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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Annual Report for 2024-25

DATE: MARCH 2025

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2025.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2024/25, which will continue into 2025/26.

I would like to express my personal appreciation to all who contributed to the finance and performance agenda and the development of the Finance and Performance Committee during its first year.

Diolch yn Fawr / Thank you

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management and Accountability Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.
- 1.3 This report describes how the FPC discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 Work Programme

- 2.1 ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Finance and Performance Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee’s terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3 FPC Committee Meetings and Membership

- 3.1 During 2024-25, the FPC met four times via Microsoft Teams- June 2024, September 2024, December 2024 and February 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

- 3.2 The Committee comprised the following Independent Members:

- Richard Clark Chair
- Iwan Jones Vice Chair
- Dafydd Vaughan
- Helen Sweetland
- Neil Patrick

- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board’s [website](#) in advance of meetings.

4 FPC Reporting Arrangements

- 4.1 Following each meeting, the FPC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. FPC Work Programme: 2024-25

5.1 Amongst the key issues considered by the Committee during 2024-25 were the following:

Finance

- **Finance Report and Monitoring Returns**, which updated the Committee on any financial deficit the organisation was subject to throughout the year, as well as an overview on spending allocation.
- **Value and Sustainability Assurance Report**, provided quarterly updates to the Committee, outlining the savings positions aligned to divisional reported schemes and Value and Sustainability Board Theme areas.
- **Efficiency Opportunities 2024/25**

Performance

- **Digital, Data and Technology Group Report**, which highlighted successful projects such as, completion and instillation support of Body Cam security solution.
- **Information Governance and SIRO Report**, which provided assurance on Cyber Security and Information Governance.
- **Update on application of Health Board's Performance Management Framework**, which provided an overview of the Performance and Accountability Framework 6 monthly reviews for all nine directorates
- **Performance Report**, provided a quarterly update which was presented to both the Committee and the Board.
- **Capital Builds Impairment Report**, presented an overview of the three impairments in relation to the large capital schemes completed in 2023/24, those being; the Bevan Health & Wellbeing Centre, the Endoscopy Unit and the Breast Unit at Ysbyty Ystrad Fawr.
- **Estates Compliance Overview**, the Committee were notified of staff shortages and other limitations which had contributed to a negative compliance in relation to backlog figures.
- **Corporate Information Performance Report**, provided assurance on Freedom of Information requests received under the Freedom of Information Act (2000).
- **Committee Risk Report**

6. Self-assessment and Evaluation

6.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Finance and Performance Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Five responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

Finance & Performance	Areas for Improvement based on comments received	Action
<p>Committee Processed: Composition, Establishment and Ways of Working (Q1-26)</p>	<p>Terms of Reference: to be reviewed following self assessment and review of performance management framework</p> <p>Running of the Committee: Ensure that appropriate time allocated on the agenda to enable full debate due to the volume of information provided. Committee often overruns.</p> <p>Attendance of officers: At times it can be difficult to give complete assurance on performance relating to operational actions if COO not present.</p> <p>Quality of Reports: Papers are often too comprehensive which means it can be hard for IMs to recognise key issues. They are typically bundles of pre-existing working documents used by the exec directors and teams. Every aspect of a topic is presented largely unedited. This is good for transparency but requires IMs to spend a lot of time trying to identify strengths, weaknesses opportunities and threats. Risks and merits equally can therefore sometimes pass unnoticed.</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p>	<ul style="list-style-type: none"> • Terms of Reference reviewed and will be presented to the Committee in April for further comment prior to submission to the Board in May 2025. • Forward Work Programme for 2025/26 under development and committee frequency increased from quarterly to bi monthly • Attendance of appropriate officers to be agreed at agenda setting. • Report writing included within Development programme being developed with the Good Governance Institute • Revised local Induction Programme being developed for the Health Board

Financial Management and Financial Performance (Q27- 29)	n/a	n/a
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The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

7. Key Areas of focus in 2024-25

7.1 To maintain focus on financial planning for 2024/25, organisational performance, with attention to risk-based exception reporting.

8. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **2** organisational risks that relate to various aspects of Finance and Performance. A breakdown of the current risks is depicted below:

High	2
Moderate	0
Low	0

A high-level breakdown of the themes are as follows:

- **Financial Sustainability & Compliance and Safety:** There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.
- **Service Delivery:** There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the FPC during 2024-25, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

- 2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

2.2 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- b. that services are improving efficiency and productivity and financial plans are being delivered;
- c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

- A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:
 - the allocation of revenue budgets, based on allocation of funding and other forecast income;
 - the monitoring of financial performance against revenue budgets and statutory financial duties;
 - the monitoring of performance against capital budgets;
 - the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
 - the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
 - the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
 - the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
 - the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:

- the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
- the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
- the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
- the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
- the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership;
- the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
- the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:

- the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
- the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
- the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
- the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
- the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
- the monitoring of arrangements to support the continued development of business intelligence and capacity.

- D. Seek assurance that arrangements for the **performance management of digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
- the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
 - the monitoring of the annual business plan for IM&T.
- E. Seek assurance that arrangements for the **performance management of capital, estates and support services related standards and systems** are sufficient, effective and robust, including:
- the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
 - the monitoring of compliance with Health Technical Memorandums;
 - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.
- 3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.
- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).
- 3.5

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

- 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

- 4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Planning, Performance, Digital & IT

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
 - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing

so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on

activity, and the submission of Committee minutes and written reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.



Annual Programme of Business for 2024-25

Committee Name: Finance & Performance Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board’s Standing Orders;
- The discharge of the business needs of the individual Directorates
- The Health Board’s Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023 and the Structured Assessment 2023 recommendations
- The Board’s Assurance Framework and Corporate Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Key:

	Matters of essential governance – Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions

Area of Focus as per Standing Orders:

The Finance & Performance Committee provides advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee seeks assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee seeks assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- that services are improving efficiency and productivity, and financial plans are being delivered;
- risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Preliminary Matters										
Attendance and Apologies	Chair			SI			✓	✓	✓	✓
Declarations of Interest	All Members			SI			✓	✓	✓	✓
Minutes of the Previous Meeting	Chair			SI			✓	✓	✓	✓
Action Log and Matters Arising	Chair			SI			✓	✓	✓	✓
Generic										
Development of Committee Annual Programme of Business 2024/25	DoCG			An			✓			
Review of Committee Programme of Business	DoCG			SI			✓	✓	✓	✓
Committee Strategic Risk Report	DoCG			SI					✓	✓
Annual Review of Committee Terms of Reference 2023/24	DoCG			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Annual Review of Committee Terms of Reference 2024/25	DoCG			An	[REDACTED]	✓				
Annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Outcome of annual Review of Committee Effectiveness 2024/25	DoCG			An				✓		
Committee Annual Report 2024/25	DoCG			An					✓	
Tailored to the Committee										
<i>Assurance in Respect of Organisational Performance Management</i>										
Performance Overview Report with Exception Reporting	DoSP&P			SI		✓	✓	✓	✓	
Outpatient Transformation Update	CPP			An		✓				
Performance against Ministerial Priorities for Planned Care	DoSP&P			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Digital and information management and technology (IM&T) systems	DoD			An				✓		
Capital and estates related objectives and priorities as set out in the Board's IMTP	DoSP&P			An					✓	
Compliance with Health Technical Memorandums	DoSP&P			An					✓	
Capital Business Cases and programmes of work	DoSP&P			An					✓	
Commissioned Services	DoSP&P			An					✓	
Performance Management and Accountability Framework Update	DoSP&P			SI		✓	✓	✓	✓	
Quarterly assurance reports from the Digital, Data and Technology Group	DoD			SI		✓	✓	✓	✓	
<i>Assurance in Respect of Financial Management and Performance</i>										

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
Monthly Finance Report and Monitoring Returns	DoF&P			SI		✓	✓	✓	✓	
Efficiency Opportunities	DoF&P			SI		✓	✓	✓	✓	
Value Based Healthcare Report 2022/23	DoF&P			An		✓				
Financial Outlook for 2024/25, including Revenue Budget Allocation letter 2024/25	DoF&P			An					✓	
Review of Savings and Action Plans	DoF&P			An			✓			
Benefits Realisation with exception reporting, including savings opportunities	DoF&P/ DoSP&P			An					✓	
AD-HOC										
<i>Assurance in Respect of Organisational Performance Management</i> To receive a report on the quality of Coding	DoD			An			✓			

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Assurance in Respect of Organisational Performance Management Radiology Informatics System Procurement (RISP) Programme Update</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Robotic Process Automation- cost and benefit realisation (ARAC action)</i>	DoD			An			✓			
<i>Assurance in Respect of Organisational Performance Management Stroke Improvement Plan</i>	DoT&HS			An				✓		
<i>Assurance in Respect of Organisational</i>	DoN/ DoSP&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
<i>Performance Management</i> Performance Overview Report with Exception Reporting to include an update on the progress and impact of the Integrated Discharge Hub (Action 2106/02.2)										
<i>Assurance in Respect of Organisational Performance Management</i> An update on the Discharge Programme and delays, including reporting against the new national data sets. (Action 2106/02.3.1)	DoN			An				✓		
<i>Assurance in Respect of Financial Management and Performance</i>	DoD/ DoF&P			An				✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)
To Receive an Update of IT Systems- Action taken from November 2023 Board										
Progress Against strategic risks held by The Director of Digital SRR 006 a) Due to the full or partial failure of existing digital infrastructure and systems b) B) Due to an adverse impact on service delivery in the implementation of new digital systems c) c) Due to a failure to develop digital solutions that are sustainable and fit for the future	DOD			Bi-annually		✓		✓		

MATTERS TO BE CONSIDERED (Report Title)	Lead	Reason why included in the programme		Frequency of Report	IMTP Priority	IMTP Enabler	Schedule of Meetings			
							QTR 1 Apr to June (17 th June 2024)	QTR 2 July to Sept (9 th September 2024)	QTR 3 Oct to Dec (16 th December 2024)	QTR 4 Jan to Mar (17 th February 2025)

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Reason why included in the programme	
	Matters of essential governance - Statutory /WG responsibilities
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
GP	Good Practice
Schedule of Meetings	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2024-25

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	17 th June	9 th September	16 th December	17 th February
Independent Members				
Richard Clark				
Iwan Jones				
Helen Sweetland				
Dafydd Vaughan				
Neil Patrick				
Executive Directors				
Robert Holcombe				
Nicola Prygodzicz				
Hannah Evans				

Appendix Four

1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



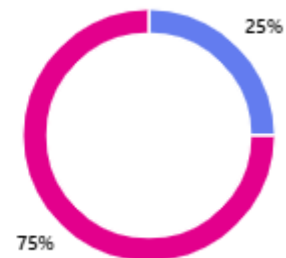
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	2



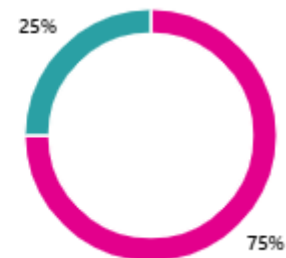
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



4. Has the Committee been quorate for each meeting this year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	1



5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 5
- 3 - Excelling 0



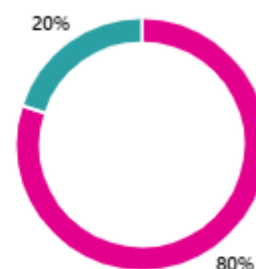
6. Members who have recently joined the FPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



7. The Committee is clear about its role in relationship to other Committees that play a role in relations to finance and performance matters?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



11. Does the Committee consider issues at the right time and in the right level of detail?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0



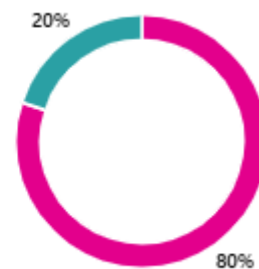
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



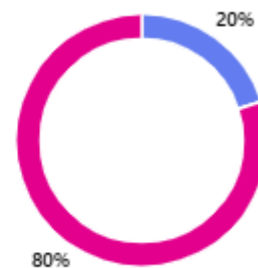
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



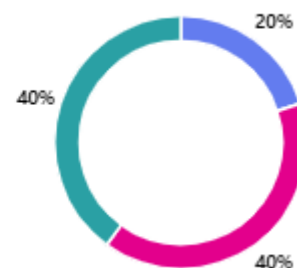
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 4
- 3 - Excelling 0



15. Committee meetings are chaired effectively?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 2



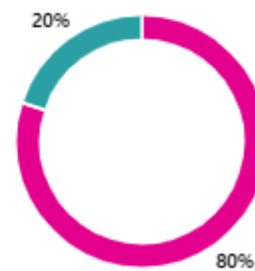
16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 3



17. The Committee environment enables people to express their views, doubts, and opinions?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



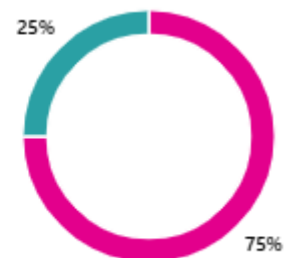
18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 2



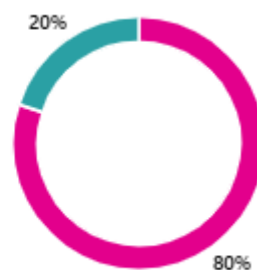
19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 1



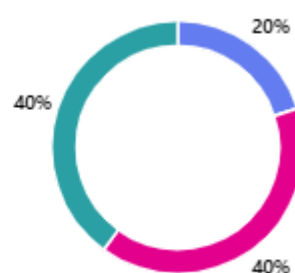
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



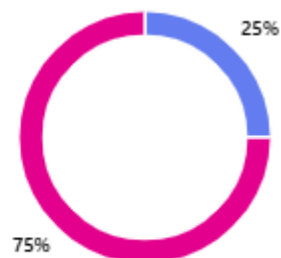
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	2



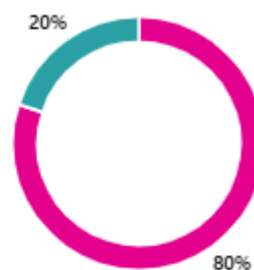
22. Decisions and actions are implemented in line with the timescale agreed?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	3
● 3 - Excelling	0



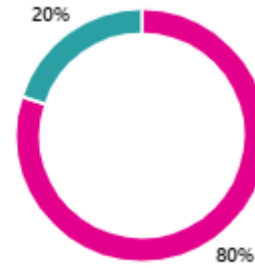
23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	4
● 3 - Excelling	1



24. Does the Committee prepare an annual report on its work and performance for the Board?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 1



25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 2



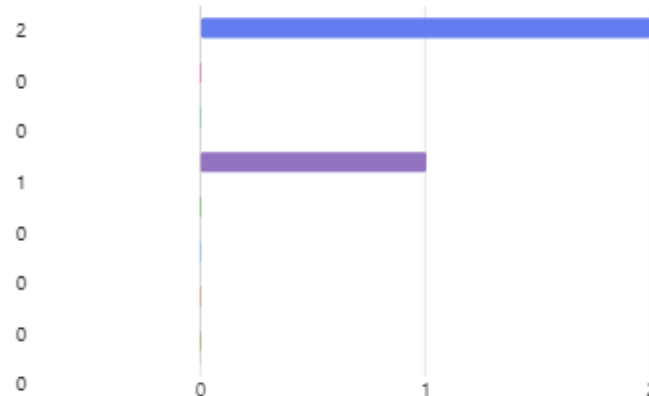
26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 4
- 3 - Excelling 0

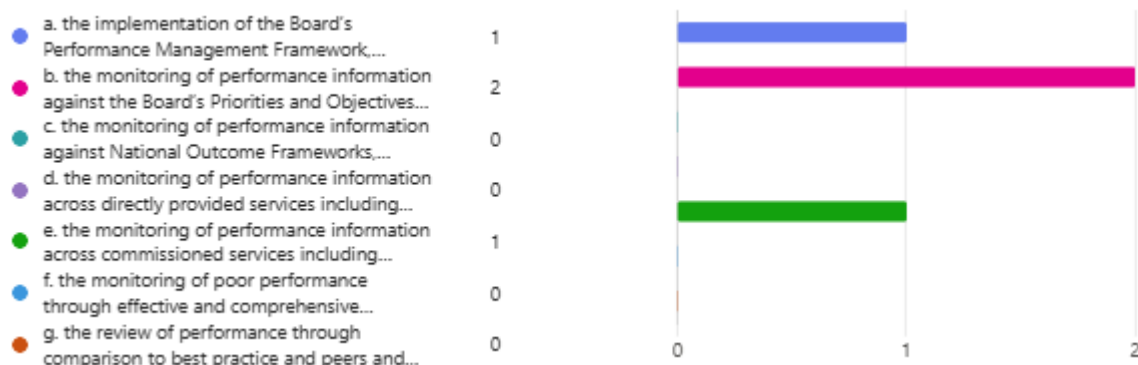


27. Is the committee satisfied that it has received sufficient assurance in respect of the Health Board's arrangements for financial management and financial performance being sufficient, effective and robust, including:

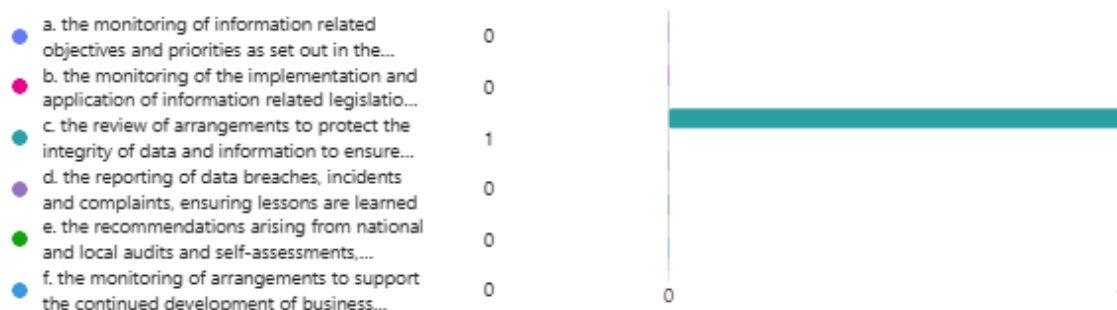
- a. The allocation of revenue budgets, based on allocation of funding and other forecast... 2
- b. The monitoring of financial performance against revenue budgets and statutory... 0
- c. The monitoring of performance against capital budgets 0
- d. The monitoring of progress against savings plans, cost improvement programmes and... 1
- e. The monitoring of budget expenditure variance and the corrective actions being... 0
- f. The monitoring of activity and financial information for external contracts to ensure... 0
- g. The monitoring of arrangements to ensure efficiency, productivity and value for money... 0
- h. The monitoring of delivery against the agreed Discretionary Capital Programme 0



28. Is the Committee sufficiently assured that the arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust, including:



29. Is the Committee satisfied that arrangements for information management are sufficient, effective and robust, including:



Overall Score

- **Room for improvement** - The FPC is falling short of requirements and should consider how it can work... 0
- **Meeting standards** - The FPC is performing to the required standard in this area. There may be room... 5
- **Excelling** - This is an area where the FPC is performing beyond the standard expectations and i... 0



