Minutes of the Public Finance & Performance Committee Meeting
20th May 2026
Via MS Teams

To view a recording of this meeting, please click here:

Chair:		
Rhian Thomas	RT	Independent Member – Capital, Estates & Facilities
Present:		
Kirsty Williams	KW	CAV UHB Chair
David Edwards	DE	Independent Member – Digital
Lorna McCourt	LM	Independent Member – Trade Union
Ceri Phillips	CP	Health Board Vice Chair
Judi Rhys	JR	Independent Member – Third Sector
Steve Riley	SR	Independent Member - University
Rachna Upadhya	RU	Independent Member
In Attendance:		
Jessica Castle	JC	Director of Operations – Specialist Clinical Board
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CPH	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Adam Roberts	AR	Executive Director of Strategic Planning
Catherine Wood	CW	Deputy Chief Operating Officer
Adam Wright	AW	Director of Operational Planning and Performance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Clive Curtis	CC	Independent Member - Community
Suzanne Rankin	SR	Chief Executive Officer
Claire Beynon	CB	Executive Director of Public Health

Ref:	Agenda Item:	Action
FPC 2026/05/1.1	**Welcome, Introductions & Apologies** Rhian Thomas (RT), the Chair of the Committee welcomed everybody to the meeting in English and in Welsh.	
FPC 2026/05/1.2	**Declarations of Interest** No declarations of interest were raised.	
FPC 2026/05/1.3	**Minutes of the Finance and Performance Meeting held on 22nd April 2026** The minutes of the meeting held on 22nd April 2026 were received and confirmed as a true and accurate record. Catherine Phillips (CPH), Executive Director of Finance asked to amend her initials to avoid confusion with the UHB Vice Chair, Ceri Phillips. **The Finance Committee resolved that:** a) The minutes of the Finance and Performance Committee meeting held on 22nd April 2026 were held as a true and accurate record of the meeting.	

FPC 2026/05/1.4	**Actions following the Finance & Performance Meeting on 22nd April 2026** The Action Log following the meeting held on the 22 April 2026 was received and discussed. **The Finance and Performance Committee resolved that:** A) The Action Log for the Finance and Performance Committee was noted.	
FPC 2026/05/1.5	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 2026/05/2.1	**Financial Report – Month 1 Position (including savings tracker)** Andrew Gough (AG), Deputy Director of Finance (Strategic), introduced the first financial report of 2026–27, reporting a Month 1 deficit of £9.397m, £2.186m adverse to plan. The variance was mainly due to a £2.4m savings shortfall, partly offset by an operational surplus of just over £200,000. He said this was a concerning start to the year, given the Health Board's planned deficit of £86.5m. A key focus was the £42.5m savings programme. At Month 1, only £13.4m of schemes were rated green or amber, leaving a £29.2m gap. A further £17.5m sat in the red pipeline but lacked enough detail and delivery mechanisms to be considered robust or cash-releasing. He said urgent work was needed to progress these schemes and identify further opportunities, with discussions and performance review meetings already underway with Clinical Boards. AG also highlighted emerging operational pressures, including unplanned endoscopy insourcing costs linked to cancer demand, which could create a £1.6m full-year risk if unresolved. He stressed that these pressures needed early action to prevent further deterioration, with relevant teams expected to identify and deliver solutions. AG outlined a £5m financial risk linked to a proposed 2% Joint Commissioning Committee (JCC) efficiency requirement. This had not been included in the reported position as discussions were ongoing and the implementation mechanism remained unclear. However, it was recognised as a potential additional savings requirement and was being actively progressed with the JCC, with arbitration available if needed. The report also noted a reduction of 362 whole-time equivalent posts over the previous 12 months and assumed zero workforce growth in 2026–27. AG cautioned that this alone would not close the savings gap. He also highlighted non-pay growth in secondary care prescribing, continuing healthcare and commissioned services, which were being reviewed ahead of the financial plan resubmission to Welsh Government by 29 May 2026. A recurring theme was the lack of recurrent savings and the risk of a worsening underlying deficit. The Health Board entered the year with an underlying deficit of £68.8m, which was expected to increase without stronger recurring solutions. AG said improving delivery of recurrent savings was a priority for the year ahead.	

The Committee discussion underscored the seriousness of the position and focused on systemic weaknesses in financial planning and delivery.

CPH said the organisation still began each year without a sufficiently detailed and deliverable plan, despite earlier planning.

She said the lack of early clarity and detail in savings schemes delayed implementation and led to repeated in-year reactions. She described this as a shared organisational issue and said future plans must land earlier with clear actions from Month 1.

Kirsty Williams (KW), UHB Chair, challenged the framing of the current plan, noting that Welsh Government had rejected it and that it should not be treated as an acceptable endpoint. She called for clearer actions to move beyond the current position, including greater transparency on risks such as the JCC requirement.

She also questioned why the JCC risk had not been included in the financial position.

AG said the risk had been formally recognised and reported but could not be included in the baseline position until implementation details were confirmed.

Committee members, including David Edwards (DE), said the current savings approach was too short-term and tactical, with insufficient focus on transformation and recurrent savings.

DE said the pace of transformation needed to increase and that the organisation could not afford delay.

CPH acknowledged the scale of the challenge and said further work through the plan resubmission would set out how transformation would be accelerated while balancing short-term delivery and longer-term change.

Ceri Phillips (CP), UHB Vice Chair, highlighted administrative inefficiencies, particularly continued reliance on postal communications, and said related savings opportunities should be quantified and progressed quickly.

AG agreed to provide current postage costs and consider this as a quick-win savings opportunity, noting that although the issue had been recognised before, delivery mechanisms were not yet fully in place.

Rachna Upadhya (RU), Independent Member, stressed the need to bring savings delivery earlier into the year and improve transparency on the assumptions underpinning the financial plan. CPH said this would require earlier clarity and detail so savings could be delivered more evenly across the year rather than being backloaded.

Further discussion highlighted the importance of clinical engagement and ownership. Steve Riley (SR), Independent Member – University, and Adam Roberts (AR), Executive Director of Strategic Planning, stressed the need to empower Clinical Boards and operational teams to identify and deliver improvements, supported by clear accountability at all levels.

This was recognised as key to improving both performance and financial sustainability.

The Finance and Performance Committee resolved that:

A) The reported year to date position is an overspend of £9.397m with a planning deficit of £86.547m was noted.
B) The urgent need to derisk the £86.547m deficit plan was noted.
C) At month 1 there is adverse variance against plan of £2.186m, as a result of the £2.431m savings deficit and an operational surplus against plan of (£0.246m) which was noted.

	D) There is a gap of £29.158m against the £42.521m in year savings target, with £13.363m (31.4%) of green and amber schemes identified at Month 1 and was noted. E) Delivery of the deficit plan being contingent on delivery of a full savings programme and confirmation of all expected income streams was noted. F) There were £33.796m of outstanding resource limit allocations and that in due course the UHB expected to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit and was noted.	
FPC 2026/05/2.2	**Operational Performance Update** Catherine Wood (CW), Deputy Chief Operating Officer presented the Operational Performance Update, outlining the organisation's position across urgent and emergency care, planned care, diagnostics, cancer performance, and system productivity. **Urgent and Emergency Care Activity** CW reported that urgent and emergency care activity had remained high over the winter period, with March 2026 activity exceeding February 2026 but remaining comparable to the same period in the previous year. Despite this, the organisation had maintained ambulance handover times at an average of 33 minutes against the 45-minute standard, representing one of the strongest performances in Wales. CW attributed that to operational and clinical decisions, including capacity management within emergency departments. She also highlighted the impact of community alternatives, noting that over 2,500 urgent primary care centre (UPCC) attendances and additional triaged cases had reduced pressure on emergency departments, with utilisation levels reported to be high. **Stroke Performance** CW acknowledged that performance had deteriorated against key standards, despite some improvement compared to the previous year. She confirmed that a stroke summit had been scheduled for 16 June 2026, and that, in advance of that, forensic analysis of individual patient pathways was underway across emergency care, ambulance services, and radiology. It was noted that the work had been undertaken to identify specific constraints within the pathway and inform system-wide solutions, with findings expected to be used to support improvement actions through the summit. **Pathway of Care** CW reported that pathway of care delays remained a significant challenge, with 117 patients delayed and over 8,400 lost bed days recorded in April 2026. While this represented some improvement compared to previous periods, it remained above expected levels. She emphasised that ongoing work with local authority partners, including trusted assessor models and weekly reviews of clinically optimised patients, continued to be progressed, supported by multidisciplinary collaboration. **Cancer Performance** CW noted that performance had improved to 63.2% and was in line with forecast, although it remained below target. Positively, she highlighted that the backlog of patients waiting over 62 days had reduced significantly, and she stressed that prioritising the longest-waiting patients had been clinically appropriate, even where it had impacted reported performance in the short term.	

It was reported that diagnostic waiting times had increased, with the number of patients waiting over eight weeks rising to approximately 7,900. She attributed this primarily to increased demand, particularly within echocardiography following the introduction of the outpatient additionality scheme, as well as issues relating to infrastructure, equipment, and delayed mobilisation of activity. CW identified learning points around the accuracy of demand forecasting and the need to build greater resilience and headroom into diagnostic capacity.

Planned Care
CW outlined that the organisation had experienced an expected increase in long waits following the withdrawal of non-recurrent activity at the start of the financial year. While the Health Board remained on track to eliminate three-year waits within the quarter, she cautioned that, without intervention, the number of patients waiting over 104 weeks would increase significantly over the course of the year.

She confirmed that a workshop with NHS Performance and Improvement colleagues had been arranged for the following day to test revised assumptions and identify further mitigations, particularly in areas such as outpatient transformation and theatre utilisation.

The development of a productivity and efficiency framework was highlighted, which had been designed to introduce a weekly cadence of review meetings across all organisational levels, from ward to Board.

CW explained that the framework focused on comparing planned versus actual delivery, identifying variances, and taking corrective action. This would be supported by a Power BI dashboard to provide visual management and early warning indicators.

She confirmed that initial implementation of this framework was underway and that outcomes and progress would be reported back to the Committee, demonstrating its impact on productivity and efficiency.

During discussion, Committee members raised a number of challenges regarding the clarity, usefulness, and consistency of performance reporting.

RT noted that elements of the report had remained unchanged across multiple months, and CW accepted that feedback, confirming that future reports would be refreshed to provide a more current and dynamic narrative, improving the Committee's ability to scrutinise performance.

KW emphasised the importance of linking performance outputs to planned activity, highlighting that current reporting focused too heavily on outcomes rather than whether planned operational activity had been delivered.

In response, CW confirmed that the new productivity and efficiency framework would address that by explicitly reviewing "what was planned versus what was delivered" at all levels, with Adam Wright (AW), Director of Operational Planning and Performance further confirming that revised reporting formats would be introduced from June 2026 to reflect that approach.

Concerns were also raised regarding data quality and system capability, particularly in relation to theatre utilisation data.

AW advised that data limitations had arisen due to the transition between theatre management systems but confirmed that work was underway to validate data and restore reliable reporting, with improved data expected in the coming weeks.

He also acknowledged that there was broader work required to improve data quality across the organisation, with plans to increase transparency by indicating confidence levels in reported data within future reports.

	Further discussion highlighted system inefficiencies, including appointment processes and patient flow. CP raised the issue of patients receiving appointment notifications after attendance, suggesting inefficiencies in communication systems. CW acknowledged that there were broader issues relating to patients being treated in the wrong place at the wrong time and accepted that this contributed to delays and inefficiencies. She confirmed that further analysis would be undertaken and reported back where required, particularly in relation to understanding the scale of avoidable delays. **The Committee resolved that:** a) The position against key organisational indicators for 2025-26 and the update against the Operational Plan programmes were noted.	
FPC 2026/05/2.3	**Grip & Control Standards** AG presented the Health Board's initial self-assessment against the WG Grip and Control Framework, explaining that the exercise had assessed the organisation's overall discipline, control environment and operational grip, extending beyond finance into workforce, procurement and performance management. He reported that the overall assessment had been mixed. While the organisation had a number of established governance and control processes in place, including financial governance, reporting, and elements of procurement and workforce control, there were material areas where controls were either inconsistently applied, not fully embedded, or lacked sufficient evidence of effective operation in practice. AG emphasised that the key issue was not the existence of policies, but whether they were being applied consistently, escalated appropriately, and translated into operational delivery. The assessment identified five key areas requiring improvement. These included workforce control and reconciliation, where further work was required to improve alignment and oversight across systems; sickness, leave and rostering discipline, where oversight was variable and not consistently linked to operational demand; temporary staffing governance, where no single organisation-wide framework had been fully embedded; organisational escalation and consequence management, where AG noted that issues were not always being acted upon with sufficient pace or ownership; and operational contract management, where procurement processes were robust in principle but required stronger monitoring and local accountability in practice. He explained that the value of the assessment lay in translating those findings into a structured improvement programme, with clear ownership, defined actions, and executive oversight. He confirmed that the next steps would involve review by the Senior Leadership Team (SLT), allocation of Senior Responsible Owners (SROs) for each domain, and the development of a consolidated Grip and Control improvement plan, which would then be monitored through existing governance structures. The Committee welcomed the level of critical self-reflection presented but sought clarity on timescales and governance arrangements. In response, CPH confirmed that an action plan would be developed at pace following the SLT discussion, with the expectation **that this would be brought back to the Committee within the next one to two months.** She indicated that responsibility for developing the action plan would sit collectively across the Executive Team, with Suzanne Rankin, CEO, identified as overseeing executive accountability and holding colleagues to account for delivery.	

	The Committee agreed that the development of the action plan would be added to the Committee action log, with the expectation that CPH, supported by the wider Executive Team, would bring forward the detailed plan setting out actions, ownership, and timescales. It was also recognised that existing workstreams, including internal audit findings and prior control reviews, should be aligned with the improvement plan, avoiding duplication and reinforcing areas already identified as requiring urgent attention. Members noted that many issues in the assessment were longstanding and questioned the organisation's ability to deliver and sustain improvement. CPH acknowledged this and stressed that the focus would now be on implementation and delivery, with the Committee holding the Executive Team to account. Further discussion considered whether oversight of the improvement programme should sit mainly with the Finance and Performance Committee or the Audit Committee. While no decision was reached, members agreed that oversight would need clear alignment within the governance framework, supported by ongoing reporting for visibility and assurance. RU asked what immediate actions could be taken ahead of the full plan. CPH responded that some actions were already underway through existing governance arrangements, including internal audit and operational controls, and that this work aimed to bring them together into a coherent programme. AG added that NHS Performance and Improvement would review the assessment, benchmark it against peers, and provide further assurance on progress. Adam Roberts (AR), Executive Director of Strategic Planning stressed that the Grip and Control programme should be integrated into delivery of the annual plan and wider improvement agenda, rather than treated as a standalone initiative. **The Committee resolved that:** a) The current self-assessment against the Welsh Government framework was noted. b) Whether the assessment gave a fair reflection of current organisational grip and control was reviewed and noted. c) The priority improvement actions set out in the paper were endorsed. d) The need for management ownership and operational follow through was noted and would be required through Management Executive and relevant delivery groups	
FPC 2026/05/2.4	**Annual Plan Quarter 4 Update** AR presented a brief update on the Quarter 4 position in relation to delivery of the 2025–26 Annual Plan. He reported that the organisation had achieved approximately 70% of the actions set out within the plan, noting that this included several areas of progress such as the expansion of leadership and management development programmes, delivery of vaccination initiatives targeting underserved communities, progress on the Clinical Services Plan, and capital investment in schemes such as Llandough Health Park and Parkview. He acknowledged that not all planned actions had been delivered, citing reprioritisation and unavoidable delays as contributing factors. In particular, he highlighted that progress had not been made as expected in reducing sickness absence rates and in developing data-driven workforce demand and capacity planning, both of which remained key areas requiring further focus.	

	AR confirmed that the year-end position would be formally submitted to WG in line with required timelines, with no additional actions requested of the Committee beyond noting the report. During discussion, RT raised concerns regarding the timeliness of monitoring and oversight arrangements, noting that reporting frameworks for the new financial year would not be fully in place until several months into the year, which risked perpetuating a pattern of retrospective rather than proactive management. AR acknowledged this concern, recognising that there was a need to strengthen forward planning and monitoring arrangements. **The Committee resolved that:** A) The progress and achievements in delivering the 2025/26 Annual Plan were noted. B) Submission of the Q4 End of Year position to Welsh Government was approved.	
FPC 2026/05/3.1	**South Wales Blood & Marrow Transplant Programme – JACIE Accreditation** Jessica Castle (JC), Director of Operations Specialist Clinical Board presented an update on the JACIE (Joint Accreditation Committee ISCT-Europe & EBMT) accreditation status for the South Wales Blood and Marrow Transplant Programme, outlining the findings of the recent reaccreditation inspection and the actions required to address identified deficiencies. She reported that the Programme had undergone its scheduled reaccreditation inspection in September 2025, with the formal report received in early 2026 confirming that accreditation had been deferred. The report had identified a number of critical areas of non-compliance, primarily relating to infrastructure, workforce capacity, and service resilience. JC explained that infrastructure issues on the University Hospital of Wales site were being progressed separately through a capital programme, led by Capital, Estates and Facilities in conjunction with Welsh Government. In parallel, she noted that paediatric service provision had been identified as an area of concern, due to activity levels falling below recommended thresholds, and confirmed that options were being developed by the Clinical Board and were scheduled to be considered by the Strategic Leadership Team (SLT). The primary focus of the paper presented to the Committee related to workforce gaps across the Programme, including the stem cell processing unit, the Swansea Bay service, and the adult service within Cardiff and Vale. JC outlined that the inspection findings had highlighted insufficient staffing to maintain safe 24/7 cover, fragmented workforce arrangements, reliance on single-post roles, and a lack of resilience across key functions. She emphasised that JACIE inspectors had been explicit that informal or unfunded mitigations were not acceptable, and that sustainable, funded workforce capacity was required to meet accreditation standards. It was confirmed that a Task and Finish Group had been established to develop corrective actions, and that a formal response to JACIE was required by 8 July 2026. The preferred option (Option 2B) set out a two-phase investment approach, with Phase 1 focusing on addressing areas of complete non-compliance within the current financial year, and Phase 2 addressing areas of partial compliance through the 2027–28 planning cycle. JC reported that Phase 1 required approximately £0.5 million in-year funding (six-month cost) and just under £1 million recurrently, while Phase 2 would require additional investment to be progressed through the Integrated Medium Term Plan (IMTP) process.	

	She confirmed that the Phase 1 funding request would be submitted to the Joint Commissioning Committee (JCC) as a matter of urgency, representing the minimum required to maintain accreditation, and that Phase 2 requirements would be incorporated into the 2027–28 IMTP planning process. She also outlined that the case had already been considered through relevant governance groups, including the Regional and Specialised Services Provider Planning group and SLT, and would be formally submitted to JCC in early June 2026. During the discussion, the Committee recognised the significant risks associated with failure to regain accreditation, including the potential loss of nationally commissioned services and wider implications for advanced therapies and specialist provision across Wales. CPH emphasised that the organisation was in a position where failure to present a credible improvement plan would likely result in loss of accreditation, and therefore a robust and proportionate response was essential. She also highlighted that capital and revenue elements needed to be progressed in parallel, with continued engagement required with both WG and JCC. It was noted that the financial implications had not been included within the current year financial plan, and AG confirmed that approval of the proposal would create an additional financial pressure which the organisation would need to mitigate, requiring trade-offs elsewhere within the system. Despite this, the Committee acknowledged that there was no viable “do nothing” option, as failure to act would result in greater financial and service risks. JC that while the approach had been designed to prioritise areas of full non-compliance, the final outcome would depend on JACIE’s assessment of the submitted response, and therefore close monitoring and timely delivery of actions would be critical. Further discussion considered whether the issues identified represented an isolated risk or a wider organisational concern. RT reflected on the need to strengthen early identification of similar risks across other services, noting that this would be an area for further reflection within the Committee’s broader oversight role. **The Committee resolved that:** A) The deferred JACIE accreditation status and the associated quality, operational and financial risks were noted. B) The preferred option of a phased, risk-based revenue investment (Option 2b), prioritising year-one funding for compliance-critical roles was endorsed. C) Progression of the Phase 1 funding request to commissioners as the minimum necessary in year investment to maintain accreditation and safely deliver existing nationally commissioned activity was supported. D) It was recommended that Phase 2 investment was supported in principle through the 2027/28 IMTP to fully address remaining JACIE requirements and protect long-term sustainability. E) Ongoing assurance was sought that delivery, recruitment and financial impacts were subject to enhanced programme and executive oversight, with regular updates to Finance & Performance Committee.	
FPC 2026/05/3.2	**Provision of Travel and Transport Booking** CPH presented the procurement outcome report for the provision of travel and transport booking services, explaining that the paper had been brought to the Committee due to the financial value and duration of the contract.	

	She advised that the version of the report circulated had not included the final signatories, and acknowledged that this was not the correct version. She confirmed that this was an administrative error rather than an issue with the underlying governance process, and indicated that the correct, fully signed version would be provided to complete the assurance trail. She noted that only one bidder had progressed through the evaluation process, with other bidders either failing to meet requirements or not completing submissions and recognised that this was not an ideal position from a procurement perspective, and confirmed that this would be reviewed to understand the reasons and to inform future procurements, although she emphasised that the process itself had followed appropriate governance. In response to questions, CPH explained that while there was a desire to maximise competition and pursue all-Wales approaches where appropriate, procurement activity remained the responsibility of individual organisations, and therefore opportunities for national procurement would continue to be explored but could not delay current operational requirements. **The Committee resolved that:** The award of this contract for Provision of Travel and Transport Bookings for £2,960,000.00 (£3,552,000.00 inc. VAT) was endorsed to the Board.	
FPC 2026/05/4.1	**Monthly Monitoring Return – Month 12** The monthly monitoring return for month 12 was noted. **The Committee resolved that:** a) The monthly monitoring return for month 12 was noted.	
FPC 2026/05/5.0	**Any Other Business** No further business was raised.	
FPC 2026/05/7.0	**Review & Close** To note the date, time and venue of the next Committee meeting: **Wednesday 20th May 2026 via MS Teams**	