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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **15 September 2025**
Time **4:00 PM - 5:00 PM**
Location **Microsoft Teams Meeting**

Extraordinary Finance and Performance Committee Meeting

15 September 2025

Agenda - 15 September 2025

1 GOVERNANCE

4:00 PM, 0 min

1.1 WELCOME AND APOLOGIES

4:00 PM, 0 min

Michael Imperato (Hywel Dda UHB - Independent Board Member)

1.2 DECLARATION OF INTERESTS

4:00 PM, 0 min

Michael Imperato (Hywel Dda UHB - Independent Board Member)

2 FOR ASSURANCE

4:00 PM, 0 min

2.1 FINANCIAL CHOICES AND DECISIONS

4:00 PM, 1 hr

Sian Jenkins (Hywel Dda UHB - Deputy Director of Finance), Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience)

3 DATE OF NEXT MEETING

5:00 PM, 0 min

- **Finance and Performance Committee:** Tuesday 21 October 2025; 09:30 - 13:00

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1 - GOVERNANCE

1.1

4:00 PM, 0 Mins

1.1 - WELCOME AND APOLOGIES

*Michael Imperato
(Hywel Dda UHB -
Independent Board
Member)*

1.2

4:00 PM, 0 Mins

1.2 - DECLARATION OF INTERESTS

*Michael Imperato
(Hywel Dda UHB -
Independent Board
Member)*

2

4:00 PM, 0 Mins

2 - FOR ASSURANCE

2.1

4:00 PM, 60 Mins

2.1 - FINANCIAL CHOICES AND DECISIONS

*Sian Jenkins (Hywel
Dda UHB - Deputy
Director of Finance),
Sharon Daniel (Hywel
Dda UHB - Executive
Director of Nursing,
Quality & Patient
Experience)*

| For assurance

Attachments

[Presentation of QIA Impacts FPC 15 September 2025.pdf](#)



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Appendix Financial Choices and Decisions Report 2025/26
Extraordinary Finance and Performance Committee
15 September 2025



Saving Option Categories – Overview of QIA summaries

QIA Summary



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Scheme	Risk Score STEEP	QIA Feedback Summary	Opportunity Estimate
Health Board Wide Recruitment freeze on non-patient facing roles.	Red: 20 all domains	<p>No QIA for the whole organisation – 9 individual QIAs received. This proposal was to freeze all existing vacancies and not replace future leavers to contribute to the non recurrent savings target. Consideration to equity, service delivery and impact on staff was given.</p> <p><u>Panel Decision:</u> Apply enhanced scrutiny process to all recruitment requests i.e. consideration/scrutiny at CCG then submission to FCSG for approval. Recognising this aligns to the In Committee Board decision to change this from a blanket recruitment freeze.</p>	1127
MHLN Neurodevelopment Outsourcing Core Funding	Red: 20/25 cross all domains	<p>Proposal to suspend further outsourcing of children and adult’s neuro developmental diagnostic assessments. <u>Action from Panel:</u> Obtain more detail on impact from service:</p> <p>Subsequently discussed at EITS & IQFPD in September 2025.</p> <p><u>Summary:</u> £980k received from WG stipulating 3-year waits are eliminated and performance/capacity improvements of 30%. (recognising the £980k could be recalled if both conditions are not met in full). Plan developed to deliver the above that includes £897,600 spend on outsourcing 528 assessments and recruitment into 4 wte posts (awaiting approval). Category 1 saving identified of £580k in original proposal.</p> <p><u>Panel decision:</u> this cannot be achieved without compromising either one or both of the WG requirements and impact on quality (as per QIA).</p> <p><u>Update:</u> Following a detailed review, slippage identified of circa £230k – this is predominantly a saving against full year cost of employing 4 wte posts who are unlikely to be in post before the start of Qtr4 and some other minor slippage/savings the team have managed to achieve.</p> <p><u>Revised Options:</u></p> <ul style="list-style-type: none"> • Achieve £580k saving as per Category 1 list recognising the risk of having to repay £980k to WG and further delay assessments for up to 341 patients. Not Supported • Achieve £230k saving – no risk of having to repay £980k to WG and reduce waiting times to max 3 year wait – no direct impact on patient quality/safety. Realistic 	230

QIA Summary



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Scheme	Risk Score STEEEP	QIA Feedback Summary	Opportunity Estimate
Strategic Planning Budget	Red 15-20: safe, timely, efficient effective Amber: 10 equitable/person	Removal of budget and delay in the expenditure associated with Clinical Services Plan and the development of the next phase of works associated with the infrastructure requirement to support the implementation of the Health and Care Strategy. <u>Action:</u> Request further information on strategic planning budget and its implications although no impact on quality identified in the short term up to end of the financial year.	250
Cease minor Works Other than Essential	Positive and negative impact against all domains Risk scores between 4 & 9.	Proposal to review process, establish governance and control for new requests for minor works based on new criteria around essential or non-essential. Panel supported this QIA as it was strengthening the current arrangements and driving efficiency. Following Board discussion this was moved into a category 2 scheme to be further reviewed.	100
Pause Procurement Non-essential Equipment	Efficiency: Positive 5 Person Centred: Negative	Proposal stop stationery / non-clinical requisitions and pause non-essential non-clinical equipment. The panel noted negative score due to potential inequity between clinical & non-clinical groups. <u>Decision:</u> Supported QIA	41
Mandate Virtual Meetings	Amber: 9 all domains	Negative across all domains – linked to travel QIA. Exceptions caveated in the QIA e.g. interviews, disciplinary procedures, clinical duties <u>Decision:</u> Mandate virtual meetings although necessary to target ‘non-essential’ travel. Following Board principles and guidance are being developed to enact the mandating of some virtual meetings.	33

QIA Summary



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Scheme	Risk Score STEEP	QIA Feedback Summary	Opportunity Estimate
Invest To save Fund	No QIA Received	No options forthcoming.	
Review group for all revenue requisitions	No QIA Received	No options forthcoming	
Tritech Release of funds related to completed projects	No Score	<p><u>Proposal considered:</u> To enable the systematic release of any uncommitted financial surplus within the budgets of completed projects under the Tritech & Innovation division.</p> <p><u>Negative impact identified (no score):</u> Staff experience/morale. No impact score. Legal: Need to consider non-compliance with contractual terms. No impact score.</p> <p><u>Recommendation:</u> No committed financial surplus within the budgets of ongoing initiatives be released. Ensuring protection of legally binding contracts.</p>	0
Pause non-statutory CPD Training & Conferences	Amber: 6 all domains	<p>Numerous QIAs received – reviewed WOD submission as overarching assessment. Panel noted impact on all leadership programmes which have supported a reduction in TI status. For CPD relating to clinical skills there is a direct impact on patient care.</p> <p><u>Action:</u> Ensure enhanced scrutiny, enact temporary pause where appropriate, honour commitment already made & pursue options for charitable funding.</p> <p>Following Board principles and guidance are being developed.</p>	0
2025/26 Velindre LTA Position	No QIA received		0
Reduce/eliminate Off Contact Agency	Nil QIA for Off-Contract Agency Received.	<p>Nil specific Off-Contract Agency QIAs submitted as nil used in Month 5.</p> <p><u>Panel decision:</u> all Off-contract agency use should be eliminated except via formal escalation (FCSG).</p> <p><u>Action:</u> Utilise enhanced scrutiny of off-contract agency requests via FCSG.</p>	0

Saving options: Category 2



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Category 2: Options of consequences – options which require more detailed assessment by CCGs/Functions to assess what can be delivered within specific services. Currently being further worked up for discussion at Finance and Performance Committee at a future date.

Scheme	Opportunity Estimate Q1	Latest Updates including QIA feedback	Opportunity Estimate Remaining
	£'000	£'000	£'000
Pause all overtime until the end of March	5,100	In respect of nursing, combined QIA received for agency and overtime implications; negative assessment. Current on contract agency spend approx £330k per month. RN vacancies / deficits will be significantly reduced from November 2025 (98.14wte NRNs due to start Sept /October 2025, M05 forecasts being reviewed to ensure alignment). Challenges will continue for GGH theatres and BGH EUCC, with emerging issues for critical care potentially. Surge beds will need to be withdrawn to enable further reductions. In respect of the nursing workforce, there is a statutory requirement 'to take all reasonable steps' which includes temporary nursing staff such as bank/agency. N.B. Increased review of on-contract HCSW agency planned via ECSCG.	96
Reduce/eliminate all on contract agency	4,900	Opportunity framed linked to prior year charges, ongoing charges are framed in an existing (red) saving scheme. Seeking discussion with LA, reliant on successful engagement and concluding a position which clarifies the agreement in place. QIA cites negative impact in respect of withdrawal from the arrangement in it's entirety which may jeopardise the continued service provision at Garreglwyd if it can't be afforded by the LA and knock on to other services, however clarity on multiple aspects of charging is required which may generate a benefit.	0
Local Authority shared costs	450	QIA negative impact in respect of the principle to remove digital contracts, impact being weaker infrastructure to support safe and reliable care e.g. electronic health records and clinical decision support. Detailed review of contracts has identified some opportunity with minimal impact.	450
Non-renewal of contracts and or digital licences	1,300	Replaced with Neurology double charge and TOPS service, reliant on commissioning discussions with SB, level of risk to delivery. Potential implications for regional relationships. Neurology QIA cited the benefit of clarifying commissioning arrangements, positive score.	75
Hold LTA 25/26 activity to budget	140	QIA references negative impact. Will necessitate ongoing variable pay. The reality of recruitment is generating some delays in roles/costs starting.	70
MHLD - Delay recruitment linked to approved MH business Case (and other plans)	1,900	Element of recruitment slippage £0.7m within M05 forecast.	0
Dental recovery – consciously delay activity	300	Extend the time taken to recommission GDS contracts that have been handed back in order to slow expenditure. Shortfall in dental provision impacts urgent service demand. QIA included some positive scores, overall negative impact. Risk in respect of WG funding claw back, across dental underspend. Already a significant benefit factored into the current forecast, unlikely more.	0
Digital project investment case 2025/26: Integrated Digital Care Programme	300	QIA negative impact in preventing delivery of improvements linked to ePMA, eFlow and eObs. However timelines for delivery and recruitment / backfill arrangements enabling a level of slippage, £100k built into forecast at M05.	0
Pause Radiology activity increases	1,300	QIA frames negative impact, linked to delays in patient care and potential harm, non delivery of WG performance targets.	0
Equipment / Stores Further Faster Provision	400	No QIA. Challenge of RPB funding constraints, but being explored latest slippage estimate £238k	0
RIF Slippage	240	No QIA. Challenge of RPB funding constraints	0
HB wide ban on travel, Q1 average travel expenses £232k per month, taxis £14k per month	TBC	No options forthcoming through QIA and financial assessment process. Challenge of clinical vs non-clinical travel. Taxi spend is linked to clinical activity (transporting clinical staff between sites or patient discharges). Separate scheme focused on maximising virtual meetings is a more targeted opportunity.	0
Review contracts of temporary staff (who have worked < 2 years)	TBC	No options forthcoming through QIA and financial assessment process	0
TOTAL Category 2	16,330		691

Saving options: Category 3



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Category 3: Least feasible – options which are either not deemed possible to pursue or require further exploration with Welsh Government.

Scheme	Opportunity Estimate Q1	Latest Updates including QIA feedback	Opportunity Estimate Remaining
	£'000	£'000	£'000
Recovery Plan / Waiting List Funding to cost of delivery.	500	Planned care recovery will already be compromised in targeting variable pay initiatives. Despite opportunity being focused on core budget, there is a risk of additional WG monies confirmed for recovery initiatives not being released to afford insourcing/ outsourcing committed activity. Would require WG discussion.	0
HB wide recruitment freeze for patient facing roles	TBC	Risk of triggering variable pay in a number of clinical areas. FCSG process will continue to consider relevant roles.	0
Delay the Drugs NICE guidance implementation until 26/27	1,300	Statutory requirement	0
Strategic Planning budget including consultancy use, split B: CSP Consultancy	250	CSP consultancy costs already committed	0
TOTAL Category 3	2,050		0

3 - DATE OF NEXT MEETING

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