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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

FINANCE AND PERFORMANCE COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 25 JUNE 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Ronnie Alexander	RA	Independent Member (General) (Chair)
Rhiannon Beaumont-Wood	RBW	Independent Member (PTHB Vice Chair)
Steve Elliot	SE	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance/Board Secretary
Carl Cooper	CC	PTHB Chair
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive
Paul Hooton	PHO	Executive Director of Nursing, Quality, Safety & Family Health
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Bethan Jones	BJ	Corporate Governance Officer
Matthew King	MK	Deputy Director of Therapies and Health Sciences (Attending in CM absence)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Bethan Powell	BP	Corporate Governance, Risk and Assurance Officer
APOLOGIES FOR ABSENCE:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
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/26/015)
The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.
1.2 DECLARATIONS OF INTEREST (F&P/26/016)
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.

The Chair queried whether the number of medium-priority actions identified within the Asbestos Management Internal audit should be a cause for concern, noting that Internal Audit no longer assign low-priority actions, and sought assurance regarding the ongoing monitoring of these actions.

HB advised that the report had previously been considered by the Audit, Risk and Assurance Committee, which would continue to monitor delivery of the associated actions. Changes to the Internal Audit framework meant that some issues previously categorised as a low priority were now recorded as observations or medium-priority actions. HB confirmed that appropriate arrangements were in place to monitor progress and that there were no particular concerns regarding the actions identified.

HB suggested that the planned Capital and Estates report could be brought forward from December to October to provide further assurance on the matter. The Committee agreed this would be considered through the work programme.

In respect of the JCC Highlight Report, PH confirmed that the relevant issues would be addressed under the Finance Report agenda item.

The Committee NOTED the updates.

3. ITEMS FOR APPROVAL / RATIFICATION/ DECISION

3.1 MINUTES OF PREVIOUS MEETING (F&P/26/017)

RBW queried whether she should be recorded as a Member rather than as being in attendance at the previous meeting. HB confirmed this and advised that the minutes would be amended accordingly.

The minutes of the meeting held on the 14 May 2026 were **CONFIRMED** as an accurate record.

3.2 COMMITTEE ACTION LOG (F&P/26/018)

HB presented the Action Log, noting that one outstanding action was not due until September and remained on track for delivery.

F&P/25/009- Colonoscopy Reporting: HB advised that a report was to be considered on the agenda. Given that challenges remained, it was proposed that the Committee revisit the action following consideration of the report to determine how it should be progressed.

F&P/25/118a- Escalation of Jointly Commissioned Services: SE sought assurance that work had progressed and would not be delayed until its due date. HB confirmed that discussions were already underway and that proposals regarding governance arrangements would be brought back to the Committee. HB advised that there were no concerns regarding delivery within the agreed timeframe.

The Committee **NOTED** the updates and agreed to return to the colonoscopy reporting action following consideration of the agenda item.

4. ESCALATED ITEMS

4.1 ORGANISATIONAL ESCALATION STATUS PRESENTATION FINANCE AND PERFORMANCE MONITORING (F&P/26/019)

NJ presented the Organisational Escalation Status, outlining the revised Welsh Government accountability and escalation arrangements and provided feedback from the June Escalation Board. It was noted that Welsh Government recognised the Health Board's commitment to improvement and the collective leadership being demonstrated, whilst concerns maintained regarding the financial position and the pace of delivery required.

The Committee noted that work was progressing on a bid to accelerate delivery of planned care as well as key improvement and transformation initiatives. It was also noted that a national performance dashboard was being developed, which may inform future reporting arrangements.

CC welcomed the positive feedback received regarding the organisation's leadership, oversight and management of its escalation status, whilst emphasising the need to maintain focus on delivery of the improvement plan and financial recovery programme.

The Committee sought clarification regarding the timeline and focus of the proposed bid, Welsh Government expectations in relation to savings delivery, the status of Grant Thornton recommendations, and the risks associated with commissioning and Joint Commissioning Committee (JCC) financial performance.

The Committee **RECEIVED** the 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 REPORT MONTH 02 2026/27 (F&P/26/020)

PH presented the Month 2 Finance Report, noting an overspend of £9.2m against a planned overspend of £7.4m, primarily reflecting a shortfall in savings delivery. The Committee noted improvements in agency and locum expenditure, progress in reducing mental health private provider placements, and the continued focus on achieving the savings target.

The Committee discussed a number of areas including Commissioning, Delayed Transfers of Care, Variable Pay expenditure, Mental Health staffing, Private Provider placements, Continuing Healthcare (CHC), Prescribing Costs and risks associated with Wye Valley contractual arrangements. Responses were provided and assurances received regarding the actions being taken to manage risks and improve performance.

CC sought assurance regarding progress towards achieving 100% green-rated savings schemes and the recurrent nature of savings. PH confirmed

that significant progress had been made, although some risks remained, particularly in relation to CHC.

The Chair expressed concern regarding the potential financial risks associated with the Joint Commissioning Committee (JCC) position and suggested that further consideration be given to the matter through Board and Board Development discussions. HB confirmed that this would be considered at the July Board meeting and through planned Board Development sessions with JCC colleagues.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that effective financial monitoring, and reporting mechanisms were in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast and the underlying deficit for 2026/27.

5.2 INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01 (F&P/26/021)

NJ presented the revised Integrated Quality, Assurance and Performance Report (IQAPR), explaining that the full report would be presented bi-monthly, with assurance-focused reports presented in intervening months. The Committee were invited to provide feedback on the revised format.

NJ highlighted the positive progress across a number of performance areas, including provider waiting times, mental health secondary care measures and neurodevelopmental services. The following themes were noted:

- Patient experience reporting through Civica had improved significantly and continued to be monitored through PECS.
- Approximately 4,800 individuals were currently awaiting access to NHS dental services, with procurement activity underway to restore capacity.
- A catch-up programme for HPV vaccination was in place.
- Plans were progressing to strengthen and repatriate audiology services, including services for children.
- Further information on actions to improve performance in a number of areas would be reflected in future reports.

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 OPTOMETRY ANNUAL REPORT TO INCLUDE PERFORMANCE (F&P/26/022)

EL introduced the report, noting that it had been prepared in accordance with the NHS Ophthalmic Services (Wales) Regulations and provided assurance regarding compliance, service provision, workforce capacity, service effectiveness, equity of access and future development.

JL provided an overview of the progress made to implement the Wales General Ophthalmic Services (WGOS) model, noting good coverage for core

services and ongoing work to expand specialist provision. Challenges related to workforce capacity, geographic coverage and service sustainability were highlighted, alongside actions being taken to increase training opportunities, develop cluster-based provision and improve pathways to shift care from secondary to primary care settings.

The Committee sought clarification regarding service gaps, patient experience arrangements, access to services for patients using English providers, activity levels, workforce development, mobile service provision and future demand. It was confirmed that patient experience data had recently become available at Health Board level and would be incorporated into future reports.

The Committee also noted the opportunities presented by the expanded optometry model to support care closer to home and reduce demand on secondary care services.

The Committee **RECEIVED** the report and took **ASSURANCE** that the Primary Care Eye Care Annual Report had been produced and responded to appropriate NHS Direction requirements.

The Committee took a ten-minute break before resuming the meeting.

5.4 DEEP DIVE-CHC SAVINGS (TRACK GROWTH ON CASE NUMBERS) (F&P/26/023)

EL presented the Continuing Healthcare (CHC) update report and outlined the ongoing growth in demand, complexity and cost of CHC packages, and the associated financial pressures. The Committee noted that CHC remained a significant risk area and that a comprehensive transformation and recovery programme was underway to improve operational effectiveness, governance, workforce capacity and financial sustainability.

The Committee sought clarification regarding the review and development of policies and procedures, workforce and commissioning capacity, package reviews, direct payments and opportunities to learn from best practice both within and outside Wales. EL confirmed that external expertise had been commissioned to support policy development and service transformation, and that work had progressed to strengthen governance and operational arrangements.

Reviews undertaken to date had identified a significant number of cases requiring further assessment through the Decision Support Tool (DST) process. The approach to future reviews was being revised to enable assessments to progress through to outcome more efficiently. Potential savings opportunities had been identified through package reviews, demand management and commissioner-related actions, although risks remained.

The Committee **NOTED** that arrangements were in place to respond to direct payment requests, although no applications had yet been received.

The Committee **DISCUSSED** the report and took **ASSURANCE** that plans were in place to address the risks and impacts associated with the Continuing Health Care programme of work.

5.5 COLONOSCOPY UPDATE REPORT (F&P/26/024)

CM presented the Bowel Screening Wales Colonoscopy Performance Update, noting that performance against the national target remained below the required standard and continued to be subject to internal escalation. The Committee noted the longstanding challenges relating to workforce fragility, data validation and the methodology used to calculate performance measures.

CM outlined actions undertaken to improve assurance regarding reported performance.

The Committee welcomed the positive findings from the Quality Assurance review, which had recognised the high quality of the service provided, whilst the ongoing challenges associated with service sustainability and delivery was acknowledged.

The Committee discussed the need to better understand patient outcomes, average waiting times and potential harm associated with delays. It was agreed that future reporting should place greater emphasis on patient outcomes.

The Committee considered the outstanding Action Log entry related to colonoscopy reporting. Members agreed that the existing action should be closed and replaced with a new action reflecting the Committee's revised focus on patient outcomes, assurance regarding performance reporting, and the resolution of outstanding data and methodology issues.

Action: Director of Corporate Governance

The Committee **NOTED** the Colonoscopy Performance Update.

5.6 COMMITTEE RISK REGISTER (F&P/26/025)

HB provided a verbal update on the Committee Risk Register, advising that the Health Board was currently undertaking a review of its Strategic Risks. As a result, the Committee Risk Register had not been presented in its usual format.

HB confirmed that those strategic risks relevant to the Committee would continue to inform the Committee Risk Register and that a revised and fully updated register would be presented to the Committee in September, following Board consideration of the strategic risks, scores and ratings in July.

The Chair welcomed the continued inclusion of risk as a standing agenda item and agreed it was important that risk management remained visible throughout the review process.

The Committee NOTED that the next Committee Risk Register would be presented at the next meeting in September 2026.
6. ITEMS FOR DISCUSSION
There were no items for discussion.
7. CONSENT AGENDA
The following reports were RECEIVED as part of the consent agenda: • Committee Work Programme • Internal Audit Report: Asbestos Management • JCC Highlight report from The Planning, Performance and Finance Sub-Committee. 26.05.2026 • PTHB Glossary. The Chair highlighted the Internal Audit Report on Asbestos Management and the Joint Commissioning Committee (JCC) report, noting that issues raised during discussion of these reports should continue to be monitored and not be lost through the consent agenda process. The Committee RECEIVED and NOTED the reports.
8. OTHER MATTERS
8.1 ANY OTHER BUSINESS (F&P/26/026)
No other business was raised.
8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (F&P/26/027)
No items were noted.
8.3 COMMITTEE REFLECTIONS (F&P/26/028)
HB advised that the timing and allocation of agenda items would be reviewed ahead of the next meeting, recognising that a number of substantive items had required extended discussion. The Chair noted that more realistic time allocations for agenda items would support effective governance and meeting management. Members commented that the additional time taken had been justified by the importance and complexity of the matters considered and agreed that the discussions had been valuable and appropriately scrutinised. The Committee noted the reflections and agreed that agenda timings would be reviewed for future meetings.
8.4 DATE OF NEXT MEETING (F&P/26/029)
10 September 2026 via Microsoft Teams

Meeting closed at 12:24