



GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

FINANCE AND PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 10 SEPTEMBER 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Ronnie Alexander	RA	Independent Member (General) (Chair)
Steve Elliot	SE	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Simon Wright	SW	Independent Member (General)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Paul Hooton	PHO	Executive Director of Nursing, Quality, Safety & Family Health
Pete Hopgood	PH	Acting Chief Executive
Bethan Jones	BJ	Corporate Governance Officer
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Mark McIntyre	MM	Deputy Director of People & Culture (Attended on Deb Wood-Lawsons behalf)
Hywel Pullen	HP	Acting Executive Director of Finance
Kate Wright	KW	Executive Medical Director/ Deputy Chief Executive
APOLOGIES FOR ABSENCE:		
Rhiannon Beaumont-Wood	RBW	Independent Member (PTHB Vice Chair)
Carl Cooper	CC	PTHB Chair
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Cathie Poynton	CP	Independent Member (Trade Union)
Hayley Thomas	HT	Chief Executive Officer
Deb Wood-Lawson	DWL	Director of Workforce and Organisational Development

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/26/030)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (F&P/26/031)

No declarations of interest were received in addition to those already recorded on the register.

2. CONSENT AGENDA BUSINESS

The Chair asked the Committee if they wished to bring forward any items from the Consent agenda to the main agenda.

The Chair noted the endoscopy update and recorded the Committee's appreciation for the significant efforts made by staff to improve patient experience, recognising that a number of the challenges faced were due to external factors beyond the organisation's control.

The Committee **NOTED** the updates.

3. ITEMS FOR APPROVAL / RATIFICATION/ DECISION

3.1 MINUTES OF PREVIOUS MEETING (F&P/26/032)

The minutes of the meeting held on the 25 June 2026 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/26/033)

HB presented the Action Log and provided an update on the two outstanding actions.

F&P/26/024 – Colonoscopy Update Report: HB advised that this action was recommended for closure, as the additional information requested had been circulated to members on 29 July 2026. The Committee agreed to close the action.

F&P/25/118a – IQPR: HB advised that draft arrangements had been developed and shared with colleagues in the Joint Commissioning Committee for comment. Whilst good progress had been made, the action was not yet ready for closure and would be brought back to the next meeting or circulated in advance if completed beforehand.

The Committee **NOTED** the updates and agreed that Action F&P/25/118a should remain open pending finalisation of the arrangements.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING (F&P/26/034)

NJ presented the organisational escalation status, finance and performance monitoring update. National accountability and escalation arrangements had become more streamlined following the establishment of NHS Wales Performance and Improvement (P&I), with clearer reporting, accountability and engagement processes now in place.

The Health Board's escalation status and de-escalation criteria remained unchanged. Ongoing engagement is in place with Welsh Government, NHS Wales P&I and other national partners, and a review of the escalation and intervention framework was currently being undertaken by Welsh Government, with revised arrangements expected later in the year.

NJ reported that an internal audit of the Health Board's response to escalation status had provided reasonable assurance, with three recommendations accepted. Future reports would be aligned more explicitly to the de-escalation criteria to support clearer monitoring of progress.

The Committee discussed the impact of escalation arrangements on Executive capacity. It was noted that the revised arrangements were less administratively burdensome than previous processes and had strengthened engagement with national bodies, improving understanding of the Health Board's specific challenges and priorities. The arrangements were increasingly viewed as supportive and integral to routine performance management processes.

Performance across all escalation domains continued to be monitored through regular engagement with NHS Wales P&I and established performance management arrangements. There were no significant concerns in other escalation domains at this time.

The Committee noted that NHS Wales P&I engagement also contributed to informing discussions with Welsh Government and supporting understanding of the Health Board's recovery, planning and transformation programmes.

The Committee **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its committees) in relation to the organisation's escalation status.

5. ITEMS FOR ASSURANCE

5.1 ORGANISATIONAL SAVINGS (INCL SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS) (F&P/26/035)

The Chair invited EL to focus the presentation on the actions being taken to address Continuing Healthcare (CHC) expenditure and the Committee's level of assurance regarding delivery, rather than the underlying demand pressures, which were already well understood.

EL outlined the programme of work being undertaken in response to the Grant Thornton review, including reviews of existing CHC packages, strengthening assessment and decision-making processes, revisions to operational procedures, workforce changes, and closer collaboration with local authority partners. Significant work had been undertaken to identify opportunities to reduce expenditure while ensuring appropriate care arrangements remained in place.

Approximately £4 million of the planned savings were profiled for delivery in the second half of the financial year and therefore remained subject to a degree of risk. Additional assessor posts had been recruited to support demand management, and leadership support had been commissioned to strengthen oversight, training and implementation of revised processes.

The Committee sought assurance regarding the achievability of the savings target, the management of future demand, opportunities to reduce the cost of care packages, potential legal challenges arising from package reviews, the role of direct payments, and the dependency on local authority engagement. EL advised that while there remained uncertainty until the revised arrangements were fully implemented, the planned savings assumptions had been modelled on a cautious basis and substantial work was underway to support delivery.

The current priority was to embed the new CHC operating model and workforce arrangements. Further work to strengthen market management, commissioning and contracting arrangements with providers and local authority partners was anticipated during 2027 to support longer-term recurrent savings.

The importance of preventative and community-based services in reducing future CHC demand and supporting improved patient outcomes was noted.

The Committee **RECEIVED** the report and took **ASSURANCE** that plans are in place to manage CHC and evolve the service based on expected national changes.

EL left the meeting at 10:23

5.2 FINANCE REPORT MONTH 04 2026/27 (F&P/26/036)

HP presented the Month 4 Finance Report, advising that the Health Board reported a year-to-date adverse variance of £2.3 million against plan at the end of July 2026. The variance was primarily attributable to the delivery of savings plans, pressures within commissioned healthcare services, agency expenditure, and the use of external mental health placements. The Health Board remains on track to utilise its full capital allocation.

A full savings programme had been identified to achieve the £23 million savings target. However, successful delivery of a number of schemes, including Continuing Healthcare (CHC) savings, remained critical to achieving the planned financial position and maintaining the underlying deficit at the forecast level.

The Committee discussed the financial risks associated with commissioned services from English providers, delayed transfers of care, mental health placement costs, and the recurrent savings requirement. The Executive Team were undertaking work to manage activity levels, improve patient flow, strengthen commissioning arrangements and maximise the benefit of additional planned care funding received from Welsh Government.

An update was provided on the emerging Month 5 position, which indicated an improvement in the year-to-date variance from £2.3 million to £1.77 million, largely as a result of recognising planned care funding received during the period.

Assurance was sought regarding the achievability of savings targets, particularly the recurrent impact of schemes and the delivery of CHC savings. It was noted that some savings programmes, including Medicines Management, were performing ahead of target and may help mitigate risks in other areas. The Financial Recovery Board continued to monitor both in-year and recurrent savings delivery closely.

The Committee **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting

mechanisms in place. And **CONSIDERED** and **DISCUSSED** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

5.3 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 03 (F&P/26/037)

NJ presented the Integrated Quality and Performance Report, highlighting key changes since the previous reporting period.

The Committee noted that performance against the re-admissions metric remained below target and continued to be monitored through analysis of themes and trends. The Committee were advised that references within the report to “no material update” indicated that there had been no significant change from the previous reporting period.

Positive performance was reported in a number of areas. Significant improvements in 26-week waiting times and performance within the Children and Young People's Neurodevelopmental Service, where sustained improvements may support consideration of de-escalation through the internal escalation framework were welcomed.

The Committee noted a decline in the adult mental health assessment metric and were advised that this was largely attributable to staff leave within a small service, and that the position would continue to be monitored alongside the agreed mitigation plan.

The Committee also noted the increase in patients waiting over 104 weeks for treatment in England and were advised that discussions with providers were ongoing following confirmation of planned care funding. Particular attention would continue to be given to patients awaiting complex spinal procedures.

The Committee discussed ambulance performance and sought assurance regarding potential patient harm arising from response delays. It was noted that incidents were reviewed through established reporting processes and that collaborative work was underway with system partners to improve access to definitive care for Powys residents.

The Committee welcomed the low outpatient DNA rates and acknowledged the positive performance achieved across the organisation.

The Chair sought clarification regarding bowel screening colonoscopy waiting time performance and the timing of assurance from Public Health Wales on overall contract performance. It was agreed that a further update would be provided.

Action: Executive Director of Planning, Performance & Commissioning

The Committee were assured that PADR compliance was monitored monthly, with targeted follow-up and recovery actions undertaken by the People and Culture team where performance had declined.

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.

5.4 Q1 ANNUAL DELIVERY PROGRESS REPORT (F&P/26/038)

NJ presented the Quarter 1 Annual Delivery Progress Report and advised that there was good assurance and evidence of delivery against actions scheduled for Quarter 1. Areas identified as delayed or at risk were outlined in the report together with associated mitigating actions.

The Committee noted that, given the demands associated with the Better Together programme, financial recovery activity and development of the 2027/28 plan, the Executive Team was reviewing the phasing and deliverability of actions scheduled for Quarters 3 and 4. Any proposed changes or rephasing of actions would be reported through the Quarter 2 review process.

The Committee discussed progress against the Digital First programme and were advised that delays were principally attributable to dependencies on national programmes, delays in funding decisions and constraints within external delivery plans. A more detailed update would be provided through the appropriate committee reporting arrangements.

NJ confirmed that there were no additional concerns regarding actions reported as behind schedule beyond those already highlighted within the report.

The Committee **CONSIDERED** the report ahead of submission to PTHB Board and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

5.5 VARIABLE PAY REPORT (F&P/26/039)

HP presented the Variable Pay Deep Dive Report, advising that although the Health Board had achieved significant reductions in agency expenditure in recent years, progress had plateaued during 2026/27. Further targeted actions were being implemented, particularly in relation to medical locum expenditure within Mental Health Services, which remained the largest area of variable pay spend.

The Committee noted the substantial reduction in ward-based agency expenditure and recognised the ongoing work to reduce agency usage in community services and medical staffing. The Variable Pay workstream would form part of a refreshed workforce programme, with renewed focus on reducing expenditure and improving workforce sustainability.

Assurance was sought regarding progress in reducing medical locum expenditure within Mental Health Services. KW advised that recent recruitment activity had been successful and was expected to result in the removal of two whole-time equivalent consultant locum posts within four weeks. A further locum doctor was expected to transfer into a substantive post, with additional recruitment activity ongoing. There was reasonable

confidence that the planned reduction in locum usage would be achieved during the year.

The Committee also discussed the impact of the Aspiring Nurse Programme on healthcare support worker availability and agency usage. Programme participants were fully backfilled through HEIW funding and therefore did not create additional workforce pressures. The recruitment of 36 new nursing graduates, the largest intake in recent years, which was expected to support workforce sustainability and reduce reliance on agency staff was welcomed.

The Committee noted that workforce, rota and service model reviews continued within Mental Health Services to optimise staffing arrangements and reduce dependency on temporary staffing solutions.

The Committee **RECEIVED** the paper and took **ASSURANCE** of the action and focus being taken to improve the position.

5.6 ANNUAL CANCER SERVICES IMPROVEMENT PLAN AND PERFORMANCE UPDATE (F&P/26/040)

KW presented the Cancer Improvement Plan and advised that the plan brought together actions from a range of national strategies and programmes. The Committee noted that the plan would be reviewed once the forthcoming national 10-year Cancer Plan was published, with actions subsequently updated and aligned as required.

The plan encompassed the full cancer pathway, including prevention, screening, prehabilitation, treatment pathways, patient experience and the Improving Cancer Journey (ICJ) programme. Overall assurance indicated that actions within the plan were progressing as expected, with a number of achievements highlighted within the report.

The Committee discussed the increase in referrals to the Improving Cancer Journey service and were advised that this reflected a targeted communications and engagement approach to increase awareness and uptake of the support available to patients following a cancer diagnosis. The Committee noted the continued growth of the service and the work being undertaken to embed it within routine practice.

The future sustainability of the service was discussed, noting the current reliance on Macmillan funding and the work underway to consider future arrangements.

The Chair sought clarification regarding Transnasal Endoscopy (TNE) and whether any patient harm had been reported following its introduction. KW advised that she was not aware of any current concerns and would confirm the position outside the meeting.

Action: Executive Medical Director/Deputy Chief Executive

The Committee **NOTED** the progress made against the cancer improvement plan, took **ASSURANCE** that the key areas of delivery of the plan are being met and **NOTED** actions are in place within the action plan to continue to drive delivery in relevant areas.

6. ITEMS FOR DISCUSSION
There were no items for discussion.
7. CONSENT AGENDA
The following reports were RECEIVED as part of the consent agenda: • FOR ASSURANCE: Endoscopy Update to include JAG accreditation • FOR INFORMATION: Highlight report from The Planning, Performance and Finance Sub-Committee. 21.07.2026 • FOR INFORMATION: Committee Work Programme • FOR INFORMATION: Committee Governance Development Plan • FOR INFORMATION: Internal Audit Report: Budget Setting (Reasonable Assurance) • FOR INFORMATION: Audit Wales Report: Urgent & Emergency Care for Managing demand • FOR INFORMATION: PTHB Glossary. The Committee RECEIVED and NOTED the reports.
8. OTHER MATTERS
8.1 ANY OTHER BUSINESS (F&P/26/041)
No other business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/26/042)
No items were noted.
8.3 COMMITTEE REFLECTIONS (F&P/26/043)
The Chair invited the Committee to provide feedback on the conduct and effectiveness of the meeting and to suggest any areas for improvement. PH commented positively on the meeting, noting that despite the size of the agenda and complexity of the issues considered, discussions had been focused and productive. He observed that the quality and relevance of papers appeared to have improved, enabling effective discussion and allowing the Committee to complete its business ahead of schedule. He also commended the Chair on the management of the meeting. SE endorsed these comments, describing the meeting as focused and well-structured. He noted that the Committee had addressed a number of significant issues effectively and thanked the Chair for their leadership. He also highlighted the quality of the papers and the responses provided to the Committees questions. Prior to closing the meeting, the Chair acknowledged that this was RL final meeting of the Committee. On behalf of the Committee, the Chair thanked RL for his valuable contribution, support and engagement during his tenure and wished him well for the future. There were no further comments.
8.4 DATE OF NEXT MEETING (F&P/26/044)
13 October 2026 via Microsoft Teams

Meeting closed at 12:00