



FINANCE & PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 26 JUNE 2025, VIA MICROSOFT TEAMS

Members Present:		
Ronnie Alexander	RA	Independent Member (General) Chair
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Independent Member (Trade Union)
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
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
Claire Roche	CR	Executive Director of Nursing, Quality, Womens and Family Health
Chris Moss	CMO	Assistant Director of Performance
Kate Wright	KW	Executive Medical Director
Hayley Thomas	HT	Chief Executive Officer
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Katie Blackburn (Observing)	KB	Llais
Amie Symes	AS	Deputy Director of Midwifery
Alex Simmonds	Asi	Assistant Director of Allied Health Professions, Therapies and Health Science
Bethan Powell	BP	Corporate Governance Officer
Apologies for Absence:		
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Mick Giannasi	MG	Independent Member (General)

PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/25/025)

RA welcomed everyone to the meeting and introduced Amie Symes, newly appointed Deputy Director of Midwifery and Alex Simmonds, Assistant Director of Allied Health Professions, Therapies and Health Science. Apologies for absence were noted as recorded above.

Members were made aware of the reduced agenda due to an Extraordinary Board meeting scheduled to take place prior to the Finance and Performance Committee. This

resulted in a number of reports being deferred to the next meeting in September, of which would be extended to accommodate those additional reports.

1.2 DECLARATIONS OF INTERESTS (F&P/25/026)

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

2. CONSENT AGENDA BUSINESS (F&P/25/027)

The Chair asked members if they wish to bring forward any items from the Consent agenda to the main agenda. No items were raised.

The Chair acknowledged the Internal Audit Pharmacy Report was included within the consent agenda and observed the physical space limitations for vaccine storage. This was noted to be included within the Risk Register and would require consideration at a future discussion.

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 MINUTES OF THE PREVIOUS MEETING (F&P/25/028)

The minutes of the meeting held on 01 May 2025 were **CONFIRMED** as an accurate record.

Matters Arising

The Director of Finance, Capital and support Services confirmed that no further update had been received to date in regard to the current position of the Wye Valley Trust invoice.

3.2 COMMITTEE ACTION LOG (F&P/25/029)

HB introduced the Action Log that recorded updates with the following information provided:

D&P/25/004: - Welsh App -Completed and closed

D&P/25/010: - Q4 Quarterly Delivery Progress report - Completed and closed

D&P/24/101- Deep Dive Ambulance Response – Item on the agenda

PTHB/24/101a & D&P/25/009a- Cancer Performance – Scheduled for September 2025

D&P/24/086 – In-Reach Fragility update – Due December 2025

D&P/24/103 -Contract Negotiations, Data Source & Provision (GMS)- Due September 2025

D&P/25/004 – GMS Access – Due September 2025

PTHB/24/205b - Financial lessons Learned – Item to be discussed at a Board Development session and for further review at Committee in Aug/September 2025

PTHB/24/205 - Use of Private Providers in Mental Health – Due September 2025

PTHB/24/008 -*To confirm whether there had been a rise in total opportunity costs for Social Care and Community Hospital Delays in comparison to the previous year. PH provided the following update:*

There had been an increase in costs year on year within this area. The team are reviewing how the data is declared, and future finance reports would reflect previous and in-year position to show the trend profile.

D&P/25/009-To confirm a timeframe of resolution on Colonoscopy reporting from Public Health Wales. NJ provided the following update:

The Colonoscopy reporting from Public Health Wales is a national process, which had been raised with Public Health Wales colleagues on a number of occasions. Should a resolution not be confirmed by the end of July, this would be escalated to Director level. An update would be provided to committee at the next 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/25/030)

PH provided a verbal update against the Organisational status where the Board had been placed into level 4 escalation in November 2024. NJ acknowledged the additional work that had progressed to setup a number of additional arrangements with Planning and Finance professional leads and meetings with Welsh Government on a monthly basis.

The de-escalation criteria had now formally been agreed with Welsh Government. A support package had been agreed by the health board to procure external support across a number of key areas to sustain the escalation and delivery of the plan to meet statutory financial duty. NJ noted that a procurement exercise was underway with external support going live from the end of July.

Feedback had been received from Welsh Government on the health boards Maturity Matrix. NJ explained that a six-monthly update is due to be reported to the Planning, Partnerships and Population Health Committee in September which would include the health board response.

NJ presented the Roles and Responsibilities Dashboard and highlighted the 'amber' status to strengthen the formal review and mechanisms to support urgency in delivery confidence to improve the financial position. An action plan had been agreed for finance improvement and work is ongoing to de-risk and develop the Annual Financial Plan.

HT confirmed that NHS Wales had received confirmation from Welsh Government on 18 June 2025 which required action to refine performance and oversight meeting arrangements. Work is underway, recognising that further streamlining arrangements are required to understand the revision of the timetable. An update would be reported back to committee following progress of work.

Committee members sought assurance by asking the following questions:

Are Welsh Government content with the areas being covered within the Internal Audit Plan or is it anticipated that the health board commission further Internal Audit work?

Head of Internal Audit is due to review the Internal Audit Plan imminently to ensure the de-escalation criteria is clearly mapped against the procurement specification to ensure appropriate fit without duplication. The specification content is inclusive of an

external review in terms of the adequacy of external programmes. This would be reported to the Audit, Risk and Assurance Committee in due course.

What is the timeframe of completion against the "amber" status of the need to strengthen the formal review mechanisms to support urgency in delivery confidence and improvement to the financial position, and what work has been undertaken to date?

PH explained that work to strengthen the delivery confidence had been developed and all actions had been completed. A final review would be undertaken prior to updating the status from amber to green.

The Committee **RECEIVED** the Organisational Status Level 4 Monitoring report.

5.ITEMS FOR ASSURANCE

5.1 FINANCE PERFORMANCE REPORT MONTH 02 (F&P/25/031)

PH presented the year end finance report and highlighted that performance is being tracked against current forecast position of a £28.3m deficit, 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;
- At month 02, there was a £5.732m overspend against the forecast deficit of £4.719m, giving the Health Board an operational underspend of £1.013m as a result of the Commissioned position from Q2;
- Significant pressures continue across Commissioning, Agency and Mental Health Private Providers, subject to urgent focus;
- Continuing Health Care had underspent by £0.042m, with a forecast outturn of £36.778m;
- Commissioning of Healthcare Services from other NHS Bodies at £1.184m overspend. Actions to defer expenditure are yet to take effect and is normal at the start of the year;
- Provider Services performance at month 2, provides an underspend of £0.129m over a number of categories. The service with the largest overspend is Mental Health & Learning Disability. This is due to agency and locum expenditure and the underachievement of savings.
- Other private and voluntary sector is overspent by £0.147m, due to an increased number of acute mental health placements with private providers.
- There have been underspends in primary care within dental and general medical services.
- There had been a significant increase in the complexity and number of patients requiring Private provision, with a risk that growth continues throughout 2025/26 beyond the levels that could be mitigated. Pressure continued on the weekly fees charged for packages of care.

EL added that work is underway across the Mental Health and Learning Disability Providers with implementation of stronger governance processes to mitigate actions and risk. It was recognised that demand and acuity had grown significantly, work is

ongoing to create fundamental change and improvements across the service. EL confirmed that a report would be presented to committee in September outlining the detail of the demand and capacity across Mental Health Private Providers.

Committee members sought assurance by asking the following questions:

What is the rationale for the underspend across Medical and Dental Services and when is it anticipated that progress would be made across Nursing and Midwifery agency?

EL explained the use of Locum Psychiatry had resulted in an underspend across GDS. There had been an operational focus across agency, Nursing and Health Care Support Workers (HCSW) with implementation of a phased approach across Mental Health and Learning Disability (MH&LD) to withdraw from agency use as of 30 June 2025. Exception criteria processes had been implemented with the need to focus on substantive recruitment to reduce gaps and use of agency.

The Savings table shows a shortfall of £2.5M against the £23M, plan, what are the timescales to identify savings schemes?

PH confirmed the significant gap of savings target of £23M with MH providers at £2M, as further work progresses this would be updated to an 'amber' position.

What are the timescales to address the savings proposal of Joint Commissioning Committee (JCC)?

PH explained this had been Rag Rated Red, with no confirmed timescale at present. HT added that a meeting had taken place with the JCC on 10 June, which provided an update on the financial position and lack of progress to identify savings against the plan. Further work had been requested to provide further detail to mitigate the risks. HT confirmed that the JCC would provide a timeline at its next meeting in July with an update to the committee in October.

Action: Chief Executive Officer

What areas across CHC can be controlled given the significant growth and what is the rationale for the significant rise in children's CHC needs?

EL highlighted the underspend across CHC at month 02, which provided significant improvement across the service. A Consultant in Public Health had developed a report following the increased demand across CHC which members welcomed to be sighted on this. A new digital system is expected to be implemented by the end of Q2 to ascertain information and to help better understand patient demand and need. Internal record keeping and reporting had been improved, with a clear focus required across EMI and Children placements.

CR explained that the number of Children requiring CHC are relatively small. A Business case had been agreed by the Executive team to enable to cease the use of external providers for CHC across Childrens. Work is underway to scope Community Childrens Nursing as a provider with recruitment underway to enable greater control in terms of quality and governance. The model is expected to be implemented within Q3.

The Committee:

- **RECEIVED** the financial report
- **CONSIDERED and DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m; and

- took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01 (F&P/25/032)

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

- Provider Performance for Outpatients and waiting times remained positive;
- The ability to deliver the Diagnostic trajectory measure remained challenged, the recovery trajectory is currently under review.
- Small number of breaches across Therapy services– mitigated actions undertaken to gain control;
- Neurodevelopmental Services for Children and Young People remain in escalation; however, the 104-week wait had been maintained. The escalation status would be discussed at Executive Committee prior to reporting to the Patient Experience Quality and Safety (PEQS) Committee;
- Minor Injury Units (MIU) remain positive through evaluation of temporary changes implemented in autumn 2024;
- Deterioration of Outpatient performance due to the non-recurrent deployment of planned care finances;
- Cancer Performance remains fragile.

Committee members sought assurance by asking the following questions:

When does a patient's clock start in terms of the time they are transferred from an ambulance to the Hospital?

KW confirmed that the clock begins from the time that an ambulance arrives at a hospital and the measures are inclusive within published Emergency Department data.

Has any analysis been undertaken to understand the changes and impact for Powys Patients given the change to ambulance performance recording metrics?

NJ explained that oversight of the commissioning arrangements of ambulance services through the JCC is in place. Issues regarding the rurality of Powys had been considered at the JCC, an update would be provided to the committee when available.

When can we expect to see material improvement across Cancer Services performance?

HT explained that following an Internal Audit on Cancer Services, an action was agreed to integrate the cancer network plan and cancer recovery programme plan which had enabled to target activity across NHS Wales to improve compliance across single pathway performance targets, delivery and focus on improved waiting times. It was highlighted that future IQPR reports would include narrative around Cancer pathway improvement across the Organisation and NHS Wales.

The Committee recognised that following implementation of the new Ambulance framework, an evaluation would be undertaken. The importance of information received for the Powys population to enable to measure outcomes and impact was

highlighted. An update would be provided to the committee following completion of the evaluation.

Action: Director of Primary, Community Care and Mental Health

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

5.3 COMMUNITY HOSPITAL DELAYS AND FLOW UPDATE (F&P/25/033)

EL provided members with an overview of work undertaken to improve performance and flow across Powys community hospital beds and the positive impact delivered on reducing length of stay, pathway of care delays and to reduce the number of patients in English community hospital beds. The following key areas were highlighted:

- A number of actions have been undertaken to support admission avoidance and increased rapid safe discharge of patients.
- Hospital flow- engaged with National Care Action Community Programme, seen significant reduction of assessment and days delays reduction.
- Average length of stay had reduced since last year from 47 days to 35 days;
- Improvement to pathway delays reporting;
- Improved culture change across transfer of care and ward staff;

Committee members sought assurance by asking the following questions:

What is the impact of MIUs drawing demand from Emergency Departments into the County?

EL explained that as part of the Better Together Portfolio, the importance of training staff to enhance the service remains a priority. KW added the recognition of the sustained overall position in MIUs following the temporary services changes that were implemented in the autumn. A review would be undertaken to ensure appropriate access of care is available. An update would be provided following the evaluation.

Action: Executive Medical Director

Can assurance be provided that the DigiFlow system is being utilised to its full capacity?

EL confirmed the refinement of the system which had been embedded across all wards had started to see the benefits of up-to-date information. This continues to be driven through the Care Transfer Coordinators to ward staff.

Given the rise in admission avoidance, is there an intention to repeat Falls training across Care Homes and who monitors the number of 999 Falls related calls?

EL confirmed that Phase one of the Falls prevention work had been completed, with Phase two set out imminently. The continuation of reports received from Welsh Ambulance Service Trust (WAST) provide data of calls from Care Homes. Support is then provided to those residents and Care Homes of which were attended more frequently.

What more can be done to ensure all Care Homes participate in Falls Training given the benefits that it provides?

EL confirmed that work would be undertaken in collaboration with the LA to provide a combined response to Care Home in terms of Falls Training.

Can assurance be provided that the health board can implement changes should a national approach be recommended in terms of automatic CT scan referrals?

KW confirmed that work is underway to review a pathway-by-pathway approach to ensure the correct governance and clinical support is appropriately provided. The importance of the Nurse Practitioners skill set was recognised with scope to expand training to treat illnesses.

What does the data for the variation in 'length of stay' tell us?

EL explained the variation can imbalance at any time and is driven by an individual's needs and requirements. This is reliant on different access of care provision, various placements following a patient being discharged and patient pathway needs.

What work has been undertaken with partners in terms of improving delays?

HT responded that a Whole system approach to respond to causes of delays is required. The Regional Partnership Board (RPB) continues to focus this as a key priority alongside the LA and Third Sector partners. Work across the LA had progressed in terms of future options and it was recognised that impact against outcomes continues to be a key area of focus.

The Committee **RECEIVED** the report and took **ASSURANCE** that significant improvements had been delivered to reduce overall Length of Stay (LoS), pathway of care delays and the number of Powys patients in English community hospital beds.

5.4 AMBULANCE RESPONSE (F&P/25/034)

CM provided members with the latest All Wales performance information from the NHS Wales JCC Ambulance Performance Dashboard. The following key points were noted:

- 999 call volumes in April 2025 were 20.1% higher than February 2024;
- 12.6% increase in calls and 1.8% increase in incidents in April 2025 compared to April 2024.
- Red incidents increased by 0.9% between February 2025 and April 2025 and increased by 12.7% between April 2024 and April 2025.
- Amber incidents in April 2025 increased 12.3% compared to February 2025 and are 14.2% lower than April 2024.
- Green incidents in April 2025 increased by 17.4% compared to February 2025 and are 46.7% lower than April 2024.
- Ambulance handover lost hours in April 2025 were 21,186, which is a 12.6% increase compared to February 2025 (18,812) but ambulance handover lost hours in April 2025 (21,186) are 8.4% lower than April 2024 (23,632).

Committee members sought assurance by asking the following questions:

Committee members observed that a recommendation within the Ministerial Advisory Group (MAG) report sets out an improved impact to waiting times. This would be picked up through WAST and the JCC to request this information.

Who is responsible for the Community capacity engagement?

CR explained that the responsibility is shared across Health and Social Care and communities. There had been discussion in terms of the development of life savers across the Nation and to support communities in responding to immediate life support.

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.

5.5 COMMITTEE RISK REGISTER AND RISK APPETITE (F&P/25/035)

HB provided an overview of the proposed revisions to the Board's Risk Appetite Statement as discussed at the meeting of the Board on 21 May 2025. The Board requested that the Audit, Risk and Assurance Committee (ARAC) discuss the proposals in relation to Financial Sustainability, to formulate a consensus and make a recommendation to the Board at its next meeting on 30 July 2025.

Members of ARAC discussed the potential break down elements of the Financial Sustainability category to demonstrate more detailed considerations of Financial Sustainability into three distinct categories: Financial Governance, Financial Sustainability and Financial Investment, recognising the impact on decision making. Members of ARAC suggested that Finance and Performance Committee members to consider the approach given the ownership of Financial Sustainability risk.

HB confirmed that the full Strategic Risk Register which contain 13 risks is due to be considered by the Board at the end of July, three of which are yet to be confirmed. Five of the risks sit within the Finance and Performance committee remit.

Members discussed the low potential impact of creating complexity and cautioned against the creation of too many risk appetite categories and sub-categories. HT welcomed the substantial consideration of Risk Appetite which had articulated the emphasis of the financial position and the required improvements.

The Committee **RECEIVED** and **DISCUSSED** the proposed revisions to the Board's Risk Appetite Statement for financial sustainability; and **RECOMMENDED** to the Board the appropriate categorisation of appetite regarding Financial Sustainability.

6. ITEMS FOR DISCUSSION

There were no items for discussion.

7. CONSENT AGENDA

7.1 INTERNAL AUDIT REPORTS (F&P/25/036)

The Committee **RECEIVED** the following Internal Audit Reports for **ASSURANCE**.

- Pharmacy Sores
- Primary Care GMS Unified Contract
- Llandrindod Phase 2

7.2 PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (F&P/25/037)

The Committee **RECEIVED** the Joint Commissioning Committee Planning and Performance Highlight report for information.

7.3 CLUSTER ACHIEVEMENT REVIEW (F&P/25/038)

The Committee **RECEIVED** the Cluster Achievement Review report.

7.4 COMMITTEE WORK PROGRAMME (F&P/25/039)

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

7.5 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (F&P/25/040)

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

8. OTHER MATTERS
8.1 ANY OTHER URGENT BUSINESS (F&P/25/041)
No urgent business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/25/042)
There were none.
8.3. COMMITTEE REFLECTIONS (F&P/25/043)
The following summary of business and reflections were provided by members: <ul style="list-style-type: none"> • Well Chaired; • In depth scrutiny and challenge; • Recognised the good work to enable to make a difference; • Finance discussions well received; • Constructive challenge to drive the organisation forward;
8.4 DATE OF THE NEXT MEETING (F&P/25/044)
The date of the next meeting is scheduled on 02 September 2025 at 10:00 via Microsoft Teams.
8.5 The following resolution was passed:
<i>'Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.'</i>
8.6 WELCOME AND APOLOGIES (F&P/IC/25/004)
The Chair welcomed everyone to the In-Committee meeting, apologies were noted and recorded.

Members Present:		
Ronnie Alexander	RA	Independent Member (Chair)
Rhobert Lewis	RL	Independent Member (General)
Kirsty Williams	KWi	Independent Member (PTHB Vice-Chair)
Cathie Poynton	CP	Trade Union
Steve Elliot	SE	Independent Member (Finance)
In Attendance:		
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
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright	KW	Executive Medical Director
Beth Powell (Forum Support)	BP	Corporate Governance Business Officer
Apologies for Absence:		
Hayley Thomas	HT	Chief Executive Officer
Mick Giannasi	MG	Independent Member (General)

Claire Madsen	CC	Executive Director of Allied Health Professions, Health Sciences and Digital Services
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Helen Bushell	HB	Director of Corporate Governance
8.7 DECLARATION OF INTERESTS (D&P/IC/25/005)		
There were no Declarations of interests received in addition to those already recorded on the register.		
8.8 MINUTES OF THE PREVIOUS IN-COMMITTEE MEETING (D&P/IC/25/006)		
The Committee RECEIVED the item and APPROVED the In-Committee Minutes of the meeting held on 01 May 2025 as an accurate and true record.		

Meeting Closed at 13:13