



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## FINANCE AND PERFORMANCE COMMITTEE

### **CONFIRMED** MINUTES OF THE MEETING HELD ON 14 MAY 2026 HELD VIA MICROSOFT TEAMS

<b>MEMBERS</b>		
Ronnie Alexander	RA	Independent Member (General) (Chair)
Rhiannon Beaumont-Wood	RBW	PTHB Vice Chair
Steve Elliot	SE	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)
<b>IN ATTENDANCE</b>		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
David Farnsworth	DF	Assistant Director Community Services
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Claire Lukies	CL	Urgent and Emergency Care, Clinical Transformation Lead
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Chris Moss	CMO	Assistant Director of Performance & Commissioning
Bethan Powell	BP	Corporate Governance, Risk and Assurance Officer
Hayley Thomas	HT	Chief Executive Officer
Kate Wright	KW	Executive Medical Director
<b>APOLOGIES FOR ABSENCE:</b>		
Paul Hooton	PH	Executive Director of Nursing, Quality, Safety and Family Health
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health

#### **1. PRELIMINARY MATTERS**

##### **1.1 WELCOME AND APOLOGIES FOR ABSENCE (F&P/26/001)**

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

##### **1.2 DECLARATIONS OF INTEREST (F&P/26/002)**

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

## **2. CONSENT AGENDA BUSINESS**

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

## **3. ITEMS FOR APPROVAL / RATIFICATION/ DECISION**

### **3.1 MINUTES OF PREVIOUS MEETING (F&P/26/003)**

The minutes of the meeting held on the 26 February 2026 were **CONFIRMED** as an accurate record.

### **3.2 COMMITTEE ACTION LOG (F&P/26/004)**

The Committee **RECEIVED** the Action Log, and the following updates were provided:

D&P/25/009 Colonoscopy Reporting: NJ confirmed that work was ongoing to prepare a report update to the committee at its next meeting in June, given the prolonged nature of the issue and enable closure of the action, subject to resolution of reporting concerns. Enquiries regarding wider impact had been raised and Public Health Wales had been prompted to review whether similar reporting issues affect other health boards.

*What was the expected timeline for delivery of the national work programme, and when would its outputs likely to be available to support addressing the identified clinical fragility?*

DF confirmed that no clear timeline had been established for the national programme. National organisations were still defining actions, with uncertain impact on recovery. Focus remained on a national approach, while local health boards continued own improvement efforts.

F&P/25/118 Cancer Performance: KW It was confirmed that Rapid Diagnostic Centres (RDCs) had ceased operating., however patients could continue to be referred by GPs for urgent CT scans; however, it was noted that this pathway did not provide the same multidisciplinary (MDT) support as RDCs. Actions had been taken to ensure primary care colleagues were informed of the revised pathways and available options. Oversight of the service was established, with ongoing engagement through relevant performance forums to monitor impact, particularly risks relating to diagnostic delays. Further information would be brought forward as oversight and pathway review progressed.

Members raised concern regarding reduced access to rapid diagnostics and increasing challenges across regions. It was noted that the position appeared misaligned with national improvement direction.

*Could a better understanding be provided of the organisation's key areas of vulnerability and the scale of risk?*

KW responded that approximately 30 patients per year were affected; however, patients continued to access alternative pathways, including urgent CT referrals. No concerns had been raised by GPs regarding access

and actions were agreed to maintain closer liaison with GP practices to gather intelligence. The issue would be escalated to the Cancer Network to ensure awareness and to support consideration of any required mitigation with partner organisations.

The committee agreed to close the action, and updates would continue to be reported through the Integrated, Quality and Performance report. (IQPR)

F&P/25/118: WAST Governance Arrangements – Due September 2026

The remaining seven actions were agreed to be closed- (including the transferred action from the Patient Experience, Quality and Safety Committee (PEQS))

The Committee **RECEIVED** the action log and discussed the updates provided.

### **3.3 2026/2027 ANNUAL WORK PROGRAMME (F&P/26/005)**

HB introduced the Annual Work programme which was aligned to priorities, risks, and committee remit. It was noted that regular monitoring was in place and that an agreed timeframe of reporting for Mental Health Services was in discussion with EL and would be confirmed in due course.

*How frequently should the Committee formally review and monitor changes to the delivery route map to ensure visibility of in-year adjustments and evolving assumptions?*

HB explained that the requirement would be made explicit within reporting and acknowledged that it had previously been incorporated within escalation and finance reporting. HB agreed to reflect on how to ensure this was clear going forward.

The Committee **RECEIVED** and **APPROVED** the Committee Annual Work Programme for 2026/27.

## **4. ESCALATED ITEMS**

### **4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) LEVEL 4 MONITORING REPORT (F&P/26/006)**

PH provided an overview of the organisations approach to Escalation, including the Independent Grant Thornton report. The following updates were provided:

- Grant Thornton’s report (Feb 2026) made 34 recommendations across key themes: commissioning, risk, governance, organisational capacity, data, and collaboration.
- The organisation had accepted 20 recommendations, partially accepted 11 with actions taken on those accepted or partially accepted.

- A Financial Recovery Board had been established to drive savings delivery and financial performance.
- Additional support was in place for key pressure areas, including continuing healthcare (CHC), commissioning and contracting, financial recovery, and workforce planning.

NJ explained that the Board aimed to remain under routine monitoring while addressing Level 4 escalation for strategy, planning and finance, with the Annual Plan incorporating Grant Thornton recommendations and key transformation work, including the Clinical Services Plan. Progress focused on managing demand, guided by strategic frameworks, supported overall risk, recovery, and sustainability.

Independent Members sought assurance by asking the following questions:

*How was the Grant Thornton work reflected in the committee work plan, despite it being scheduled for consideration at least twice yearly?*

HB explained that Grant Thornton work would report through the escalation status report which was presented at every Finance and Performance Committee meeting. Bi-annual meetings would include the Grant Thornton updates and the work programme would be updated to reflect expectations.

The Committee **RECEIVED** the Organisational Escalation Status Level 4 Monitoring Report and **TOOK ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board and its Committees against the level 4 de-escalation criteria.

## **5. ITEMS FOR ASSURANCE**

### **5.1 FINANCE PERFORMANCE REPORT MONTH 12 AND MONTH 01 (F&P/26/007)**

PH provided an overview of the Month 12 and 01 reports where the following key themes were highlighted:

- The Annual Plan projected a £38.4m deficit, with actions identified to reduce this to £28.3m. However, the forecast deficit increased to £33.312m, in line with the year-end position showing a £33.275m overspend.
- Capital allocation of £8.393m resulted in a small underspend of £0.081m (excluding £0.451m for leases).
- The Health Board's planned underlying deficit has held at the month 11 position of £45.071m.
- Significant areas were highlighted:
  - Overspends: £7.647m (NHS commissioning) and £3.176m (private/voluntary sector, driven by MH/LD placements)
  - Agency spend: £0.385m in-month, but lower than previous year
  - Underspends: £0.372m in CHC/FNC and additional savings in Primary Care and non-pay Provider Services

- The Health Board is seeking to reduce expenditure in 2026/27 by reducing the quantity of elective activity commissioned. Particularly, with SaTH, WVT and RJAH.
- The disputed £5m (2024/25) and £8.1m (2025/26) charge from Wye Valley Trust rejected by the Health Board and supported by Welsh Government was being managed as a financial risk, excluded from reported positions, escalated for resolution, and to be disclosed as a contingent liability.

Members acknowledged the team for delivering within the capital resource limit, with appreciation extended to both finance and operational staff. A query was also raised regarding whether there had been any change in the audit focus related to the ongoing Wye Valley Trust invoice dispute. It was noted that the Wye Valley position had been regularly updated with external auditors and Welsh Government, including a recent on-site audit visit, with no further feedback or changes to the position reported.

Independent Members sought assurance by asking the following questions:

*Could clarity be sought that Wye Valley was unable to raise additional funding this year and must remain within the £13.1 limit and would the unresolved financial constraint represent a significant concern that needs to be addressed?*

It was confirmed that Welsh Government recognised Powys' position and that the charge was unreasonable and would not be paid. The issue had been left for Wye Valley to resolve with NHS England, and while still disputed and monitored for audit purposes, no further action would be taken.

*What was the likelihood that the Joint Commissioning Committee (JCC) would maintain firm control over its finances throughout the financial year and what was the current position?*

HT responded to explain that savings plans within the JCC were still being developed, with similar challenges to other health boards. There was currently a gap between identified savings and confidence in delivery. It was anticipated that a further update would be shared at the next JCC. It was recommended that an update would be brought to the next Finance and Performance Committee. **Action:** Chief Executive Officer.

*Would recent reports of at least two Welsh health boards filling their nursing vacancies likely to impact Powys and was it seen to help reduce the current 97 vacancies in the coming year?*

DF responded that Nursing vacancies was expected to reduce through new recruits and training programmes, though significant challenges would remain in filling specialised roles despite overall improvements.

*Was the current medical workforce strategy and bank staffing approach, seen as robust enough to manage rising risks, particularly around agency costs and recent spending pressures?*

KW responded that locum spend was its highest in mental health due to national shortages and rural recruitment challenges. However, ongoing successful recruitment, including overseas hires, was gradually reducing reliance despite continued service fragility and expected fluctuations.

### **Finance Month 01 position update:**

PH introduced the report and highlighted that the position as at Month 1 showed a £1.7m overspend against an already unsupported £44.7m deficit plan, mainly due to gaps in delivering the £22.9m savings target, with further actions underway to improve confidence and close the gap.

The Committee:

- **RECEIVED** the financial reports for Month 12 2025/26 and Month 1 2026/27 and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place and;
- **CONSIDERED** and **DISCUSSED** the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

## **5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 11 (F&P/26/008)**

NJ introduced the report and Independent Members sought assurance by asking the following questions:

*Was the Better Together review of the in-reach model still on track and progressing as planned?*

The growth report identified opportunities for repatriation and set an overall direction; however, a more detailed review of in-reach services was still required. Further work was planned through the Better Together programme, guided by Getting It Right First Time (GIRFT) recommendations to move towards a more strategic, pathway-based model.

*Was a process in place to maintain sufficient oversight of Wye Valley's performance to ensure Welsh waiting time targets were met and to prevent further breaches, particularly given the recent increase in waits and the reported four-week breach?*

NJ explained that performance was routinely monitored with all providers, but final year-end data was still being validated. The position remained

complex but expectations to meet Welsh waiting time standards remain clear.

*Was there any indication from Robert Jones and Agnes Hunt (RJAH) on how long it would take to achieve a more sustainable improvement in their position, and when was it expected to have greater confidence in their capacity?*

NJ explained that the long waiting times were driven by complex spinal cases, a national capacity issue requiring lengthy surgery and specialist resources, with providers indicating a three-year plan to improve sustainability. However, there was concerns about delivery confidence for other long waiters, with plans still under negotiation due to affordability and performance risks.

*Was there a plan to strengthen resilience in paediatric audiology services, given the apparent reliance on a single paediatrician?*

CM highlighted that Audiology services face long-standing recruitment challenges and limited resilience due to their small size, but a partnership model with Swansea Bay ensures safety and quality, while a phased plan to repatriate services aims to build a more sustainable service.

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.

### **5.3 REVIEW LONG WAITS AT ROBERT JONES AGNES HUNT HOSPITAL (F&P/26/009)**

NJ introduced the report and highlighted the following themes for the committee's awareness:

- The 2025–26 agreement set a 104-week treatment target (excluding 63 complex spinal cases), performance fell short, with over 100 patients breaching the target.
- Monitoring had been strengthened, no harm has been reported, and improvements were underway.
- Ongoing negotiations continue on activity, finances, and actions to improve waiting list management, particularly for spinal cases
- The sustainability plan focused on shifting consultant time from outpatient work to surgery to address complex spinal demand.
- Wider system pressures mean 104-week waits were likely to increase across Wales.

Independent Members sought assurance by asking the following questions:

Could clarity be sought on the inability to maintain 104-week waits across NHS Wales referring specifically to the specialties provided by Robert Jones, or does it apply more broadly to all specialties and waiting lists?

*NJ confirmed that pressures were concentrated in traditionally long-wait specialties, such as orthopaedics and ophthalmology and not all services, with issues varying by provider.*

*What escalation routes were available beyond routine provider meetings and at what point would it be appropriate to use them?*

NJ explained that escalation would be considered once the activity plan was agreed and delivery can be assessed against it. At present it was premature to escalate given the plan and commissioning position were not yet finalised.

Members raised concern around the long waits for specialist spinal appointments, where surgery was not required, could significantly impact patients' lives, and the need to remain mindful of patient experience while addressing capacity challenges and reducing unnecessary demand. It was noted that actions focused on reviewing and streamlining outpatient waiting lists to ensure timely, appropriate care and to support improved demand and capacity management.

The Committee **NOTED** the contents of the report including the current and future planned work being undertaken with RJAH, NHS Performance and Improvement and external colleagues.

#### **5.4 ANNUAL DELIVERY PLAN PROGRESS REPORT Q4 (2025/2026) (F&P/26/010)**

NJ introduced the year-end report which showed strong overall delivery of the 2025–26 annual plan, with most actions completed and around 9% unresolved, which had either been carried forward or incorporated into business-as-usual plans. This linked progress to Wellbeing and Future Generations Act requirements and supported the annual report.

Independent Members sought assurance by asking the following questions:

*Were there opportunities for those items behind schedule to reprioritise or potentially stop certain actions?*

NJ confirmed that the report was regularly reviewed at Executive Committee, where low-confidence items were actively discussed. Whilst reprioritisation was considered, some items must remain due to policy requirements. It was recognised that the process could be more robust.

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

## **5.5 DEEP DIVE-MINOR INJURY UNITS (MIUs) (F&P/26/011)**

NJ provided an overview of the report and Independent Members sought assurance by asking the following questions:

*What was the future direction for Minor Injury Units (MIUs), including how the service might evolve over the next five years?*

It was explained that service use had increased, supported by effective communication and workforce development. Staff skills, primary care support, and the community model had strengthened delivery and focus remained on upskilling and expanding community urgent care services.

*Could assurance be provided on clinical governance and competency as roles expand and was waiting times influencing patient flows?*

CL responded that issues were likely data-related, strong clinical networks were in place and improving, national standards were being developed, and stable services and effective communication were supporting increased local use.

*What opportunities were there to improve alignment between MIU opening hours and X-ray availability to strengthen diagnostic capacity?*

CM confirmed that X-ray provision was constrained by low out-of-hours demand, high costs, and recruitment challenges. Future changes would need to balance these factors as part of the Better Together review of MIU services.

*How could patient feedback and positive experiences be more systematically captured and used?*

CM confirmed that patient experience data was systematically collected in radiography and feeds into committee reporting, though it may not always be visible in detail.

*Were current arrangements sufficient to ensure patient confidentiality within MIU clinical environments?*

It was confirmed that staff were mindful of patient confidentiality and was managed carefully despite space constraints, though small facilities present ongoing challenges that were being considered in future planning.

The Committee **RECEIVED** the Deep Dive on Minor Injury Units, **NOTING** the current position and developments

## **5.6 DEEP DIVE ON COMMUNITY HOSPITAL DELAYS (F&P/26/012)**

DF introduced the report and provided the following updates:

- Drivers for hospital delays were complex and interconnected.
- some success had been achieved in year to reducing delays.

- Ongoing challenges across market provision, rising demographic demand and unintended consequence of change could limit the delivery of improvements;
- ongoing transformation and service development was expected to continue to support improved flow across the system.

KW noted that previous evaluation showed no increase in Emergency Department (ED) attendances following temporary service changes. This would continue to be monitored, with any changes reported by exception and checked against the dashboard.

Committee members queried current and future savings targets given financial pressures and highlighted the need for further savings to address the deficit and improve patient outcomes. Concerns were raised about challenging partner organisations without demonstrating internal improvement. Consideration would be given to review partnership effectiveness at a Board Development day.

**Action: Director of Corporate Governance**

Independent Members sought assurance by asking the following questions: *How would the organisation respond to rising demand from reablement services, including whether frailty services would be expanded?*

*DF responded that understanding of deconditioning was recognised, but translating into practice remained a cultural challenge; strengthening community-based risk management and embedding better reablement approaches., was expected to improve outcomes despite some data and recording impacts.*

The Committee took **ASSURANCE** that plans were in place to address the risks and impacts of hospital delays.

### **5.7 COMMITTEE RISK REGISTER (F&P/26/013)**

HB provided an overview of the Register and highlighted that a broader review of Strategic and Operational Risks was underway following the new Annual Plan. Potential changes would be discussed at a future Board development session, for onward submission to the Board in July.

The Committee **RECEIVED** the Committee Risk Register and **TOOK ASSURANCE** that the risks were being managed in line with the risk management framework.

### **5.8 ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE (F&P/26/014)**

HB introduced the report and explained that under the Standing Order of the Health Board, Board Committees were required to review their Terms of Reference on an annual basis. Members were requested to provide feedback

<p>if necessary to form a final version to be presented to the Board in May for approval.</p> <p>The Committee <b>ENDORSED</b> the proposed amendments to the Terms of Reference and <b>AGREED</b> that the Chair of the Committee and Director of Corporate Governance to finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.</p>
<p><b>6. ITEMS FOR DISCUSSION</b></p> <p>There were no items for discussion.</p>
<p><b>7. CONSENT AGENDA</b></p> <p>The reports below were taken under the Consent Agenda and recommendations supported:</p> <ul style="list-style-type: none"> <li>• <b>7.1</b> Committee Annual Report 2025/2026 (approved)</li> <li>• <b>7.2</b> Internal Audit Report: Catering Services (for information)</li> <li>• <b>7.3</b> PTHB Glossary (for information)</li> </ul>
<p><b>8. OTHER MATTERS</b></p>
<p><b>8.1 ANY OTHER BUSINESS (F&amp;P/25/125)</b></p> <p>No other business was raised.</p>
<p><b>8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&amp;P/25/126)</b></p> <p>There was none.</p>
<p><b>8.3 COMMITTEE REFLECTIONS (F&amp;P/25/127)</b></p> <p>The following feedback was noted:</p> <ul style="list-style-type: none"> <li>• Full agenda and challenged timings, however the Chair time managed the items effectively to ensure sufficient time was given to in depth discussions</li> <li>• Members praised the quality of reporting received and assurance provided.</li> <li>• Members welcomed the addition of new staff to join the meeting to present items in the absence of Executives.</li> </ul>
<p><b>8.4 DATE OF NEXT MEETING (F&amp;P/25/128)</b></p> <p>25 June 2026 via Microsoft Teams</p>

*Meeting closed at 12:50*