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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance and Performance Committee

Annual Report for 2025-26

DATE: MARCH 2026

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Chair's Foreword

I am pleased to present the Finance and Performance Committee's Annual Report for the year ended 31 March 2026.

During 2025–26 the Committee increased the frequency of its meetings and strengthened its scrutiny of financial sustainability, organisational performance, productivity and efficiency, digital delivery, estates compliance, and delivery of Welsh Government priorities.

The year has continued to present significant challenges for the Health Board, with sustained operational pressures, rising demand and a difficult financial environment across NHS Wales. In response, the Committee has maintained a strong focus on financial discipline, robust assurance, and constructive challenge, supporting the organisation in meeting its statutory duties and improving performance.

Particular attention has been given to maintaining financial grip and control, oversight of urgent and emergency care performance, recovery of planned care and cancer pathways, and ensuring that investment and transformation programmes are supported by clear benefits realisation, appropriate risk management, and transparent reporting.

The Committee has sought to ensure that its work provides effective assurance to the Board, while supporting the Executive in addressing system pressures and delivering sustainable improvements in services.

I would like to thank Committee members, Executive Directors and officers for their continued professionalism, openness and commitment in supporting the work of the Committee throughout the year.

Neil Patrick

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 Terms of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in May 2025 (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 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 2025 to 31 March 2026.

2. 2025-26 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary 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 2025-26 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 2025-26, the FPC met five times via Microsoft Teams, June 2025, July 2025, September 2025, December 2025 and February 2026 and 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:
- Neil Patrick, Chair (From September 2025)
 - Richard Clark, Chair (Until September 2025)
 - Iwan Jones Vice Chair
 - Dafydd Vaughan
 - Akmal Hanuk (from July 2025)
- 3.3 3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board's website. These summaries provide an overview of the key discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee's business.

4 FPC Reporting Arrangements

- 4.1 Following each meeting, the Committee provided assurance reports to the Board, highlighting key issues, risks and areas requiring escalation or further assurance. Minutes and papers were published in line with the Health Board's commitment to openness and transparency.

All Board papers can be accessed via the following [link](#)

5. FPC Work Programme: 2025-26

Amongst the key issues considered by the Committee during 2025-26 were the following:

5.1 Financial Management and Performance

The Committee received monthly Finance Reports and Monitoring Returns throughout the year. Key areas of focus included delivery against the agreed in-year financial plan, the identification and management of financial risks, including workforce costs, non-pay expenditure, winter pressures and income uncertainty and, Capital expenditure and cash management.

The Committee maintained close oversight of forecast positions and mitigation actions, recognising the ongoing challenge of balancing financial sustainability with service delivery.

5.2 Value, Sustainability and Efficiency

The Committee received regular assurance from the Value and Sustainability Board (VSB), outlining progress against savings plans and efficiency programmes, thematic reviews, particularly non-pay, medicines management and planned care productivity and, scrutiny of recurrent and non-recurrent savings and their full-year impact.

5.3 Performance Management and Escalation

The Committee reviewed Performance Management and Escalation Reports, including national and internal escalation status, the progress against Escalation Criteria and assurance on divisional improvement actions. The Committee noted de-escalation in some areas during the year, alongside continued enhanced monitoring for urgent and emergency care and finance. Sustaining improvement and avoiding re-escalation remained a key theme.

5.4 Integrated Performance and Ministerial Priorities

The Integrated Performance Report was a standing item, providing assurance on delivery against Ministerial priorities, including:

- Urgent and Emergency Care;
- Planned Care and Long waits;
- Cancer and Diagnostics;
- Mental Health;
- Prevention and Population health;
- Workforce and Productivity.

The Committee recognised areas of progress, particularly in reducing long waits and recovery in cancer and diagnostics, while noting ongoing pressures arising from demand growth, workforce constraints and national supply issues.

5.4 Business Cases and Benefits Realisation

The Committee strengthened its focus on benefits realisation, receiving reports on the progress against approved business cases, the post-implementation review arrangements and, clarity of anticipated quality, performance, workforce and financial benefits.

Notable deep dives included the Ophthalmology Diagnostic Hub, which demonstrated quality-led service redesign and tangible patient safety benefits, alongside ongoing financial and workforce considerations.

5.5 Digital, Data and Information Governance

The Committee received regular assurance on digital delivery and information governance, including the progress and risks associated with major digital programmes, Information Governance incidents, training compliance and cybersecurity and, national digital dependencies and delivery risks. The Committee acknowledged the scale and complexity of the digital portfolio and emphasised the need for realistic planning, strong governance and clear escalation of national risks.

5.6 Estates and Capital

An Estates Compliance Assurance Report was considered, providing oversight of statutory compliance, estate condition and backlog maintenance and, governance and risk management arrangements.

The Committee recognised the challenge of managing an ageing estate within constrained capital resources and supported a risk-based approach to prioritisation.

5.7 Commissioning and Externally Provided Services

The Committee reviewed commissioning arrangements, highlighting, the scale and financial significance of commissioned services, the emerging risks associated with national contractual changes, particularly in primary care and, the importance of monitoring quality, performance and value for money.

6. Self-assessment and Evaluation

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 enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Finance and Performance Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 38% response rate. The results demonstrated a generally positive position, with strong assurance across a number of areas including understanding of conflicts of interest, clarity of the Committee's role in relation to other committees, the quality and timeliness of papers, meeting conduct, and the level of challenge provided to management and assurance providers.

The assessment identified some areas for further development, including the need to ensure that Committee membership remains sufficient and resilient to discharge its responsibilities effectively; to enhance the balance of experience, knowledge and skills within the Committee; to strengthen arrangements for consistent attendance of the relevant Executive Directors to support effective assurance; to establish a clearer set of annual objectives; to introduce a more consistent approach to end-of-meeting reflection; to improve the consistency of action follow-through; and to strengthen Board-level understanding of, and challenge to, the assurance and reporting provided by the Committee.

The Committee reviewed the findings in February 2026 and actions were confirmed to address the areas for development, including the introduction of pre- and post-meeting discussions for Independent Members, consideration of arrangements to strengthen Executive attendance and accountability for performance, and the continued alignment of Committee practice with emerging best practice across the Board's committee structure. It was also acknowledged that the limited number of responses should be taken into account when interpreting the results.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance, financial and performance assurance, and operational scrutiny, and has therefore agreed to take forward a programme of improvement for 2026/27 focused on strengthening membership resilience and Executive engagement, formalising objectives, embedding reflective practice, improving action delivery, and supporting clearer and more effective reporting and challenge at Board level.

7. Key Areas of focus in 2026-27

As a result of the work of the Committee the following areas of focus were identified for 2026/27:

- Providing assurance to the Board on the achievement of the Health Board's strategic aims and objectives through effective oversight of financial performance, efficiency and value for money, ensuring that financial plans are robust and deliverable.
- Overseeing the development and maintenance of a strong performance management and escalation framework, including scrutiny of integrated performance against Ministerial priorities and delivery of the Integrated Medium-Term Plan.
- Monitoring service activity, access and productivity to support timely and appropriate access to healthcare services and improved health outcomes across directly provided and commissioned services.
- Maintaining oversight of efficiency and sustainability programmes, including benefits realisation and the identification of opportunities to improve productivity and financial resilience
- Scrutinising arrangements for information governance, digital delivery and data quality, ensuring that information is reliable, secure and supports effective decision-making.

8. Committee Oversight of Risk

During 2025/26 the Finance and Performance Committee received regular Strategic Risk and Assurance Reports, providing oversight of the strategic risks delegated to it by the Board. At the time of writing the Committee had responsibility for oversight of **3** organisational risks that relate to various aspects of Finance and Performance. A high-level breakdown of the themes are as follows:

- 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.
- There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

- There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (*16% reduction by 2025 and a 34% reduction by 2030.*)

9. Conclusion

This report summarises the work undertaken by the Finance and Performance Committee during 2025–26 and demonstrates how the Committee has supported the Board and complied with its Terms of Reference in discharging its responsibilities for finance and performance during a challenging year.



Appendix One



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Aneurin Bevan
University Health Board

Finance and Performance Committee

Terms of Reference – 2025/26

Version: Approved

Date: May 2025

Document Title:	Finance and Performance Committee Terms of Reference – 2025/26
Date of Document:	May 2025
Current version:	Approved
Previous version:	March 2022
Approved by:	Board
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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, Joint Commissioning Committee 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, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 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).

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 members 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 Strategy, Planning and Partnerships
- Director of Digital
- Chief Operating Officer

- 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 **bi-monthly** 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.
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Appendix Two

Annual Programme of Business for 2025-26

Finance and Performance Committee

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

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2024/25
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. 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;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;
- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and

- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1 Apr to June		QTR 2 July to Sept		QTR 3 Oct to Dec	QTR 4 Jan to Mar
			8 th April 2025	17 th June 2025	31 st July 2025	29 th Sept 2025	15 th Dec 2025	23 rd Feb 2026
Preliminary Matters								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓	✓	✓
Committee Governance								
Development of Committee Annual Programme of Business 2025/26	DoCG	AN	✓					
Review of Committee Programme of Business 2025/26	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report The cause/effect of the relationship between staff absence and financial risk to be clarified in the risk	DoCG	SI	✓	✓	✓	✓	✓	✓

paper (Action for December's meeting) FPC/0929/07								
Annual Review of Committee Terms of Reference	DoCG	AN	✓					
Corporate Information Report	DoCG	AN	✓					
Annual Review of Committee Effectiveness 2025/26	DoCG	AN	✓				✓ D	✓
Outcome of annual Review of Committee Effectiveness 2025/26	DoCG	AN						✓
Committee Annual Report 2025/26	DoCG	AN						✓
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
AB Escalation Framework	DoSP&P	AN					✓	
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P							✓
Ophthalmology Business Care Progress	COO	Ad hoc						✓

Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including Revenue Budget Allocation letter	DoF&P	AN						✓
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Audit Wales Eye Care report							✓	
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P					✓		
Stroke Improvement Plan Update Report	DoT&HS		✓					
Theatres Efficiency	DoSP&P				✓			
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓			✓		✓

Freedom of Information Act Report	DoCG	AN							✓
Digital and IM&T									
Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓	✓
Capital, Estates and Facilities									
Estates Compliance including compliance with Health Technical Memorandums	COO	AN							✓

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

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	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 2025-26

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

Meeting Dates	17 June 2025	31 July 2025	29 September 2025	15 December 2025	23 February 2026
Independent Members					
Richard Clark					
Iwan Jones					
Helen Sweetland					
Dafydd Vaughan					
Neil Patrick					
Akmal Hanuk					
Executive Directors					
Nicola Prygodzicz					
Robert Holcombe					
Hannah Evans					
Paul Solloway					