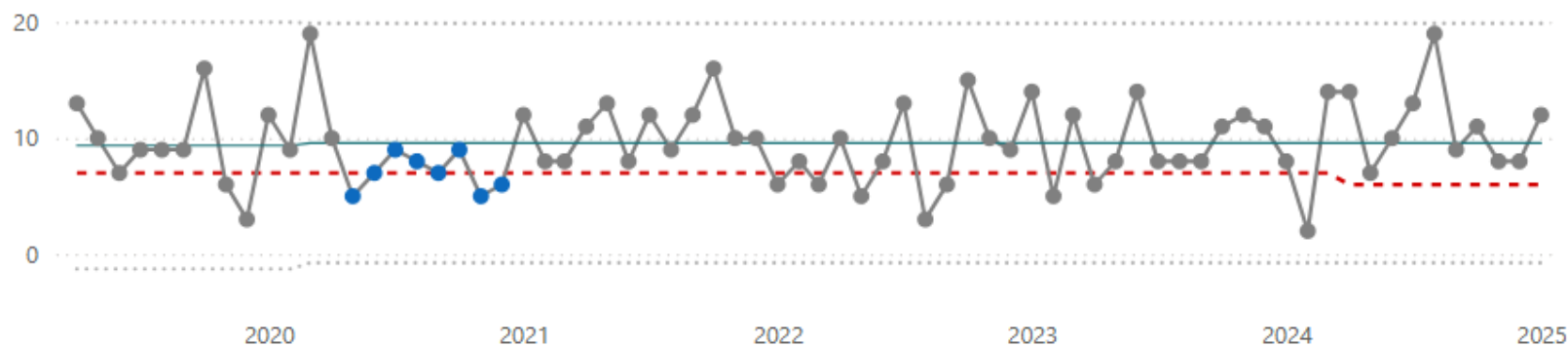


The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 94.47.

Key challenges / issues	Key actions / initiatives	Due date
<p>C.difficile:</p> <ul style="list-style-type: none"> 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. Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites, specific clusters have been identified in PPH and GGH. 6 Hospital onset (HO) cases were recorded in December, increasing to 8 in January. The targeted intervention (TI) goal of 6 cases was not met for January 2025. 	<p>C.difficile:</p> <ul style="list-style-type: none"> C.diff infection (CDI) Improvement Group established with Deputy medical director chairing. Continued use of DiffX and HPV disinfection, working collaborative with hotel facilities and estates Scrutiny of cases and any linked cases. Cases that were not linked in time or person to suggest a transmission event and have been reviewed accordingly Genome sequencing has been completed, strains are those already circulating within the HDUHB Existing actions are being revisited Planned deep clean and use of HPV for PPH and GGH once surged areas de-escalated. 	<p>Ongoing Ongoing Ongoing Ongoing Ongoing 31/03/25</p>
<p>E.coli:</p> <ul style="list-style-type: none"> April 2024 to August 2024 has seen a consistent increase in cases across hospital and community. A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last year for the same period. 5 HO cases were recorded in December, less than November. The TI goal of 5 cases was met in December and January with January having 0 cases meeting the Hospital Onset definition. 	<p>E.coli:</p> <ul style="list-style-type: none"> Continued education of staff around catheter and device care To continue to profile ANTT Discussion of HO cases at scrutiny meetings to ascertain learning which is shared Environmental cleanliness reviewed linking to C.diff program of work 	<p>Ongoing Ongoing Ongoing 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)



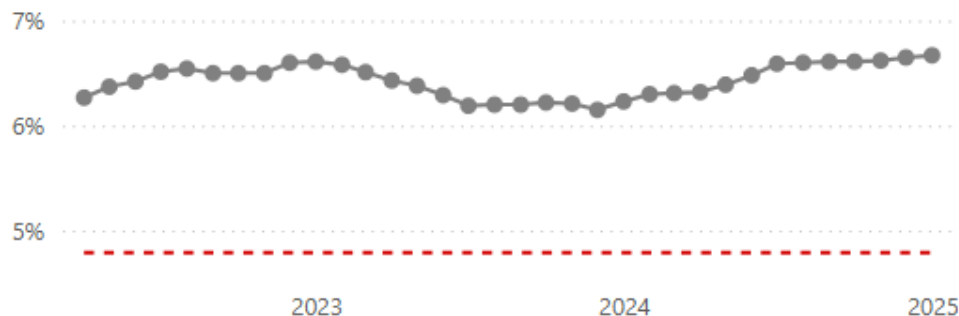
The chart is showing expected (common cause) variation for the in-month number of s.aureus cases.
The cumulative rate per 100,000 population this month is 34.07

Key challenges / issues	Key actions / initiatives	Due date
<ul style="list-style-type: none"> 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. The majority of cases continue to be that of community onset rather than hospital onset. Case number have steadily increased from November to January for Hospital onset. 2 in November 3 in December and 4 in January. 	<ul style="list-style-type: none"> Some improvement in ANTT compliance with December figure 80.05% PVC bundle compliance monitored, with an emphasis on devices being removed at the earliest opportunity 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 Bare below the continues to be proactively profiled with all staff groups 	<p>Ongoing</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)



In January 2025, the rolling 12-month staff sickness absence was 6.67%.

Highest levels of sickness absence for teams with over 50 staff:

Team	Staff	R12m %	In-month %
Prince Philip Hotel Services	(73 staff)	15.1%	(13.8%)
Glangwili Hotel services	(141 staff)	14.3%	(16.8%)
Prince Philip Acute Response	(56 staff)	14.1%	(12.9%)
Withybush Hotel Services	(150 staff)	12.9%	(14.6%)

Key challenges / issues

Conditions impacting absence rates include:

Although anxiety, stress and depression continues to account for the highest reasons for absence across the Health Board there has been a slight reduction in December 2024 to 30.3%. But there has been an increase in the instances attributed to cold, cough, flu to 16.35% which remains the second highest reason for staff sickness absence.

Review Outcomes:

Focused support from the Workforce Team and an action plan has been implemented within Facilities in Glangwili Hospital, further analysis and support is now being focused on Unscheduled Care in Prince Philip Hospital.

The Workforce Sickness Absence Advisor has developed a program of works focusing on deep dives into prevalent high sickness areas with focus on managers understanding of the sickness absence process and how best to support their staff, with bespoke action plans/additional training devised to support.

Key actions / initiatives

Task & Finish Group action plan in place. The group has now concluded. A large volume of actions have been implemented, and remaining activities have been integrated into workstreams of the relevant department within Workforce & Organisational Development, to be carried forward as business as usual.

Temporary redeployment guidance remains under review as an All-Wales guidance on redeployment and temporary redeployment has been circulated for comment. Skills training analysis to be embedded in the redeployment/temporary redeployment process to improve development and opportunities.

Passport for reasonable adjustments to be rolled out. Awaiting feedback from stakeholder groups.

Bite size training sessions in development to focus on single elements of the absence management process. Individual training subjects have been identified and are currently under review by the Senior Workforce Team with a view to progress with support from the Learning and Development team.

The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group a final report on progress of the action plan has been submitted to PODCC. The designated teams within this group will continue to deliver their elements of the action plan to support a reduction in absence as per business as usual.

Due date

31/01/25
Complete

28/02/25
(revised)

28/02/25
(revised)

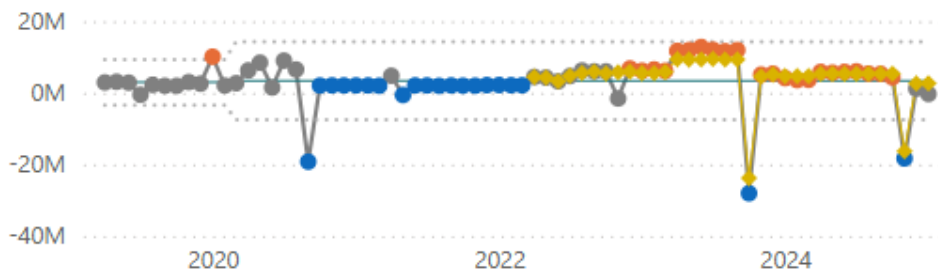
28/02/25
(revised)

26/01/25
Complete

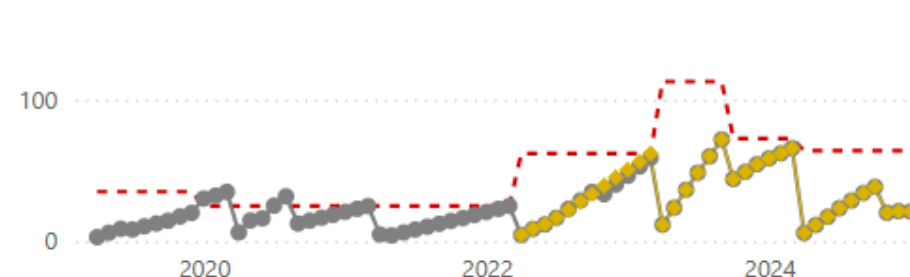
Key

- 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

The Month 10 financial position is a surplus of £0.3m, which is an improvement against the in-month Deficit Plan of £2.6m.

The core operational variance to plan is £(2.7)m with the in-month savings target of £2.7m being successfully over-identified by £(0.4)m, with savings plans under-delivering against their planned benefits by £0.2m.

An over-reliance on non-recurrent savings in-year gives rise to a recurrent gap (£14.0m), which does not support an improvement in the underlying deficit as the starting point for the 2025/26 planning cycle.

Following the latest review of the Health Boards end of year financial forecast position, the annual reported deficit has been improved by £4.0m to £24.0m. This recognises the improving trajectory previously signalled and the ongoing actions that are being managed across service areas.

Key actions / initiatives

- With an improving run rate trend, and several financial improvement actions in progress, urgent management action is required to formally recognise recurrent savings schemes to close the recurrent savings gap before the end of March 2025. Whilst the 2024/25 outturn is favourable against the restated annual plan, the underlying deficit is materially adverse due to the continued reliance on non-recurrent actions.
- Of the £20.0m Executive Team commitment made to identify robust recurrent savings delivery plans by December 2024, £19.0m of schemes have been identified. Further action is required to convert the ideas (£12.0m of the £19.0m) at pace into robust plans alongside additional assessments of underspending Directorates for conversion into recurrent savings. A risk is likely on the conversion factor reducing the £12.0m.
- As part of the 2025/26 Annual Plan deliberations the underlying deficit impact is being reviewed. Due to the reliance on non-recurrent actions an opening delivery gap exists in next year's financial plan if not addressed, or a decision not taken to hold expenditure levels at the current run rate.
- Escalation process – Performance levels of directorates, for six domains, is scrutinised through the internal escalation process. For the domain of Finance, Strategy and Planning, six directorates have been escalated to Level 3 (no assurance) for four consecutive months or more. An urgent recovery plan is required from each directorate, and assurance cannot be taken that there is an imminent improvement trajectory in place.
- Medical Additional Cover and Premium – Continued use of 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 to support service sustainability.
- The Health Board acknowledges the conditions assigned to the allocation of the conditionally recurrent funding received in 2024/25. Initial assessments of the financial challenge for 2025/26 indicates both a significant risk in the delivery of the required recovery trajectory and mitigating a net macro-economic and growth impact following the budget allocation confirmation to ensure this fund can be recurrent

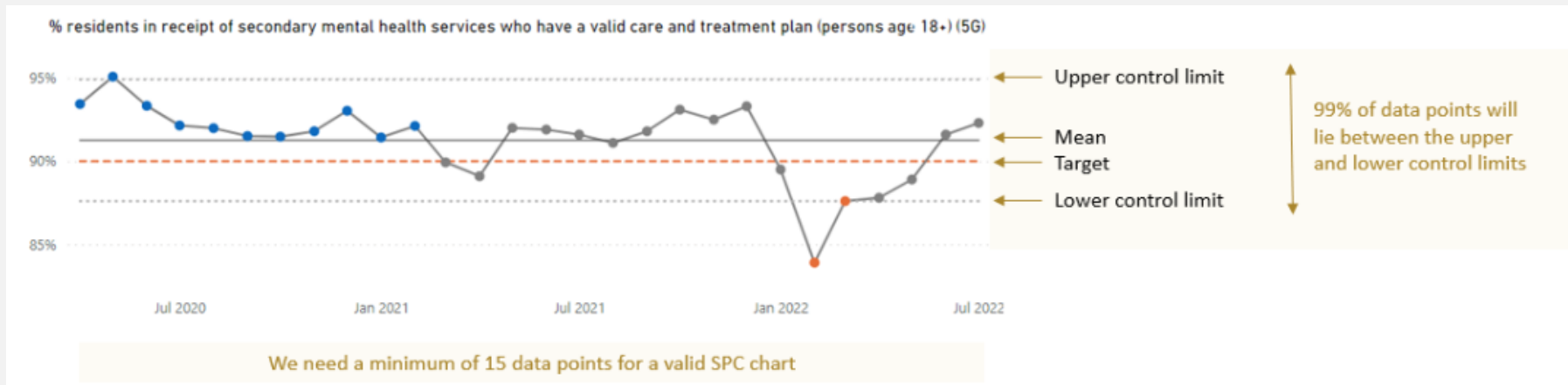
Due date

31/03/25

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.

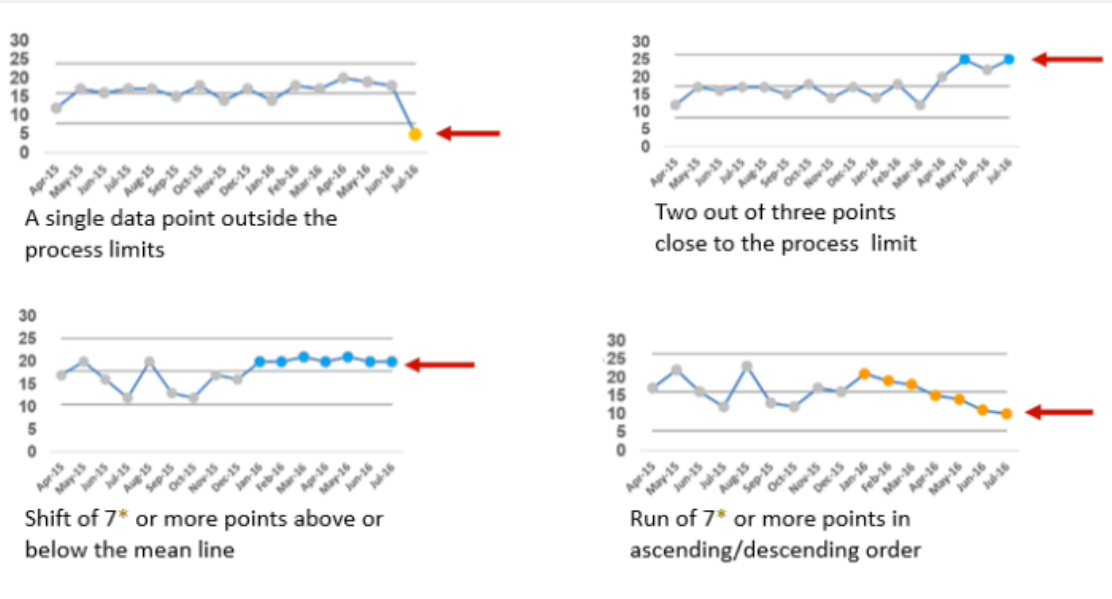
Anatomy of a SPC chart



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.

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target		Missing target = will consistently fail target without a service review
		Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
		Hitting target = will consistently meet target
Note: remember blue is good, orange is bad		

4.2

12:30 PM, 0 Mins

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 Update SRC 25 February 2025.pdf](#)

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	All-Wales Capital Programme 2024/25 Capital Resource Limit and Capital Financial Management Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Welsby, Senior Finance Business Partner Planning and Major Projects

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This update report is presented to the 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:

Allocation	£'m
All Wales Capital Programme (AWCP)	34.411
Discretionary Programme (gross allocation)	6.216
IFRS 16 Leases	1.925
Total	42.552

Since the last report the following amendments have been made to the CRL:

Scheme	£m	Description
Diagnostic and Medical Equipment 2024-25	4.047	Funding for bids against end of year monies
Glangwili Laundry hub - Transfer from NWSSP	0.076	Funding transferred from NWSSP for the refurbishment of the laundry building at Glangwili
Digital Equipment - December 2024-25	0.480	Funding for bids against end of year monies
Transfer from PHW for refurbishment of molecular laboratory	0.102	Transfer of funding from Public Health Wales for refurbishment of the molecular laboratory on the Glangwili site
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007	Equipment funded through CRDW.
Year End Funding – January 2025	1.308	Funding for bids against end of year monies
Year End Funding – January - Digital - 2025	0.600	Funding for bids against end of year monies
Diagnostic Equipment 2024-25	(0.717)	Slippage of funding into next financial year to reflect project timeline slippage on the installation of replacement fluoroscopy equipment at Withybush
IFRS 16 Leases	1.307	Funding for capitalisation of leases
Total	7.210	

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 - Jan £m	Spend Jan £m	Remaining balance £m
AWCP				
Estates Funding Advisory Board (EFAB) - Infrastructure	2.859	1.766	0.173	1.093
EFAB - Fire	1.091	1.034	0.050	0.057
WGH - RAAC Works	5.453	4.053	0.252	1.400
GGH - Fire Enforcement Phase 1	7.967	7.484	0.385	0.483
GGH - Fire Enforcement works - Phase 2 - Fees	0.055	0.047	0.003	0.008
Cross Hands Health and Wellbeing Centre	0.190	0.190	0.007	0.000
BGH Digital Radiology X-Ray works	0.290	0.239	0.001	0.051
Diagnostic Equipment 2024-25	2.651	1.288	0.017	1.363
Backlog Maintenance - 2024-25	3.245	0.664	0.092	2.581
DPIF - RISP	0.224	0.073	0.066	0.151
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

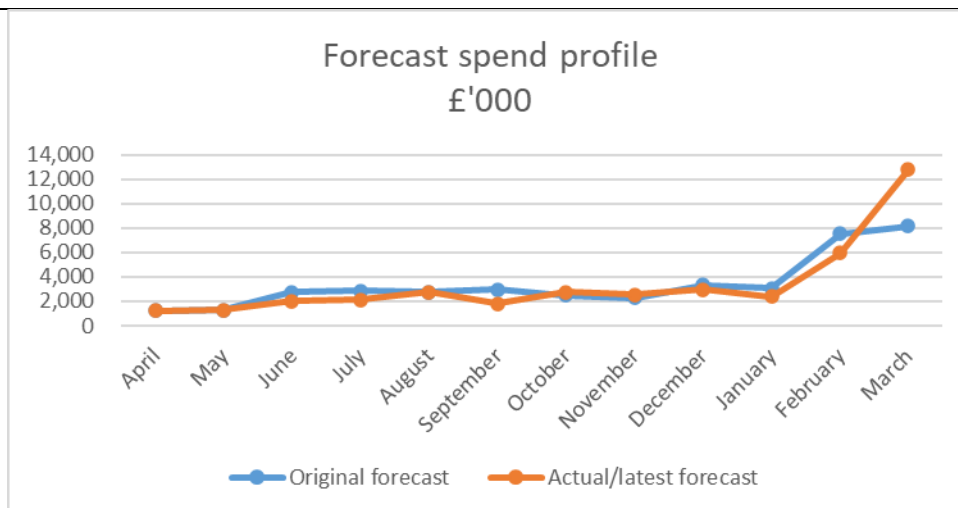
Aberystwyth Sexual Assault Referral Centre	0.708	0.018	0.009	0.690
Picton Terrace	1.150	0.000	0.000	1.150
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.500	0.000	0.000	0.500
Diagnostic and Medical Equipment 2024-25	3.915	0.723	0.173	3.192
Glangwili Laundry hub - Transfer from NWSSP	0.076	0.004	0.004	0.072
Digital Equipment - December 2024-25	0.480	0.480	0.480	0.000
Transfer from PHW for refurbishment of molecular laboratory	0.102	0.000	0.000	0.102
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007	0.000	0.000	0.007
Year End Funding – January 2025	1.308	0.000	0.000	1.308
Year End Funding – January - Digital - 2025	0.600	0.000	0.000	0.600
Sub-total AWCP	34.415	18.063	1.712	16.352
Discretionary				
IT	1.350	0.778	0.343	0.572
Equipment	1.298	1.164	0.031	0.134
Estates – Statutory	0.450	0.173	0.016	0.277
Estates Infrastructure	2.265	0.866	0.034	1.399
Other	0.849	0.849	0.250	0.000
Sub-total Discretionary	6.212	3.830	0.674	2.382
IFRS 16 Leases	1.925	0.524	0.000	1.401
TOTAL	42.552	22.417	2.386	20.135

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 January was slightly higher than forecast.

The increased expenditure forecast for March is driven by end of year funds provided by WG, with c £5.9m additional funds received since the start of December 2024.



FINANCIAL RISKS ASSOCIATED WITH CAPITAL SCHEMES IN 2024/25

End of Year Funding Allocations

The additional capital funding received since 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 March 2025.

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 risk has been raised on the Corporate Risk Register to highlight the risk of underspending against our CRL. This is currently scored at a 12.

Equipment to be Vested or Bonded at Year-End

All suppliers have provided assurances to the Procurement team that any orders made can be fulfilled in full by the end of March, however given the high value of spend remaining there is a risk that transfer of title documents may need to be completed if suppliers experience issues in delivering before the 31 March 2025.

There are currently two capital schemes where transfer of titles will be required: -

- Withybush Hospital (WGH) Fluoroscopy Scheme – Equipment to be purchased in 2024/25 and enabling works will occur in 2025/26
- Electronic Prescribing and Medicines Administration (EPMA) equipment – Equipment to be purchased in 2024/25 with a rolling programme to deliver across hospital sites in 2025/26

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 14 February 2025. The original expected completion date was April 2023.

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 has been undertaken at Withybush 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 in March 2025. 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 starting in January 2025 and due to 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 Corporate Risk 2000 – risk of underspending against Capital Resource Limit in 2024/25. Score 12
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	8 Estates plans 9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.
Rhestr Termiau: 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:	Capital Monitoring Forum Capital Planning Group Individual Project Boards of Capital Schemes Welsh Government Capital Review Meeting Capital Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and Capital prioritisation process
Gweithlu: Workforce:	Included within individual business cases and Capital prioritisation process
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
Cyfreithiol: Legal:	Included within individual business cases and Capital prioritisation process
Enw Da: Reputational:	Included within individual business cases and Capital prioritisation process

Gyfrinachedd: Privacy:	Included within individual business cases and Capital prioritisation process
Cydraddoldeb: Equality:	Included within individual business cases and Capital prioritisation process

4.3

12:30 PM, 0 Mins

4.3 - NWSSP PERFORMANCE REPORT Q3
2024/25

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

| For information

Attachments

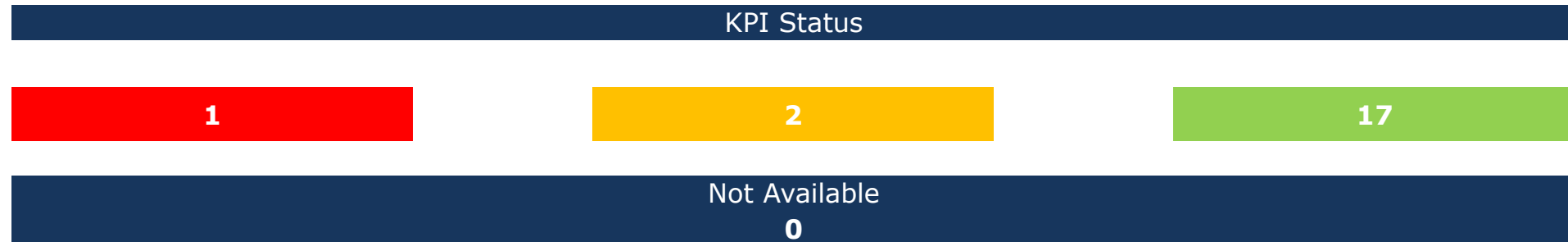
[Appendix 1-4 HDdUHB NWSSP Performance Report Q3 2024-25.pdf](#)

[NWSSP Performance Quarter 3 2024.25.pdf](#)

NWSSP SUMMARY PERFORMANCE REPORT

HYWEL DDA UNIVERSITY HEALTH BOARD

Period 1st October 2024 – 31st
December 2024



Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (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 31st December 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 3 performance for the organisation was good with 17 out of 20 KPIs showing as green.

The time to hire target was achieved in December 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 3 KPIs that did not achieve the targets:

- 2 were a combination of NWSSP and Health Board responsibility.
- 1 is the responsibility of NWSSP solely

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 – December 2024 for the organisation is £16.2M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.07
Procurement Services	4.68
Legal & Risk Services	10.86
Accounts Payable	0.53
Oxygen Finance – PSP	0.02
Counter Fraud Services*	0.02
Total	16.2

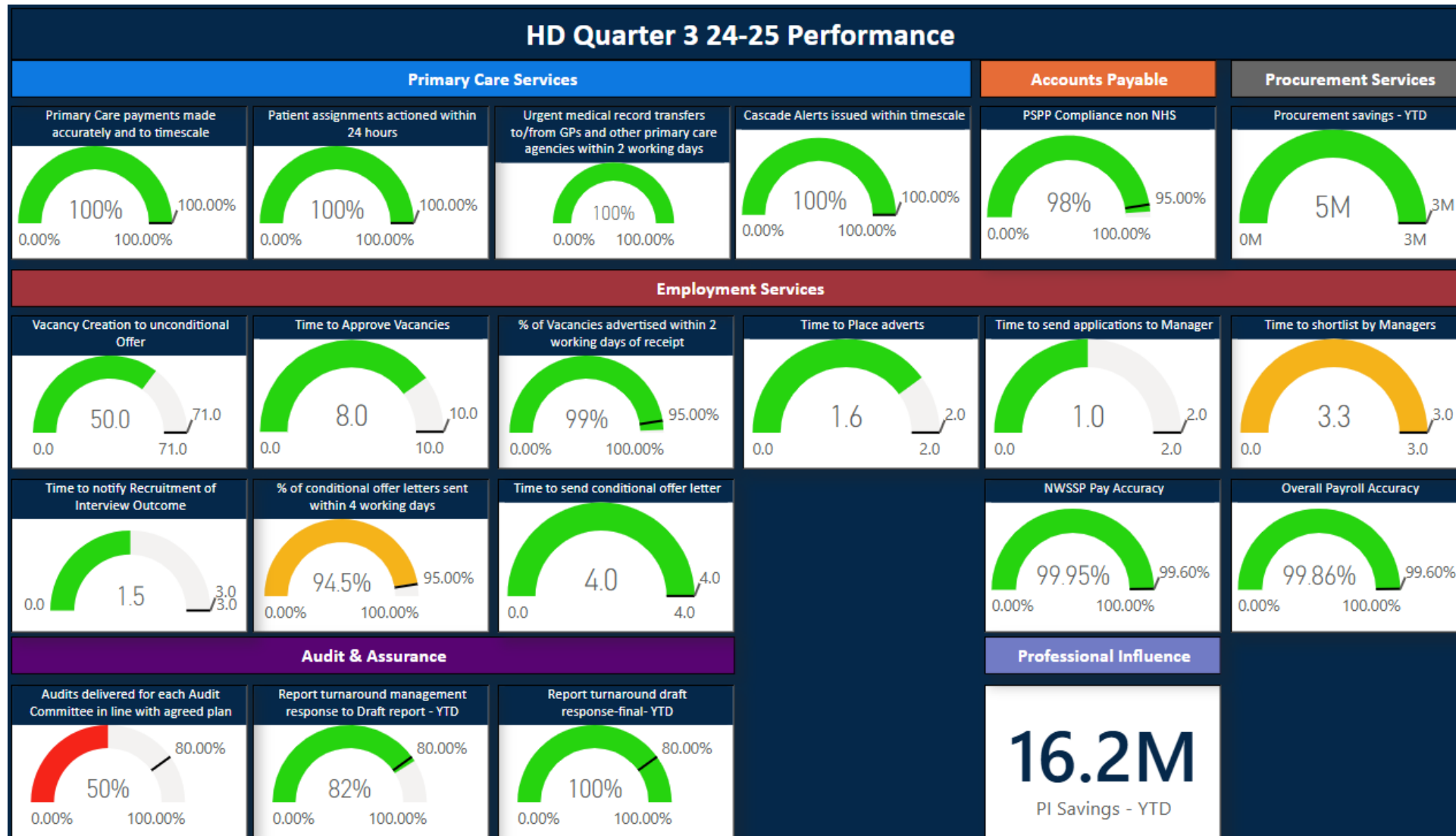
* Counter Fraud Services – Quarter 1 and Quarter 2

Appendix 1 to this report provides the December performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st December 2024.

Appendix 2 provides December performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 31st December 2024.

Appendix 3 then highlights the position for all health organisations at the end of December 2024.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of December 2024.



Action Plan for Lead Indicators

There was one KPI showing as red for the in-month December position.

There were two KPIs showing as amber for the in-month December position.

HD High Level - KPIs Dec 2024	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%				50%	
% of audit outputs in progress		16%	13%	28%	19%	

What is happening?

Audits delivered for each Audit Committee within agreed plan (Excluding external reasons) – Previously reported as a binary "Yes" or "No," this new metric measures the percentage of audits delivered.





Audit reported to agreed Audit Committee failed to reach the 80% target reporting 50%. 7 of the 14 reports were completed within that time frame.

The missed targets were due to internal reasons where 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

HD High Level - KPIs Dec 2024	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working		89.8%	91.8%	82.8%	94.8%	
Time to Shortlist by Managers	3	1.8	1.5	2.5	3.3	
NWSSP KPIs Recruitment						
% of conditional offer letters sent within 4 working	95.00%	97.7%	97.6%	98.3%	94.5%	
Time to send Conditional Offer Letter	4	3.4	3.7	3.8	4.0	

What is happening?

Time to Shortlist by Managers narrowly missed the 3-day target taking on average 3.3 days in December.

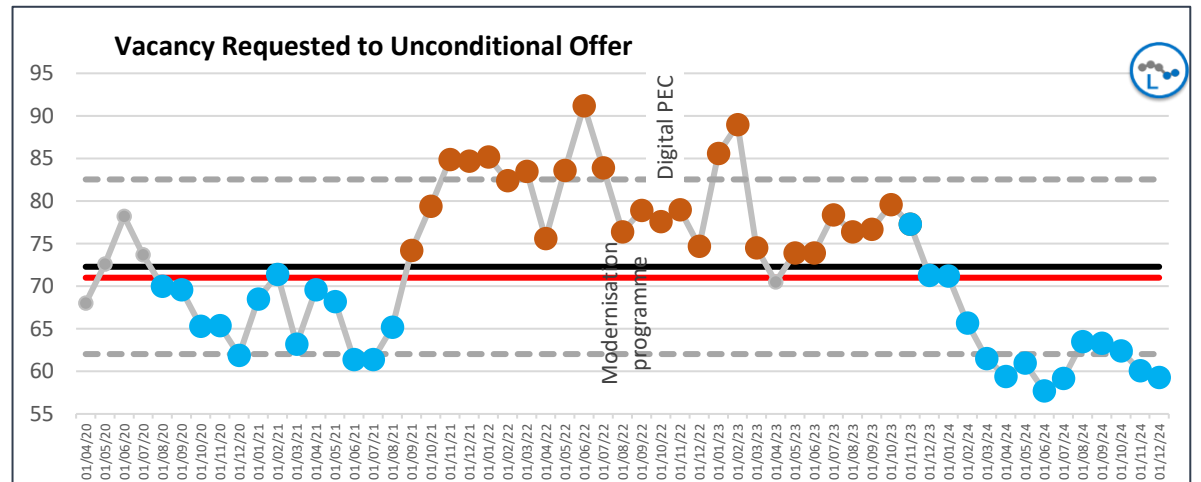
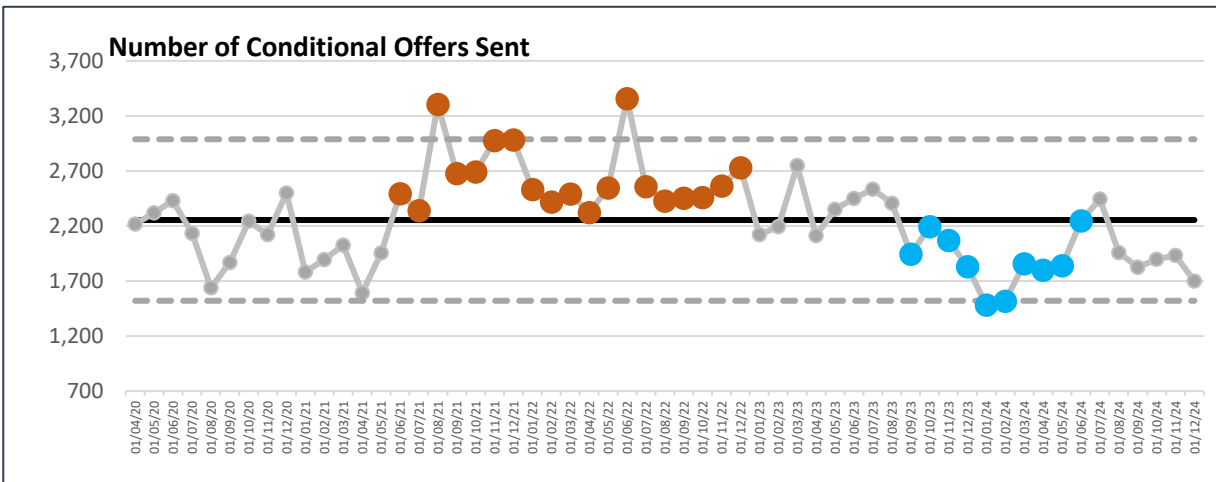
% of conditional offer letter sent within 4 working days missed the 95% target reporting 94.5%, this was due to delayed queries and missing information on the Trac recruitment system. This indicator is the sole responsibility of NWSSP.

What are we doing about it?

Good progress has been made on the cleansing of older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire.

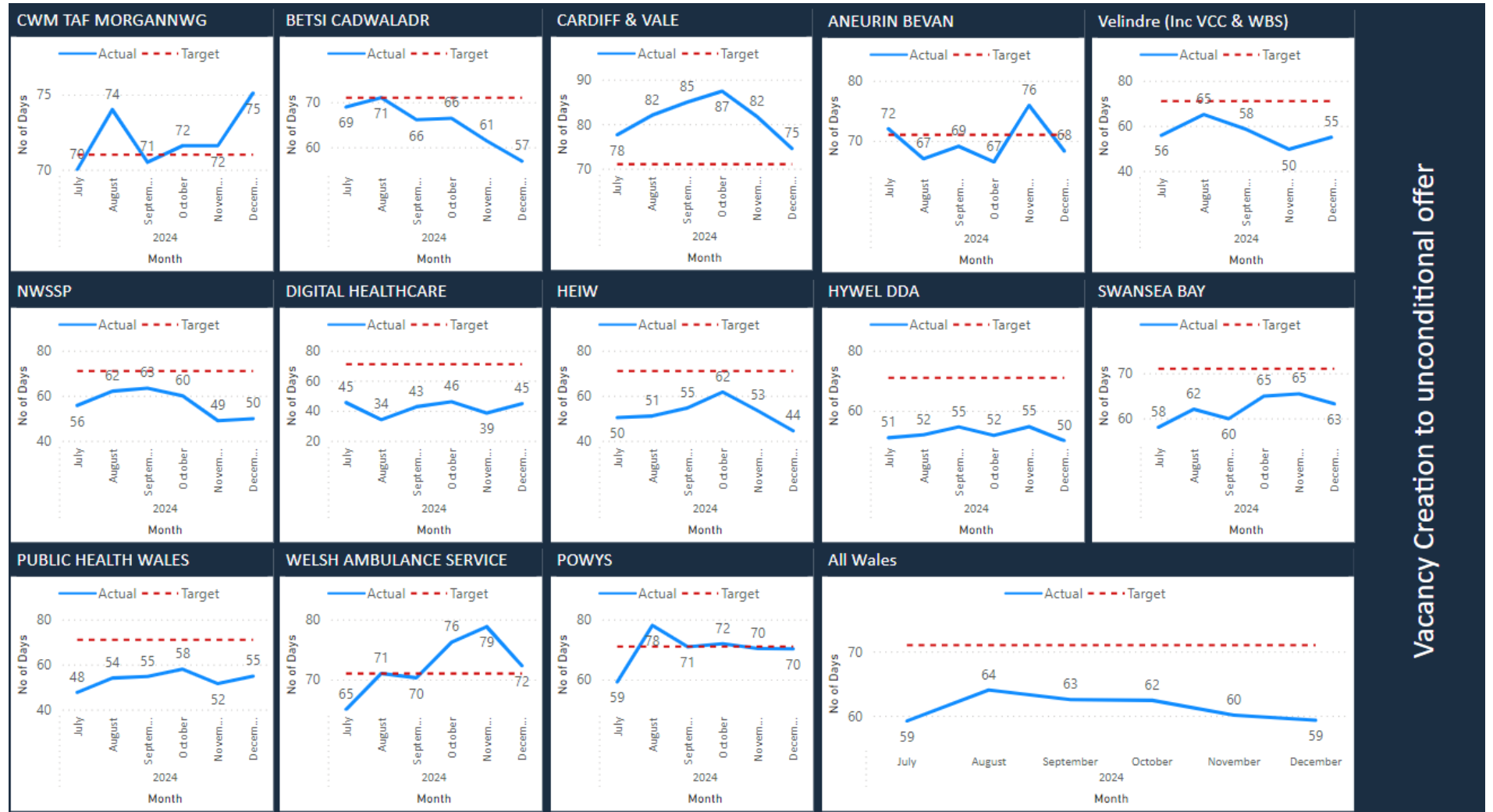
Employment Services – Recruitment

Recruitment	Vacancy Creation to Unconditional Offer														Trend
	Org	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
AB	71	90	80	71	70	68	69	72	67	69	67	76	68	↑	
BCU	71	75	74	69	63	68	65	69	71	66	66	61	57	↑	
CV	71	93	84	89	87	84	76	78	82	85	87	82	75	↑	
CTM	71	82	76	66	67	64	66	70	74	71	72	72	75	↓	
HD	71	58	51	51	51	49	50	51	52	55	52	55	50	↑	
HEIW	71	73	71	47	55	51	52	50	51	55	62	53	44	↑	
DHCW	71	68	52	58	48	57	37	45	34	43	46	39	45	↓	
NWSSP	71	77	76	56	46	55	56	56	62	63	60	49	50	↓	
PTHB	71	72	70	53	68	66	59	59	78	71	72	70	70	↑	
PHW	71	57	60	58	55	54	47	48	54	55	58	52	55	↓	
SBU	71	66	69	58	61	57	57	58	62	60	65	65	63	↑	
VEL	71	61	53	61	49	49	56	56	65	58	51	50	55	↓	
WAST	71	75	66	66	73	94	65	65	71	70	76	79	72	↑	
All Wales	71	71	66	62	59	61	58	59	64	63	62	60	59	↑	



Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations July – December 24.



Vacancy Creation to unconditional offer

Appendix 1 – Performance for the period to 31st December 2024

HD High Level - KPIs Dec 2024	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Financial Information						
Professional Influence Savings - YTD		£14.723 m	£4.275 m	£8.761 m	£16.173 m	
Employment Services Payroll Services						
NWSSP Pay Accuracy	99.6%	99.99%	99.96%	99.99%	99.95%	
Overall Pay Accuracy	99.6%	99.96%	99.89%	99.82%	99.86%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		82.5%	87.2%	81.2%	86.3%	
Vacancy creation to unconditional offer	71	51.3	49.8	54.6	50.0	
% of vacancies approved within 10 working		83.7%	76.4%	85.0%	80.2%	
Time to Approve Vacancies	10	8.9	7.9	6.1	8.0	
% of vacancies shortlisted within 3 working		89.8%	91.8%	82.8%	94.8%	
Time to Shortlist by Managers	3	1.8	1.5	2.5	3.3	
% of interview outcomes notified within 3 working		92.0%	79.7%	76.1%	85.8%	
Time to notify Recruitment of Interview Outcome	3	1.5	1.7	1.5	1.5	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working of receipt	95.00%	100.0%	99.3%	99.2%	98.9%	
Time to Place Adverts	2	1.6	1.5	1.7	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%	97.7%	97.6%	98.3%	94.5%	
Time to send Conditional Offer Letter	4	3.4	3.7	3.8	4.0	
Procurement Services						
Procurement savings - YTD		Target £1.480m Actual £3.650m	Target £1.906m Actual £2.223m	Target £2.622m Actual £2.928m	Target £2.751m Actual £4.676m	
Accounts Payable						
Invoices older than 30 days not disputed		1,324	1,152	1,033	1,326	
% Invoices on hold not disputed over 30 days		62%	63%	58%	59%	
PSPP Compliance non NHS	95%	95.8%	94.7%	95.8%	97.8%	
Primary Care Services						
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%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%				50%	
% of audit outputs in progress		16%	13%	28%	19%	
Report turnaround management response to Draft report - YTD	80%	88%	Not Applicable	80%	82%	
Report turnaround draft response-final- YTD	80%	100%	Not Applicable	100%	100%	

Appendix 2 – All Wales Performance for the period to 31st December 2024



ALL WALES KPIs		31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.68%	99.70%	99.72%	99.77%	
Prescriptions processed (Apr - Oct)	43.2m	56.79m	7.28m	21.9m	43.2m	
Welsh Risk Pool						
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%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	97%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.9%	96.4%	98.0%	97.7%	
CTeS						
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%	99%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	95.51%	94.35%	97.96%	90.82%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory			100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory			100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	91%	100%	100%	100%	
% delivery of audited reports on time (NHS)	87%	100%	N/A	N/A	N/A	
Pharmacy Technical Services						
Service Errors	<0.5%	4	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	94%	89%	88%	95%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	95%	97%	97%	100%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	1	

Appendix 3 – Health Org Performance comparison 31st December 2024



KPIs Dec 2024	KFA	Target	SB	AB	BCU HEALTH ORG KPIs Financial Information	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value	£110m	£31.548 m	£40.826 m	£66.296 m	£67.300 m	£29.050 m	£16.173 m	£2.746 m	£0.714 m	£1.498 m	£3.868 m	£0.122 m	£0.234 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.97%	99.97%	99.96%	99.93%	99.88%	99.95%	100.00%	99.75%	99.95%	99.91%	100.00%	100.00%
Overall Pay Accuracy	Our Services	99.6%	99.87%	99.88%	99.81%	99.78%	99.67%	99.86%	99.83%	99.68%	99.90%	99.71%	99.93%	99.92%
Calls Handling % Quarterly Average	Our Services	95%	97.6%											
Orgalisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	63.2	68.3	56.9	74.5	75.1	50.0	54.8	70.2	59.0	72.3	44.4	44.7
Time to Approve Vacancies	Our Services	10 days	10.2	6.7	3.0	21.3	20.1	8.0	4.3	8.2	1.1	9.3	4.6	1.2
Time to Shortlist by Managers	Our Services	3 days	7.1	5.1	5.3	6.8	6.5	3.3	6.0	9.2	12.0	3.1	3.3	8.2
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.2	3.2	2.5	2.7	3.3	1.5	2.6	1.8	6.9	4.6	1.5	3.0
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.3	1.5	1.5	1.5	1.5	1.6	1.7	1.9	0.9	1.6	1.3	1.2
Time to Send Applications to Manager	Our Services	2 days	1.2	1.0	1.0	1.0	1.0	1.0	1.3	0.9	1.0	1.0	1.0	1.1
Time to send Conditional Offer Letter	Our Services	4 days	3.7	3.6	3.8	3.8	3.8	4.0	3.5	3.9	3.4	3.8	3.8	4.2
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £2.345m Actual £3.828m	Target £4.921m Actual £6.785m	Target £3.130m Actual £4.653m	Target £5.856m Actual £8.903m	Target £3.299m Actual £3.991m	Target £2.751m Actual £4.676m	Target £0.368m Actual £0.070m	Target £0.200m Actual £0.392m	Target £0.115m Actual £0.478m	Target £0.038m Actual £0.309m	Target £0.041m Actual £0.065m	Target £0.006m Actual £0.030m
Accounts Payable														
Invoices older than 30 days not disputed	Our Services		2,942	1,772	3,714	2,836	3,444	1,326	870	255	731	222	146	47
% Invoices on hold not disputed over 30 days	Our Services		60%	40%	60%	60%	59%	59%	73%	36%	38%	58%	51%	58%
Call Handling% - Quarterly Average	Our Services	95%	98.9%											
PSPP Compliance non NHS	Our Services	95%	96.4%	98.5%	97.6%	97.1%	97.2%	97.8%	98.9%	92.2%	98.1%	97.7%	98.6%	98.4%
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	91%	88%	71%	44%	64%	50%	43%	67%	92%	92%	89%	89%
% of audit outputs in progress	Our Services		32%	26%	27%	29%	20%	19%	20%	20%	33%	30%	36%	31%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	56%	50%	75%	29%	86%	82%	83%	67%	50%	43%	40%	75%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	86%	100%	83%	100%	100%	100%	100%	100%
Primary Care Services														
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

- Employm...
- Accounts ...
- Other
- Primary C...



Legal & Risk Services

Case Closure Client Satisf...



DWS

Customer Satisfaction



Primary Care Services

Customer Satisfaction re...



Central Team

Annual Customer Satisfa...



Specialist Estates

Annual Customer Satisfa...



Website Bounce Rate

31%

Customer Service Excellence

CSE Compliance Met

CSE Compliance P...

45 12

NWSSP Assurance Overview - YTD



Calls Answered



● Sum of Actual — Sum of Target

Website Users

12K

Website Page Views

37K

Website Pages - November 24 (Top 3)

1. Current Vacancies - 2,907
2. Student Award Services - 1,816
3. How do I apply for a bursary - 1,327

Appendix 4 – Outcome Reporting (Our People)

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

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.

Sickness



NHS Wales Staff Survey



Staff Award Submissions



Top 3 reasons for absence by FTE Days Lost

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Gastrointestinal problems

Annual Turnover (Excluding SLE)

9%


November 24 - Voluntary Resignation Reasons (Excluding SLE) (Top 3)

1. Promotion **47%**
2. Relocation **18%**
3. Health **8%**

NWSSP Internal Promotion excl SLE (October 23 - September 24)

179

Engagement Score - 2023



Response Rate - 2023



Response Rate 2024 Including SLE

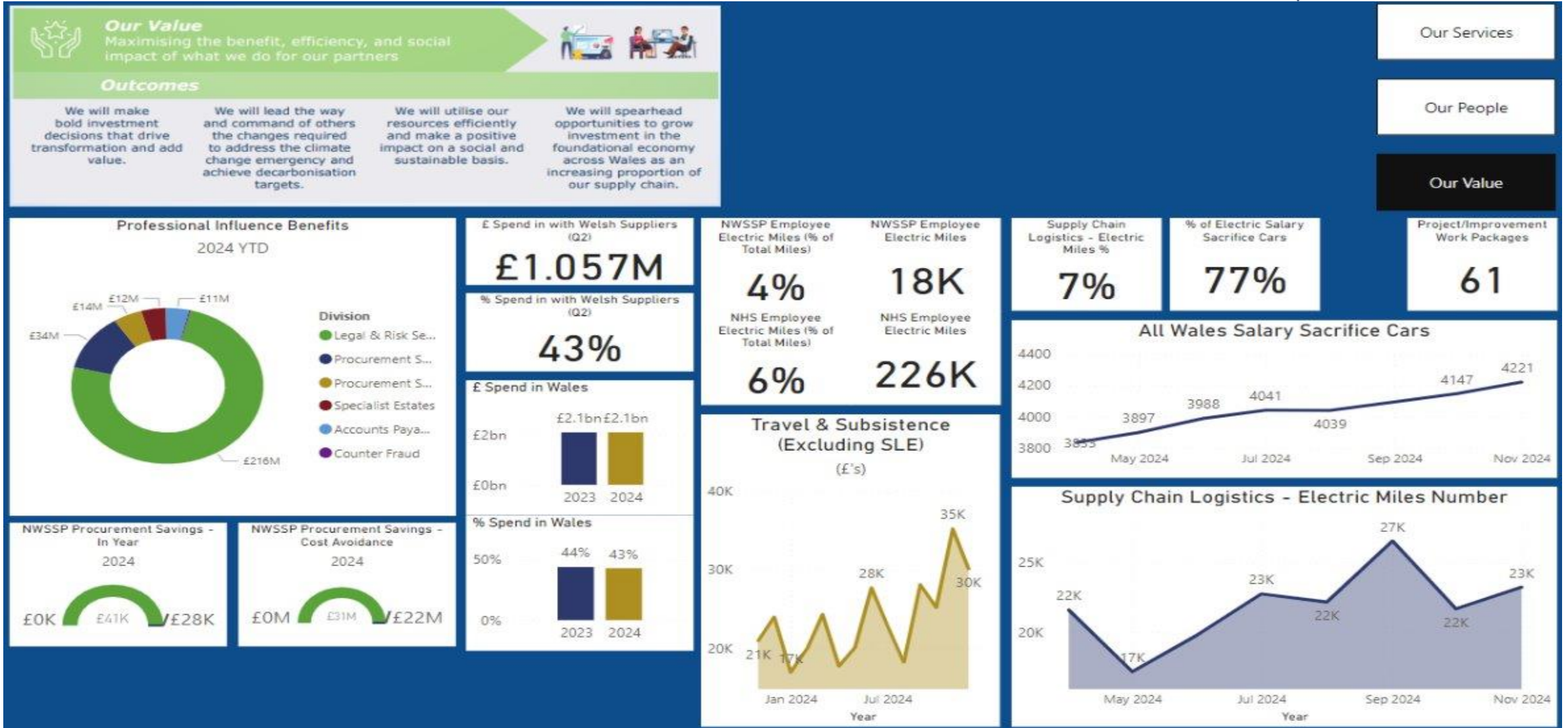
15%

Delivering Value, Innovation and Excellence through Partnership

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Appendix 4 – Outcome Reporting (Our Value)



**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Performance Report Quarter 2 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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 (SRC) with summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 December 2024 (Quarter 3 2024/25).

The Sustainable Resources Committee is requested to receive an assurance from the content of the NWSSP Performance Report for Quarter 3 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 University NHS Trust (VUNHST) 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 31 December 2024.

HDdUHB Specific Key Performance Indicators

In summary, of the 20 Lead indicators for Quarter 3 the performance is as follows:

	Green	Amber	Red
Quarter 3 2024/25	17	2	1
Quarter 2 2024/25	19		1

By exception, the areas 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?

7 of the 14 reports were completed within the time frame. The missed targets were due to internal reasons where fieldwork has taken longer than planned and one audit being delayed due to another 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.

Employment Services – Recruitment

Performance driven by both HDdUHB and NWSSP shows the organisation missing the following KPI:

- **Time to shortlist by Managers: Target 3 days**
Performance: 3.3 days
- **% of conditional offer letters sent within 4 working days: Target 95%**
Performance: 94.5%

What is happening?

Time to Shortlist by Managers narrowly missed the 3-day target taking on average 3.3 days in December. % of conditional offer letters sent within 4 working days missed the 95% target reporting 94.5%, this was due to delayed queries and missing information on the Trac recruitment system. This indicator is the sole responsibility of NWSSP.

What is NWSSP doing about it?

Good progress has been made on the cleansing of older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire.

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 31 December 2024.

Summary Assessment by NWSSP

The Quarter 3 performance for the organisation was good with 17 out of 20 KPIs showing as green. The time to hire target was achieved in December 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 December 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 3 2024/25 that services provided are being delivered to expected standards;
- **NOTE** the work being developed regarding outcome measures reporting.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

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 Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 December 2024.
Rhestr Termiau: 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:	Shared Services Partnership Committee (SSPC)

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

Ariannol / Gwerth am Arian: Financial / Service:	NWSSP was established to improve the approach to delivering Shared Services, which are effective, efficient and provide value for money for Partners.
Ansawdd / Gofal Claf: Quality / Patient Care:	NWSSP has a remit to focus on delivering savings that can be re-invested in direct patient care.

Gweithlu: Workforce:	NWSSP is hosted by Velindre NHS Trust and any workforce implications are dealt with by the Trust.
Risg: Risk:	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established a NWSSP Joint Committee, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

4.4

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4.4 - SUSTAINABLE RESOURCES
COMMITTEE ANNUAL WORK PLAN

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

| For information

Attachments

[Draft SRC Work Plan 2024-25 July 2024.pdf](#)

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
GOVERNANCE								
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	✓						
FOR DISCUSSION								
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							D
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

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
2. MHLD								
3. Planned care, including Clinical Services Plan								
Deep Dive: Pembrokeshire Integrated System	AC							✓
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	✓	✓	✓	✓		✓	✓
FOR ASSURANCE								
Finance Targeted Intervention Actions	LD/SA	✓	✓	✓	✓		✓	✓
Financial Risks and Mitigation								
• Corporate Risk Report	HT	✓	✓	✓	✓		✓	✓
• Operational Risk Report	HT	✓		✓			✓	
Procurement Plan	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
Procurement Update	HT		✓	✓	✓	✓	✓	✓
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						✓	
FOR APPROVAL								
Financial Procedures (as required)	HT	✓	✓	✓	✓		✓	✓
Information Governance Sub-Committee ToR	AT							✓
Decarbonisation Task Force Group ToR	LD							✓ (New Structure)

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
Digital Oversight Group ToR	AT				✓			
Information Governance Sub-Committee Annual Report	AT			✓				
Decarbonisation Task Force Group Annual Report	LD	✓						
Digital Oversight Group Annual Report	AT			✓				
Digital Transformational Partner	HT					✓		
FOR INFORMATION								
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	✓	✓	✓	✓		✓	✓
PROCEDURAL								
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

WW	Winston Weir	HT	Huw Thomas	RD	Rhian Davies	CE	Catherine Evans
MH	Mark Henwood	AT	Anthony Tracey	SA	Shaun Ayres	LP	Leighton Peters
DW	Daniel Warm	JP	Jill Paterson	LG	Lisa Gostling	LD	Lee Davies
RW	Rachel Williams	SH	Sally Havard	SM	Simon Mansfield	KF	Katharine Fletcher
CB	Christopher Brown	GB	Gareth Beynon				
CSO	Committee Services Officer						
D	Deferred						

5

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5 - ANY OTHER BUSINESS

6 - DATE OF NEXT MEETING

Tuesday 29 April 2025; 09:30 - 12:30 (Finance and Performance Committee)