



FINANCE & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 04 DECEMBER 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)
Simon Wright	SW	Independent Member (University)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
Hayley Thomas	HT	Chief Executive Officer
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning Services
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health Services
Kate Wright	KW	Executive Medical Director
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Mark McIntyre	MM	Deputy Director of People and Culture
Emlyn Pritchard	EP	Principal Pharmacist (<i>joined for item 5.5</i>)
Jayne Lawrence	JL	Assistant Director of Primary Care (<i>joined for item 5.4</i>)
Wayne Tannahill	WT	Associate Director of Capital, Estates and Property (<i>joined for item 5.8</i>)
Anthony Fenn	AF	Head of Technical Services/Estates (<i>joined for item 5.7</i>)
Helen Bushell	HB	Director of Corporate Governance/ Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Stella Gwynne	SG	Deputy Board Secretary
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Paul Hooten	PHO	Executive Director of Nursing, Quality, Womens and Family Health

PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/089)
The Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
1.2 DECLARATIONS OF INTERESTS (F&P/25/090)
There were no Declarations of interests received in addition to those already recorded on the register.
2. CONSENT AGENDA BUSINESS (F&P/25/091)
The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.
3. ITEMS FOR APPROVAL/DECISION/RATIFICATION
3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/092)
The minutes of the meeting held on 21 October 2025 were CONFIRMED as an accurate record.
3.2 COMMITTEE ACTION LOG (F&P/25/093)
The Action Log was presented that recorded updates with the following information provided: D&P/25/009- Resolution on Colonoscopy reporting from Public Health Wales (PHW). A timescale was yet to be confirmed for improvement across Colonoscopy reporting. NJ suggested that escalation be considered due to the length of time elapsed with no update. The Committee RECEIVED the Action Log updates.
4. ESCALATED ITEMS
4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/094)
An update was provided against the organisational status, where it was confirmed that a substantive update was provided at the last board meeting in November; work continued within agreed board structures. <ul style="list-style-type: none"> • The Planning Maturity Matrix had been reviewed by the Executive Committee, Planning, Partnerships and Population Health Committee and the Board and submitted to Welsh Government last week. • Ongoing collaboration with Grant Thornton and partners; draft documents under review and the final report expected soon. • Welsh Government Tripartite meetings: Held in November, potential announcements regarding escalation levels for NHS organisations. • No change in escalation level for Powys; noted intervention team announced for Betsi Cadwaladr Health Board approximately two weeks ago. <p><i>When the maturity matrix is submitted, what response do we typically receive, and within what time frame?</i></p>

The time frame for receiving a response from Welsh Government was unknown. Follow-up would be made with the Director of Planning at Welsh Government during the next planning and strategy touchpoint. Previous submission received a detailed response, including moderation of scores, but was significantly delayed. Welsh Government had requested input from four health boards during the last cycle with expectations for timing and nature of response remain unclear.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report and took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board.

5. ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 07 (F&P/25/095)

The Month 07 Finance Report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the committee:

- Current Position: £2.9m overspent against the deficit plan of £28.3m.
- Savings: Shortfall against savings target, partially offset by operational underspend.
- Pressures: Additional costs due to NHS England tariff increase and unfunded National Insurance contributions.
- Joint Commissioning Committee: Forecast overspend contributed to overall position.
- Year-End Forecast: On track to deliver against deficit plan, assuming mitigation measures.
- Shortfall against savings estimated at £4.8m, offset by operational underspend.
- Additional pressures total £6m; £1m covered, leaving £5m gap to mitigate.

Members asked the following questions:

Could the key risks, not currently reflected in our position be provided and what action would be taken to mitigate the risks and it's impact on the forecast?

The Wye Valley NHS Trust (WVT) invoices were excluded from the current financial position. The invoices were not valid due to a lack of sufficient backing and were not considered a legitimate charge. During the previous year, a £5m invoice was treated as invalid during the year-end process. During the financial year a £8.1m invoice was received; and would be treated in the same way. The position was communicated clearly to Wye Valley and Welsh Government, who understand and acknowledge the stance. The following key points were also raised:

- Shewsbury and Telford Hospitals NHS Trust (SaTH) continued to have issues with reporting activity data.
- Quarter 1: Block contract agreed; invoices exchanged and paid.

- Quarter 2: Block contract agreed in principle; dispute of approx. £600k remains (PTHB seeks reduction for commissioning intentions not followed; hospital argues treatment delivered).
- Block contract continues for remainder of the year to inform position.
- Activity reporting would be resolved by January, enabling clearer financial position and resolution with the SaTH finance team.

Discussion was held around the current forecast and confirmed that block arrangements provided greater certainty in financial planning. Engagement was ongoing with all health boards affected by the current position, and the risk pool treatment remained unclear. This was confirmed to be included as a risk due to lack of clarity on future treatment.

It was confirmed that a meeting was held with external auditors as part of a post-audit review to discuss areas of strength and improvement. The Committee were informed that the Wye Valley issue had grown by £8.1m, bringing the total to £13.1m. It was confirmed that external auditors were being kept updated to ensure they can take a view on professional accounting judgment for year-end reporting. Auditors expressed concern at the scale of the issue and indicated it may prompt more active engagement with WVT and their external auditors.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 and took **ASSURANCE** that the organisation had effective financial monitoring and reporting mechanisms in place.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 06 (INCLUDING MINISTERIAL ENABLING ACTIONS) (F&P/25/096)

The Month 06 Integrated Quality and Performance Report was previously discussed in detail at the last Board meeting in November; The following key points were highlighted for the Committee:

- Systems and standard operating procedures were in place to assure data quality.
- RAG rating were utilised for metrics; only one metric rated as poor, currently in escalation with ongoing work to resolve.
- Concern was raised due to a cluster of errors; teams were asked to conduct a systematic review of all metrics.
- The review would be led by the Deputy Director of Performance, working across both teams to determine whether systems need overhaul and ensure no further issues arise. The review would be completed by the end of January with immediate escalation should significant concerns arise. A full report was due to

the Executive Committee at the end of January, and to this Committee at its next meeting in February 2026.

The Committee discussed the emergency response times. The current median response time for Powys was approximately 11 minutes, compared to the All-Wales average of around 8 minutes. An observation was made that, rather than focusing solely on the time taken for an ambulance to arrive at the scene, it may be more appropriate to consider the total time from the initiation of the 999 call through to arrival at the hospital. This approach would provide a fairer representation of the impact of rurality on emergency care. It was suggested that work be undertaken to determine whether this data was available and could be incorporated into future reporting.

Action: Director of Planning, Performance and Commissioning

The Committee **DISCUSSED** the report and took **ASSURANCE** that the Health Board had appropriate systems in place to monitor performance and respond to relevant issues.

5.3 PUBLIC SECTOR PROMPT PAYMENT PERFORMANCE (F&P/25/097)

The Committee received an update providing assurance on actions being taken to address performance against the payment policy target. The update focused on key areas where the target was not currently being met, specifically agency invoices, local authority invoices, orthodontic provider invoices, continuing healthcare (CHC) and private provider invoices.

It was noted that actions were in place, being monitored and escalated as required. CHC and private provider invoices remained the most significant area of concern. Additional administrative support had recently been approved to improve timely processing of invoices, addressing issues highlighted at the previous year-end.

The committee was advised that, given the stage of the financial year, achieving the 90% payment policy target by year-end was unlikely. However, efforts would continue to get as close to the target as possible, acknowledging that this administrative target had not been met in previous years.

Independent Members asked the following questions:

How does Powys compare with other health boards in terms of achieving the payment policy target and are we likely to achieve it by 2026/27?

The aim was to achieve the payment policy target by 2026/27, with ongoing actions intended to support improvement. However, it was acknowledged that this was not guaranteed at this stage. It was further noted that most other health boards are believed to be meeting the target, and Powys remains an outlier in this regard.

Concern was raised regarding 67 invoices that had been missed in a batch and further assurance was required that this would not happen again. It was confirmed that the missed batch was identified through internal review and checks within the finance team, demonstrating that existing controls were effective. Learning from this issue would be taken forward to prevent recurrence. Further updates on aged debt and implications of not meeting the target would be provided as part of ongoing monitoring and reporting.

The aged debt with local authority partners initially amounted to several million pounds. The organisation had since been working in a concerted effort to address and reduce the debt position. It was noted that the payment policy target was an administrative target rather than a statutory duty. While not legally binding, failure to meet the target carries reputational risks and could negatively impact relationships with suppliers and cash flow.

The Committee discussed the orthodontic service of which invoices were hand delivered, which was likely to be replaced in the future, but a timescale for the change was unknown. It was agreed that a short note providing clarification on the timescale would be circulated to the Committee after the meeting.

The Committee:

- **DISCUSSED** the report and
- **TOOK ASSURANCE** that the Health Board had appropriate systems in place to monitor performance and respond to relevant issues.

10:50: HB left the meeting

11:00 JL joined the meeting

5.4 OUT OF HOURS (OOH) PERFORMANCE REPORT (F&P/25/098)

The report outlined the mid-year position of Out of Hours (OOH) services. It was noted that confirmation had just been received regarding the Swansea Bay University Health Board (SBUHB) SLA for 2024/25, which was signed off in April 2025, confirmed that this year's contract would be signed within the next couple of days. The following key assurance elements were highlighted:

- Shropdoc continued to provide out-of-hours services with a rota fill rate consistently above 96%. Despite losing the Shropshire contract in October, Powys services remain unaffected.
- Disposition outcomes for Q1 and Q2 were consistent with previous trends, with most cases resolved by Shropdoc and minimal referrals to emergency or secondary care.
- Challenges persist in meeting home visit time standards due to rurality, but delays were reviewed for patient impact.

- The current Shropdoc contract runs until June 2026, with a direct award agreed until September 2027. A review of future out-of-hours models will begin in January, ahead of procurement for a new contract from October 2027.
- SBUHB SLA for Ystradgynlais remains stable, and future provision will form part of the wider model review.

Independent Members asked the following questions:

Would postponing the Better Together timeline affect the alignment between the development specification and procurement for out-of-hours services?

Work was underway in collaboration with transformation colleagues and other stakeholders to ensure alignment on the out-of-hours timeline.

Were there specific periods, such as Christmas, where fill rates may drop despite the overall annual average being strong?

Should rota gaps be presented, patient access would maintain through cross-cover arrangements with other bases, such as Newtown or Brecon. This would ensure continuous service availability. Work was underway with Shropdoc to secure assurance for the Christmas holiday period. Current indications were positive, although the bank holiday was presenting challenges. No concerns were escalated.

What was the longest wait time experienced against the one-to-two-hour target?

Shropdoc provided a graph showing patient wait times in 10-minute increments beyond the standard one-to-two-hour home visit requirement. Whilst delays had a significant impact on percentage figures, the numbers were relatively low. The cut-off point (around 20 minutes late) after which Shropdoc review affected cases to ensure no clinical impact on patient care. Further detail would be included in the end-of-year report.

For the 2026–27 SLA currently under discussion, what changes were expected to improve contracts and service delivery, particularly for the Ystradgynlais area?

The main challenges in Ystradgynlais related to district nursing cover, including complexities for palliative care, despite very low activity. SBUHB expect a 24-hour district nursing service, and updated activity data was awaited to inform ongoing discussions.

Further challenge related to non-face-to-face cover on weekends from Ystradgynlais Hospital. While SBUHB expects a doctor on-site, patient activity was minimal, and pathways were being followed without complaints. A primary care out-of-hours base was being opened but required further progress. Any formal service changes would include appropriate patient engagement.

Had losing the SaTH contract impacted the stability of ShropDoc out of hours provision, and would future bids in the open market remain attractive to providers, ensuring continuity of service?

EL confirmed a recent meeting had taken place with ShropDoc which confirmed Powys as their sole Commissioner. A discussion was held around the Organisations aims to develop additional SLAs and had implemented internal changes to manage varying service delivery sizes. Powys continue to monitor progress on development of new SLAs and continue to engage to support organisational changes.

11:20 EP joined the meeting

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that the OOH Commissioning Assurance Framework monitoring process was providing an appropriate framework to support OOH contract management.
- **NOTED** plans to progress procurement of continued General Medical Services (GMS) OOH service provision from 01 July 2026 onwards.

5.5 COMMUNITY PHARMACY ANNUAL REPORT (F&P/25/099)

The Committee were provided with an overview of the Community Pharmacy Annual Report and several key themes were highlighted.

Independent Members asked the following questions:

Were plans in place to staff Community Pharmacy Out of Hours over the Christmas period, given the problems experienced last year?

Challenges continued over the Christmas period due to limited capacity to compel contractors to open. Commercial openings had significantly reduced, which required repeated efforts to persuade pharmacies to provide services. The most affected areas were Brecon, Hay, and Talgarth, where securing openings remained particularly difficult.

The Committee queried the value of continuing the 56-day prescribing approach following mixed results, with prescription levels reverting despite implementation. A review highlighted dispensing practices and GP engagement as key factors, while Welsh Government focused on other barriers. Progress was noted in some areas, though challenges remained.

Discussion was held around the expansion of pharmacy clinical services, particularly common ailments, which had led to any measurable benefits for GP practices. It was acknowledged that there was evidence of reduced GP workload as a result.

The Committee discussed the status of electronic prescribing rollout, noting feedback from the Patients Forum and local GPs that while it may help in some areas, it would not resolve all issues. Communications regarding interim arrangements at Llanfyllin had recently progressed, with updates now being sent to patients.

Electronic Prescribing Service (EPS) rollout had progressed well, with all mid-cluster GP practices adopting it. The first dispensing practice had moved forward, but wider rollout faced challenges. Engagement remained strong, and progress compares favourably to England.

From the nine community pharmacists actively prescribing, with three more in progress, was this expected to grow further or had numbers plateaued?

Independent prescribing was expected to continue to develop, supported by government vision and funding allocations. The long-term vision included prescribing pharmacists supported by technicians delivering non-prescribing services, indicating steady progress toward enhanced pharmacy service models.

Were liaison visits structured and what happened to the intelligence gathered during these visits?

Monitoring visits to pharmacies were comprehensive and occur every two years unless a revisit was required. The visits review the entire core contract, staff training, advertising, and delivery of commissioned services, ensuring a robust process for compliance and follow-up actions.

How was patient feedback collected and how could it be better triangulated with service provision for future planning?

Patient feedback was primarily captured through the Pharmaceutical Needs Assessment (PNA), conducted every five years, with the next cycle scheduled for this year.

The Committee **RECEIVED** the Community Pharmacy Performance Report, took **ASSURANCE** on progress to date, **NOTING** areas of concern and plans for the next 12 months.

5.6 ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION (F&P/25/100)

EL provided a verbal update on the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Accreditation. The review originally planned for November had been delayed following preparatory discussions with the JAG team in October. A request for additional time for the newly implemented clinical specialty model to stabilise was confirmed. Accreditation was now scheduled for early 2026, with the formal review expected in quarter one of 2026/27. It was noted that progress continued as planned.

It was confirmed that no changes had been made to the criteria. The previous visit was positive overall, with the only issue being the delay in establishing new clinical leadership. This delay led to JAG postponing accreditation to allow time for the leadership model to be fully embedded, with a follow-up planned in the new year.

11:45: AF and WT joined the meeting

The Committee **RECEIVED** the JAG Accreditation Update.

5.7 HEALTH AND SAFETY 6 MONTHLY REPORT (F&P/25/101)

AF provided the Committee with an overview of Health and Safety and confirmed a new fire safety reporting process had been introduced.

The report highlighted significant capital investment from Welsh Government through former Environmental Financial Advisory Board (EFAB) and current Targeted Estates Fund (TEF), enabling compartmentation and fire door works across multiple sites. The annual assurance report noted issues around T-points, which were being addressed. Overall, there was a clear upward trajectory in fire safety improvements across the Powys estate.

The Committee discussed the figures based on Estates and Facilities Performance Management System (EFPMS) data, which showed significant improvement following compartmentation works at Welshpool, Knighton, and most recently Bro Dovey and Brecon. This upward trend was expected to continue and exceed the average due to the ongoing rolling investment programme under the TEF.

Was there any action the Committee could take to support improved compliance with fire drills, which appear to have slipped?

New fire doors had been installed across Brecon, though some defects were raised. Additional challenges related to theatres requiring positive atmospheric pressure, which initially created resistance against door opening but functions correctly once overcome. Staff education was essential, and the project team was addressing this through weekly updates to the hospital.

Were the overseas nursing programme occupants fully informed about procedures in the event of an incident and whether any lessons could be applied to future conversions?

Strict compliance with building control and fire service guidance had been ensured, aligned with upcoming Building Safety legislation. Enhanced standards had been applied, and residents had received clear documentation on reporting issues and evacuation procedures.

The Finance and Performance Committee **RECEIVED** the report and took **ASSURANCE** that appropriate monitoring and reporting mechanisms were in place through the Fire Safety Group.

5.8 CAPITAL PROGRAMME DELIVERY AND DECARBONISATION PROGRAMME (F&P/25/102)

The Committee received a high-level overview of the Capital Programme Delivery and Decarbonisation Programme. The following questions were asked by Independent Members:

Could the delivery of 44 Key Performance Indicators (KPIs) reported every six months be achieved, and could assurance be provided regarding medicine storage challenges at Bronllys given the limited physical space in the pharmacy area?

The 44 KPIs under Division 2 of the Digital Service Delivery Platform (DSDP) were under review. Two medicine storage concerns were noted, including heat affecting creams at Knighton Hospital; options such as cold zones were being explored. Bronllys pharmacy storage was already air-conditioned.

It was noted that the organisation must maintain a consistent approach to tracking progress despite changes in national reporting, ensuring compliance with technical standards while managing local expectations and influencing national guidance where needed.

The Committee discussed the need for a clear organisational approach to track KPIs and deliver climate adaptation targets. The Committee suggested that interim KPI updates should be shared by email with the Chair's agreement rather than waiting for the annual cycle.

Had the interim target of a 16% reduction from the 2018/19 baseline by 2025 been achieved?

The organisation had not met the 16% or 34% carbon reduction targets, though emissions had fallen by 16% due to the REFIT programme. Overall emissions had grown due to an 18% increase in staff and expanded services, but the organisation was not an outlier, as other health boards report similar challenges.

The Committee **RECEIVED** the changes to Decarbonisation targets from Welsh Government and the extant plan and update on Climate Adaptation. **NOTED** the Executive Committee approved the response model proposed for leadership,

management, tracking and reporting of climate response on behalf of PTHB, returning for Board/Committee update on Climate Resilience, Decarbonisation and Climate Adaptation Plans, once developed.

5.9 CAPITAL PIPELINE OVERVIEW (F&P/25/103)

The Committee received an overview of the assurance on monitoring the capital programme. The total programme of £7.7m for 2025/26, which had rose to £16m in 2026/27. Delivery was on track, with spend weighted towards year-end. The capital team remained proactive in securing national slippage, which was reflected in the plan and may increase further this year.

The Committee **RECEIVED** the report and took **ASSURANCE** that an appropriate monitoring mechanism was in place for the Capital programme for 2025-26.

5.10 COMMITTEE RISK REGISTER (F&P/25/104)

SG Introduced the report and confirmed that the data presented was based on updates from executive leads in October, with the full register reported to the Board in November. PH provided the Committee with an update against SRR 001, reflecting actions agreed at the previous meeting.

The Finance team had undertaken a review of the risk score and felt it was appropriate to retain it as a significant risk given the current financial position, break-even challenges, and Welsh Government expectations. The scoring was considered valid, though acknowledged as somewhat subjective. It was suggested that the framing of the financial risk, be revisited during the next comprehensive risk review to better reflect the broader context.

A discussion was held about whether the decarbonisation risk on the register should be revisited and reframed. The suggestion was to consider the risk of failing to achieve future KPIs related to energy savings and decarbonisation, noting that this will depend on the KPIs set. It was agreed that this would be reviewed over the coming months.

The Estate risk currently had the lowest risk appetite. It was agreed that the categorisation would be reviewed, however the risk score was unlikely to change, but the appetite would be reassessed.

The Committee **RECEIVED** the strategic risks within the Committee's remit and took **ASSURANCE** that risks were being managed in line with Risk Management Framework.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 COMMITTEE WORK PROGRAMME (F&P/25/105)

The Committee **RECEIVED** the Committee Work Programme for 2025/26.

7.2 MID WALES JOINT COMMITTEE HIGHLIGHT REPORT (F&P/25/106)
The Committee RECEIVED the Mid Wales Joint Committee Highlight report.
8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (F&P/25/107)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/108)
There were none.
8.3. COMMITTEE REFLECTIONS (F&P/25/109)
The following summary of business and reflections were provided by members: <ul style="list-style-type: none"> • Chaired very well; • Well-structured reports; • Timely papers which have overlapped submission to the Board and back to committee
8.4 DATE OF THE NEXT MEETING (F&P/25/110)
The date of the next meeting was scheduled on 26 February 2026 at 09:30 via Microsoft Teams.

Meeting Closed at 11:29am