



FINANCE & PERFORMANCE COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 21 OCTOBER 2025, VIA MICROSOFT TEAMS

| Members Present: | | |
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| Ronnie Alexander | RA | Independent Member (General) Chair |
| Cathie Poynton | CP | Independent Member (Trade Union) |
| Simon Wright | SW | Independent Member |
| Carl Cooper | CC | PTHB Chair |
| In Attendance: | | |
| Pete Hopgood | PH | Deputy Chief Executive and Executive Director of Finance, Capital and Support Services |
| Elaine Lorton | EL | Executive Director of Primary, Community Care and Mental Health Services |
| Kate Wright | KW | Executive Medical Director |
| Debra Wood-Lawson | AW | Executive Director of People and Culture |
| Chris Moss | CMO | Assistant Director of Performance |
| Jayne Lawrence | JL | Assistant Director of Primary Care |
| Claire Madsen | CM | Executive Director of Allied Health Professions, Health Sciences and Digital Services |
| Paul Hooten | PHO | Executive Director of Nursing, Quality, Womens and Family Health |
| Wayne Tannahill | WT | Associate Director of Capital, Estates & Property |
| Hywel Pullen | HP | Deputy Director of Finance |
| Samantha Ruthven-Hill | SR-H | Assistant Director of Planning |
| Katie Blackburn | KB | Llais |
| Stella Gwynne | SG | Deputy Board Secretary |
| Bethan Powell | BP | Corporate Governance Officer |
| Apologies for Absence: | | |
| Nicola Johnson | NJ | Executive Director of Planning, Performance and Commissioning Services |
| Hayley Thomas | HT | Chief Executive Officer |
| Rhobert Lewis | RL | Independent Member (General) |
| Steve Elliot | SE | Independent Member (Finance) |
| Helen Bushell | HB | Director of Corporate Governance/Board Secretary |

| PRELIMINARY MATTERS |
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| 1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/068) |
| The Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above. The Chair formally welcomed Simon, who had joined the Finance and Performance Committee in the interim, following the departure of the Vice Chair on 30th September. In the absence of a Vice Chair, SW had assumed responsibility for chairing PEQs for the foreseeable future. This arrangement would remain in place while the recruitment process for a new Independent Member was underway. |

The meeting was delayed due to the absence of a third independent member, which was required to meet quorum. Carl Cooper, Chair of Powys Teaching Health Board (PTHB), temporarily supported the quorum by acting as an independent member. This enabled the meeting to proceed until the third independent member was able to join.

1.2 DECLARATIONS OF INTERESTS (F&P/25/069)

There were no Declarations of interests received in addition to those already recorded on the register.

2. CONSENT AGENDA BUSINESS (F&P/25/070)

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/25/071)

The minutes of the meeting held on 02 September 2025 were **CONFIRMED** as an accurate record.

Matters Arising

Could an update be provided following the meeting that was due take place to discuss expectations of being in escalation with Shrewsbury and Telford Hospital (SATH)?

A Chief Executive to Chief Executive meeting had taken place, however, they were unable to reach an agreement. It was agreed that the situation would be escalated to Welsh Government and the Cabinet Secretary.

Could an update be provided against the direct payment guidance from Welsh Government?

No further update had been received to date. It was noted that all health boards had raised concerns given the lack of guidance received.

3.2 COMMITTEE ACTION LOG (F&P/25/072)

SG introduced the Action Log 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. A report was in development with a recommendation for potential escalation, this was due to be reported to the Executive Committee.

F&P/25/031: Savings proposal of the Joint Commissioning Committee (JCC)

The Joint Commissioning Committee (JCC) had amended its financial forecast for the year. The revision was made following the Committee's inability to achieve its full savings target. As a result, the change had a direct impact on the organisation's overall financial position.

F&P/25/032: Evaluation of the new ambulance framework

The evaluation was yet to take place and would be shared with committee members for their information once finalised.

F&P/25/054 - Digital Cross Border Delays

Stakeholder workshops would be held for project evaluation and lessons learned in the coming weeks, and a closure and evaluation report would be presented at the Executive Committee in December, after which the project would conclude, and benefits

monitoring would commence. SATH was not included within the scope due to capacity constraints.

F&P/25/051: Timescales of completion for the work undertaken by Grant Thornton

Diagnostic analysis work had been completed, with initial reports scheduled for finalisation by the end of October. Planned engagement sessions with the Board were arranged to discuss the outcomes and findings of the reports. Following the sessions, relevant actions and a proposed way forward were to be developed based on the report findings, with a target completion date by the end of November. Further detail would be shared during the Board and development engagement sessions.

There had been frequent engagement between the finance department and Grant Thornton, an agreed approach was to identify and act upon any immediate actions that could positively impact the in-year financial position. To date, no actions had been identified, although grip and controls measures were being explored.

(09:49 KW joined the meeting)

The Committee **RECEIVED** the Action Log updates.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/25/073)

An update was provided against the Organisational status, where the Health Board had been placed into level 4 escalation (finance, strategy & planning) in November 2024. The following summary was provided:

- Grant Thornton providing external support resulting in an independent report.
- No significant emerging findings identified that would impact the 2025–26 position.
- Full report due in December.
- Roles and responsibilities remained clear, with a Senior Responsible Officer (SRO) in place and work aligned to the Level 4 action plan.
- Strong engagement between the finance team and NHS Wales Performance and Improvement Team regarding the Level 4 plan.
- Regular updates and de-escalation criteria continue to be shared.

Members requested further insight into Grant Thornton's current focus and anticipated advice and whether they had identified any actions that could help address in-year financial challenges.

It was confirmed that there was ongoing engagement with Grant Thornton, who were working to the agreed work plan and timetable.

- All diagnostics and forensic analysis were scheduled for completion by the end of October, forming initial findings on improvement areas.
- No immediate significant financial improvements had been identified, but improvement themes were expected to emerge.
- Reports were due at the end of the month, after which the next phase of work would begin in November.

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.

(09:56 PHO and CP joined the meeting)

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 07 (F&P/25/074)

HP presented the year end finance report and highlighted that performance was being tracked against current forecast position with ongoing Board discussion in terms of mitigation of actions to improve the deficit position. The following key areas were highlighted:

- The Annual Plan was submitted to Welsh Government in March 2025, which included a deficit of £38.4m with an ambition to identify further actions to be able to plan for a £16m deficit;
- The Accounting Officer letter in May confirmed actions to reduce expenditure in 2025/26 with a quantified value of £10.1m to revise the Health Board's forecast to a £28.3m deficit. Monthly monitoring returns to Welsh Government had been completed with reference to the £28.3m deficit;
- At month 06, there was a £17.7956m overspend against the forecast deficit of £14.157m, giving the Health Board an operational overspend of £3.638m;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers;
- Commissioning had overspent by £3.980m, with unfunded cost pressure arising from price increase non-elective tariffs in the English system;
- Private and voluntary sector was overspent by £1.722m due to an increased number of acute mental health and learning disability placements with private providers;
- Agency expenditure of £0.330m was lower than the previous month and continues to improve with underspends across Primary Care and Continuing Health Care.

It was noted that the key additional cost pressure outside of the plan related to the NHS England tariff. Initially, it had been assumed this would be funded, however confirmation was received that it would not, resulting in the identification of a risk. The cost pressure was originally assessed at £5.4m but had reduced to £3.8m. The need for clarity and certainty around the actual impact and mitigation actions was emphasized.

It was agreed that identifying further actions would be a Board responsibility. Current actions were being implemented, and it was confirmed that no further actions had been identified by Grant Thornton.

Members asked the following questions:

Were we comfortable with the parameters that were being used for NHS modelling?

The estimates were informed by modelling undertaken by an English commissioning support unit. The model applied 2024–25 activity through the 2025–26 English payments model to calculate the difference, which was considered a sound methodology. Uncertainties remained regarding activity levels, as current-year activity may differ from last year.

Would the inflationary uplift apply to individual Continuing Health Care (CHC) packages continue throughout the second half of the year, leading to increased costs compared to the original plan, or would the current cost reductions remain?

An assessment was made to ensure CHC package administration accurately reflects the prices being charged. There was typically a time lag at the start of the year while prices were updated.

What was the current position to increase capacity to reduce private provider reliance and reduce cost pressures?

By March, costs for private provider services had continued to grow, creating an emerging cost pressure in the last quarter. The plan was adjusted to recognize increased costs and expand the savings target to £13m by reducing private provider expenditure.

Was there confidence that the gap of £5.3m would be closed and what action was being taken to mitigate the increased cost pressures?

Full confidence in closing the savings gap was not expressed; it was noted the gap would likely not be closed entirely. £3m of operational underspend at month 06 was helping offset the gap and was forecasted to continue for the rest of the financial year. However, there was insufficient underspend to mitigate additional pressures outside the plan. Lessons learned and further actions would align with previous Board discussions, and the Finance department's action list would be revisited.

What were the reasons for the £3.2m forecast of pressure in relation to Pathways of Care delays?

Delays were discussed, with two main causes identified:

- Time required for full assessment due to workforce capacity gaps and factors such as family attendance and representation.
- Health-related delays where individuals need community health input, such as nursing home placement or home care arrangements;

It was suggested that more detailed information on Pathways of Care delays to be circulated to the committee.

Action: Director of Primary, Community Care and Mental Health

The Committee discussed the additional actions that were being considered to bridge the gap between the savings plan and forecast. The Executive Committee had tightened recruitment controls, only posts avoiding agency costs could proceed without extra approval. Recruitment of clinical fellows was approved to replace two locums. Further reductions in agency and locum costs would depend on service model changes linked to options appraisal and Better Together.

The Committee acknowledged the significant success, particularly in reducing agency spend and prescribing costs. The savings achieved at £17m was considered a substantial amount, however recognised further progress was still required. Appreciation was expressed to the teams involved for their efforts in delivering these savings.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 05 (F&P/25/075)

(10:44 KB joined the meeting)

CM provided an overview on the latest performance position against the NHS Wales Performance Framework 2025/26. The following key themes were highlighted:

- Diagnostic waiting times continued to be a challenge, particularly across echocardiograms.
- Referral to treatment time compliant from 52 and 104 weeks.
- Continued challenges across in-reach capacity
- Therapy breaches continued to increase and workforce remained fragile
- Paediatric audiology challenges – reliance on single clinician service. Further detail on progress against the recovery plan would be considered at Executive Committee as per the escalation level against the performance measure.
- Continued improvement across Adult Mental Health services, workforce remains a challenge;
- Neurodevelopmental service challenges – several pathways did not start in powys and inherited previous waiting times when they came into Powys. An update on progress would be reported to the Patient Experience, Quality and Safety Committee.
- Emergency Care- No Commissioned services met the required national 4- or 12-hour targets for A&E departments.
- Follow up outpatient appointments delayed by 100%, further detail was provided within progress report.
- NHS Wales quality and outcomes framework, powys would now be required to ensure measures were included within board reporting from October. This would be inclusive with future reporting.

Was there a risk of the vacancy freeze ending up being counterproductive across Mental Health services?

It was anticipated that key vacancies would not be frozen and would continue to be supported. The Mental Health teams were small which results in fragility with unexpected additional absences over recent months having impacted the service.

What timeframe was anticipated for Echocardiogram breaches to reduce?

A recovery plan was in place and actively being implemented. Challenges remain due to team fragility and in-reach fragility. The aim was to achieve full recovery by year-end, with significant improvement expected by end of February. Progress was being closely monitored with providers to ensure turnaround.

Could assurance be provided on the single paediatric pathway for audiology?

A referral increase occurred during summer school closures; measures were implemented to prevent recurrence. Additional referrals from out-of-county residents contributed to demand. Acceptance rates had reduced through stronger Multidisciplinary Team (MDT) working and collaboration with system partners. Mechanisms appeared effective and likely to deliver sustained improvement.

Confidence in these changes was much higher, though need for further improvement was recognised.

The Committee discussed Neurodevelopmental Services and noted the recent internal escalation with good progress made; however, performance remained low. Members raised concern about potential backsliding; reassurance was provided that improvements would be maintained. Further detailed discussion was expected at the Patient Experience, Quality and Safety (PEQS) Committee.

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

(11:20 CP left the meeting)

5.3 ANNUAL DELIVERY PROGRESS REPORT Q2 (F&P/25/076)

An update was provided on the quarterly delivery against the Health Boards Annual delivery plan which subsequently be submitted to the Board in November and to Welsh Government as a formal report of the progress against the plan for Q2.

The report included components from the Ministerial Advisory Group on performance and productivity in NHS Wales, aligned with Powys' own plan. The Q2 progress summary included:

- Achievements noted across multiple areas:
 - Population health: breastfeeding accreditation, smoking cessation successes, vaccination improvements.
 - Primary care: increased dental provision, community optometry.
 - Planned care: developments in musculoskeletal and orthopaedics.
 - Enablers: workforce, digital, partnership, governance, and assurance.
- Challenges:
 - Higher proportion of items at risk or behind schedule (18% vs 12% last quarter).
 - Executive Committee agreed to review these in detail and take actions to improve delivery confidence.

Had the rapid study of longest delays to inform investment by Welsh Government progressed?

No specific feedback had been received to date; a discussion was due to take place at a Building Community Capacity meeting with Welsh Government and the Local Authority.

Had there been improvement to the allocation of social worker time from Powys County Council (PCC)?

£1.3 million had been allocated to PCC and was expected to support assessment and community-based capacity.

What was the outcome of the Out of Hours position with Swansea Bay University Health Board (SBUHB)?

A meeting was scheduled at the end of October. Further delays or challenges would be addressed directly with SBUHB.

Was there further scope for further savings across Theatre Utilisation?

Issues had been recognised and opportunities identified which required specialty clinical oversight, which current SLAs did not provide. Positive discussions had led to decisions for additional endoscopy and ophthalmology support as an initial step. The next phase involves pathway-level analysis to identify further improvement opportunities. Work was underway to develop this further.

What was the anticipated completion timeframe of the critical actions?

62 items were at risk or behind schedule, including 13 critical actions. A discussion was held at the Executive Committee due to an increase in items deteriorating delivery of confidence. Items were further appraised to assess recovery potential by year-end.

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.

(11:40 JL joined the meeting)

5.4 GENERAL DENTAL SERVICES (GDS) (F&P/25/077)

An overview was provided of the General Dental Services (GDS) Commissioning Assurance Framework. In 2023/24, the PTHB uptake of Contract Reform was 77% (13) with 23% (4) of practices choosing to continue working under the Units of Dental Activity (UDA) contract. It was noted that contract performance usually picks up in later six months of the financial year and would be built into financial forecasting.

The Committee discussed the availability of qualified dental professionals, initiatives to support dental practices in adopting a multidisciplinary team model, including developing and supporting dental therapists. However, recruiting and retaining dentists in the independent contractor sector remains a significant challenge. Members acknowledged positive steps like mobile units for urgent access but highlighted ongoing concerns about routine access and plans to improve overall dental service capacity.

It was noted that Health boards play a key role in implementing the new NHS dental contract, supported by national engagement events. Balancing NHS and private dentistry remained a challenge, as private work can be more lucrative. The new contract aims to make NHS dentistry more financially appealing to encourage continued commitment to NHS services.

(11:52 SM joined the meeting; JL left the meeting)

The Committee **RECEIVED** the update and took **ASSURANCE** that the General Dental Services Commissioning Assurance Framework was in place and the monitoring process provides relevant assurance in relation to dental contract management.

5.5 DEEP DIVE – CANCER PERFORMAMNCE AND DIAGNOSTICS (F&P/25/078)

The Committee received a comprehensive presentation on Cancer pathways and Diagnostics for the Powys population. An overview was provided in greater context which supported the Integrated, Quality and Performance report (IQPR) updates. This focused on Powys patients in Welsh Health Care with information sourced from other providers.

It was noted that the quality of Welsh Cancer data remained under development and investigation both locally and nationally. Reporting robust data would be improved, with longer time periods utilised to negate low number challenges where possible. Diagnostics were noted to also to be a significant challenge for Powys.

When would more consistent and reliable data be available and was there an expected timeline for improving data quality?

Recent challenges with data reporting in the South had led to work with senior cancer analysts to establish a more robust data flow for waiting time pathways, expected within a month. Cross-border reporting remains difficult due to system limitations in England, requiring workarounds. Improvements in data quality were anticipated by Q3, though specialist provider data was only captured after admissions. National efforts were underway to enhance Welsh data, supported locally by digital teams conducting end-to-end pathway checks to ensure accuracy and prevent patient disadvantage during provider transitions.

What were the reasons that skin cancer data exclude Basal Cell Carcinoma (BCC)?
Basal cell carcinoma (BCC) was excluded from skin cancer data because it was considered a lower-risk cancer and was typically managed through standard dermatology pathways rather than specialist cancer services.

The Committee **RECEIVED** and **DISCUSSED** the Cancer Performance and Diagnostics report and **NOTED** the areas of challenge.

5.6 SIX MONTHLY REPORT ON CATERING SERVICES (F&P/25/079)

The Committee received the report and NOTED the following:

- Powys had maintained top food hygiene ratings through a strengthened Food Safety Management System, proactive auditing, and improved staff training.
- New assurance system and upcoming Catering Management Information System would enhance compliance and allergen control.
- Minor allergen issues were addressed with targeted actions. Allergen awareness and workforce resilience remain but were managed. Overall, food safety assurance was robust and embedded at all levels.

The Committee took **ASSURANCE** from the current position of sustained compliance and governance maturity and **APPROVED** the cessation of further standalone assurance reporting on this matter.

5.7 POWYS PUBLIC SERVICE BOARD (PSB) CLIMATE WORKING GROUP UPDATE (F&P/25/080)

The Committee received the report which highlighted the development of a two-phase programme. Phase one concluded in December 2024, and phase two was underway supported by Shared Prosperity Fund funding through February 2026. Key achievements included:

- Completion of a county-wide carbon footprint assessment, revealing a total footprint of 3.5 million tonnes CO₂e in 2022, with agriculture and land use as the largest contributors.
- Development of a science-based decarbonisation trajectory and carbon sequestration opportunity mapping.
- Initial climate risk assessments aligned with national frameworks (CCRA3 and CCRA4).

- Drafting of a Climate Action Plan outlining nine transformational shifts, including energy transition, sustainable travel, restored nature, and joined-up public sector leadership.
- Establishment of a Climate Engagement Hub and Stakeholder Panel to support community-led action.

The programme had strengthened organisational capability, improved data capture, and enhanced public engagement. A third phase was under development to deepen data granularity and expand community-level action. Powys remained a core member, ensuring health-related impacts were considered in future planning.

Concerns were raised regarding the availability of funding and the need to review priorities. It was recognised that a key focus should be on climate adaptation within health services. Members noted that elements from the Public Services Board (PSB) could provide valuable input to inform health-related activities.

The Committee **RECEIVED** the report and took **ASSURANCE** the partnership work contributes effectively to PTHB plans and requirements.

5.8 COMMITTEE RISK REGISTER (F&P/25/081)

Members received the revised Committee Risk Register comprised of risks allocated to the Committee for oversight within the newly developed Strategic Risk Register (SRR) as adopted by the Board on 30 July 2025.

The Committee reviewed Risk 001 concerning the Health Board's inability to achieve financial breakeven and maintain sustainability. Members suggested that likelihood of this risk occurring was now almost certain. They questioned whether the risk score should be updated to reflect this increased likelihood. Further discussion with the Finance team will occur outside the meeting, and any changes deemed necessary would be included in the next risk update cycle.

Action: Deputy Chief Executive and Executive Director of Finance, Capital and Support Services

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/25/082)

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

7.2 TACKLING the PLANNED CARE CHALLENGES (F&P/25/083)

The Committee **RECEIVED** the Tackling the Planned Care Challenges Report.

7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/084)

The Committee **RECEIVED** the PTHB Glossary for information.

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (F&P/25/085)

No urgent business was raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/086)

There were none.

8.3. COMMITTEE REFLECTIONS (F&P/25/087)

The following summary of business and reflections were provided by members:

- Chaired very well;
- Finance clarity over matters within control needed, recognised the good, sustained progress, welcome clarity versus matters outside of the Health Boards control.
- Recognised the good work to enable to make a difference;

8.4 DATE OF THE NEXT MEETING (F&P/25/088)

The date of the next meeting is scheduled on 04 December 2025 at 09:30 via Microsoft Teams.

Meeting Closed at 12:54