Cofnodion heb eu Cymeradwyo o Gyfarfod y Pwyllgor Cyllid a Pherfformiad/ Unapproved Minutes of the Finance and Performance Committee Meeting

Date of Meeting: **09:30, Tuesday 30 June 2026**
Venue: **Microsoft Teams/ Picton - Dolau Cothi Meeting Room**

Present:
Michael Imperato (Chair of the Committee and Independent Board Member)
Neil Prior (Vice Chair of the Committee and Independent Board Member)
Winston Weir (Independent Board Member)
Rhodri Evans (Independent Member)

In Attendance:
Huw Thomas (Executive Lead for the Committee and Executive Director of Finance)
Andrew Spratt (Deputy Director of Finance)
Jennifer Thomas (Head of Corporate Reporting and Planning)
Joanne Wilson (Director of Corporate Governance and Board Secretary)
Keith Jones (Director of Operational Planning & Performance)
Lisa Gostling (Director of Workforce and Organisational Development and Deputy Chief Executive Officer)
Mark Henwood (Executive Medical Director)
Neil Wooding (Chair of Hywel Dda University Health Board)
Shaun Ayres (Director of Delivery)
Sian Jenkins (Deputy Director of Finance)
Tomos Jones (Audit Wales)
Katie Lewis (Committee Services Officer)

Minutes Ref.	Item	Action
FPC (26) 047	**WELCOME AND APOLOGIES**	

The Chair opened the meeting and noted that the escalation oversight paper would be taken earlier on the agenda to provide context for the later discussions. Members were reminded that presentations should be concise, focus on the two to four key points requiring the Committees attention, and support the Committee's duty to alert, advise, or assure the Board at the end of each item.

Apologies were recorded from Mrs Eleanor Marks, Mrs Sharon Daniel, Mr Andrew Carruthers and Mr James Severs.

The Chair checked that papers had been received in good time and invited any comments on completeness before moving into formal business of which no comments were received.

FPC (26) 048 **DECLARATION OF INTERESTS**

No interests were declared for this meeting.

FPC (26) 049 **MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 30 APRIL 2026**

The previous minutes were taken as read. The Chair noted their level of detail and invited comments on accuracy or on any matters arising that would not otherwise be covered later in the meeting. No corrections or matters were raised.

Decision: The minutes of the meeting held on 30 April 2026 were **approved**.

FPC (26) 050 **TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 30 APRIL 2026**

The Committee reviewed the action log from the previous meeting and all actions were reported as complete other than FPC (26) 032 which remained in progress. When queried on the expected timeline, Mr Keith Jones advised that a specific date had not yet been received from the NHS Performance and Improvement Department.

Decision: The Committee **noted** the update provided on the table of actions.

FPC (26) 051 **ESCALATION OVERSIGHT AND HIGHLIGHT REPORT**

Mr Shaun Ayres highlighted a number of key points for the Committee's consideration. He noted the projected financial position, including a £4.7 million adverse variance against plan, together with the position regarding savings delivery, where approximately £8.7 million of the £42.8 million savings target remained unidentified at this stage.

Mr Ayres drew attention to the fact that the areas where savings gaps existed broadly aligned with those experiencing the greatest performance challenges. He advised that this created a significant challenge in balancing financial recovery and performance improvement, as measures required to enhance performance often necessitated additional capacity and investment, potentially placing further pressure on the financial position. He highlighted urgent and emergency care performance, including pressures associated with patient flow, as an example of an area where investment may be required to address underlying system constraints.

Mr Ayres further emphasised that organisational plans should not be developed in isolation and that workforce, financial and performance plans must be aligned and considered as part of an integrated approach. Whilst each individual plan may appear robust when viewed separately, there was a risk of unintended contradictions emerging if they were not developed and assessed collectively. He therefore

urged the Committee to remain mindful of the interdependencies between plans and to avoid the creation of competing priorities.

In conclusion, Mr Ayres encouraged the Committee to carefully consider the competing demands associated with delivering both financial savings and performance improvements simultaneously. He observed that, in some cases, investment may be required in the short term to generate longer-term financial benefits and support sustainable improvements in performance.

Members requested clarity regarding the areas that should be regarded as the highest priorities and Mr Ayres identified three immediate areas: unscheduled care, including front-door ambulance handovers; cancer, where performance had slipped to 60% or below in the last two months and risked re-escalation; and the broader elective position.

Councillor Rhodri Evans enquired whether Mr Ayres considered that the organisation had the capacity, capability and planning grip required to improve the position. Mr Ayres replied that there was a real gap in operational planning capability, particularly in bringing activity, workforce and finance together into a single delivery model.

In response to queries on the organisation's most significant controllable challenges, Mr Huw Thomas identified three key areas: a mismatch between demand and capacity in services such as radiology and therapies; approximately 200 delayed-transfer of care, equating to around £20m of bed capacity tied up based on an estimated cost of £100,000 per bed; and a continued reliance on variable pay.

Mr Neil Prior and Dr Neil Wooding emphasised the need for a clearer organisational focus over the next three months, noting that continued absorption of a deteriorating position was not sustainable. Members repeatedly returned to the need for a defined route map, greater accountability for delivery, and more emphasis on transformative solutions, alongside short-term measures.

Dr Wooding expressed concern regarding the overall performance position, noting the continued decline across a number of indicators despite the considerable efforts being undertaken by the Senior Leadership Team and staff across the organisation to deliver improvements. He observed that the deterioration in performance had a direct impact on patient experience and emphasised the importance of identifying areas where focused intervention could deliver meaningful improvements.

Dr Wooding questioned whether sufficient organisational focus was being directed towards a small number of priority areas where targeted action could achieve tangible results. He noted that there were examples across the Health Board of teams delivering strong and consistent performance despite challenging circumstances and suggested that learning could be drawn from these areas of good practice. He further highlighted that areas demonstrating persistent

financial overspend and weaker financial control often corresponded with areas experiencing poorer performance, reflecting a concerning and longstanding trend. Dr Wooding suggested that the organisation should seek to identify and prioritise key actions that would have the greatest impact on improving both performance and financial sustainability.

Mr Huw Thomas reiterated the importance of focusing on the three key areas he had identified earlier. In relation to demand and capacity challenges, he highlighted radiology and therapies, noting the wider impact on diagnostic pathways and cancer performance, and the need for targeted action to address underlying capacity constraints. In terms of urgent and emergency care, the significant number of delayed transfers of care requires a more effective approach, given the impact on patient flow and the associated resource implications.

Referring to Radiology, Mr Keith Jones advised that Welsh Government funding for supplementary capacity had been confirmed only to the end of Quarter 1, representing approximately £1.5m less support than in the previous year. He noted that mobile CT and MRI provision was due to cease at the end of Quarter 1; however, a short-term operational decision had been taken to extend arrangements for a further month while wider discussions continued with Welsh Government and NHS Performance and Improvement. Mr Ayres proposed **that a Radiology Plus demand and capacity analysis be presented to the next Committee meeting to quantify the gap across each modality and understand the implications for both performance and delivery of savings targets.**

The Committee concluded that the escalation position warranted an alert item for Board, given the lack of a sufficiently clear route map and agreed solutions.

Decision: The Committee:

KJ/AC

- **NOTED** and scrutinise the urgent and emergency care de-escalation position (criteria 16 to 18), and the June actions (community streaming hub, front door changes) on which recovery now depends.
- **ACKNOWLEDGED** the May delayed pathways figure as incomplete because of the infection prevention and control ward closures and endorse restating May alongside the June data.
- **SCRUTINISED** the cancer position below the 60% de-escalation floor within the IPAR.
- **CONSIDERED** and **CHALLENGED** the 2026/27 financial position at month 2: £4.7m adverse to plan, a £34.1m savings identification gap against the £42.8m requirement, and a year end forecast held at £41.0m only by £20.9m of unconverted mitigating actions.
- **REVIEWED** the internal escalation position movements

FPC (26) 052 **ASSURANCE AND RISK REPORT**

Mrs Joanne Wilson presented the key highlights from the Assurance and Risk report, noting one principal risk under review ahead of Board consideration in July and 21 reportable operational risks aligned to the Committee's remit. Since the previous update, four risks had changed, relating to potential cessation of Condition Improvement Funding (CIF) and Regional Integration Funding (RIF), radiology capacity pressures, contract fragility, and estate infrastructure, while 15 risks remained unchanged. Mr Huw Thomas drew attention to the concentration of very high-scoring risks within the Operational Allied Health Professional Clinical Care Group (CCG), advising that these largely stemmed from underlying demand and capacity pressures.

Members challenged both the presentation and the implications of the associated scores. Mr Winston Weir queried whether the concentration of high risks within the Operational Allied Health Professional CCG reflected a different risk appetite or indicated greater underlying service fragility than in other CCG's. H also observed that Risk 2242 lacked sufficient contextual information at headline level to support a clear understanding of the issues involved.

Mr Neil Prior believed that the wording of some risk entries did not provide sufficient assurance that the risks were being managed as proactively as the Committee would expect. Mr Michael Imperato and Mr Weir further observed that a risk score of 25 indicated that the risk was already occurring rather than remaining potential issue, and suggested that greater emphasis should shift be placed on immediate actions, support and interventions required to address the position.

Mrs Wilson clarified that these were operational risks owned and regularly reviewed within services, with sign-off by the relevant CCG Director and Executive Director. Mr Jones added that the risks reported in Operational Allied Health Professionals CCG reflected genuine service fragility rather than a reporting anomaly.

Mr Thomas noted that many of the risk statements attributed the issue primarily as financial pressures, whereas the more fundamental consideration was whether services were organised and managed in the most effective way. The Committee concluded that it could not derive sufficient assurance from the summary level information presented and requested that the highlighted risks be referred back to the relevant CCG's for further challenge and clearer ownership and strengthen accountability. **Mrs Wilson and Mr Jones agreed to revisit the specific high-scoring operational risks raised during discussion and return with clearer challenge, ownership, and operational response.**

The Committee agreed to advise the Board of the concerns raised. **KJ/JW**

Decision: The Committee:

- **RECEIVED ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and

- **RECEIVED LIMITED ASSURANCE** from the processes in place to oversee operational risks to ensure these are being managed effectively.

FPC (26) 053 **INTEGRATED PERFORMANCE ASSURANCE REPORT**

Mr Thomas summarised the deteriorating performance position, identifying cancer, urgent and emergency care, and planned care as the areas of the greatest concern. He noted that performance had continued to decline, with therapies 14 week breaches increasing by more than 500 patients in May 2026 and the Health Board remaining the highest-breach organisation in Wales for the past 18 months.

Children and young people's mental health assessment performance within 28 days of referral had fallen to its lowest level since February 2023, whilst child neurodevelopmental assessment performance had improved through outsourced capacity. Within urgent and emergency care, 12-hour performance had deteriorated for a third successive month, and 104 week breaches had also worsened.

Mr Thomas highlighted several positive indicators within the report including delayed outpatient follow-ups, which were 50 per cent lower than the next best performing Health Board in Wales, eye care performance had improved for an eighth consecutive month, and moderate harm incidents and complaints had reduced despite wider system strain.

Cllr Evans queried whether the reduction in complaints reflected a genuine improvement in patient experience or was, at least in part, attributed to changes in the way concerns were being managed under the new regulations. . Mr Mark Henwood advised that that the emphasis on early-resolution had resulted many issues, particularly waiting list enquiries, being addressed through immediate discussion and resolution rather than progressing through the formal complaints process.

Mrs Lisa Gostling drew attention to two major workforce cost pressures with performance implications: agency nursing and long-term sickness absence costing around £29m a year. It was noted that focused work was underway to reduce long-term sickness absence, with estimates indicating that a return towards the lowest previously observed levels could release around £7m to £9m annually, excluding the additional agency costs associated with covering those absences.

Mr Weir proposed that vaccination and immunisation uptake be revisited through the forward work programme, noting that the Committee required additional context to determine whether performance against target reflected local challenge or issues evident across the wider system.

The Committee considered the report to be a broad advisory overview rather than as a source of full assurance and agreed to advise the Board of the need for greater clarity on the position.

Decision: The Committee **DISCUSSED** the IPAR – Month 2 2026/2027 report and to **RECEIVED LIMITED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

FPC (26) 054 **PERFORMANCE DEEP DIVE: ALERT AREAS**

Mr Jones explained that the deep dive provides a focus on the alert areas within the performance report and drew out several themes already visible elsewhere in the agenda. While cancer performance had deteriorated, that performance was expected to improve and exceed the 60 per cent threshold in the forthcoming reporting month. He also highlighted an issue with the robustness of the reported eight-week diagnostics position following implementation of the Radiology Plus system in December 2025, saying he did not have confidence in the current reported position and that work was underway to establish the true cause and impact.

Regarding delayed pathways of care and system flow, Cllr Evans queried whether the delayed pathways had not been identified as a key alert area. Mr Imperato concurred, arguing that with around 200 beds occupied by patients experiencing delayed pathways, the scale of the issue should be a central focus of the organisations response.

Mr Jones cautioned against attributing urgent and emergency care challenges into a single cause, acknowledging the complexity of the issues involved. However, he noted that improving performance against internal discharge pathway metrics was beginning into sharper focus the organisations reliance on partner agencies to support patient flow beyond the Health Board. Members stressed that prolonged stays for medically optimised patients remaining were unacceptable, both in terms of quality of care and because of the significant impact on capacity across the system.

Mr Ayres advised that 55 per cent of ambulance handover breaches occur at Glangwili Hospital, with waits frequently extending well beyond 45 minutes, and in many cases over an hour. He suggested that the most appropriate lever for improvement was patient flow, particularly the back-door pressure created by delayed discharge. Mr Thomas added that data from the Health Board's the 'red and green day' flow system was not yet being fully utilised through governance arrangements, and noted that a significant portion of affected patients were in the last year of their lives, further underlying the importance and urgency of addressing the issue.

Mr Weir expressed concern that the physiotherapy response plan did not yet sufficiently robust to address the scale of the 14 week waiting time breaches.

The Committee requested further work on delayed pathways of care to be prioritised and agreed that this item should be an advise item to the Board.

Decision: The Committee:

- **NOTED** the key challenges and issues currently impacting the performance areas highlighted as Alerts in the Month 2 2026/27 IPAR
- **RECEIVED LIMITED ASSURANCE** from the improvement focus being applied by each relevant Clinical Care Group as reflected in the improvement actions described (within the context of the delivery plans, resources and trajectories approved within the Annual Plan 2026/27)
- **NOTED** the further work underway to review the Radiology breach position and forecast

FPC (26) 055 **NWSSP PERFORMANCE REPORT QUARTER 4 2025/26**

The NWSSP performance report was taken without detailed discussion.

Decision: The Committee **RECEIVED ASSURANCE** from the report.

FPC (26) 056 **UNSCHEDULED EMERGENCY CARE (UEC) BUSINESS CASE: IMPLEMENTATION AND EVALUATION**

Mr Jones explained that the paper had been revised following the In-Committee Board discussion to provide a clear assessment. Based on the modelling presented, ambulance handover performance within 45-minutes was expected to remain around 60% without investment, rather than improve towards 70%. He further advised that the shortlisting and interview preparations had now been paused, with a prolonged delay increasing the risk that the recruitment process would need to be repeated.

Mr Imperato acknowledged that the scenario planning was helpful but questioned what action the Committee was being asked to take beyond noting the consequences. Dr Wooding considered that the paper clearly set out the cost of deferral but would have welcomed greater clarity on the mitigating actions now proposed. Mr Thomas responded that the Health Board did not yet have assurance that the residual savings gap had been closed, or that red and blue savings schemes would reliably convert into amber and green delivery; therefore, the £4.5m held remained a mitigation against a wider financial risk. Mr Ayres explained that the revised analysis was intended to present the quality, safety, operational and financial consequences collectively, rather than in isolation.

The discussion highlighted the importance of maintaining alignment between organisational priorities and resource allocation. Dr Wooding

overserved that, where efficiencies were achieved in one part of the system, opportunities could arise to support improvements in another. He emphasised the value of considering financial recovery and service improvement as complementary objectives.

Mrs Wilson reminded members that the In Committee Board decision remained subject to public ratification. Mr Henwood cautioned that delaying the investment could adversely affect winter resilience , with implications for quality, safety, and workforce costs.

The Committee agreed to report the consequences of deferring the UEC business case as an alert item to the Board.

Decision: The Committee **NOTED** the forecast benefits, associated modelling, providing assurance on the anticipated impact of the UEC Business Case and **CONSIDERED** the implications of deferral, including the material risks of achieving national targets and the CCG's financial recovery trajectory.

FPC (26) 057 **DE-RISKING THE ANNUAL PLAN - SUMMARY OUTPUT FROM IN-COMMITTEE BOARD**

No update was reported for this item.

FPC (26) 058 **FINANCIAL PERFORMANCE ASSURANCE REPORT**

Mr Andrew Spratt presented the key highlights from the Financial Performance assurance report and noted that month 2 remained broadly consistent with month 1, leaving the organisation with approximately a £5.5m deficit run rate each month. The principal driver was that savings delivery remained materially behind the annual plan, alongside continued concerns about the underlying deficit and increasing Welsh Government's scrutiny of the organisation's ability to convert underspends into recurrent savings. In addition, he emphasised that the expected cultural shift from central control to delegated ownership and accountability had not yet translated into the pace of financial improvement required.

Members expressed concern about the seriousness of the financial position. In response to a query from Dr Wooding comparing performance with the same period last year, Mr Spratt advised that the organisation had delivered a higher proportion of its savings target and by the end of Quarter 1, had moved from an overspend to an underspend position. Members noted that If performance did not improve over the next two months, the Board might need to review its forecast maintain credibility with Welsh Government. Mr Prior emphasised that the concerns set out in the report were already significant, while Cllr Evans sought greater clarity on the timescales for any potential escalation of intervention measures.

Members discussed accountability and incentives. Mr Spratt explained that although around £30m of underspend had been identified in the previous year, only about £9m had been converted into committed savings, with the remainder arising from areas that had already

demonstrated strong financial management. He noted the need to maximise the conversion of underspends into recurrent savings while ensuring that well-performing services remain appropriately supported and incentivised. Mr Thomas highlighted the need for stronger incentives to support savings delivery, Mr Jones advised that two functions were close to being placed into Level 4 escalation, enabling greater oversight and a clear assessment of the underlying causes of concern.

Members agreed that escalation process should be allowed to run, while emphasising the importance of maintaining pace and momentum. Concerns were raised that the continued slippage would increase the scale of recovery required later in the year. Mr Jones supported using the established escalation framework to provide evidence and clarity on the factors contributing to non-delivery.

The Committee concluded that the seriousness of the financial position and the limited pace of response warranted this item to be an alert matter to the Board.

Decision: The Committee**:**

- **SCRUTINISED** and **CHALLENGED** the current financial forecast, including the reliance on £20.9m of unconfirmed mitigations
- **CHALLENGED** whether the current trajectory is sufficient to close the £34.1m savings gap and improve the underlying deficit position
- **ENDORSED** strengthened escalation and accountability arrangements in areas where delivery is at risk, including those at risk of Level 4 escalation
- **SUPPORTED** immediate actions, where appropriate, to strengthen grip and control over key cost drivers, particularly workforce and demand-led pressures
- **WERE NOT ASSURED** that a credible, time-bound recovery plan is in place to close the savings gap targeted recovery actions are being implemented in all portfolios with Alert or Advise status the new Ways of Working and accountability framework are driving demonstrable improvements in financial control and delivery
- **NOTED** the material risks to financial sustainability, including the current forecast deficit position to the trajectory of the underlying deficit cashflow will run out before the end of March 2027 without additional support from Welsh Government, that has not been confirmed to date

FPC (26) 059 **FINANCE DEEP DIVE: ALERTS (MEDICAL)**

Ms Carly Hill highlighted medical workforce variable pay as a key control issue, noting that a significant proportion of predictable core activity continued to be delivered through variable pay arrangements rather than substantive job plans. Mr Henwood advised that historic job-planning arrangements had contributed to this position and

outlined ongoing work to strengthen job planning and improve workforce sustainability through a more consistent all-Wales approach.

Mr Prior contrasted the position with the more developed scenario planning presented earlier on urgent and emergency care, calling for a similarly strategic view approach to workforce challenges. Mr Thomas noted that improved job planning be an important enabler, which would need by service design , greater use of alternative practitioners, and a shift from variable pay into sustainable workforce capacity. Mrs Gostling added that workforce cost improvements alone would not be sufficient without broader service transformation.

Mr Thomas advised that medical additional hours were running at about £2.6mper month, while Mrs Gostling pointed to the need for an overall workforce reduction of around 400 posts through natural attrition and related controls.

The Chair requested a progress update in October on medical workforce implementation, including job planning progress and delivery against the planned timetable.

MH/ CH

The Committee accepted the current plan for assurance while seeking stronger operational support and a more comprehensive strategic workforce plan.

Decision: The Committee**:**

- **NOTED** the current position**;**
- **ENDORSED** the priority actions and trajectory to shift from variable pay to planned workforce models;
- **ENDORSE** an annual medical workforce review, that feeds into the annual planning cycle;
- **AGREED** that future reporting will focus on delivery of measurable outcomes, specifically:
  - Reduction in variable pay
  - Reduction in agency spend
  - Improved alignment between workforce capacity and demand; and require routine monitoring of progress against defined metrics and trajectory

FPC (26) 060 **FINANCE DEEP DIVE: ALERTS (CONTINUING HEALTHCARE)**

Mr Jones described continuing healthcare commissioned services as a heavily regulated area with limited flexibility once eligibility is established. Members noted some movement in expenditure between months 1 and 2 due to the application of inflationary uplifts however, overall spending growth still compared favourably with the national position and that the current year reflected legacy package growth from earlier periods. Even so, the scale of spend remained material at £69.1m.

Members discussed the sustainability of the current care home market model., Dr Wooding noted that the predominately independent nature of provision resulted in considerable variation and could leave left the Health Board vulnerable, especially in West Wales. Mr Imperato queried whether there was learning from alternative approaches elsewhere, while Mr Thomas suggested the challenges may required a broader review of the care home market and its long-term sustainability, continued efforts to optimise existing arrangements.

Mr Thomas set out the strategic questions more directly whether:

- higher prices or incentives would be needed to support market entry,
- public-sector provision should be reconsidered,
- housing associations or local authorities might form part of the capital solution.

He also observed that care providers appeared to have a better understanding of prevailing rates across Wales than the NHS, highlighting a notable intelligence gap. Mr Prior indicated he would seek to draw on his external networks to further explore the issues affecting the care market. .

The Committee accepted that current controls were being applied within the existing framework however requested a more solution-focused longer-term vision to be presented at a future meeting. (KJ)

Decision: The Committee **RECEIVED ASSURANCE** that measures and controls are in place to ensure only essential Continuing Healthcare expenditure is incurred and aligned with agreed criteria.

FPC (26) 061 **FINANCE DEEP DIVE: ALERTS (CLINICAL CARE GROUP SAVINGS PLANS)**

KJ

Members were advised that the item had been deferred. **Mr Jones confirmed that a comprehensive update would be presented to the next meeting.**

Decision: The Clinical Care Group savings plan deep dive was deferred to the next meeting.

FPC (26) 062 **INVESTMENT AND BENEFITS REALISATION REPORT**

The Committee reviewed delivery against the strategic investments agreed through the previous planning round. Mr Jones reported that £11.9m had been earmarked in 2025–26, with the principal benefits seen in ophthalmology and radiology. In ophthalmology, the position had improved from 34% to 43% over seven months, against an intended 53% over the full year, while the service was also moving towards a revised skill mix. In radiology, the investment had supported

capacity that contributed directly to improvements in cancer waits and eight-week diagnostics.

Members sought assurance that the benefits had been realised in a sufficiently tangible way. Mr Jones advised these were relatively straightforward cause-and-effect investments, with the improvements achieved directly linked to the funded interventions, although some schemes had yet fully matured and further benefits were anticipated. Two investments, acute oncology and legal services, remained partly implemented, with recruitment and training still continuing. The Committee accepted the overall position.

Decision: The Committee:

- **ACKNOWLEDGED** that investment cases for 2025/26 were being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team and all decision outcomes have been determined.
- **NOTED** that benefits realisation feedback for strategic investments as outlined.

FPC (26) 063 **PLAN FOR CLOSING THE RESIDUAL DELIVERY GAP TO £41M**

This item was discussed at In-Committee Board meeting.

FPC (26) 064 **BAND 2 AND 3 HEALTHCARE SUPPORT WORKER PAY RE-BANDING UPDATE**

Ms Sian Jenkins presented an update on the national Band 2 and 3 Healthcare Support Worker re-banding outcome. Ms Jenkins explained that the dispute had now concluded and that the Health Board was implementing the resulting budget and establishment adjustments in 2026–27. The financial effect had shifted over time because the national interpretation developed after the initial modelling, more staff fell within the scope than first anticipated, with a series of detailed pay adjustments continuing after initial payments had been made.

Members understood that the Health Board's immediate focus had been on ensuring staff were paid correctly and on maximising available support from Welsh Government before year-end. The report set out the budgetary impact and the management response, including mitigation through workforce controls and changes to how some Band 2 and Band 3 roles were filled.

Decision: The Committee:

• **ACKNOWLEDGED** the approach taken and reasons for the difference between cost versus funding having arisen.
• **APPROVED** of the approach taken to enable the required £2.8m budget to be delegated, by creating a negative budget, recognising this will require further savings and mitigating

actions to afford both within 2026/27 and as part of the Health Boards underlying position.

FPC (26) 065 **PROCUREMENT REPORT**

The Committee was asked to support procurement approvals covering the electronic document and records management system, the oral surgery contract for five years, and the ophthalmology position, with further Welsh Government support to be sought as appropriate. The value-based procurement in healthcare was acknowledged as an important strategic development linked to work with Swansea University and Swansea Bay University Health Board. No substantive challenge was raised and the recommendations for Board approvals were supported.

Decision: The Committee recommended that Board:

- **APPROVE** the award of the Electronic Document and Records Management System (EDRMS) Renewal contract from the 01 September 2026 to the 31 March 2032 with an option to extend to 31 March 2034 at a total contract value of £1,244,903.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVE** the award for Oral Surgery contract for five (5) years from 01 October 2026 to 30 September 2031 with the option to extend for a further five (5) year, by way of three (3) plus two (2) years, with total contract value of £5,060,000.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVE** the commencement and subsequent award of the procurement process for Outsourcing Ophthalmology contract for up to two (2) years from 01 August 2026 to 31 July 2027 with no option to extend, with total contract value of up to £12,000,000.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, and Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVE** the approval and delegated authority arrangements for procurement activity within HDdUHB.

FPC (26) 066 **PROCUREMENT PLAN**

The Procurement Plan was taken without detailed discussion.

Decision: The Committee **NOTED FOR INFORMATION** the Procurement Plan Financial Year 2026/27

FPC (26) 067 **PLANNING GOALS UPDATE REPORT Q1 2026/27**

The Quarter 1 planning goals update was noted without further discussion.

Decision: The Committee **RECEIVED ASSURANCE** and **NOTED** the progress of the Planning Goals which are aligned to it; in order to assure the Board that the Planning Goals are progressing and are on target, and to raise any concerns where a Planning Goal is identified as behind in its status and/or not achieving against its key deliverable.

FOR INFORMATION

FPC (26) 068 **ALL-WALES CAPITAL PROGRAMME 2026/27, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE**

FPC (26) 069 **JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS**

FPC (26) 070 **NWSSP PROCUREMENT SERVICES 2025-26 SUMMARY REVIEW**

FPC (26) 071 **FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2026/27**

DATE OF NEXT MEETING Thursday 27 August 2026