UNAPPROVED MINUTES OF THE
FINANCE AND PERFORMANCE COMMITTEE MEETING

DATE OF MEETING:	**9:30 AM, Thursday 27 August 2026**
VENUE:	**Dolau Cothi Meeting Room, Corporate Headquarters Picton Terrace/Microsoft Teams Meeting**

PRESENT:
Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)
Neil Prior (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:
Lisa Gostling (Hywel Dda UHB – Director of Workforce & OD/Deputy CEO) (part)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Siân Jenkins (Hywel Dda UHB - Deputy Director of Finance)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
James Severs (Hywel Dda UHB – Executive Director of Allied Health Professions and Health Science)
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

ALSO PRESENT:
Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health) (VC) (part)
Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience) (VC) (part)
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning) (part)
Rhian Evans (Hywel Dda UHB - Principal Project Manager (VBHC) (VC) (part)
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health) (VC) (part)
Mark Henwood (Hywel Dda UHB - Executive Medical Director) (VC) (part)
Carly Hill (Hywel Dda UHB - Assistant Director) (VC) (part)
Keith Jones (Hywel Dda UHB – Director of Operational Planning & Performance) (VC)
Jennifer Thomas (Hywel Dda UHB - Head of Corporate Reporting and Planning) (VC)
Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
FPC(26)076	**WELCOME AND APOLOGIES**	

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

No apologies had been received.

FPC(26)077 DECLARATION OF INTERESTS

There were no declarations of interest.

FPC(26)078 MINUTES OF FINANCE AND PERFORMANCE COMMITTEE HELD ON 30 JUNE 2026

The minutes of the FPC meeting held on 30 June 2026 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Finance and Performance Committee meeting held on the 30 June 2026 were **APPROVED** as a correct record of proceedings.

FPC(26)079 MINUTES OF EXTRAORDINARY FINANCE AND PERFORMANCE COMMITTEE HELD ON 27 JULY 2026

The minutes of the Extraordinary FPC meeting held on 27 July 2026 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Extraordinary Finance and Performance Committee meeting held on the 27 July 2026 were **APPROVED** as a correct record of proceedings.

FPC(26)080 REVIEW OF FINANCE AND PERFORMANCE COMMITTEE TABLE OF ACTIONS

The FPC Table of Actions was reviewed and the following updates were provided to the meeting:

FPC(26)032 ('Q1 2026/27 Planned Care Trajectories'): Mr Keith Jones advised that that NHS Wales Performance and Improvement review and assessment feedback had not yet been received and would be circulated to members of the Committee once it had been. It was agreed to leave the action open pending completion.

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FPC(26)052 ('Risk and Assurance Report'): Mr Jones advised that the review of operational risks with a high score of 25 was currently being undertaken and would be presented to the FPC meeting on 26 October 2026. Ms Wilmshurst noted that the overview of risks was covered in the Assurance and Risk Report on the current agenda and that the item could be closed.

Decision: The Finance and Performance Committee **REVIEWED** and **NOTED** the Finance and Performance Committee Table of Actions.

FPC(26)081 FINANCE AND PERFORMANCE COMMITTEE SELF-ASSESSMENT UPDATE REPORT 2025/26

Mr Huw Thomas introduced the FPC Self-Assessment Update Report to the Committee to provide the Committee with an update to the actions agreed by the Committee in response to the Committee Self-Assessment 2025/26 process.

Mr Thomas noted that the Chair's expectations about the delivery of concise presentations and focussed responses should be circulated with each 'Call For Papers' to ensure that report authors and presenters were aware of the Committee's expectations for reports and presentations.

Decision: The Finance and Performance Committee **RECEIVED ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

FPC(26)082 ASSURANCE AND RISK REPORT

Ms Charlotte Wilmshurst presented the Assurance and Risk Report to the Committee and noted that many of the areas contained within the report would be covered in the Escalation Response section of the agenda.

Ms Wilmshurst advised that Corporate Risk 2326 ('Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding') has been raised since the production of the report from 20 to 25 and that Corporate Risk 2380 ('Risk to delivery of Single Cancer Pathway performance due to diagnostic capacity gaps, funding uncertainty and pathway fragility') has been updated to reflect funding uncertainty in the current financial year.

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Ms Wilmshurst noted that 57 audit recommendations remained overdue and 1 Ministerial Directive (MD), WG21-59 ('The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021') was overdue despite evidence of progress having been provided, however compliance had not yet reached the required standard with lengthy waiting times remaining an issue.

Mrs Eleanor Marks observed that it was difficult to prioritise what work was required to be undertaken first due to the significant number of competing priorities facing the Health Board, including financial sustainability, planned care and the Single Cancer Pathway.

Mrs Marks noted the quantity of overdue audit recommendations within the responsibility of the Community and Integrated Medicine (CIM) Clinical Care Group (CCG). Mr Andrew Carruthers advised that as part of a review into the CIM CCG being undertaken the number of overdue audit recommendations would be examined as part of the review. Mr Carruthers noted the barriers being experienced within Urgent and Emergency Care (UEC) to progressing actions within those risk areas and noted that the Audit and Risk Assurance Committee (ARAC) had reviewed the overdue audit recommendations in depth at its meeting on 13 September 2026 and anticipated that the majority of overdue actions would be completed by the next review at FPC on 26 October 2026.

In response to a question from Cllr Rhodri Evans on the number of overdue audit recommendations with no completion date assigned to them, Mr Wilmshurst advised that conversations were taking place with operational colleagues to provide a target completion date for those without one.

Mr Neil Prior believed that there needed to be consistency between FPC and ARAC and the People, Organisational Development and Culture Committee (PODCC) who has expressed similar concerns on the number of overdue audit recommendations and believed that FPC could not take assurance due to the number of overdue audit recommendations and the absence of a clear narrative for why those recommendations were overdue. Mr Prior believed that the Committee could not receive assurance where the overdue audit recommendations lacked a convincing narrative for why they remained overdue, did not have revised target completion dates or lacked visible progress to completion.

Ms Wilmshurst believed that there was a need to distinguish between the corporate risk position and the separate concerns relating to overdue audit recommendations.

Mr Imperato believed that a corporate risk with a score of 25 should automatically trigger an alert to the Board.

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

RISK MANAGEMENT

- **RECEIVE ASSURANCE** that there are processes in place to oversee corporate risks to ensure these are being managed effectively.

AUDITS, INSPECTIONS AND REGULATORY REPORTS

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

WELSH HEALTH CIRCULARS

- **RECEIVE ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

Update Report to Board: The Committee felt that the Board should be **ALERTED** to Corporate Risk 2326 ('Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding') having the highest possible risk score of 25 and to **STRONGLY ADVISE** the Board on the significant number of overdue audit recommendations with no clear narrative on why the recommendations remained overdue, lacked any visible progress being made to undertake the recommendations with many lacking a target completion date. The Committee wished to advise the Board that this would become an alert at a future date if progress is not made.

FPC(26)083 ANNUAL PLAN 2026/27 AND ESCALATION PRIORITIES

Mr Lee Davies presented the Annual Plan 2026/27 and Escalation Priorities report to the Committee as a preamble to the discussions to be undertaken within the Escalation Response section of the meeting and within the Finance Performance Assurance Report and the Integrated Performance and Assurance Report (IPAR).

Mr Davies advised that meetings had been held with Welsh Government (WG) colleagues since the last FPC meeting to

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clarify the expectations of WG with the report attempting to provide a summary of the progress of the Health Board against the key areas identified and believed that by the end of September 2026 the Health Board would be in a position to set out its plans to deliver against those WG expectations and evidence measurable improvements on financial delivery and UEC performance.

Mr Davies noted that WG's initial emphasis had been focussed on the 45-minute ambulance handover target however the escalation discussion had been re-centred on the formal escalation criteria of one-hour ambulance handovers and 12-hour Emergency Department (ED) delays, with the 12-hour ED delays presenting the greater area of concern within the Health Board.

Mr Davies advised that the aim of the report was to make the linkages to items such as workforce and diagnostic issues to provide the Committee with a clear strategic response as opposed to repeating detail that is explored in greater depth in the escalation response section of the meeting.

Mr Davies noted that the five areas that WG were expecting the Health Board to address to support deescalation and therefore expected FPC to focus its scrutiny on were:

- Finance and Savings
- Variable Pay and Agency Usage
- Urgent and Emergency Care
- Diagnostics
- Planned Care

Mrs Marks believed that the test of the Health Board would be whether the organisation could deliver all five areas of challenge concurrently and whether the organisation had sufficient leadership capacity to facilitate progress.

Mr Imperato believed that the report presented the expectations of the Health Board in stark and clear terms and that the role of the Committee was to scrutinise and challenge whether the organisation's trajectories within the five key areas was credible.

Decision: The Finance and Performance Committee:

- **SCRUTINISED** the deliverability of the five areas at slide 12 (within the respective plans), and in particular whether the actions behind the financial plan and the actions behind the performance plans can be delivered in conjunction with each other; and
- **ENDORSED** a single combined view of savings schemes, staffing dependency and clinical risk to the September Board, so financial and operational exposure were read together.

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FPC(26)084 **PERFORMANCE DEEP DIVE: RADIOLOGY DEMAND AND CAPACITY AND SERVICE SUSTAINABILITY**

Mr Andrew Carruthers introduced the Performance Deep Dive into Radiology Demand and Capacity and Service Sustainability to the Committee and believed that previous challenges relating to the quality of the data used to measure the performance had been addressed by the Task and Finish Group formed to undertake had been completed by 31 July 2026 and enabled a robust and reliable demand and capacity analysis of the radiology service.

Mr Keith Jones believed that the work of the Task and Finish Group gave greater confidence in the demand and capacity assessment and of the gap identified with the report focussing on the in-year bridging solution and the long-term question of service sustainability. Mr Jones advised that the report outlined what a sustainable future of the radiology service looked like with work on workforce sustainability already in progress with the Clinical Services Plan (CSP) anticipated to stabilise the service with a possible longer-term solution being on a regional basis to shape the future of radiology services in south west Wales.

In response to a question from Mr Imperato on where the issue of productivity sat within the solution of providing a sustainable radiology service, Mr Jones believed that one strand of the solution was demand management and how referrals into the service were assessed and triaged, and despite workforce challenges work was being undertaken between the Health Board and its strategic digital partner to explore digital opportunities to improve productivity and efficiency.

Mr Jones advised that the other focus was on how the Health Board processed its radiology workload and how its waiting lists were managed across the Health Board as a whole as opposed to individually at four separate acute locations.

Mr Jones believed that the ability of the service to unlock additional productivity was challenged due to the workforce challenge and the lack of digital opportunities and believed that there were significant productivity gains able to be achieved.

In response to a question from Cllr Evans on the elimination of 8-week wait breaches being dependent on the WG funding and what alternatives were considered should funding not be received, Mr Jones believed that without WG funding there was no mitigation plan to close the performance gap by 31 March 2027 and that the Health Board was completely dependent on receipt of the WG funding to transact the solutions to eliminate the 8-week wait breaches.

Mr Jones questioned whether workforce stabalisation on the progression of the CSP was sufficient for the Health Board to get

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to a desired position within radiology and believed that it was possible that the Health Board was dependent on the development of a regional solution to meet its desired performance position.

In response to a question from Mr Winston Weir on whether this was a unique challenge to Hywel Dda University Health Board (HDdUHB) and what actions other Health Boards in Wales were taking, Mr Jones believed that the diagnostic challenges were common across other Health Boards in Wales however were greater within HDdUHB due to historic and geographic factors with learning from other Health Boards used wherever appropriate.

In response to a question from Mrs Marks on what demand modelling over the next five years had been undertaken, Mr Jones confirmed that an evaluation of future demand levels had been undertaken with a recurrent workforce stabalisation plan for radiology having been presented to Board with £3.5 of recurrent funding having bene approved based on a commitment to address future levels of demand. Mr Jones believed that digital approaches were designed to mitigate an extend of future demand and underpinned the CSP development work.

In response to a question from Mr Prior on what were considered the greatest risks to the radiology service, Mr Jones believed that the greatest risk lay within the workforce challenge although there was a lesser risk relating to radiology equipment capacity and the age of the equipment and advised that there was a national programme in place to address radiology equipment challenges.

Mr Carruthers believed the greatest risk to sustainability was the workforce fragility and the infrastructure challenge with service configuration particularly within emergency pathways contributing to the challenges within workforce fragility. Mr Carruthers believed that digital opportunities mitigated the service configuration challenges.

Mrs Lisa Gostling joined the meeting

Mr Jones provided an update on the CSP with early indications from the implementation plan specifically within the radiology service in progress with incremental progress anticipated within the next few years as opposed to waiting until the end point of th CSP implementation process to make changes to the wider service delivery model.

In response to a question from Mr Imperato on when the diagnostic and trajectory expectations of WG would be addressed, Mr Jones believed that there were clear trajectories in place to address the demand and capacity gap by 31 March 2027 however believed that the solution to achieve the closure of that gap was not a sustainable solution.

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The Committee were reassured by the trajectories and the oversight of the demand and capacity gap with the plan in place t stabilise the service however were concerns that these plans were dependent on the continued receipt of external funding to ensure the stable delivery of the service was maintained in the longer term.

Mr Thomas reinforced the scale of the underlying challenge with an estimated 10 percent overall growth in demand within the radiology service anticipated and the challenge within diagnostics of a 33 percent growth in magnetic resonance imaging (MRI) scanning demand and a 15 percent growth in computed topography (CT) scanning demand growth. Mr Thomas believed that the challenge within the 2027/28 budget setting was that radiology would require a significant uplift in resources even with the maximisation of productivity opportunities.

Mr Thomas believed that there was a need to test out how the service would address its demand management and capacity with the need to produce a plan that did not rely on repeated requests to WG for additional resources.

Decision: The Finance and Performance Committee:

- **RECEIVED ASSURANCE** that the RAD+ rules and records have been reviewed and residual gaps remain after validation;
- **SUPPORTED** the trajectory which depends on timely capacity and non-obstetric ultrasound delivery and funding confirmation; and
- **ENDORSED** the principle of incremental funding through Annual Planning to maintain delivery of the stabalisation programme into Year 3.

Update Report to Board: The Committee were **ASSURED** on the robustness of the demand and capacity data used to measure performance within the radiology service and were reassured by the measures in place to meet Welsh Government expectations for 2026/27 dependent of receipt of Welsh Government funding. The Committee noted the need for a significant uplift in resources to be allocated within the 2027/28 budget setting and to maximise productivity opportunities and to develop a longer term plan for the stabilisation of the radiology service that addressed workforce fragility and service configuration challenges and the longer term exploration of a regional radiology solution.

FPC(26)085 FINANCE DEEP DIVE: WORKFORCE GRIP AND CONTROL AND WORKFORCE IMPROVEMENT PROGRAMME

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Mrs Lisa Gostlin g presented the Finance Deep Dive into Workforce Grip and Control and Workforce Improvement Programme to the Committee and noted that the programme had six themes contained within the programme:

- Sickness Absence Management
- Band 7 to 9 Workforce Growth
- Administration and Clerical Workforce Growth
- Variable Pay Reduction
- Workforce Controls (Establishment Controls)
- Recurrent Savings Delivery

Mrs Gostling reported that sickness absence within the Health Board had continued to rise resulting in an immediate focus on the 10 areas of the Health Board where long and short-term sickness absence was highest and was also driving the increase in the levels of variable pay.

Mrs Gostling noted the increase in the number of Band 7 to 9 workforce roles with an investigation being undertaken into the growth in non-clinical roles compared to clinical roles with the outcome of the investigation being used to inform future workforce planning.

Mrs Gostling advised that variable pay reduction was a most significant single workstream and had been sub-divided into five categories:

- Medical Workforce
- Nursing and Healthcare Support Workers (HCSWs)
- Ancillary and Estates Workforce
- Allied Health Professions and Health Sciences
- Administration and Clerical

Mrs Gostling advised that establishment controls were designed to ensure that budgets aligned with the workforce compliment and that the recurrent savings delivery was aligned to finance and stated that future organisational change processes (OCPs) proposed has a 5 percent recurrent improvement expectation build into them.

Cllr Evans commended the headline figures relating to sickness and variable pay and noted that variable pay for the nursing workforce had remained stable and questioned how the workforce remained stable if sickness rates were increasing however nursing variable pay was not increasing. Mrs Gostling advised that nurse agency usage had been significantly reduced however noted that while agency expenditure had reduced, bank and additional hours had increased and that while this was financially preferable to agency expenditure increasing there was no planned nurse agency usage except in exceptional circumstances to ensure the quality and safety of services. Mrs Gostling noted that the new

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intake of nursing appointments in Autumn 2026 would further reduce the need tor nursing agency usage.

Mrs Marks acknowledged the on-going tension between reducing agency usage, delivering financial savings and delivering improved performance and questioned whether the Health Board was trying to meet these expectations with staff that it had not yet recruited. Mrs Gostlng advised that contrary to recent reports in the media, there was no nursing recruitment issue within HDdUHB and that newly qualified nurses could have roles available within the Health Board if they so wished. Mrs Gostling believed that recruitment would result in a reduction in variable pay and an improvement in quality and safety.

Mrs Gostling acknowledged that medical workforce recruitment was more challenging due to the Health Board's ability to recruit. Mrs Gostling believed that clinicians were willing to join the Health Board and that would enable agency usage to be reduced with the availability of substantive staffing.

In response to a question from Mr Imperato on which of the six themes was the most significant potential driver of improvement, Mrs Gostling identified variable pay reduction as the principal driver, especially within the medical workforce, and highlighted long-term sickness reviews as another area already showing movement and noted that the number of employees absent through long-term sickness had been reduced by over 70 through the application of greater attention to individual cases to offer assistance to return to work through occupational health follow-ups, return to work interviews and discussions on offering alternative roles within the Health Board.

In response to a question from Mr Prior on what the short-term risks and implications to were staffing from any actions being taken, Mrs Gostling believed that nothing contained in any workforce plans created any tension wish measures to reduce long term sickness not linked to the termination of any employees' contracts. Mrs Gostling noted that any staff absent through long-term sickness required agency backfilling and advised that conversations with staff were based on what was in the best interests for those staff and their future and included a review of any working restrictions placed on staff on sickness absence or when returning to work to best support those staff.

In response to a question from Cllr Evans on the timescale of the investigation into rostering, Mrs Gostling advised that there would be a cessation of paper-based payroll processes from 1 October 2026 and an assessment of where rostering should be introduced within Therapies and Health Science.

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Decision: The Finance and Performance Committee **RECEIVED ASSURANCE** that work is underway to address the grip and control gaps.

Update Report to Board: The Committee were **ASSURED** of the work that was being undertaken to ensure workforce grip and control was being undertaken and that the Workforce Improvement Programme was in the process of implementing measures that would improve the ability of the Health Board to deliver effective patient care and manage within its resources and to ensure that it has a sustainable workforce. The Committee has requested that it receive an update on the progress of the Workforce Grip and Control and Workforce Improvement Programme at its meeting on 27 October 2026.

FPC(26)086 FINANCE DEEP DIVE: MEDICAL VARIABLE PAY

Mr Mark Henwood and Ms Carly Hill joined the meeting

Mr Mark Henwood introduced the Finance Deep Dive into Medical Variable Pay and highlighted that the Health Board continued to have a reliance on medical variable pay and agency spend linked to predictive activity with the agency spend further related to fragile services.

Mr Henwood noted that the majority of the affected services were not addressed through the CSP such as acute medicine, psychology and haematology although there was a current strategy for addressing the acute medicine challenges within Emergency Departments (EDs) through the A Healthier Mid and West Wales Business Case

Ms Carly Hill explained the position within medical temporary staffing and noted that medical variable pay has overtaken agency expenditure as the most significant challenge with approximately £3.30 being spent on variable pay for every £1.00 spent on medical agency staffing.

Ms Hill believed that the review into medical variable pay demonstrated that the Health Board was facing a structural workforce affordability problem as opposed to simply a reliance on agency with variable pay having become embedded in the delivery of services. Ms Hill suggested that the next step would be to quantify the savings opportunities contained within implementing a recovery plan through the Medical Workforce Stabalisation Programme.

In response to a question from Mr Imperato as to why the issue has been allowed to continue despite having been identified, Ms Hill agreed that it had been a known issue however the

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implementation of the revised medical rate card and the roll-out of the Allocate software system had given rise to a greater understanding of the scale of the challenge.

Mr Henwood believed that the problems were cultural and deeply ingrained within the Health Board on how healthcare was delivered and medical staff were renumerated. Mr Henwood advised that a high level of variable pay was linked to predictable activity with holiday absence historically covered by variable pay with the challenge on how to address such predictable absences in a substantive manner.

In response to a question from Mr Imperato on the pace of change, Mr Henwood advised that there was a 90-day cycle that had commenced on 1 August 2026 with recruitment being balanced with staff whose pay would reduce through a reduction in their renumeration for variable pay being managed in a compassionate manner and advised that recruitment took time although anticipated that a proportion of the £30m a year spent on variable and agency pay would be reinvested in basic service provision.

Mr Carruthers noted that on structural inefficiency, the implementation of the revised medical rate card had identified that variable pay had been used to support elective work with the cost driving core capacity and not to provide additional services.

Mr Carruthers highlighted that in some cases, the Health Board had theatre staff and surgeons available but had to rely on variable pay or agency to secure the anaesthetist needed to run the list to avoid losing the theatre staff or surgeons. Mr Carruthers also highlighted the challenge of service configuration, observing that a safe 24-hour rota might conventionally require 10 clinicians, whereas some rotas were built with 8 and funded as if only 4 were available. Mr Carrithers observed that that created both fragility and poor attractiveness for recruitment.

Mr Carruthers linked the issue directly to operational flow, and believed that the lack of timely senior decision-makers was one of the biggest causes of patients remaining in Emergency Departments and therefore had a quality, performance and financial effect.

Mr Weir asked what immediate opportunities existed for action, where longer-term strategic solutions would be needed, and what the split was between consultants and Resident Doctors, and whether alternative workforce models could substitute for some of the work now done by medical staff. Mrs Gostling believed that the work currently under discussion concerned tasks that only doctors could lawfully or safely undertake, although noting there were wider workforce-model opportunities.

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Mr Henwood believed that planned care transformation work was examining medical productivity more closely, including outpatient-clinic efficiency and missed appointments. Mr Henwood noted that outpatient non-attendance rates were around 8 percent across the Health Board and that each clinic would soon carry one additional patient from 1 October 2026 to offset that level of expected non-attendance and that the change expected to enable around 9,000 additional new patients to be seen in a year.

Cllr Evans questioned what the financial saving was realistically expected from the current work, given the 90-day programme cycle. Mr Thomas believed that the trend was showing continued growth in medical temporary staffing cost and said the critical test would be whether the run rate could be brought down.

Mr Lee Davies, Mr Mark Henwood and Ms Carly Hill left the meeting

Decision: The Finance and Performance Committee:

- **NOTED** the findings of the financial deep dive.
- **RECOGNISED** that medical variable pay represents the principal driver of temporary staffing expenditure.
- **ENDORSEE** targeted intervention in the highest-spend specialties and services, particularly Anaesthetics, General Medicine and Pathology.
- **REQUESTED** specialty-level recovery plans for the top expenditure areas.

Update Report to Board: The Committee wished to **ADVISE** the Board that medical variable pay was considered a significant challenge to deliver the required levels of savings without causing an adverse consequential impact on performance despite the Committee being assured by the controls implemented to improve the oversight of medical variable pay through the adoption of the revised medical rate card, the deployment of the Allocate roster software system, the Medical Workforce Stabalisation Programme and enhanced financial and workforce reporting. The Committee requested that further update be presented to the 15 December 2026 so that the Committee could scrutinise and seek assurance from the progress.

FPC(26)087 FINANCE DEEP DIVE: CLINICAL CARE GROUP SAVINGS PLANS

Mr Jones presented the Finance Deep Dive into the CCG Savings Plans and believed that there had only been incremental progress made since the last update with an improved position of just under £1m with he overall operational savings position remaining £10.5m short of its target.

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Mr Jones noted that monthly underspends had been transacted as non-recurrent savings that improved the in-year savings position however did not address the underlying deficit with the immediate focus on converting the outstanding blue and red savings schemes within the operations function that was valued at £7.5m and that existing amber and green savings schemes had been revisited to ascertain if any greater value could be derived from their existing savings delivery.

Mr Jones advised that Executive-lead reviews had been undertaken that had led to additional scrutiny arrangements being introduced with two CCGs currently in Level 4 of internal escalation that resulted in weekly review sessions with the Deputy Chief Operating Officer and Director of Operational Planning and Performance to explore how their blue and red savings schemes could be converted into amber and green savings schemes.

Mr Jones advised that work was being progressed to explore opportunities that spanned more than one CCG alongside closer integration with the Workforce Improvement Programme and the Medical Workforce Stabalisation Programme to extract additional value in-year.

In response to a question from Cllr Evans on what value was derived from the additional weekly scrutiny meetings for CCGs in Level 4 of internal escalation, Mr Jones advised that the aim of the meetings was to explore how the CCGs could undertake the enabling actions required to convert their blue and red savings schemes to amber and green and to identify and resolve any obstacles solitary CCGs had in undertaking the savings conversions.

Mr Imperato questioned the progress and pace of the process. Mr Jones believed that there had been progress made in improving the CCGs' savings positions down to the current £10.5m position with the weekly escalation meetings anticipated to deliver further improvements. Mr Carrithers believed that there were conflicting pressures between the need to undertake activity to deliver and improve performance balanced against the associated additional staffing costs required to undertake that additional activity.

In response to a question from Mr Weir on the timescales involved given that issues such as changes to pathways were more medium to long-term plans as opposed to immediate changes to deliver savings, Mr Jones believed that it was important to reflect that many of the blue and red schemes were not only short-term solutions with many requiring a more longer term vision that resulted in a more acute need to maximise the in-year opportunities.

Mrs Marks believed that the report demonstrated encouraging progress however indicated a reliance on non-recurrent savings

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and questioned what actions could be undertaken to improve financial sustainability. Mr Thomas agreed that the progress was non a sustainable response to the savings challenge and highlighted that the Well-led Independent Review undertaken by NHS Wales Performance and Improvement that had identified shortcomings at another Health Board in Wales could similarly identify similar issues within HDdUHB.

Mr Thomas believed variable pay offered the greatest in-year savings opportunity with value and productivity needed to be examined throughout the system to maximise the potential benefits with a need to commence planning for 2027/28 at an early stage.

In response to a question from Mrs Marks on what could be done to inject pace into the savings delivery process given that less that a third of the savings schemes were recurrent savings with a lack of productivity schemes such as digital and pathway changes requiring strategic oversight. Mr Carruthers believed that there were attempts to increase the pace of the savings work despite the operational challenge to inject additional urgency. Mr Carruthers believed that there had previously been a focus on larger savings schemes at the expense of exploring what smaller savings schemes could be progressed to make more immediate gains.

Decision: The Finance and Performance Committee is asked to:

- **CONSIDER** savings plan progress to date achieved by Clinical Care Groups; and
- **NOTE** the actions required in support of Executive-led Finance Recovery reviews scheduled for 25 August 2026 at which further progress will be assessed.

Update Report to Board: The Committee wished to **ALERT** the Board that the current trajectory of Clinical Care Group savings did not meet the target savings position with insufficient detail on the desired outcomes described. The Committee requested that the Board test the Clinical Care Group savings position needed to be tested in a more rigorous manner to drive in-year savings to improve the trajectory.

FPC(26)088 FINANCIAL PERFORMANCE ASSURANCE REPORT

Mr Andrew Spratt presented the Month 4 2026/27 Financial Performance Assurance Report to the Committee and reiterated that to Corporate Risk 2326 (‘Risk to achieving 26/27 Target Control Total due to underlying deficit, insufficient savings & reliance on non recurrent funding’) had increased to the highest possible risk score of 25 as the Month 4 position had not improved

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with the year-to-date challenge indicating a need for greater strategic consideration.

Mr Spratt highlighted that the Finance Team was commencing an 8-week process to reassess the financial position to advise the Executive Team and the Board of the realistic in-year position with the intention to present an updated financial forecast through the governance process, at the earliest, for Month 6, to outline what the Health Board considered it was capable of delivering in 2026/27.

Mr Spratt advised that a refreshed three-year financial would be presented to an Extraordinary FPC meeting on 22 September 2026 ahead of consideration at the Board meeting on 24 September 2026.

Mr Thomas believed that the logical conclusion of the financial re-forecasting was that a route to the target £41m deficit position was being increasingly unrealistic with the current unmitigated figure deficit of £60.4m being £19.4m adrift of the £41.0m planned deficit. Mr Thomas believed that it was critical that the Health Board had exhausted all opportunities that was within its gift ahead of any potential update being given to Welsh Government.

In response to a question from Mrs Marks on whether the Health Board had a credible plan to deliver its financial targets and what would be the consequences, Mr Thomas believed that the financial position was not solely a result of a lack of delivery of savings plans and that there was also a cost control issue of the Health Board overspending against its core budgets, with an equal split between a lack of savings delivery and cost management.

Mr Thomas believed that there was a need to undertake an assessment of what was a reasonable measure of what efficiency could be extracted from the system, given the current configuration of the Health Board's four acute sites with the need to undertake a value and productivity self-assessment ahead of any discussions with WG.

In response to a question from Mr Imperato on what would provide assurance to WG that the Health Board was doing all that it could to meet its financial targets, Mr Carruthers believed that the Health Board currently did not have the budget to provide all of its services within the current configuration with a significant programme of structural change required to meet the Health Board's financial targets. Mr Carruthers believed that the challenge was not solely a financial challenge, with the required savings being able to be attained if the consequential impact on performance was palatable to WG.

Mr Carruthers highlighted that the two areas of WG priority was finance and UEC with the competing tension between the two highlighted by making £14m of savings within the CIM CCG that

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had oversight of UEC would have a consequence of reduced flow, performance and quality within UEC. Mr Carruthers further noted that if savings were made in planned care that reduced activity, then WG would seek to reclaim the additional funding it provided to the Health Board to support increased activity within planned care.

Cllr Evans questioned what the cash management consequences were for the Health Board. Mr Spratt advised that if the Health Board's deficit position was to deteriorate and could not be supported by WG then the cash position would become challenged in March 2027 and that a cash management strategy would be presented to FPC at its meeting on 23 February 2027.

In response to a question from Mr Imperato on what specific areas FPC needed to focus on to drive the financial improvements required, Mr Thomas advised that variable pay and choices would be presented to the Board meeting on 24 September 2026. Mr Prior questioned the efficiency of expenditure related to delayed pathways of care (DPoC). Mr Imperato requested that a financial deep dive into DPoC be undertaken at the FPC meeting on 27 October 2026. **CSO**

Decision: The Finance and Performance Committee is asked to:

- **SCRUTINISED** and **CHALLENGED** the Month 4 financial position and reported forecast deficit of £41.0m, recognising that delivery is assessed as high risk and depends upon £19.4m of further mitigating actions that are not yet sufficiently evidenced or confirmed.
- **CHALLENGED** whether the current recovery trajectory is sufficient to close the £13.0m savings identification gap, increase recurrent savings delivery, reduce operating expenditure and address the deterioration in the underlying recurrent deficit.
- **RECEIVED ASSURANCE** that the mid-year financial position assessment will provide a robust and evidence-based view of the likely year-end outturn, including the deliverability of further mitigating actions and the scope to convert non-recurrent benefits into sustainable recurrent improvement.
- **RECEIVED ASSURANCE** that clear and time-bound recovery actions are being implemented across all portfolios with Alert or Advise status, with appropriate operational ownership, executive accountability, capability and capacity.
- **RECEIVED ASSURANCE** regarding the implementation trajectory for the UEC and Streamlining Hub investments, including the management of associated patient-care, quality, performance and winter-resilience risks.
- **ENDORSED** the use of the mid-year assessment to inform the forecast reported to Welsh Government through the Month 6 financial reporting cycle.

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- **RECOGNISED** the material risks to financial sustainability, including the deterioration in the underlying recurrent deficit, reliance on non-recurrent measures, increased corporate risk score and the potential for the cash position to become unsustainable without further Welsh Government support.
- **NOTED** progress in developing the Three-Year Financial Roadmap to Breakeven, its planned consideration by the In-Committee Board in September 2026 and the proposed engagement with Welsh Government on the configuration-related deficit as a policy and planning choice for joint consideration.
- **NOTED** the latest position on in-year investment decisions approved through the relevant governance arrangements.

Update Report to Board: The Committee wished to **ALERT** the Board to the deteriorating financial position of the Health Board in Month 4 2026/27 and that it was currently considered a challenge for the Health Board to meet its £41.0m forecasted deficit position and sought Board attention to the £19.4m of further mitigating actions required to achieve the forecast deficit position and close the £13.0m saving identification gap by increasing the level of recurrent savings or reduce operating expenditure to reduce the underlying deficit to deliver financial sustainability.

FPC(26)089 FINANCE DEEP DIVE: NURSING VARIABLE PAY

Mrs Sharon Daniel joined the meeting

Mrs Sharon Daniel presented the Finance Deep Dive into Nursing Variable Pay to the Committee that built upon the Workforce Improvement Programme that had been discussed earlier in the meeting and focussed on the Nursing Workforce Stabalisation Programme that aligned with the broader grip and control work within the nursing workforce.

Mrs Marks asked if the nursing workforce was considered stabilised and what workforce pressures existed. Mrs Daniel believed the midwifery was currently fully established with 10 newly registered midwives anticipated to be joining the Health Board in February 2027.

Mrs Daniel advised that nursing vacancies had reduced by 76.2 percent with 128 newly registered nurses commencing employment with the Health Board in September 2026 that Mrs Daniel believed would reduce the reliance on nurse agency usage.

Mr Imperato queried whether the Nursing Stabalisation Programme was governance heavy. Mrs Daniel advised that the

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Nursing Stabalisation Programme was being superseded by the broader Workforce Improvement Programme being overseen by the Director of Workforce and Organisational Development with work on nursing workforce having been undertaken by Swansea Bay University Health Board (SBUHB) that HDdUHB would undertake learning from with the workforce stabalisation work moving into the delivery phase and away from the process design phase.

Mrs Daniel believed that grip and control over roster planning, temporary staffing controls and direct Executive oversight were the priority actions.

Decision: The Finance and Performance Committee is asked to:

- **NOTE** the analysis and assurance provided regarding the key drivers of Nursing and Support Worker variable pay expenditure;
- **ENDORSE** the Nursing/Midwifery and Support Worker Variable Pay Reduction Programme for 2026/27;
- **SUPPORT** the strengthened governance and performance framework for monitoring delivery.

Update Report to Board: The Committee wished to **ASSURE** the Board there was confidence in the process and oversight of the Nursing Workforce Stabalisation Programme with effective grip and control measures in place to manage the key drivers of the nursing, midwifery and Healthcare Support Worker variable pay expenditure with effective governance framework to oversee the process as part of the wider Workforce Improvement Programme.

FPC(26)090 PROCUREMENT SCRUTINY

Mr Thomas presented the Procurement Scrutiny report to the Committee and outlined the three procurement exercises that had been undertaken by NHS Wales Shared Service Partnership (NWSSP) on behalf of the Health Board.

Cllr Evans questioned whether the total value of the Microsoft Enterprise Agreement related to a single year with the total value stated as £23.5m. Mr Thomas advised that this was the total value for the lifetime of the contract and that approval was being sought for a Contract Change Notice (CCN) to add 400 Microsoft Windows 10 extended security licences to the existing contract.

Mr Thomas advised that he would clarify the length of the original contract and noted that the CCN had a proposed additional value of £35,352, increasing the total contract value to the £23.5m total. **HT**

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Decision: The Finance and Performance Committee is asked to scrutinise and recommend for Board to:

- **APPROVE** the award of the Rubrik Portfolio contract renewal from the 01 October 2026 to the 30 September 2030 with an option to extend to 30 September 2032 at a maximum anticipated total contract value of £2,100,000.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).
- **APPROVE** the award of the Telephony Modernisation Subscription Renewal from 01 October 2026 to 30 September 2028 with the option to extend to 30 September 2029 with total contract value of £999,981.06 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).
- **APPROVE** the Contract Change Notice for the Microsoft Enterprise Agreement increasing the total contract value to £23.513,256.61 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).

FPC(26)091 PLANNING GOALS UPDATE REPORT

Mr Thomas presented the Planning Goals Update Report to the Committee and advised that the report oversaw the progress relating to Planning Goal 6 ('Safe, timely and high-quality care') was aligned to FPC.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED ASSURANCE** and note 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 deliverables.

FPC(26)092 INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the IPAR to the Committee and highlighted that staff sickness levels had continued to increase and that the Health Board's therapy wait breaches was the highest in Wales for the preceding 18 months.

Mr Thomas noted that there had been improvements in adult psychological therapies since March 2026 and that there had

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been strong performance on high-risk eyecare waits, with June 2026 showing the highest level of performance since November 2023.

Mr Thomas reiterated that 2 CCGs were currently at Level 4 of internal escalation for finance for the second consecutive month and had also exhibited a deterioration in their other domains.

Mr Imperato queried what were the more significant areas of concern identified through the IPAR. Mr Thomas believed that the therapies wait breaches position was a concern against the all-Wales position in addition to the concerns relating to UEC that had been discussed earlier in the meeting.

Cllr Evans believed that staff sickness was a significant issue affective both performance and finance. Mrs Gostling advised that Facilities had a high level of sickness and vacancy rates that was driving the overall staff sickness position. Mr James Severs advised that there was a plan in place to reduce sickness within Facilities with improvements exhibited within Bronglais Hospital (BGH) Facilities with management learning to be shared with other sites and counties to drive improvement.

In response to a question from Cllr Evans on infection prevention and control (IPC) showing a deteriorated position, Mrs Daniel advised that this was considered seasonal variation exacerbated by the recent warm weather and that Mr Severs and Mrs Daniel were reviewing the governance related to IPC and would provide an update to the Quality, Safety and Experience Committee (QSEC).

Mrs Marks expressed concern that a relatively small number of managers within the organisation were carrying multiple responsibilities for delivery within finance, performance and workforce domains. Mrs Gostling advised that this would be explored in greater detail at the People, Organisational Development and Culture Committee (PODCC).

Mr Imperato believed that the overall position exhibited a mixed landscape as opposed to providing a single narrative with several areas notably improving and others remaining highly fragile with gains reliant on external funding or corrective actions that were not considered sustainable.

Decision: The Finance and Performance Committee **DISCUSSED** the IPAR – Month 4 2026/2027 and internal Escalation report and to **RECEIVED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as ‘alert’.

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Update Report to Board: The Committee wished to **ADVISE** the Board that several areas of performance were considered fragile with improvements in performance reliant on the continued receipt of external funding or on corrective actions that were not considered sustainable. The Committee expressed concern on the performance trajectories in many areas were at risk of not showing the desired level of improvement to meet or remain on target.

FPC(26)093 NHS WALES SHARED SERVICES PARTNERSHIP PERFORMANCE REPORT Q1 2026/27

Mr Thomas presented the NWSSP Performance Report for Q1 2026/27 to the Committee and believed that the Health Board's relationship with NWSSP was considered to be very strong with HDdUHB ahead of other health organisations in Wales on delivery.

Mr Thomas noted that the only area of performance that was not on target was for Accounts Payable for NHS Public Sector Prompt Payment (PSPP). Mr Thomas advised that an action plan had been agreed to improve PSPP compliance with additional scrutiny proposed in conjunction with SBUHB in relation to Long Term Agreements (LTAs) between the two Health Boards and with the NHS Wales Joint Commissioning Committee (JCC).

Andrew Spratt advised that the shared-services report was largely a positive one, describing it as a strong performance picture with a predominance of green indicators. He said the main area still requiring attention was inter-NHS payments, particularly involving arrangements with Swansea Bay and the joint committee framework.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Quarter 1 2026/27 that services provided are being delivered to expected standards; and
- **NOTED** the work being developed regarding outcome measures reporting.

FPC(26)094 MACMILLAN CANCER SUPPORT NEIGHBOURHOOD INVESTMENT PARTNERSHIP BUSINESS CASE STRATEGIC INTENT

Dr Bruce Bolam, Ms Rhian Evans and Dr Ardiana Gjini joined the meeting

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Dr Ardiana Gjini presented the Strategic Intent Case for the Macmillan Cancer Support Neighbourhood Investment Partnership Business Case to the Committee and advised that the proposal has been developed in partnership with the Macmillan Cancer Support charity as the funders of the proposal do undertake a community-based investment partnership.

Dr Gjini advised that the partnership would see Macmillan provide £11m of investment over 5 years with £9m of that investment repayable over 9 years with the residual £2m being non-repayable anchor grant funding.

Dr Gjini believed that the programme was aligned to the Health Board's long-term strategy and aligned to WG policy for prevention and community resilience and supports population health metrics and develops capacity within communities. Dr Gjini advised that the strategic intent would be presented to the Board meeting on 24 September 2026 with the Full Business Case to be presented back to Executive Team and FPC ahead of Board for approval with the final contractual agreements having been confirmed and finalised.

Mrs Marks expressed support for the proposal. Mr Imperato commended the report for its clarity.

Mr Thoams noted that the funding model for the business case was novel and innovative and that engagement with WG was required before the Health Board could give its approval. Mr Thomas advised that he would discuss the funding model with the Policy Lead in WG and with the NHS Wales Director of Finance. **HT**

Dr Gjini confirmed that Public Health Wales colleagues had already been engaged on the partnership and agreed that the finance and policy engagement with WG should continue in parallel with each other.

Dr Bruce Bolam, Ms Rhian Evans and Dr Ardiana Gjini joined the meeting

Decision: The Finance and Performance Committee:

- **SUPPORTED** the strategic direction of the Macmillan Cancer Support Neighbourhood Investment Partnership.
- **NOTED** that this does not constitute approval of the final business case, funding agreement or any binding financial commitment at this stage.
- **NOTED** that further work is required on the legal, contractual and financial detail before formal approval can be considered.
- **AGREED** that a final business case will return to the next meeting of the Finance and Performance Committee for scrutiny before any onward recommendation to Board.

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FPC(26)095 FINANCIAL PROCEDURES

Mr Thomas presented the financial procedures that were required to be reviewed by the Committee:

- Financial Procedure 066 – Losses and Special Payments
- Financial Procedure 090 – Retention of Financial Records

Mr Thomas advised that neither procedure were new procedures and neither had changes since their previous iteration and were presented to the Committee for statutory review.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **APPROVE** the following updated financial procedures:

- Financial Procedure 066 – Losses and Special Payments
- Financial Procedure 090 – Retention of Financial Records

FPC(26)096 ALL-WALES CAPITAL PROGRAMME 2026/27, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Mr Thomas presented the All-Wales Capital Programme 2026/27, Capital Resource Limit (CRL) and Capital Financial Management Update to the Committee.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the contents of this report and take assurance on the delivery of the capital programme within 2026/27.

FPC(26)097 NHS WALES AWARDS 2026

Mr Spratt presented the Committee with the HDdUHB Finance Team 'Making data more accessible for data-led improvement: identifying and addressing hotspots at the earliest opportunity' that had been shortlisted in the NHS Wales Information Award category at the NHS Wales Awards 2026.

There were no questions from members of the Committee.

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Decision: The Finance and Performance Committee is asked **NOTED** that the 'Making data more accessible for data-led improvement: identifying and addressing hotspots at the earliest opportunity' has been shortlisted in the NHS Wales Information Award category at the NHS Wales Awards 2026.

FPC(26)098 FINANCE AND PERFORMANCE TEAM NHS WALES AWARDS 2026 FINALISTS

Mr Spratt presented the Committee with the HDdUHB Finance Team 'Rebuilding Trust in Finance: A Cultural Change Journey with Lasting Impact for Hywel Dda Finance' that had been shortlisted in the NHS Wales Team Culture category at the NHS Wales Awards 2026.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee is asked **NOTED** that the 'Rebuilding Trust in Finance: A Cultural Change Journey with Lasting Impact for Hywel Dda Finance' has been shortlisted in the NHS Wales Team Culture category at the NHS Wales Awards 2026.

FPC(26)099 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

Mr Thomas presented the NHS Wales Joint Commissioning Committee Performance and Finance Sub-Committee highlight report from its meeting on 2 July 2026 to the Committee for information.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee 2 July 2026 Highlight Report.

FPC(26)100 NWSSP SHARED SERVICES PARTNERSHIP COMMITTEE ASSURANCE REPORT

Mr Thomas presented the NWSSP Committee Assurance Reports from its meetings on 14 May 2026 and 25 June 2026 to the Committee for information.

There were no questions from members of the Committee.

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Decision: The Finance and Performance Committee **NOTED** the NHS Wales Shared Service Partnership Assurance Reports.

FPC(26)101 VALUE AND SUSTAINABILITY BOARD JULY 2026 OUTCOME LETTER

Mr Thomas presented the Value and Sustainability Board July 2026 Outcome Letter sent to the Chief Executive by the NHS Wales Director of Finance following the NHS Wales Value and Sustainability Board meeting in July 2026.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the Welsh Government Value and Sustainability Board July 2026 Outcome Letter.

FPC(26)102 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2026/27

Mr Thomas presented the FPC Work Plan 2026/27 to the Committee for information.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **NOTED** the Finance and Performance Committee Work Plan 2026/27.

FPC(26)103 ANY OTHER BUSINESS

There was no other business transacted at the meeting.

FPC(26)104 DATE OF NEXT MEETING

Mr Thomas advised that there would be an Extraordinary FPC meeting on 22 September 2026; 13:30 – 15:00.

The next ordinary FPC meeting will be held on 27 October 2026; 09:30 – 12:30.

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