

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
MINUTES OF ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	29 September 2025 09.30-12.30
VENUE	Microsoft Teams
PRESENT	<p>Neil Patrick, Chair</p> <p>Dafydd Vaughan, Independent Member</p> <p>Iwan Jones, Independent Member</p> <p>Akmal Hanuk, Independent Member</p>
IN ATTENDANCE	<p>Robert Holcombe, Director of Finance and Procurement</p> <p>Hannah Evans, Director of Strategy, Planning and Partnerships</p> <p>Rani Dash, Director of Corporate Governance</p> <p>Paul Solloway, Director of Digital</p> <p>Sara Utley, Audit Wales</p> <p>Julie Poole, Associate Director Planned Care</p> <p>Carla Hiscott, Deputy Outpatient Transformation Lead</p> <p>Greg Bowen, Assistant Finance Director</p> <p>Lucy Windsor, Head of Corporate Risk & Assurance</p> <p>Naomi Murtagh, Board Business Manager</p> <p>Gavin Thomas, Governance Support Officer</p>
APOLOGIES	None

Preliminary Items	
FPC/0929/01	Welcome and Introductions Neil Patrick (NP), Chair, welcomed everyone to the meeting.
FPC/00929/02	Apologies for Absence Neil Patrick (NP), Chair, NOTED that there were no apologies received.
FPC/0929/03	Declarations of Interest There were no Declarations of Interest to record.



FPC/0929/04	<p>Draft Minutes of the last Meeting held on 31st July 2025</p> <p>The Committee received and reviewed the previous draft minutes, and these were AGREED as a true and accurate record of the meeting.</p>
FPC/0929/05	<p>Committee Action Log</p> <p>The Committee received the Committee action log and Neil Patrick (NP), Chair, NOTED that there were no outstanding actions.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
	There were no items for discussion during this section.
ITEMS FOR DISCUSSION	
FPC/0929/06	<p>Review of Committee Programme of Business 2025/26</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee and highlighted the updates made to the Programme of Business since the previous meeting.</p> <p>The Committee NOTED the updated Committee Programme of Business for 2025/26.</p>
FPC/0929/07	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, introduced Lucy Windsor (LW), Head of Corporate Risk & Assurance, who presented the report to the Committee.</p> <p>LW reported changes in two risks, namely, financial sustainability and digital infrastructure. Neil Patrick (NP), Independent Member, explained that these two changes would be discussed further in their respective owner’s agenda items later in the agenda.</p> <p>Iwan Jones (IJ), Independent Member, questioned the relationship between staff absence and financial risk and the Committee agreed to clarify the cause/effect in risk papers in readiness for the next Committee meeting.</p> <p>Action: Director of Corporate Governance</p> <p>The Committee NOTED the report.</p>



Performance Management & Escalation Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee and reported on national and internal escalation arrangements. HE explained that the new framework emphasized sustaining improvements and included more support from Welsh Government, with changes to monitoring arrangements and meeting structures.

Internally, HE reported that there had been no review since July, but Urgent Care remained in escalation for operational delivery and quality/safety. HE acknowledged that while some improvements had been seen, they had not been sustained.

HE referenced the "Your Next Patient" project and Task Force 45, which had shown positive early results at the Grange University Hospital (GUH), though it was too soon to confirm sustainability.

Iwan Jones (IJ), Independent Member, queried data on patient appropriateness at the GUH and HE shared the results from a recent patient survey. The Committee discussed opportunities for better GP engagement and communication.

In addition, Paul Solloway (PS), Director of Digital, informed the Committee that work was ongoing with both the Welsh Ambulance Service and Welsh Government for further evaluation and improvement.

The Committee noted that the new performance management framework would be implemented from January, with ongoing opportunities to review escalation levels as needed. HE informed the Committee that the Executive team would be reviewing escalation status and risks in the neonatal service, with updates to follow.

HE referenced recent budgetary meetings led by the Chief Executive and the Director of Finance and Procurement, which had helped reduce the financial gap but had not yet resulted in any divisions being de-escalated for finance.

IJ questioned the effectiveness of support for divisions in escalation and whether improvement plans or coaching were in place. HE detailed how training, governance, and assurance processes, were in place and utilized, but acknowledged that while structures were robust, more focus



was needed on solutions rather than explanations from the budget holder.

The Committee **NOTED** the Divisional Escalation levels and **NOTED** the Health Boards National Escalation Status.

FPC/0929/09

Integrated Performance Report, including performance against Ministerial Priorities

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report to the Committee, and provided an overview of current performance against the 2025/26 IMTP Key Performance Metrics whilst noting that the Committee had received updated data since the previous board meeting, with some metrics now including August figures.

HE highlighted the ongoing challenges with the timeliness of data, especially for prevention and population health, where most information was only available up to Q4 of the previous year. HE explained that operational teams had more current management information and that work was underway to incorporate this into future reports, even if only in narrative form.

HE reported improvements in several areas, including smoking cessation rates, child health checks (notably at six and eight weeks), and diabetes care processes, with July and August data showing a bounce back in performance. In addition, primary and community care continued to show progress, particularly in the use of the Common Ailment Scheme and Pharmacy Independent Prescribing Service, which performed well compared to other areas. Improvements were also noted in optometry and other professions.

For urgent and emergency care, HE referenced earlier discussions about the Grange and noted that future reports would include data on the sustainability of recent improvements. HE drew further attention to stroke care, explaining that national dashboard challenges had delayed timely data, but that NHS Professionals (NHSP) and the Health Board were working to improve this.

In terms of planned care, HE reported that activity under the national outpatient contract and 104-week treatment



trajectories would be rerun once funding and assurance were clarified.

Neil Patrick (NP), Chair, asked about the reach of KPIs and dashboards into operational areas, and HE confirmed that data was cascaded to general managers, clinical leads, and directorates, with regular meetings and self-service dashboards supporting local ownership. HE noted that most metrics were nationally defined, but some emerging measures still required standardization, and confirmed this was being addressed through national governance.

Paul Solloway (PS), Director of Digital, added that dashboards were designed in collaboration with services to ensure relevance and ownership, and that a new national Data Standards Board was being established to formalize data definitions and consistency.

The Committee discussed benchmarking and the importance of national standards for consistent measurement and reporting, especially in relation to Ministerial Priorities.

Iwan Jones (IJ), Independent Member, raised concerns about managerial controls over medical staff, referencing data on late starts, early finishes, job planning, and absence rates. HE acknowledged ongoing challenges and referenced previous deep dives into theatre efficiency, improvement initiatives, and the need for better alignment of resources.

The Committee **NOTED** the performance of the Health Board including performance against Ministerial Priorities.

FPC/0929/10

Outpatient Transformation Programme Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced Julie Poole (JP), Associate Director Planned Care, and Carla Hiscott (CH), Deputy Outpatient Transformation Lead, as leads for the Outpatient Transformation Programme and invited them to present the update.

JP summarized the programme's aim to integrate Welsh Government, internal, and benchmarking initiatives to improve outpatient performance. It was noted that while the Health Board led Wales in several metrics, there were areas needing further progress. JP highlighted the 26-week outpatient programme's benefits in reducing waiting times and validating waiting lists, explaining that a hybrid system



had already reduced demand by about 5%, with potential for further reduction once full integration with clinical workstation was achieved. In addition, JP described the GP interface work in 11 specialties, emphasizing its dual role in referral management and learning, with ENT as an early adopter, and noted that as the programme expanded, richer data would inform targeted improvements.

JP further discussed efficient resource use, focusing on discharge rates, SOS (see on symptom), and PIFU (patient-initiated follow-up), noting that while the Health Board performed well, attention was needed on re-engagement rates, which were higher than average and could limit capacity gains.

JP addressed DNA (did not attend) rates, reporting that the Health Board was among the best in Wales, but raised the possibility of overbooking clinics to compensate for DNAs, and explained how this had prompted debate among clinicians due to associated risks. In addition, JP explained that follow-up ratios must be considered alongside waiting list lengths, as low ratios could mask unmet demand, citing glaucoma as an example where lifelong follow-up was necessary, and described ongoing work to shift care to optometrists and develop new facilities.

HE advised the Committee that initiatives focused on appropriate management and advice, and that Health Pathways and GP engagement were designed to improve patient navigation and avoid unnecessary appointments.

Iwan Jones (IJ), Independent Member, raised concerns about maximizing workforce efficiency, particularly regarding overbooking and asset utilization. HE acknowledged cultural and operational barriers, including workforce variability and professional standards, and agreed that specialty-specific solutions were needed.

Akmal Hanuk (AH), Independent Member, queried the impact of DNAs on waiting list reporting and Ministerial Priorities. HE explained that DNA management was consistent across core and additional activity, but acknowledged a potential gap in reporting that could exaggerate waiting list figures.

The Committee thanked JP and CH for their contributions and acknowledged the progress and ongoing challenges in outpatient transformation.



The Committee **NOTED** the progress against Outpatient efficiency metrics and further **NOTED** the ongoing transformational work.

FPC/0929/11

Monthly Finance Report and Monitoring Returns

Robert Holcombe (RH), Director of Finance, presented the report to the Committee noting that the content was largely consistent with the previous board report but included updated Value and Sustainability Board (VSB) savings dashboards as an appendix.

RH provided an update on the all-Wales financial position, highlighting that while some organizations had improved their forecasts, Aneurin Bevan's position had worsened by £20 million, significantly impacting the overall NHS Wales deficit forecast.

RH informed the Committee of a new risk regarding the Welsh Risk Pool, explaining that contributions might need to increase to £14–16 million. RH stated that the Welsh Government had advised they would not cover any increase in this national pressure, and that further clarity would be provided to the Board once more information was available.

RH confirmed to the Committee that efforts to mitigate this risk were ongoing, but much of the position was driven by historical settlements and actuarial provisions.

Iwan Jones (IJ), Independent Member, asked about the breakdown of temporary staffing costs between vacancies and absence. RH referred to the report's appendix, explaining that variable pay requests were categorized by sickness, enhanced care, or vacancy cover, but noted that the data was based on reasons given at the time of request and might not strictly separate holidays from vacancies.

RH clarified that the reduction in vacancy cover reflected successful recruitment, while sickness cover costs continued to rise.

RH introduced the non-pay and procurement thematic review, explaining that the VSB had moved from a general overview to thematic reviews, with the current focus on non-pay. RH summarized progress in identifying and delivering



	<p>savings, reporting an increase in firm savings from £20.5 million to £21.5 million following the mid-year review.</p> <p>RH outlined to the Committee the key divisional and corporate initiatives, including efficiency gains in Clinical Support Services, energy savings, PFI buyouts, and national procurement opportunities. RH described ongoing efforts to rationalize supplier choice and leverage national contracts, while acknowledging challenges related to clinical preference and retraining.</p> <p>The Committee NOTED the report of monthly finances and monitoring returns and the ongoing work to address financial risks and deliver savings.</p>
<p>FPC/0929/12</p>	<p>Value and Sustainability Assurance Reporting</p> <p>Robert Holcombe (RH), Director of Finance, presented the report to the Committee noting that the report included updated dashboards for all VSB programmes as an appendix.</p> <p>RH summarized divisional and corporate initiatives contributing to non-pay savings, such as efficiency improvements in Clinical Support Services, energy savings, PFI buyouts, and national procurement opportunities.</p> <p>RH reported that firm savings had increased from £20.5 million to £21.5 million following the mid-year review, reflecting progress in identifying and delivering savings and emphasized the importance of monthly non-pay meetings with divisional representatives for surfacing and progressing further savings opportunities, sharing best practices, and ensuring divisions were aware of both local and national initiatives.</p> <p>The Committee NOTED the report and the ongoing work to address financial risks and deliver savings.</p>
<p>FPC/0929/13</p>	<p>Efficiency Opportunities and Update Report.</p> <p>Robert Holcombe, (RH) Director of Finance, presented the Efficiency Opportunities and Update Report, noting that the month 5 report included comprehensive value and sustainability savings dashboards as an appendix. RH provided an update on financial performance since the last board meeting, highlighting changes in the Welsh NHS deficit forecast and the impact of the organisation's revised financial</p>



position. It was reported that the savings delivery had increased from an initial estimate of £20.5 million to £21.5 million following the mid-year review, with firm figures now in place. RH explained that unidentified savings in the IMTP had been allocated to the non-pay area until further development.

The Committee was informed that efficiency work was ongoing across all divisions, with specific focus areas including key efficiencies in clinical support services, energy savings, accountancy provisions, income generation, stock control in medicines, and reviews of service level agreements in primary and community services.

RH described the national procurement strategy, which aimed to rationalise supplier selection and product choice to secure market share deals and greater discounts, while acknowledging the challenges posed by clinical choice and retraining requirements.

Greg Bowen (GB), Assistant Finance Director, informed the Committee that monthly non-pay meetings with all divisions were crucial for identifying and progressing efficiency opportunities, supporting divisions with challenges, and ensuring awareness of national initiatives and emphasized the value of sharing ideas and best practices across divisions.

RH confirmed that benchmarking and management response processes had been enhanced to better identify, monitor, and act on efficiency opportunities, with responsible officers and target dates assigned for key actions.

The Committee **NOTED** the report, the progress made, and the ongoing work to identify and deliver further efficiency opportunities before year end.

FPC/0929/14

Information Governance Report, Including SIRO Update

Paul Solloway (PS) Director of Digital presented the report to the Committee and reported that subject access requests remained at 100% compliance. Mandatory training rates remained static in the high 70% range, with ongoing efforts to provide bespoke training and the commencement of work on a new national training module, which was expected to improve completion rates once available.



PS informed the Committee that there had been 213 information governance incidents during the reporting period, with the main themes being information sent to incorrect recipients and general documentation issues. These incidents were managed through divisional engagement meetings and would inform improvements following the recent records management audit.

In addition, PS reported that clinical coding performance for the period was just over 87.5%, with a year-on-year increase from 77% to 82%. It was noted that the number of monthly episodes requiring coding had increased to 19,000, making the organisation an outlier in Wales, and this was being investigated, as it was not solely attributable to the Grange University Hospital (GUH) model.

The Committee noted that additional coding support had been brought in from Powys Health Board to help clear backlogs.

In relation to cybersecurity, PS reported desktop patching compliance at 73%, with progress being made on patching for home workers. It was further noted that Windows 11 deployment had surpassed 50%, and server patching performance was broadly positive. The Committee heard that a phishing exercise had been completed throughout the Health Board, with targeted training provided to staff who clicked on suspicious links.

PS confirmed to the Committee that cybersecurity remained a significant concern, given the evolving threat landscape, and emphasized the importance of technical improvements, staff training, and robust incident response.

The Committee **NOTED** the report and the ongoing work to maintain and improve information governance and cybersecurity.

ITEMS FOR INFORMATION

FPC/0929/15

Assurance reports from the Digital, Data and Technology Group.

Paul Solloway (PS), Director of Digital, presented the report to the Committee providing an update on the digital programme of work, which included 52 active projects across the organisation and summarised progress and key risks within each programme area.



In the acute programme, PS highlighted ongoing decisions regarding the OpenEyes ophthalmology electronic health record, delays in the national intensive care system due to patient safety concerns, and the accelerated procurement of a new digital dictation and speech recognition platform. In terms of the digital ward programme, PS reported completion of the CareFlow Connect pilot and the implementation of digital solutions to support the NEWS tool.

PS noted that a re-procurement for the digital health communications platform was underway after a previous failed procurement. In addition, PS updated the committee on ICT infrastructure, including the replacement of firewalls, continued deployment of Windows 11, and support for ICT refurbishments

PS further confirmed that procurement for the replacement of WCCIS had concluded, with Welsh Government funding secured for initial implementation costs and further funding discussions ongoing and noted continued work on Microsoft 365 and Copilot, and the scoping of new projects such as electronic consent and a high-cost drug system.

Dafydd Vaughan (DV), Independent Member, asked if there was anything the Committee could do to support the management of programme risks. PS advised that escalation was already at the highest level and that lessons learned from national programme's should be applied to future projects.

In addition, DV raised concerns about the lack of digital expertise in Welsh Government leadership and the implications of recent structural changes. PS acknowledged these concerns and noted that new governance structures were being established to address them.

The Committee **NOTED** the report and the ongoing work to manage digital risks and deliver the digital programme.

OTHER MATTERS

FPC/0929/16

Items to be Brought to the Attention of the Board and Other Committees

The Committee **AGREED** there were no items to be brought to the attention of the Board or other Committees.



FPC/0929/17	<p>Any Other Urgent Business</p> <p>There was no other Urgent Business.</p>
FPC/0929/18	<p>Date of the Next Meeting</p> <p>15 December 2025</p>