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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

30th August 2023

Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1 SN

Dear Russell

Thank you for your letter dated 26th July 2023 regarding NHS waiting times.

Improvement in waiting times remains a key strategic priority for Powys Teaching Health Board, and our response to the questions raised by the Committee is attached.

Yours sincerely

H Thomas

Hayley Thomas
Interim Chief Executive Officer

Enc.

NHS Waiting Times: Response from Powys Teaching Health Board

Overview	
	Due to the rural geography of Powys, the majority of NHS planned care for our residents is provided by neighbouring NHS Trusts in England and neighbouring health boards in Wales rather than directly by Powys Teaching Health Board, with the largest share being provided in England. In England, the main providers of planned care for Powys residents are Robert Jones and Agnes Hunt, Shrewsbury and Telford, and Wye Valley NHS Trusts. In Wales our main providers are Aneurin Bevan, Betsi Cadwaladr, Cardiff & Vale, Cwm Taf Morgannwg, Hywel Dda, and Swansea Bay University Health Boards. The consultant-led services that we provide within Powys are those that can be safely and appropriately delivered in a community hospital setting without the need for the broad infrastructure available in acute hospitals and other regional centres for diagnosis and treatment. This does also mean that the options available to larger acute provider organisations to reduce waiting times may not necessarily be appropriate to us as a community-based organisation (e.g. dependent on critical mass of patients, availability of staff, cost-benefit assessment of investment of capital facilities). To provide an indication of the comparative levels of planned care services that are provided by Powys Teaching Health Board and commissioned from other health boards and Trusts: • PTHB Provider Services: Around 8100 Powys patients are currently on an open referral-to-treatment pathway with our own provider services, of which around half are for consultant-led pathways (e.g. general surgery, orthopaedics) and half for diagnostic and Allied Health Professional services (e.g. physiotherapy, ultrasound) • NHS Wales Commissioned Services: Around 7600 Powys patients are currently on an open referral-to-treatment pathway with other NHS organisations in Wales. • NHS England Commissioned Services: Around 11100 Powys patients are currently on an open referral-to-treatment pathway with other NHS organisations in Wales.

Recovery targets Two of the recovery targets set by the Welsh Government in its April 2022 plan for transforming and modernising planned care and reducing NHS waiting lists have already been missed, and our projections suggest that at the current level of activity, the revised target dates may also be missed.		
1	The data released on a health board by health board basis shows there is variation across health boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your health board, and what action is being taken to address the waiting times in those specialties.	**PTHB Provider Services** In our capacity as a provider of planned care, the majority of specialties are performing well in meeting national targets and health board submitted trajectories for the 2023/24 year to date. The key exceptions are: • General Surgery within South Powys, where currently a shortfall in capacity is placing pressure on the delivery of targets for new outpatients waiting over 52 weeks, patients waiting over 36 weeks, and specified diagnostics within 8-weeks (specifically Endoscopy) targets. Many of our planned care provider services are contingent on the availability of in-reach by specialist clinicians who are not directly employed by the health board, and recovery against these targets is dependent on securing additional in-reach capacity through our commissioning arrangements. • Certain pathways which are dependent on complex diagnostics such as pathology and histology services provided by neighbouring district general hospitals Despite the challenges outlined above the Powys provider performance compares favourably with the overcall position in Wales offering amongst the shortest waiting times. **Commissioned Services**

		Within our NHS Wales commissioned service providers there are particular challenges both in volumes of patients waiting and those waiting in excess of 78 weeks in the specialties of General Surgery, ENT, Trauma & Orthopaedics, Ophthalmology. Within NHS England commissioned service providers, there are similar challenges in terms of volumes of patients in General Surgery, Trauma and Orthopaedics, Ophthalmology, ENT and Urology. However the patients waiting in excess of 78 weeks in these specialties are lower than in NHS Wales providers.
2	What role have you/has your health board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should health boards have a greater role in identifying the targets.	Powys Teaching Health Board does not have a direct role in advising the Minister for Health and Social Services on setting the current targets. The Health Board engages with Welsh Government in the ongoing review of performance and priorities including through: • Monthly meetings of the NHS Wales Leadership Board • Joint Executive Team meetings with Welsh Government • Ongoing review through escalation and intervention arrangements Alongside this, there are key processes in place to draw on clinical engagement and advice in the ongoing review of targets to ensure that measures reflect the latest clinical practice and clinical standards, for example through engagement with Royal Colleges, Getting It Right First Time (GIRFT) and Value Based Health and Care. It is important that a level of separation exists between the setting of targets by Welsh Government and the NHS Executive, and the delivery of those targets by health boards.

<table>
<tr>
<td>3</td>
<td>The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for health boards to deliver. The first two targets have been missed. Can you confirm whether your health board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your health board will achieve each of the recovery targets.</td>
<td>The table below summarises our progress against our recovery trajectories as at June 2023, including those highlighted in red where the trajectory is not currently being met.

<table>
<tr><th colspan="3">Ministerial Priority Measures</th><th colspan="3">Month</th></tr>
<tr><th>Measure</th><th>Target</th><th></th><th>Apr-23</th><th>May-23</th><th>Jun-23</th></tr>
<tr><td rowspan="2">Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services</td><td rowspan="2">Improvement trajectory towards a national target of reduction by March 2024</td><td>Performance Trajectory</td><td>135</td><td>135</td><td>135</td></tr>
<tr><td>Actual</td><td>94</td><td>97</td><td>101</td></tr>
<tr><td rowspan="2">Number of patients waiting more than 52 weeks for a new outpatient appointment</td><td rowspan="2">Improvement trajectory towards a national target of zero by June 2023</td><td>Performance Trajectory</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Actual</td><td>1</td><td>3</td><td>4</td></tr>
<tr><td rowspan="2">Number of patients waiting more than 36 weeks for a new outpatient appointment</td><td rowspan="2">Improvement trajectory towards a national target of zero by March 2024</td><td>Performance Trajectory</td><td>35</td><td>35</td><td>35</td></tr>
<tr><td>Actual</td><td>67</td><td>98</td><td>112</td></tr>
<tr><td rowspan="2">Number of patients waiting more than 104 weeks for referral to treatment</td><td rowspan="2">Improvement trajectory towards a national target of zero by June 2023</td><td>Performance Trajectory</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Actual</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td rowspan="2">Number of patients waiting more than 52 weeks for referral to treatment</td><td rowspan="2">Improvement trajectory towards a national target of zero by March 2025</td><td>Performance Trajectory</td><td>20</td><td>15</td><td>10</td></tr>
<tr><td>Actual</td><td>16</td><td>14</td><td>14</td></tr>
<tr><td rowspan="2">Number of patients waiting over 8 weeks for a specified diagnostic</td><td rowspan="2">Improvement trajectory towards a national target of zero by March 2024</td><td>Performance Trajectory</td><td>160</td><td>160</td><td>150</td></tr>
<tr><td>Actual</td><td>159</td><td>160</td><td>117</td></tr>
<tr><td rowspan="2">Number of patients waiting over 14 weeks for a specified therapy</td><td rowspan="2">Improvement trajectory towards a national target of zero by March 2024</td><td>Performance Trajectory</td><td>190</td><td>190</td><td>180</td></tr>
<tr><td>Actual</td><td>243</td><td>273</td><td>265</td></tr>
<tr><td rowspan="2">Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</td><td rowspan="2">Improvement trajectory towards a national target of reduction by March 2024</td><td>Performance Trajectory</td><td>4,600</td><td>2,500</td><td>2,000</td></tr>
<tr><td>Actual</td><td>4,763</td><td>1902</td><td>1667</td></tr>
<tr><td rowspan="2">Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</td><td rowspan="2">Improvement trajectory towards a national target of zero by March 2024</td><td>Performance Trajectory</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Actual</td><td>0</td><td>0</td><td>0</td></tr>
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Please note that the number of patients waiting over 8 weeks for a specified diagnostic will be subject to retrospective validation due to external data quality issues.

We aim to recover the above position and achieve our performance as submitted during the remainder of 23/24.</td>
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Workforce		
4	Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).	The Health Board has a comparatively small planned care workforce as the majority of planned care services for Powys residents are provided by NHS Trusts in England and other Health Boards in Wales. The delivery of in-county planned care services has a high level of dependency on in-reach from neighbouring organisations for specialties such as anaesthetics, general surgery, and endoscopy. We can experience gaps in this commissioned workforce, and in response we are looking to pursue our strategic aim to build a stronger alliance with a smaller number of neighbouring providers in order to strengthen and stabilise our clinical offer, whilst separately are recruiting to a number of clinical leadership posts across planned care A strategic priority within the Health Board's Integrated Plan is the transformation and sustainability of our workforce, and as part of this a Health and Care Academy has been developed in recent years through our local, regional and national partnerships. This supports us to provide greater local access to training and development opportunities, helping us to "grow our own" workforce within the county. We have also established a range of local professional development opportunities including a new blended distance/ dispersed learning model for the Nursing degree: over 40 staff are currently enrolled, with a further 23 about to begin our Aspiring Nurse Degree Programme. Particularly for a rural health board with no university within our footprint this approach is helping us to grow our future workforce from within our local communities.

5	What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff.	A Great Place to Work and Employee Health and Wellbeing are strategic priorities in the Health Board's Integrated Plan. To support the delivery of these priorities the Health Board is continuing to develop its on-boarding experience for new starters, broadening its professional development opportunities, including new distance/dispersed nurse degree programme, hosting an Intensive Learning Academy, introducing a new simulated learning environment and offering staff access to ILM qualifications. The Health Board also works closely with staff side representatives to survey the workforce to check their sense of wellbeing and has recently successfully maintained its Gold Corporate Health Standard.

<table>
<tr>
<td>6</td>
<td>Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position). Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).</td>
<td>The overall agency staff costs to the health board over the last three years are summarised below.

Please note that this covers all roles and not specifically planned care roles (due to our small planned care workforce of around 50 headcount, agency costs are not specifically recorded at planned care level).

<table>
<tr><th>Staff Group</th><th>2021-2022
£000</th><th>2022-2023
£000</th><th>2023-2024
YTD
£000</th><th>2023-2024
Y/E forecast
£000</th></tr>
<tr><td>Add Prof Scientific and Technica</td><td>1,056</td><td>1,039</td><td>493</td><td>1,479</td></tr>
<tr><td>Additional Clinical Services</td><td>1,411</td><td>1,575</td><td>794</td><td>2,382</td></tr>
<tr><td>Administrative & Clerica</td><td>105</td><td>147</td><td>24</td><td>71</td></tr>
<tr><td>Allied Health Professionals</td><td>742</td><td>780</td><td>376</td><td>1,129</td></tr>
<tr><td>Estates and Ancilliary</td><td>81</td><td>28</td><td>0</td><td>-</td></tr>
<tr><td>Healthcare Scientists</td><td>0</td><td>0</td><td>0</td><td>-</td></tr>
<tr><td>Medical and Dental</td><td>3,336</td><td>3,369</td><td>737</td><td>2,210</td></tr>
<tr><td>Nursing and Midwifery Registered</td><td>3,305</td><td>3,838</td><td>1,744</td><td>5,232</td></tr>
<tr><td></td><td></td><td></td><td>4,167</td><td></td></tr>
</table>

The Health Board currently has a variable pay reduction action plan which aims to reduce the reliance on agency staffing. Elements of this action plan include the Aspiring Nurse Programme, apprenticeships, and plans for further cohorts of overseas nurse recruitment.</td>
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<td>7</td>
<td>During the evidence session on 12 July, the Director of the Welsh NHS Confederation told us:
"There's huge evidence to show that people tend to stay in their roles longer if they started their career locally and are given that opportunity to develop, and that has</td>
<td>Given the small number of clinical staff employed by the Health Board who directly undertake planned care activity, it is not possible to identify any causal link between the availability of training and development opportunities in the local community within planned care.

However, given the rurality of Powys, the Health Board recognises that our workforce is more sustainable if staff are able to live, train and work in their communities. This was the main driver and purpose behind a number of recent</td>
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	big knock-on positive effects for the communities more widely as well". Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.	strategic developments including the Health and Care Academy, the Aspiring Nurse and apprenticeship programmes, and an initiative to provide Schools in Powys with the opportunity to deliver health and care qualifications. All of these developments have only been possible through strong partnerships locally, regionally and nationally. Also given our rurality we recognise that for more specialised roles the training and education pathway may require some element of formal education or career progression outside the county before returning to a more senior role in Powys. A partnership working approach, including through secondments and career breaks, supports us to maintain and develop skills and talents in the longer term.
Impact of industrial action		
8	Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.	**PTHB Provider Services** Recent industrial action has had minimal impact on PTHB provider services and waiting times. An agile approach was made to industrial action response which means that by planning ahead the core approach was to reduce bookings for days when industrial action was planned thereby minimising the need for cancellations. **Commissioned Services** Other health boards in Wales will be able to comment on the impact of industrial action on their activity and waiting times. There has been a more significant and ongoing impact of industrial action in England. We do not hold information about the number of cancellations of

		operations and outpatient appointments for Powys residents by NHS England providers. Through our commissioning and quality arrangements we are kept informed by NHS England providers of the operational impact and the work being taken to reschedule patients.
Innovation and good practice We know there are examples of innovation in all health boards, but have concerns that unless successful innovations are rolled out across health boards the impact of such innovations and the extent to which they can deliver the radical transformation needed to address the backlog will be limited.		
9	What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.	Given the relatively low numbers of NHS organisations in Wales and our close working relationships, there are limited barriers to sharing best practice across Health Boards. A key example of best practice and innovation is the GIRFT (Getting It Right First Time) programme, which is hugely beneficial process being undertaken across the NHS. It is being undertaken at specialty level and brings all Health Boards together frequently to discuss waiting list backlog reduction, innovative approaches and the sharing of best practice. More information about GIRFT is available from https://gettingitrightfirsttime.co.uk/
10	Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional	**Support** The Health Board works with the NHS Executive through several assurance and performance processes e.g. Integrated Quality Performance and Delivery meetings, Joint Executive Team. All Directors on Health Boards have an associated peer groups across Wales where the relevant NHS Executive lead also attends. These meetings facilitate

	working between different health boards?	shared learning and regional working. A number of "Ministerial Summits" have also been run with all Health Boards present where progress, challenges and ideas are shared with the Minister and the NHS Executive Team. **Regional Working** Powys commissions services from all geographic regions across Wales, the West Midlands and South West England and is therefore active in regional working on a routine basis. To address planned care capacity in Wales and the improvements in planned care access required, there are a number of Health Boards collaborating on regional working footprint to improve waiting list capacity and backlog reduction. Given our pathways of care, Powys is involved regional working in the Mid and North Wales, South and East Wales, and South West & West Wales. This can present a capacity challenge for teams in Powys to engage in multiple regional programmes in Wales, as well as regional programmes in England, that may impact on pathways of care for communities in different parts of the county.
11	During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff and services to meet priority needs. What action has your health board taken to learn from this experience, and maintain agility and flexibility.	The Health Board has continued to engage with staff to gather learning from COVID-19. For example: • In summer 2020, we gathered insights and learning from across our workforce which described the changes that had come about during the pandemic, including how we maintained contact with the people of Powys and delivered health services. We shared our experiences, the challenges we faced and the benefits and opportunities we found. The report also described the innovations and new ways of working which we tested and

		implemented, what we have learned and what we are going to do with that learning. • Throughout pandemic many new ways of working were introduced and existing ways of working that have been scaled up or adapted across our health board and the wider health and care system. There has been an ongoing process of learning and review supported by our innovation and improvement team. • In Autumn 2022, we undertook a further structured review to gather feedback from those working across the health and care system in Powys to ask them about what learning and insights they could share about their experience of continuing to work during the pandemic. This included a specific focus on the way in which technological or digital solutions could support further benefits realisation.
Regional approaches Resources and demand are not always equitable across health boards, and the Welsh Government's plan for tackling waiting times commits to introducing "regional and wider models of care to ensure "equitable access" on the basis that "the challenges we face are too large for health boards to tackle alone". During the evidence session on 12 July we heard about some examples of regional working.		
12	What action is your health board taking to ensure that opportunities for regional working are considered, developed and implemented. Please provide an update on how your health board is working with others on a regional basis.	Regional working is "core business" for Powys given ourpathways of care with neighbouring hospitals in both England and Wales. Through our commissioning arrangements and through regional planning arrangements we continue to work closely with all health boards in Wales, and with neighbouring NHS Trusts / Integrated Care Systems in England.

13	Please provide information about how many patients have been transferred across the boundaries of your health board for diagnostics and treatment. This should include patients transferred to your health board by other health boards, and those your health board has transferred to other health boards. Are there organisational or cultural barriers preventing this from happening.	Due to the rural geography of Powys, the majority of NHS planned care for our residents is provided by neighbouring NHS Trusts in England and neighbouring health boards in Wales rather than directly by Powys Teaching Health Board. For example: • as at April 2023, 10777 Powys patients were on a referral to treatment pathway with an English provider. • as at May 2023, 7573 Powys patients were on a referral to treatment pathway with a Welsh Provider.
Seasonal pressures We have previously heard that progress to separate planned care from urgent care in Wales has been slow. During the evidence session on 12 July witnesses emphasised that planning for winter 2023-24 has already begun.		
14	How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.	**PTHB Provider Services** "Winter pressures" do notaffect our provider services in the same way as they can affect acute hospital providers. Instead the key issues for PTHB provider activity can include staff sickness (e.g. due to winter respiratory viruses) and availability is specialist in-reach staff (e.g. anaesthetists, general surgeons, endoscopists) due to pressures in their host organisation. We therefore have a high level of confidence in the continued delivery of our planned care provider services. Key activities to protected planned care provider services include promotion and availability of flu and COVID vaccination, ongoing delivery and review of

		infection prevention & control measures, and workforce & activity planning to respond to planned and unplanned absence. **Commissioned Services** Other health boards in Wales will be able to comment on the impact of seasonal pressures on their activity and waiting times, including in relation to the services they provide for Powys residents. Key activities to protected planned care capacity in commissioned services includes our work to reduce unnecessary emergency admissions and to repatriate Powys patients once they are medically fit for transfer from acute hospital – this helps to reduce the adverse impact of seasonal pressures on planned care capacity.
	Supporting patients	
15	What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait.	During the COVID pandemic, the Royal College of Surgeons developed a clinical prioritisation framework to guide NHS providers in the management of clinical need, actual length of wait versus their recommended wait times for a wide range of procedures. All providers are requested to manage procedure times in this way whilst also balancing the need of referral urgency, screening and follow up surveillance and the eradication of extreme long waiters. The medical specialties manage patients in a similar way. Powys Teaching Health Board has adopted the above way of working. However, given that the relatively low levels of complexity in our provider services we do not face the same challenges as our commissioned services in balancing clinical need and waiting times.

16	How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.	We do not hold central records of the number of patients removed from waiting lists through waiting list validation processes. This is because waiting list validation is an ongoing and dynamic process involving changes in a daily basis that can include: • Administrative validation of patient waiting lists (e.g. checking personal identifiable information, booking patients into clinics, processing cancellations by the patient, arranging letters, rearranging appointments when patients for example if a patient is unavailable due to ill health) • Clinical validation (for example, where a clinician has received a referral but following clinical review of the patient's notes and alternative mode of treatment is proposed which may include being discharged from the waiting list). • Data quality reviews (for example, to check for duplicate entries). Together these processes help to ensure the appropriateness and timeliness of appointments for patients.
17	The Welsh Government has invested £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog.	Powys Teaching Health Board has embedded a value-based recovery approach to drive improved outcomes, experience and cost. There has been the phased development of a community cardiology service, led by a GP with Special Interest, starting with a twice weekly clinic in Newtown. Between 4th November 2022 and 17th August 2023, including a graduated start, there have been 276 patient attendances. 229 patients could be discharged, 30 required follow-up appointments locally; 6 required further investigation; and only 11 required on-ward referral to a secondary care consultant. The activity included 202 echocardiograms delivered in the community outside a DGH; and 11 ambulatory ECGs. Treatment plans were put in place for 136 patients (which

		should also help to prevent unscheduled care). Clinical outcome data and patient experience is also being collected. There was a positive independent clinical audit. As part of the community cardiology service, mobile devices have been used to support the identification of Atrial Fibrillation and Supraventricular Tachycardia in primary care. Work has been undertaken with care homes, Welsh Ambulance Service, and the local authority to implement a multiagency value based response to falls, including prevention, with 157 Powys care home staff attending familiarisation sessions. Evaluation of the impact is underway. The findings from the Getting it Right First Time reviews are being implemented including for cataracts, glaucoma, orthopaedics, general surgery and gynaecology. Work is underway locally to implement a value-based approach to Wet Age Related Macular Degeneration.
Financial performance During our scrutiny of the Welsh Government's draft budgets for 2022-23 and 2023-24 we have considered health boards' financial positions, including the extent to which they are achieving their statutory responsibilities under the NHS Finances (Wales) Act 2014 i.e. their duties to manage their resources within approved limits over a three year rolling period; and to prepare, and have approved by Ministers, a rolling three-year Integrated Medium Term Plan. Unfortunately, our scrutiny of the 2023-24 draft budget showed a deterioration in financial positions, with six out of the seven health boards projecting (as at January 2023) end of year overspends.		
18	Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory	After many years of meeting its statutory financial duties, the Health Board had a £7.0m imbalance between its financial resources and expenditure in 2022/23, which has continued into 2023/24.

	duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.	The Health Board is overspent by £11.432m as at 31 July 2023 and is forecasting that it will be overspent by £33.473m in 2023/24, which is in line with the Annual Plan prepared by the Health Board for 2023/24. As a result, the Health Board does not expect to achieve its statutory financial duties. The imbalance is occurring as the cost pressures being experienced by the Health Board, in areas such as the commissioning of secondary care services and the provision of primary and community services, is greater than the combination of mitigating actions (saving schemes) and increased funding. The Health Board is pursuing a range of actions to constrain its expenditure and will seek to develop a plan to balance its funding and expenditure in 2024/25.