COFNDION CYMERADWY O GYFARFOD Y PWYLLGOR CYLLID A PERFFORMIAD/ APPROVED MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE MEETING

DATE OF MEETING: **9:30 AM, Tuesday 21 October 2025**
VENUE: **Ystwyth Boardroom/Microsoft Teams Meeting**

PRESENT:
Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)
Anna Lewis (Hywel Dda UHB – Independent Member) (Vice Chair) (VC)
Rhodri Evans (Hywel Dda UHB – Independent Member)
Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair)
Winston Weir (Hywel Dda UHB - Independent Board Member) (VC)

IN ATTENDANCE:
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)
Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience) (part)
Richard Jenkins (Hywel Dda UHB - Assistant Finance Director Commissioning, BI & Value)
Siân Jenkins (Hywel Dda UHB - Deputy Director of Finance)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science) (VC)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
Katie Stuart-Robson (Hywel Dda UHB - Assistant Finance Business Partner) (VC)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
Douglas Wilson (Hywel Dda UHB - Senior Performance Management Analyst) (VC) (part)
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION

FPC(25)76 **WELCOME AND APOLOGIES**

Mr Michael Imperato welcomed all to the Finance and Performance Committee (FPC) meeting.

Apologies had been received from:

- Mr Mark Henwood, Medical Director
- Mr Shaun Ayres, Director of Delivery

FPC(25)77 **DECLARATION OF INTERESTS**

There were no declarations of interest.

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 26 AUGUST 2025

The minutes of the FPC meeting held on 26 August 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Finance and Performance Committee meeting held on the 26 August 2025 were **APPROVED** as a correct record of proceedings.

FPC(25)78 **MINUTES OF EXTRAORDINARY FINANCE AND PERFORMANCE COMMITTEE HELD ON 15 SEPTEMBER 2025**

The minutes of the Extraordinary FPC meeting held on 15 September 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Extraordinary Finance and Performance Committee meeting held on the 15 September 2025 were **APPROVED** as a correct record of proceedings.

FPC(25)79 **TABLE OF ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE HELD ON 26 AUGUST 2025**

The Table of Actions from the FPC meeting held on August 2025 was reviewed.

Mr Andrew Carruthers advised that in relation to **FPC(25)67 ('Policies')** Llais has been engaged at a national level in the development of the All-Wales Patient Access Elective Care policy and arrangements were in place to brief the West Wales Llais group on the local implementation of the policy and that the action could be closed.

Decision: The Finance and Performance Committee **REVIEWED** and **NOTED** the Table of Actions from the Finance and Performance Committee meeting held on 26 August 2025.

FPC(25)80 **ASSURANCE AND RISK REPORT**

Mr Huw Thomas presented the Assurance and Risk Report to the Committee and advised that Principal Risk 1199 ('Achieving financial sustainability') had been reviewed in September 2025 and formed the basis on the Financial Road Map item on the current agenda.

Mr Thomas advised that the operational risk scores would be reviewed by the Operational Allied Health Professions and Health Sciences Clinical Care Group (CCG) to reassess the current risk score and believed that there was feedback required to be undertaken in relation to the risk scores that had been recorded as high on the operational risks. Mr Thomas advised that the Lead of the CCG would be invited to attend a future FPC meeting to explain the rationale for the risk scores to the Committee. In response toa question from Cllr Rhodri Evans on the process of reviewing the risk scores, Mr Thomas advised that the risk scores would be scrutinised at the Operational Allied Health Professions and Health Sciences CCG escalation meeting and further reviewed with the CCG Lead, Ms Sara Quarrie, to be requested to attend a future meeting of FPC to explain the rationale for the CCG risk scores aligned to FPC. **HT**

In response to a question from Ms Anna Lewis on Risk 2040 ('Risk of decommissioning of current FCP Physio Primary care service due to funding uncertainty from April 2026') and the process for approving the decommissioning, Mr Thomas advised that a Quality Impact Assessment on the decision to decommission the First Contact Physiotherapy (FPC) primary care service with the outcome determining the process for proceeding with the decommissioning determining the process. Mr Thomas advised that a number of areas of work within primary care were funding through non-recurrent funding streams such as cluster funding or Regional Integration Fund (RIF) funding that presented a broader risk that would be raised in future planning discussions.

In response to a question from Ms Lewis on the ability to report risks grouped into themes, Mr Thomas advised that the themes of significant risks were being examined by the CCGs as part of the planning process for 2026/27. Mrs Joanne Wilson advised that the limitations of the Health Board's incident reporting and risk management system, Datix, meant that the risk could only be categorised against one domain per risk, so each risk was categorised against the domain where the greatest risk impacted.

In response to a question from Mr Winston Weir on the relatively high target risk scores for risks such as Risk 1231 ('Risk of overspend due to cost pressures related to Everlight radiology') and Risk 1232 ('Risk of overspend due to cost pressures related to variable pay') Mr Thomas advised that the high target risk scores had been fed back to the CCG for them to reflect upon in future iterations of the risk report. Mrs Wilson advised that the target risks scores had been discussed at the Executive Risk

Group and believed that the relatively high level of risk would have to be tolerated for a period of time.

Decision: The Finance and Performance Committee, in relation to the areas presented in this paper:

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

FPC(25)81 ESCALATION OVERSIGHT AND HIGHLIGHT REPORT

Mr Andrew Spratt presented the Escalation Oversight and Highlight Report to the Committee that would provide an introduction to the Escalation Response section of the meeting agenda.

Mr Spratt advised that the Health Board's financial position had formally been revised from a planned annual deficit of £31.5m to to £30.0m and further to the work aligned to the Q2 2025/26 focus of de-risk the plan, the outcome from the 9 September 2025 In-Committee Board endorsed actions and Public Board on 25 September resulted in a £2.2m improvement to the forecast position, to a reported end of year forecast of £27.8m in Month 5.

Mr Spratt advised that although the Health Board had not identified the full £6.0m in line with Welsh Government (WG) expectations to achieve £24.1m forecast deficit, the improvements were a positive step forward with further work to be undertaken in the coming weeks to progress the choices and actions proposed to achieve this, which are reflected within a separate report on the agenda on the Financial Deficit Savings Category Update with communication with WG appended to the Financial Performance Assurance Report.

Mr Spratt advised that the key risk to the delivery of the financial plan was the ability to deliver the savings plan with CCGs struggling to deliver the level of savings that were assumed in the financial plan. Mr Spratt advised that the under-identification of savings by CCGs was being offset by the over-performance by Executive Functions who were over-delivering against savings targets.

Mr Spratt advised that Planned and Specialist Care CCG performance exhibited an improved outlook compared to the previous report presented to FPC on 26 August 2025 with the only area being alerted to the Committee being within high-risk eye care patient performance where the Health Board remained

significantly adrift from its targeted intervention (TI) de-escalation target.

Mr Spratt advised that the Community and Integrated Medicine CCG performance data was as of September 2025 and advised that in October 2025 a 'system reset week' has been undertaken that had resulted in significant improvements to ambulance hand-over performance that would be provided by the Chief Operating Officer's Ambulance Handover Performance update through the escalation response section on the meeting agenda.

Mr Spratt highlighted two new alerts within the Mental Health and Learning Disabilities (MHLD) CCG relating to child neurodevelopment waits and adult psychological therapy waits that were both significantly breaching TI de-escalation criteria that were also identified as areas of concern through the Integrated Performance Assurance Report (IPAR).

Mr Spratt advised that within the Operational Allied Health and Health Sciences CCG, radiology waits over 8 weeks were an advise to the Committee with therapy waits over 14 weeks exhibiting a concerning trend.

In response to a question from Ms Lewis on the sustainability of Executive Function over-performance of savings realisation offsetting CCG under-performance, Mr Thomas believed that this was the impact of holding corporate roles and vacancies and believed that there was a quality impact that was not being described in the data that was a result of a tactical response to the situation as opposed to a strategic drive and advised that such a strategic response would need to be incorporated within the Health Board's three year financial road map.

In response to a question from Cllr Evans on the ophthalmology performance, Mr Andrew Carruthers advised that starting from the initial plan at the start of the year, additional investment had been allocated to deliver an improvement in performance however there had been a delay to the recruitment of consultant and Speciality, Associate Specialist (SAS) doctors resulting in a six month delay with compliance with the target anticipated within 12 months with improvements exhibited each month through this year. It was agreed that Mr Carruthers would provide an update on the Ophthalmology position at the FPC meeting on 16 December 2025. **AC**

Decision: The Finance and Performance Committee **CONSIDERED** and **NOTED** the Escalation Oversight and Highlight Report as a basis for consideration of the Escalation Response.

FPC(25)82 **AMBULANCE HANDOVER PERFORMANCE (VERBAL UPDATE)**

Mr Carruthers provided a verbal update on ambulance handover performance following the decision taken at Board on 31 July 2025 to commence a 60-Day Challenge for the service to be ready for the change to the ambulance handover target from 1 October 2025 with the implementation of a 'system reset week' starting on the 8 September 2025 whereby the proposed changes to the system were implemented to improve the flow of patients through the acute hospital setting such as the introduction of criteria-led discharge to support timely discharge out of hours and at weekends and not just week days and the optimisation of the use of discharge lounges to support to discharge before midday and the launch of the 'Your Next Patient' initiative to reduce handover delays by ensuring immediate allocation of patients to clinical areas.

Mr Carruthers advised that recent Getting It Right First Time (GIRFT) reports had highlighted the need for a whole-system ownership of the ambulance handover challenge and that it was not solely an emergency department (ED) problem and that improvements had been noted by follow-up GIRFT visits and NHS Wales Performance and Improvement Team reviews. Mr Carruthers believed that the 'Your Next Patient' approach in particular had driven improvements through a whole-system approach.

Mr Carruthers advised that an Operational Delivery Unit (ODU) had been established to coordinate the Health Board's flow and site positions through the day and follow up on any actions relating to patient flow to ensure that all necessary actions are taken to mitigate the risk during a given 24 hour period and that by having a dedicated centralised unit it freed up general managers and site teams to provide them with the capacity to undertake their substantive duties at each site.

Mr Carruthers advised that this had been achieved by standing down all non-essential meetings during the reset week that was extended to a second week, coupled with the implementation of a set of internal professional clinical standards, predominantly for medical staff on how they engage with patient flow and referrals to their specialty from EDs, on how they engage in ward rounds and engage in supporting discharges.

Mr Carruthers advised that the Health Board had been testing the implementation of a redirection policy at the ED front door to provide clinicians with the support to either admit the patient to the ED or redirect them to a more appropriate service such as primary care, a minor injuries unit (MIU) or to return to ED at a later time as opposed to waiting within the ED for a prolonged period of time.

Mr Carruthers advised that the result of the system week was to see a significant improvement in the Health Board's ambulance handover performance from a Health Board position of under 40% of patients handed over under 45 minutes and some sites as low as 20-30% to Glangwili Hospital (GGH) performance improving to over 90% performance that had been maintained.

Mr Carruthers advised that improvement had been exhibited at all four acute sites that received ambulances despite WG not including Prince Philip Hospital (PPH) due to the absence of an ED, the Health Board included PPH in its reporting due to ambulances being received at its Acute Medical Assessment Unit (AMAU).

Mr Carruthers advised that within the past fortnight there had been an increase in pressure linked to a decrease in the number of discharges undertaken, delayed pathways of care and a rise in infection control issues linked to respiratory virus-related issues and staffing challenges that impacted upon surge and boarding processes. Mr Carruthers believed that there was a question over whether the actions undertaken as part of the reset week were sustainable as they relied upon senior resource capacity with the challenge becoming how practices could be embedded as part of a 'business as usual' position to maintain the progress made.

In response to a question from Cllr Evans on how the redirection policy was being implemented, Mr Carruthers advised that it was known that there were patients waiting within EDs for prolonged periods of time overnight that did not need to be there and would be better served by going home and returning in the morning to attend a review clinic or whether a patient could be better seen at a MIU and that further work would be undertaken with clinical teams. Mr Carruthers advised that a second reset week was planned for November 2025 that would focus on the back door as opposed to the front door with a focus on discharge with an update on discharge being provided to FPC on 16 December 2025. **AC**

In response to a question from Ms Lewis on the quality and safety implications of improvements made at the front door and whether any issues had been moved to a different part of the system, Mr Carruthers advised that the Health Board was currently at the start of the journey of transforming urgent and emergency care (UEC) and that experiences observed at other Health Boards all started with resolving the front door issues such as ambulance handover performance and then tacking the issues that were subsequently exhibited elsewhere in the system. Mr Carruthers believed that there was still work to be undertaken on the consequential areas and that the quality and safety impact on patients within the waiting room could be explored further at Quality, Safety and Experience Committee (QSEC). **AC**

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Ambulance Handover Performance verbal update.

FPC(25)83 CLINICAL CARE GROUP FINANCIAL SAVINGS – PLANS AND MILESTONES TO CLOSE GAP TO TARGET

Mr Carruthers presented the CCG financial savings update to the Committee and advised that despite a £5.4m improvement in the savings position, the operational directorate were still adrift from its savings identification and delivery target and the impact on the wider financial position.

Mr Carruthers advised that despite significant operational pressures experienced by CCGs confirmed in-year delivery of amber and green cash releasing schemes has also increased by a further £6.1m to a current total of £23.1m compared to the position reported at the last FPC meeting on 26 August 2025.

Mr Carruthers advised that there was a reliance on non-recurrent actions derived from banking monthly underspends as savings that left the recurrent position as a challenge with significant challenges within the operational space such as pressures on surge capacity across Pembrokeshire and Carmarthenshire having a total cost of over £1.2m, a deteriorating medical staffing workforce availability costing £3.4m and increased referral to treatment (RTT) delivery costs including actions to mitigate the operational impact of theatre cancellations at GGH due to significant theatre staffing workforce challenges, costing over £2.3m. Mr Carruthers advised that due to the impact on urgent cancer, ophthalmology and ear, nose and throat (ENT) cases, a proportion of the underspend within the Planned and Specialist Care CCG had been used to insource additional theatre staff for GGH theatres.

Mr Carruthers advised that operational teams had been involved in the process of reviewing the savings categories to progress the identification of the additional £6m of savings required to attain the £24m annual deficit position and advised that there were significant amount of savings classed as red and blue schemes particularly within the Community and Integrated Medicine CCG and believed that there was a significant reliance on reconfiguration opportunities that would arise from the Clinical Services Plan (CSP) consultation and were unlikely to be realised by the end of March 2026.

Mr Carruthers advised that there was further work required and that there would be monthly escalation meetings with each CCG to encourage a shift from red and blue savings schemes to amber and green schemes both within the current financial year and as part of the planning cycle for 2026/27 to have an impact from 1

April 2026. In response to a question from Cllr Evans on the impact of the savings schemes on the end-of-year forecast, Mr Thomas advised that red and blue savings schemes were not included within the forecast of savings plan for the year with projections not banking on the realisation of those savings schemes to deliver the annual forecast and to improve the forecast those red and blue savings schemes needed to be translated into amber and green to provide increased assurance that those savings schemes would be delivered and be included within the revised forecast. Mr Thomas believed that the Health Board were reliant on the larger savings schemes that were not being delivered in 2025/26 to be delivered in 2026/27.

In response to a question from Mrs Elenor Marks on how much of the savings schemes needed to be delivered for the Health Board to meet its TI de-escalation criteria to break even by the end of 2027/28, Mr Thomas believed that given the challenging allocations received by the Health Board there was a need to deliver a significant level of savings just to maintain the underlying deficit position despite some increase in the level of recurrent savings schemes. Mr Thomas believed that although the Health Board did not need to deliver all of its savings schemes to achieve its desired break-even position, a significant level of improvement of savings delivery was required and would be considered as part of the three-year financial road map discussion.

Mr Carruthers believed that in relation to the Community and Integrated Medicine CCG savings schemes, a significant number of the CCG red and blue savings schemes related to bed-related savings and there was a challenge to understand how those savings interacted with any potential discussions arising from the CSP process and the UEC transformation business case given that the business case presented more of a reallocation of existing resources and the impact on the configuration of the Health Board's bed plan across acute and community sites and what capacity was required within the community setting being the significant driver to converting the red and blue savings schemes to green and amber.

In response to a question from Mr Imperato on what shift in thinking was required to bring about the desired changes, Mr Carruthers believed that there was a need to change the focus of the savings discussion from a binary invest or savings discussion to a consideration of how existing resources could be used differently and believed that the initial shift had occurred through the Executive-led Financial Control Sub-Group (FCSG) process that encouraged CCGs to implement local controls on how requests for posts were made with the CCGs effectively filtering many of the requests that progressed to FCSG. Mr Thomas believed that as the CCG structure matured the process would enable the CCGs to examine the challenges that they are facing more strategically. Mr Carruthers advised that in the November round of escalation meetings with CCGs, two or three topics from

a planning perspective for 2026/27 would be considered for their impact on performance, quality, safety and finance.

Decision: The Finance and Performance Committee **NOTED** the further progress achieved by Clinical Care Groups in respect of confirmed savings plans as at M6 2025/26 and the additional opportunities being explored by Clinical Care Groups to further improve this position.

FPC(25)84 ELECTIVE REFERRAL TO TREATMENT AND CANCER PATHWAY – TRIANGULATION OF DEMAND AND CAPACITY ACTIVITY TRAJECTORY FROM FUNDING BASKETS WITH PERFORMANCE TARGETS

Mr Carruthers presented the Elective Referral to Treatment and Cancer Pathway report to the Committee and advised that in relation to performance, the funding for the service had either been ring-fenced by WG or had been applied by the Health Board across the range of its performance targets. Mr Carruthers advised that within Planned Care and Cancer at the end of Q2 2025/26 there were 41 patients waiting over 104 weeks for planned treatment and advised that there was a plan to reduce that number to 10 by the end of Q3 2025/26, predominantly within ENT with solutions to further reduce that figure to zero currently being examined with confidence that the zero breaches being attained by the end of Q4 2025/26 at the latest.

Mr Carruthers advised that for patients waiting 52 weeks for their first outpatient appointment was on track to reach zero by the end of Q4 2025/26 following the outsourcing and insourcing work that WG funded as part of their plan to reduce the overall waiting list in Wales by 200,000 patients, that equated to 15,000 Hywel Dda University Health Board (HDdUHB) patients.

Mr Carruthers believed that there was confidence in meeting the 52-week target with a degree of risk being managed in relation to the 104-week target however following positive dialogue with WG, there was assurance that WG would assist with the provision of approximately 200 patients should the need arise.

In relation to cancer performance, Mr Carruthers advised that performance remained above 60% of patients starting treatment within 62 days of the first suspicion of cancer, rising to above 65% in August 2025. Mr Carruthers believed that a significant obstacle to further improvement was the need to address a backlog in diagnostics, particularly in neurology and advised that the Health Board had a clear plan to address the diagnostic backlog by the end of December 2025 that would have an initial short-term negative impact on cancer performance and see a drop below 60% performance in December 2025 and January 2026 before enabling recovery to above 70% and towards 80% by the end of

Q4 2025/26. Mr Carruthers advised that WG had been made aware of the Health Board's plans to address the diagnostic backlog, the anticipated short-term reduction in cancer performance as a consequence before expected recovery before the end of 2025/26 and believed that providing the recovery in cancer performance was exhibited in February 2026 there would be no adverse consequence from WG scrutiny or from a TI perspective.

In response to a question from Mrs Marks on what form the WG support would take, Mr Carruthers advised that the support was predominantly cash support to enable additional activity to be undertaken by HDdUHB staff on weekends or to outsource additional capacity from external providers. In response to a question from Cllr Evans on the arrangements for contracted activity, Mr Carruthers advised that the Health Board contracted with external providers for the provision of a level of activity and that the Health Board only paid of the level of activity that was undertaken on its behalf and believed that the challenge was that if only a proportion of the contracted activity was undertaken, the challenge then became sourcing the provision of the activity that had not been undertaken from a differing provider.

Decision: The Finance and Performance Committee is **NOTED** the summary and **TOOK ASSURANCE** from progress achieved to date in applying the additional elective recovery allocations and forecast performance for the remainder of 2025/26.

FPC(25)85 NEURODIVERGENT AND PSYCHOLOGICAL THERAPIES PATHWAYS – PERFORMANCE AND MILESTONES TO TARGETS

Mr Carruthers presented the Neurodivergent and Psychological Therapies Pathways update to the Committee and advised that the Neurodevelopmental Service performance was not at a desired level with the service examining how the £980k of WG allocation of ring-fenced monies for children's neurodevelopmental services received could be used to eradicate three-year waits for assessment with the allocation also being used to fund transformational work to develop a more sustainable model for the provision of assessments using digital solutions. Mr Carruthers advised that an updated trajectory for anticipated performance had been requested to assess the impact of the investment received on performance.

Mr Carruthers believed that a more positive update had been received from Psychological Therapies through their escalation meeting, Mr Carruthers advised that in recent months the trend in performance deterioration had stabilised and August 2025 had exhibited the first monthly improvement since October 2024 with performance anticipated to remain variable until December 2025

until the impact of the new group therapy model implemented in June 2025 was realised.

Mr Carruthers advised that due to a group therapy model having a 26-week cycle and the number of patients waiting over 26 weeks for therapy, the activity undertaken was to reduce the number of patients waiting with a short-term deterioration in performance anticipated with an expectation that following the completion of the first 26-week cycle sustained improvement in performance was anticipated with a recalculation of the performance trajectory to reflect the expectation of the new model would result in an improved performance trajectory.

In response to a question from Ms Lewis on whether there were any impacts associated with the waiting time for neurodevelopmental assessments on other associated services, Mr Carruthers advised that patients with an anticipated long waiting time were signposted to other support services and counselling services, and a wider deep dive would be required to explore the impact on associated services. Mr Carruthers believed that the target for assessment that the Health Board was being measured on was not the target that made a difference to patients and believed that patients needed to be placed on the appropriate treatment pathway following a confirmed diagnosis and agreed to present a report on neurodevelopmental assessment and treatment performance to a future FPC meeting. **AC**

In response to a question from Mr Imperato on the target to eliminate 3-year waits for neurodevelopmental assessments by the end of March 2026, Mr Carruthers advised that the target was a basis on which the additional WG allocation was given and for what the Health Board had sought to procure activity to deliver.

Decision: The Finance and Performance Committee **CONSIDERED** and **NOTED** the current performance and further actions currently being progressed by the Mental Health and Learning Development Clinical Care Group to support improvements in neurodevelopmental and psychological therapies pathway performance.

FPC(25)86 **RADIOLOGY AND THERAPIES – TRIANGULATION OF DEMAND AND CAPACITY ACTIVITY TRAJECTORY WITH RESOURCE PLANNING AND ROSTER STRUCTURES WITHIN FINANCIAL ENVELOPE**

Mr Carruthers presented the radiology and therapies demand and capacity report to the Committee and advised that the additional investment that the Health Board had undertaken within radiology had resulted in an improvement in performance, in particularly in support of sustained improvement in cancer performance with a

50% reduction in 8-week wait for radiology diagnostic services with a plan to eliminate all 8-week waits by the end of Q4 2025/26.

Mr Carruthers advised that an additional £1.4m funding had been received from WG to support the Health Board eliminate 8-week waits for radiology diagnostics and had been utilised to resource an additional mobile magnetic resonance imaging (MRI) solution, additional computed topography (CT) scanning and reporting capacity and additional non-obstetric ultrasound (NOUS) insourcing capacity.

Mr Carruthers highlighted the current forecast delivery risk for 798 patients within NOUS due to concerns re insource supplier capacity to deliver required volumes by March 2026 and advised that discussions were continuing with an insource supplier to mitigate that risk. Mr Carruthers advised that of the 798 scans planned to be delivered by the external provider, there was a risk to the delivery of 500 of those with efforts underway to source additional ultrasound capacity to reduce the gap to zero.

Mr Carruthers advised that the therapies position was more challenging and had continued to deteriorate with particular challenges within dietetics, podiatry and physiotherapy due to the lack of availability of any outsourcing or agency staffing solution availability with a need to recruit substantively to address the 14-week waiting target for access to the therapy service within dietetics and podiatry with no confidence that the 14-week waiting target breaches would be reduced to zero but the end of Q4 2025/26 with an estimated target of 12 months to achieve that position following recruitment.

Mr Carruthers advised that physiotherapy had the greatest volume of therapy patients and that agency staffing was available to address the backlog however attracted a resourcing implication that was not provided for within the current forecast with dialogue undertaken with WG to ascertain what support could be available to the Health Board to improve the 14-week waiting target breaches as there was currently no plan in place to mitigate performance deterioration with the position anticipated to deteriorate further without additional capacity.

In response to a question from Mrs Marks on whether there was any regional solution to be explored to the therapies capacity issue, Mr Carruthers advised that the therapy specialities of every Health Board in Wales was equally challenged however further investigations into regional working would be undertaken to review the position and advised that a potential solution for dietetics through GP surgeries utilising cluster funding was being explored.

Decision: The Finance and Performance Committee **CONSIDERED** and **NOTED** the Radiology and Therapy demand and capacity activity trajectory with resource planning and roster structure within its current financial envelope.

FPC(25)87 **BUSINESS CASE: URGENT AND EMERGENCY CARE TRANSFORMATION**

Consideration of the Urgent and Emergency Care Transformation Business Case was deferred.

FPC(25)88 **FINANCIAL PERFORMANCE ASSURANCE REPORT**

Mr Spratt presented the Month 6 Financial Performance Assurance Report to the Committee and advised that in September 2025 the Health Board had delivered an in-month financial position of a deficit of £2.0m against a revised plan of £2.5m resulting in a £0.5m improvement against the plan.

Mr Spratt advised that the current organisational forecast was that there was a line of sight towards an end-of-year annual deficit position of £31.1m that was £3.3m adrift of the Health Board's reported position of £27.8m however believed that the risk was diminishing each month as the Health Board recognised and delivers the broad quantum of savings required albeit in a different manner as described at the start of the year within the financial plan.

Mr Spratt believed that in relation to the underlying deficit position ahead of the 2026/27 planning cycle, a positive attempt to achieve the annual savings target of £19m had seen a shortfall of £4.6m that would provide a challenge to mitigate within the next planning cycle. Mr Spratt advised that the Health Board's underlying deficit at the start of the 2025/26 financial year stood at £58.5m with a significant level of non-recurrent savings yet to be converted into recurrent savings, the Health Board's underlying deficit was currently over £60m that would inform the discussion of the three-year road map towards financial sustainability and believed that there was a need to move towards a more medium-term outlook of the financial position as the Health Board was struggling to erode the underlying deficit and needed to move away from simply pausing spending to support the bottom line.

Mr Spratt advised that there was a material risk that would be recognised in the Month 7 reporting relating to the Welsh Risk Pool that NHS Wales Shared Services Partnership (NWSSP) was anticipated to have a minimum impact of £4.2m and a maximum impact of £5.3m with on-going dialogue with NWSSP to ascertain the latest position with discussions held nationally with Directors of Finance to coordinate national alignment on recognising the position with conversations underway with WG on managing expectations.

Mr Spratt advised that the Health Board would be reliant on the WG response to a strategic cash request, with a response on whether WG would be willing to support the Health Board's revised deficit anticipated in November 2025.

Mr Spratt advised that in line with Ministerial Priorities, the Health Board was free from off-contract agency usage across all services of the Health Board and were ahead of target for reduction of on-contact agency usage. Mr Spratt advised that there was an expectation to cease healthcare support worker (HCSW) agency usage by the end of September 2025 however as of the start of October 2025 there was still a small element of HCSW agency usage within Mental Health Services with work being undertaken to understand the impact of the cessation of HCSW agency usage on the service.

Mr Spratt advised that capital had moved from an assure to an advise space as there was currently a significant amount of capital expenditure that still needed to occur before the end of 2025/26 with a consequential increased risk of an underspend that would need to be confirmed with WG by the end of October 2025 with a new risk being discussed that would be reported to FPC on 16 December 2025.

Mr Spratt advised that an internal escalation framework had been revised and implemented and aligned to the CCG and Executive Functions with escalation meetings having been undertaken for all escalated services who have been reminded of the need to deliver financial recovery plans to convert savings opportunities into deliverable savings plans. Mr Spratt advised that grip and control measures covering recruitment, training and procurement were being overseen by the Financial Control Sub-Group (FCSG) to provide scrutiny to vacancies.

Mr Spratt highlighted the items of correspondence attached to the finance report between the Director General of NHS Wales and the Chief Executive of the Health Board regarding the Health Board moving towards a forecasted financial position in line with WG expectations, while not reported within the Month 6 reporting, it was hoped that a line of sight towards the WG expectation of a £24.1m position could be provided within the Month 7 position, however that position would deteriorate should the Health Board recognise the full value of the implication of the Welsh Risk Pool liability.

In response to a question from Mrs Marks on the Welsh Risk Pool, Mr Thomas advised that there had been a significant increase in the amount paid out by the NHS for clinical negligence claims and that NHS Wales Directors of Finance would me meeting nationally to recognise the financial position with the transfer of the required resources from Health Boards to the Welsh Risk Pool to be made by NHS Wales.

In response to a question of the levels of variable pay from Mrs Marks, Mr Thomas believed that the Health Board's reduction in the reliance on agency had been significantly positive however there had been an increase in the spend on overtime and while off-contract agency usage had been eradicated, there had been an increase in on-contract agency premium and the Health Board was reliant on additional hours and waiting list initiative spending to provide the recovery actions within the Health Board. Mr Thomas believed that the challenges that the Health Board was facing such as the CSP, and fragility of services and workforce were being exhibited financial through an increase in agency premium. Mr Spratt advised that the figures were an absolute of spending however they did not report how much additional funding support had been received by the Health Board to support the recovery actions through pay expenditure.

In response to a question from Cllr Evans on the run rate forecast, Ms Siân Jenkins advised that there were meetings arranged with CCGs to understand their forecast end-of-year position and how their plans fed into the forecast that were not subjective.

In response to a question from Cllr Evans on whether the Health Board's cash position needed to be an alert to the Committee, Mr Thomas advised that the Health Board were in an active conversation with WG on the strategic cash support that WG could offer the Health Board with a decision anticipated before the end of December 2025 and advised that the Health Board had an established cash management strategy that would be reviewed by the Committee.

Decision: The Finance and Performance Committee:

- **RECOGNISED** that the Health Board's forecast deficit remains as £27.8m in Month 6, with a savings target of £46.4m, and commitment to improving beyond the latest forecast of £27.8m, towards £24.1m in line with Welsh Government expectation;
- **RECEIVED ASSURANCE** on progress of savings actions to bridge the recurrent and non-recurrent savings gap from those Executive portfolios that have yet to identify their full target;
- **NOTED** that the Amber savings scheme judgement around future run rate conversion, total of £6.0m has been included within the Month 6 position, evidenced by past performance but in lieu of formal submission across service areas;
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and that will only be reduced via robust recurrent savings delivery improvements;
- **ENDORSED** the Financial planning cycle timelines, principles, approach and focus areas for the 2026-29 planning exercise; and
- **NOTED** the work that is ongoing to provide more insightful and relevant reporting to the committee through the Financial Performance Report development.

FPC(25)89 FINANCIAL DEFICIT SAVINGS CATEGORY UPDATE

Mrs Sharon Daniel joined the meeting

Mr Thomas advised that a review of the Financial Deficit Savings Category 2 schemes that had previously been reviewed by the Quality, Safety and Experience Committee (QSEC) was presented to FPC for review.

Ms Jenkins advised that as of Month 6, £750k of Category 1 savings were included within the end-of-year forecast with the two key elements being a pause of recruitment of Band 1 apprentice roles and the transacting of an underspend within the strategic planning consultancy budget as a saving and £75k of Category 2 savings.

Ms Jenkins believed that there were anticipated improvement within Category 2 in Month 7 following negotiations with one of the Health Board's constituent Local Authorities in respect of commissioned services that could release £450k of savings in addition to opportunities related to variable pay spend reduction with the latest feedback from budget holders having indicated some potential spend reductions which need to be further tested against existing forecast assumptions.

Mrs Sharon Daniel advised that a Quality Impact Assessment (QIA) Panel had been held on 26 September 2025 to review all the Category 2 proposals with further information requested from CCGs for a number of the proposals. In relation to the overtime reduction, Mrs Daniel believed that there had been a significant variation in the submissions. In relation to the Local Authority commissioned services, discussions had identified that the savings could be made without any impact on the quality of the service so had been identified as a cash-releasing saving.

In relation to the non-renewal of contracts and digital licences, Mrs Daniel advised that a separate QIA had been requested for each of the contracts and licences proposed for non-renewal as the impact of each would be different depending on what system the non-renewal applied to. Ms Daniel advised that no QIA had been received for the Swansea Bay Long Term Agreement (LTA) however recognised that there were established LTA governance arrangements in place and requested that the Director of Delivery review each bid as they arose.

Mrs Daniel advised that a QIA had been reviewed for the delay of recruitment linked to an approved mental health and learning disabilities (MHLD) business case that highlighted a significant negative impact and was considered incongruent with the efforts made within the annual planning process to review the staff

establishment levels within the MHLD service with the Panel resolving to continue with the FCSG process to control variable pay within the service.

Ms Daniel advised that in relation to a proposed travel ban within the Health Board, the Panel found that there were highly variable impacts and were unable to quantify the financial benefit of the proposal due to the inability to define precisely what was considered essential and non-essential travel.

Ms Lewis explained the role of QSEC in the process and advised that QSEC had focussed on taking assurance on the process and the scrutiny of the QIAs with the line-by-line scrutiny of the Category 2 savings schemes considered for FPC to undertake whether any of the savings schemes represented an overestimation of the savings considered possible or whether more work was required to be undertaken to encourage savings identification from schemes that suggested no savings were identified.

In response to a question from Ms Lewis on the significant gap between the original opportunity estimate and the figure actually included in the end-of-year forecast, Mr Thomas advised that the initial estimate was inevitably going to be significantly higher and gave the example of the overtime ban estimating the total cost of all overtime within the Health Board for the second half of the year when there was never any suggestion that all overtime would be ceased and that further scrutiny of overtime spending was being put in place through the FCSG process. Mr Thomas believed that the reduction of overtime would form part of the 2026/27 planning cycle with an aim to reduce variability.

Mrs Sharon Daniel left the meeting

Decision: The Finance and Performance Committee **DISCUSSED** and **CONSIDERED** the level of progress made in delivery of savings against the saving categories supported in the context of improving the financial forecast towards £24.1m.

FPC(25)90 INVESTMENT AND BENEFITS REALISATION REPORT

Ms Jenkins presented the Investment and Benefits Realisation Report to the Committee and advised that the majority of the investment cases had been through the initial review process and were either approved and in the process of being undertaken or released as a temporary savings scheme.

Ms Jenkins advised that there were 4 investment cases for which updated proposals were currently being waited for determination.

In response to a question from Cllr Evans on the £150k of costs associated with the reinforced autoclaved aerated concrete (RAAC) issue at WGH and whether the costs would be reclaimed from WG, Ms Jenkins advised that the £150k were on-going revenue costs associated with the cost of inspections for which there was no WG funding and was a recurrent financial commitment for the Health Board to manage.

In response to a question from Cllr Evans on the Public Health Childhood Obesity spending, Ms Jenkins advised that the costs associated was above the quantum allocated within the annual plan with the Executive Team making the decision to pause potential investment until the latter stages of 2025/26 with non-recurrent savings transacted as a saving with the health coaching business case spending deferred until the latter stages of 2025/26 dependent on the availability of value based healthcare (VBHC) funding.

Mr Thomas highlighted areas of concern in-year such as health and safety related spends that had been deemed necessary to undertake with discussions undertaken at Executive Team regarding medical staffing at WGH and nurse staffing at Bronglais Hospital (BGH) that were not included within the 2025/26 planning cycle however had become an issue in-year that would require to be managed in-year and form part of the 2026/27 planning cycle.

Decision: The Finance and Performance Committee:

- **ACKNOWLEDGED** that investment cases for 2025/26 are being progressed through a review and scrutiny process to inform a final approval decision at Formal Executive Team. Also that this process has incorporated the consideration of essential proposals to enable key quality and safety priorities for the Health Board in respect of fire enforcement notices and review of nursing workforce in particular areas; and
- **NOTED** that the process for investment cases is being reviewed to inform the 2026/27 annual planning cycle in a bid to standardise the approach both in respect of business cases and benefits realisation.

FPC(25)91 BALANCE SHEET REPORT

Mr Thomas presented the Balance Sheet report to the Committee and believed that the NHS Public Sector Payment Policy (PSPP) totals were not as high as they should be and would investigate further with the Finance Team to ascertain the reasoning for the discrepancy in addition to the balances that external bodies owe the Health Board showing an increasing trend since April 2025 despite being an improved position compared to the same stage in 2024/25.

Mr Thomas believed that the Health Board needed to ensure that its internal processes were as robust as possible to collect balances owed to it in a timely manner.

Decision: The Finance and Performance Committee **NOTED** the Balance Sheet as at the end of Quarter 2 2025/26

FPC(25)92 PROCUREMENT SCRUTINY

Mr Thomas presented the Procurement Scrutiny report to the Committee for consideration of a number of items for scrutiny ahead of onward submission to Board. Mr Thomas advised that the items had been through a robust procurement exercise.

In response to a question from Cllr Evans on why several of the procurement items required onward submission to Board despite being below the £1m level required to do so, Mr Thomas advised that the application of VAT took the amounts over the £1m mark and therefore required Board approval and onward submission to WG for approval. Mr Thomas advised that there were limited circumstances when the VAT was able to be reclaimed by the Health Board. Mr Thomas further advised that where the cumulative impact of an award with a supplier was over £1m, Board approval was also required as was the case with Circle Health Group for the outsourcing of trauma and orthopedic and multi-parametric prostate MRI scans.

Decision: The Finance and Performance Committee scrutinised and recommend for Board to:

- **APPROVE** the award of an All-Wales Standard and Custom Procedure Packs Framework Agreement for the period 1 January 2026 to 31 December 2030, with the option to extend to the 31 December 2031. This framework agreement 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 Insourcing of Theatre Scrub Team to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval;
- **NOTE** and **APPROVE** that the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Circle Health Group (BMI Werndale);
- **NOTE** and **APPROVE** that the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Spa Medica;
- **NOTE** and **APPROVE** that the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Healthcare Business Solutions; and

- **NOTE** and **APPROVE** that the award of an Insourcing of Dermatology Procedures contract for the period 1 August 2024 to 31 March 2025 with the option to extend to the 31 March 2027. This contract was not previously put to Board as excluding VAT it was below £1 million.

FPC(25)93 PLANNING OBJECTIVES Q2 2025/26 UPDATE REPORT

Mr Thomas presented the Planning Objectives (PO) Q2 2025/26 update report to the Committee and advised that a deep dive into PO2 Financial Recovery and Road Map would be covered in the following item on the meeting agenda.

Mr Thomas highlighted that all four POs aligned to FPC were considered to be on-track.

There were no questions from members of the Committee.

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

FPC(25)94 PLANNING OBJECTIVE 2: FINANCIAL RECOVERY AND ROUTE MAP

Mr Thomas presented a deep dive into PO2 Financial Recovery and Route Map to the Committee and believed that the production of a route map was always a challenge due to income assumptions made at the commencement of the route map often did not accord with the subsequent reality and believed that 2026/27 would be a challenging year for the Health Board.

Mr Thomas advised that the Health Board's financial allocation from WG would not be known until November or December 2025 resulting in the production of an indicative three-year plan ahead of the allocation announcement that included a novel approach to incorporating the cost of the prevalence of disease within the community with an attempt to cost the growth of the cost of ill-health within the communities the Health Board serves as an inevitable driver of cost for the Health Board to recognise within the financial baseline of the Health Board's financial position and that this approach had never been undertaken previously. Mr Thomas advised that this approach increased the costs that the Health Board was recognising and the preventative work that the Health Board sought to undertake as a savings delivery challenge.

Mr Richard Jenkins advised that the forecast out-turn for the Health Board for 2025/26 is £27.8m with an underlying deficit of £60m with a requirement to achieve a break-even position in 2027/28 and a break-even in-month position by March 2027 to meet the WG requirements in order to receive the £26m conditionally-recurrent funding support linked to the Health Board's TI status.

Mr Jenkins advised that the route map presented represented an improved trajectory year-on-year with a Year 1 (2026/27) £14m annual deficit with an improvement trajectory across all four quarters of the year leading to a break-even position in 2027/28 and a recurrent break-even position in 2028/29.

Mr Jenkins advised that the level of savings required to achieve that position was £49.4m in 2026/27, £46.4m in 2027/28 and £38.1m in 2028/29 maintaining the level of recurrent savings delivered in 2025/26. Mr Jenkins believed the Health Board needed to focus on working on its efficiency schemes as part of the financial planning process to enable the delivery of savings from Day 1 of 2026/27.

Mr Jenkins advised that the route map contained an allowance for prevalence of disease as outlined by Mr Thomas containing demand growth pressures with measures to be undertaken to mitigate those demand growth pressures to enable the utilisation of funding in different ways to deliver more patient care.

Mr Jenkins advised that the financial forecast modelling assumed an uplift of 4.8% of WG allocation funding with local investment choices and CSP options as consulted upon that would need to be updated pending the outcome of the review of the full consultation options.

Mr Jenkins cautioned that should the WG allocation be held at the same level as the 2025/26 allocation of a 1.7% uplift then there would be a consequential need to increase the Health Board's annual savings position by £3.4m in 2026/27, £6.8m in 2027/28 and £10.2m n 2028/29 to maintain the trajectory.

In response to a comment by Ms Lewis on the need to consider a broader population approach that seek to answer broader population health, strategic and systemic challenges and partnership working to seek to undertake the broader societal changes required as opposed to the NHS simply operating by itself to affect change, Mr Thomas advised that the production of the route map was the start of the first iteration of the route map that would be updated periodically and encompass wider pieces of work such as the strategic refresh work and CSP consultation process and the public health agenda to achieve a sense of how the various opportunities align and coalesce around a financial trajectory, Mr Spratt advised that the route map would be a

continually-evolving process with the next version of the financial plan to be reported to FPC on 16 December 2025 when it is anticipated that an indication would have been received from WG on what the financial settlement for 2026/27 was likely to be.

Mr Spratt advised that it was proposed to present the final three-year plan to FPC on 24 February 2026 for scrutiny ahead of the plan being signed-off to enable budgets to be delegated as part of Year 1 of the plan with the subtle difference between the current process in that the three-year plan submitted to WG would not be an integrated medium-term plan (IMPT) that it would be a three-year plan to return to financial balance by the end of 2027/28 as part of the Health Board's TI expectation. In response to a question from Mr Imperato on the wider engagement with the Health Board of the financial plan, Mr Thomas advised that the first iteration would be presented to Board on 27 November 2025 for an initial consideration and would then form part of the Health Board's internal processes.

Decision: The Finance and Performance Committee:

- **NOTED** that the Health Board is progressing the development of a 3-year financial roadmap to support delivery of a recurrent breakeven financial plan by financial year 2028/29;
- **DISCUSSED** and **CONSIDERED** the approach taken in developing the assessment to date, particularly the savings challenge presented, in the context of recurrent savings delivery to date; and
- **SUPPORTED** the ongoing work to further develop and refine the financial roadmap in the coming months, alongside the annual planning cycle and in line with Welsh Government guidance, as it becomes available.

FPC(25)95 INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Month 6 2025/26 Integrated Performance Assurance Report (IPAR) to the Committee and believed that most issues contained within the IPAR had already been discussed within other sections of the meeting agenda.

Mr Carruthers highlighted delayed pathways of care (DPOC) performance and advised that there had been a deterioration in the number of pathway care delays and advised that he had escalated the concerns with Local Authority partners due to the majority of the delays relating to social worker allocation, package of care start delays and care home placements. Mr Carruthers advised that Local Authorities have received grant funding from WG through the Building Community Capacity programme and believed that schemes coming online in October and November 2025 would have an impact on reducing pathways of care delays across the Health Board's area.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- **DISCUSSED** the Integrated Performance Assurance Report – Month 6 2025/2026 report; and
- **RECEIVED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

FPC(25)96 PUBLIC SECTOR EMISSIONS REPORTING

Mr Douglas Wilson joined the meeting

Mr Thomas presented the Public Sector Emissions Reporting update to the Committee and believed that the level of continuity provided in the report enabled meaningful comparisons to previous reporting.

Mr Thomas highlighted the rise in the cost of street lighting due to a change of supplier that relied on purely renewable energy sources to a low-carbon supplier that included nuclear energy as part of its supply chain that resulted in the energy supply no longer qualifying for the renewable energy guarantee of origin (REGO) tariff and advised that while the Health Board was not producing any additional carbon emissions, the cost of the energy supply had increased.

In response to a question from Cllr Evans on how HDdUHB compared to other Health Boards in Wales per head of population, Mr Douglas Wilson advised that while there were no direct comparisons with other Health Boards in Wales, HDdUHB compared favorably to other Health Boards on the level of waste produced through recycling. Mr Wilson advised that HDdUHB had the second-highest transportation usage of Welsh Health Boards due to the obvious rural nature of the Health Board.

Mr Wilson advised that of the five years of public sector emissions reporting, this was the first year where there had been no alteration of the reporting requirements that enabled more consistent comparisons to be made to the previous year.

Decision: The Finance and Performance Committee **NOTED** the Health Board's 2024/25 public sector emissions reporting.

FPC(25)97 FINANCIAL PROCEDURES

Mr Thomas presented the review of four Financial Procedures to the Committee and the approval of the extension of Financial

Procedure 070 ('Hospital Travel Cost Scheme') until its review at the FPC meeting on 24 February 2026 to enable the on-going work on the all-Wales procedure to be incorporated into the Health Board's procedure.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- **APPROVED** the following updated financial procedures:
  - Financial Procedure 050 - Cash Imprest Accounts – Rehabilitation Monies;
  - Financial Procedure 051 - Income and Cash Collection;
  - Financial Procedure 078 - Patient Property and Monies;
  - Financial Procedure 1032 - Treatment of Private Patients - Control of Admission and Collection of Income; and
- **APPROVED** an extension to the review date of the following procedure:
  - Financial Procedure 070 - Hospital Travel Cost Scheme

FPC(25)98 FINANCIAL POLICIES

Mr Thomas presented the updated Individual Patient Funding Request (IPFR) and Prior Approval Request (PAR) policy to the Committee to approve the updated policies. Mrs Wilson advised that both policies were all-Wales policies that had undergone a period of engagement, consultation and development, involving all Health Boards and NHS Wales Joint Commissioning Committee (NWJCC).

Mrs Wilson advised that the IPFR policy would be reported to Board on 27 November 2025 for approval.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **APPROVED** and **ENDORSED** the implementation of the updated NHS Wales Individual Patient Funding Requests policy and Prior Approval Request policy for operational use within Hywel Dda University Health Board as part of the All-Wales implementation for onward submission to Board for approval.

FPC(25)99 PERFORMANCE POLICIES

Mr Thomas presented the updated Policy 534 ('Patient Access – Elective Care') policy to the Committee for approval. Mrs Wilson

advised that the updated policy had been subject to consultation within the Health Board and had been through all the appropriate governance channels ahead of submission to FPC for approval.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **APPROVED** the following updated policy:

- Policy 534: Patient Access – Elective Care Policy

FPC(25)100 ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Mr Thomas presented the All-Wales Capital Programme 2025/26, Capital Resource Limit (CRL) and Capital Financial Management update to the Committee for information.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- NOTED the 2025/26 Capital Resource Limit (CRL)
- NOTED the current risk associated with delivery of 2025/26 CRL
- NOTED the project updates

FPC(25)101 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

Mr Thomas presented the Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub-Committee highlight report from the sub-committee meeting on 17 September 2025 to the Committee for information.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Highlight Report from the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee meeting on 17 September 2025.

FPC(25)102 WELSH NHS CONFEDERATION RESPONSE TO THE FINANCE COMMITTEE'S SCRUTINY OF THE WELSH GOVERNMENT 2026-27 DRAFT BUDGET PROPOSALS

Mr Thomas presented the Welsh NHS Confederation's response to the Finance Committee's scrutiny of the WG 2026-27 draft budget proposals to the Committee for information.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the Welsh NHS Confederation response to the Finance Committee's Scrutiny of the Welsh Government 2026-27 draft budget proposals.

FPC(25)103 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

Mr Imperato presented the FPC Annual Work Plan for 2025/26 to the Committee for review.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Committee Work Plan 2025/26.

FPC(25)104 ANY OTHER BUSINESS

There was no other business transacted at the meeting.

FPC(25)105 DATE OF NEXT MEETING

The next meeting of FPC will be held on Tuesday 16 December 2025.