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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 21 MAY 2025 AT 09:30

HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Michelle Kirkham	MK	Professional Head of Radiotherapy (Item 1.4)
Mark McIntyre	MM	Deputy Director People and Culture (Item 3.5)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Adam Pearce	AP	Service Lead for Welsh Language and Equalities (Item 3.6)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)

Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
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1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/001)
The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.
1.2 DECLARATIONS OF INTEREST (PTHB/25/002)
No interests were declared in addition to those already declared within the published register. It was acknowledged that that the register of interests had been included within the agenda for reference.
1.3 BOARD ACTION LOG (PTHB/25/003)
The action log was presented, and it was noted the following: <i>PTHB/24/131: Peoples Experience Framework to be brought to future Board for discussion.</i> This continues to be a risk that has not been delivered to the original timescale and requested a new timescale of September 2025. It was noted that the national framework had now been received and was being developed and this is being closely monitored by the Patient Experience, Quality and Safety Committee. The Board REVIEWED and ACCEPTED the action log.
1.4 STAFF AND PATIENT EXPERIENCE STORY (PTHB/25/004)
CM introduced the item and Michelle Kirkham, Professional Head of Radiography, presented to the Board an overview of the rationale and strategic objectives of the Capital Equipment Replacement Programme of radiology equipment at sites across the County. CC expressed his gratitude to MK for sharing the update on the programme in a meaningful and encouraging way with the Board. CM advised that this is the beginning of the journey in the Radiology team and a further project will be undertaken to replace the software with a further update presented to the Board on that work as it progresses.
1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/005)
CC advised that no questions from the public had been received.
1.6 UPDATES FROM: (PTHB/25/006)
REPORT FROM THE CHAIR CC presented the report and drew attention to the following matters: <ul style="list-style-type: none"> - Recruitment is underway for the Executive Director of Nursing, Quality, Women and Family Health role. - As part of accountability arrangements, CC has recently completed his own appraisal with the Cabinet Secretary with objectives set which will be

reflected in the objectives agreed with Independent Member colleagues and the Chief Executive.

CC invited any questions.

Regarding the Ministerial Advisory Group (MAG), are there confirmed timescales in place in order for the Board to understand the consequences for this Health Board?

HT advised that the Chair and herself had attended the launch event and emphasised the need to implement recommendations swiftly, with many set within a three-month timeline. Updates on the Annual Plan will incorporate responses to these additional recommendations ensuring their impact on delivery is addressed. Progress and assurance updates will be brought to the relevant Committee and Board.

REPORT FROM THE VICE CHAIR

KWi presented the report and invited any questions.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and drew attention to the following matters:

- The outcome from the Judicial Review for the Emergency Medical Retrieval and Transfer Service (EMRTS) is still awaited. This will be reported to Board when received.
- Drew the Board's attention to the launch of the work being undertaken by Hywel Dda University Health Board, which is due to start later this month, with regards to services to communities of Powys served by Bronglais Hospital, Aberystwyth. HT will ensure the consultation and response to the proposed changes are brought back to the Board.
- Staff have recently had the opportunity to nominate for the Staff Excellence Awards and the announcement of the shortlisted finalists is imminent.
- The Waiting Well Service team had been recognised at the National 3Ps Awards; where the team were highly commended for Patient Focus.
- Wished good luck to the Dental Service who have been shortlisted for the UK antibiotic guardian awards for their work in Antimicrobial Prescribing in Dental Practice.

HT invited any questions.

Following the recent Exercises Solaris, are there any lessons learnt coming through from the National Covid Inquiry that can be drawn upon and shared more widely?

MB responded that Powys Partners recently participated in the All-Wales Exercise Solaris, which was at Local Resilience Forum level and aimed at refining pandemic planning ahead of a larger UK-wide exercise in the autumn. The exercise provided valuable insights, informing updates to internal plans and regional strategies. The lessons learnt will be incorporated into a forthcoming session report, which will support further revisions to regional planning in preparation for the next exercise. HT further assured that national responses had also been undertaken and the Health Board had participated in that work with colleagues across Wales and Welsh Government (WG), including Public Health Wales.

The Board **RECEIVED** and **NOTED** the Reports of the Chair, Vice Chair and Chief Executive.

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/007)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 13 May 2025. Attention was drawn to the following matters:

- The Draft Accountability Report and Financial Statement for 2024/25 had been received.
- The Draft Head of Internal Audit Opinion had been received.
- The Committee considered the 2024/25 Structured Assessment work undertaken by Audit Wales.
- A helpful update from the Counter Fraud Services had been received and the Committee considered the Annual Report.
- Terms of Reference for the Committee had been slightly revised.

Charitable Funds Committee

CC presented the item which provided an overview of matters considered by the Committee on 17 March 2025.

Delivery and Performance Committee

HB, in RA's absence, presented the item which provided an overview of matters considered by the Committee on the 01 May 2025. Attention was drawn to the following matters:

- The Committee had received a position update on the NHS Escalation.
- The 2024/25 Quarter 4 Annual Delivery Report; the month 12 Financial Report, the Health and Safety Annual Report had been received and the Committee scrutinised and sought assurance on those.
- The Committee considered an In-Reach fragility paper, in regard to drug accreditation linked to endoscopy. This is an ongoing area that the Committee are seeking assurance on closely.
- The Committee has been renamed 'Finance and Performance Committee'.

Patient Experience Quality and Safety Committee

KWi presented the item which provided an overview of matters considered by the Committee on the 29 April 2025. Attention was drawn to the following matters:

- The Committee heard from mental health colleagues on their experience of being in an escalated service and whether there were any lessons that could be learnt in developing the system going forward. The Committee will look at post-escalation performance later in the year.
- Noted the good progress made in the neurodevelopment services, which has been escalated to level 3 using internal mechanisms. Utilising the additional investment from WG has seen the elimination of the internal waiting list. A patient story around neurodiversity services was received and it was recognised that further improvements are still needed. The Committee will continue to monitor performance.
- The People Experience Framework from WG has now been received and there are considerable implications for this organisation that staff are working through.
- The Improvement Plan for Infection, Prevention and Control has been delivered, and the Committee took assurance that the plan has been

implemented and is effective. This item will be taken off the alert section of the Committee report. KWi expressed her gratitude to all those in delivering that Improvement Plan.

KWi invited any questions.

What further assurance could be given to the population of Powys on the improvements likely to be seen for patients in relation to neurodiversity?

KWi and CR noted that the internal waiting list has been cleared which allows referrals to be processed in date order. However, a key concern raised by parents in patient experience discussions was poor communication, particularly regarding their child's position on the list. It was noted that two parent-led groups have been established to produce and design services, ensuring greater involvement with efforts made to strengthen communication. The service continues to refine its model to reduce waiting times whilst also ensuring high quality referrals and swift decision making. The collaborative work with Powys County Council was noted, which will help identify alternative services for children when the Neurodevelopmental pathway is not appropriate. CR advised that operational improvements have focused on increasing efficiency, maximising clinical opportunities and enhanced multidisciplinary team arrangements. Over the past eight months, more than 500 children have been seen, which has helped to enable timely care for new referrals. The next step will be to undertake broader transformation within the service.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 19 May 2025 and advised that the report will be received at the next Board meeting.

Workforce and Culture Committee

JOA presented the item which provided an overview of matters considered by the Committee on the 13 March 2025. Attention was drawn to the following matters:

- The Committee has been re-named People and Culture Committee.
- The Committee is monitoring closely the potential risk of the Regional Investment Funding; given that the funding stream is under review.
- The good work across the workstreams and progress in relation to workforce performance was pleasing to note.
- Powys had a 30% response rate in the NHS Staff Survey and noted that Powys performs higher than the NHS Wales average.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 19 March, 2 April, 16 April, 23 April, 30 April and 7 May 2025.

Attention was drawn to the following matters:

- The Committee had received a Digital First Assurance report that had identified a risk in the replacement of the WCCIS System. The Executive Committee and Finance and Performance Committee will receive further detail, assurance and action plan to address issues.
- The Committee had received an internal debrief on the response to Storm Darragh; where 15 recommendations have been identified to strengthen the approach for any similar incidents in the future.

- An update on the Overseas Nursing Programme had been received; whilst this has been a successful programme for the Health Board and addresses staffing challenges, HT highlighted the particular risk for Powys being able to identify appropriate accommodation requirements which continues to be an area of focus and concern.
- HT provided assurance to the Board that the business case to address capacity issues of Mental Capacity Act/Deprivation of Liberty Safeguards had subsequently been received and approved by the Committee.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda.

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 ANNUAL DELIVERY PLAN 2025/26 (PTHB/25/008)

NJ presented the Board with the key action areas of the Annual Delivery Plan 2025-26, approved at the 26 March 2025 meeting; focussing on risk, recovery and sustainability. The plan outlined critical actions to enhance financial stability and an extensive transformation portfolio. Although not initially supported by WG, refined options will be addressed in the next financial plan report. It was noted that an Accountable Officer letter had been submitted detailing progress and reinforced the importance of delivering the Board approved plan covering transformation, change, and financial priorities. NJ advised that quarterly reporting and change control mechanisms will ensure agility in adapting to strategic objectives. The plan was assessed with high/medium confidence, with some areas of lower confidence depending on external factors. HT emphasised the need to prioritise the lower confidence areas and address interdependencies and noted that further discussions are planned to improve delivery confidence. Given the pressures facing the Health Board the risks to delivery will be monitored throughout the year with further Board engagement if challenges arise. The Board is reminded of the substantial work that remains to ensure its successful implementation.

10.55 – SW left meeting

Independent Members asked the following questions for assurance:

Does the plan include sufficient detail (such as timescales and metrics) to assess impact and delivery?

Would it be helpful to highlight deferred actions from the 2024/25 outturn and clarify how actions carried forward are being assigned?

NJ confirmed that feedback will be shared with the team and highlighted the alignment between directorate work plans and the Integrated Quality and Performance framework which is monitored through the Integrated Quality and Performance Group meetings to ensure detail scrutiny. It was noted that planning and performance frameworks remain part of the same cycle. NJ advised that lessons from last year's plan have been incorporated with actions adapted as opposed to being carried forward to avoid rolling delays. The request to highlight and track actions for the Board will be taken forward and added to the Board action log.

Action: Executive Director Planning, Performance and Commissioning.

What actions are being taken to mitigate the risks associated with the mental health critical action, given the number of areas with low deliverable confidence?
NJ explained that the Better Together Portfolio has been developing, and prioritisation and refinement is ongoing. Mental health aspects are being worked on and are expected in the Quarter 1 report. EL emphasised that since coming out of local escalation, the position has strengthened with a clearer line of sight on risks. As a result, delivery confidence has improved.

Why has the increased recruitment to the Bank under Workforce Futures been scheduled for Q4, given the priority of reducing agency spend?
DWL assured that this is an item of ongoing activity for the full year, through to Q4, due to its importance and underpinning activity to reduce agency spend where possible.

Can alignment between this delivery plan and the Health Board's improvement plan for L4 escalation status be confirmed ensuring that one supports the other?
NJ assured that the annual plan aligned with the escalation criteria, with no new actions currently required and that the plan is continually reviewed and reported on, ensuring agility to adapt to any changes in direction from WG throughout the year.

What process or criteria is in place to determine what a critical action is?
NJ advised of the quality decision making process in determining critical actions; an all-executive discussion helped shape the approach with strategic risk work informing future priorities. In the recovery space, discussions are ongoing with Board and WG whilst acknowledging the need to be sustainable and transform for the longer-term.

There is a low-level assurance for Trusted Assessors. How can the Health Board work with partners to implement a Trusted Assessor model to address assessment delays, given their impact on patient experience, quality and financial pressures?
NJ confirmed the ongoing alignment of plans. EL referred to the significant improvements in the Trusted Assessor model (with assessment delays reduced by 54%). The model is working effectively at Cottage View, Knighton noting that a formal evaluation is still in progress. Efforts are underway to assess its integration with the local authority and share best practice. EL noted that challenges remain but the goal is to improve confidence from low to medium. Board will be kept updated through quarterly reports.

HT summarised the discussion noting the connection between the delivery plan and performance trajectories, ensuring clear impact assessment. Carried-forward actions will be summarised in the next report. Some critical actions must be delivered this year, though priorities may shift as the Level 4 escalation process develops. At Quarter 1 no changes have been made, but the Board must remain responsive to emerging priorities. Reporting will clearly distinguish issues beyond the Board's influence or control.

The Board **NOTED** the report and took **ASSURANCE** that this forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan.

4.2 FINANCIAL PERFORMANCE: MONTH 01 – 2025/26 (PTHB/25/009)

PH updated the Board on the financial performance report and brought the following key items to the Board's attention:

- Noted this is a summary report due to data availability.
- The Annual Plan submitted to WG was for a £38.4m deficit with an ambition to reduce this to a £16m deficit
- As at month 01, there is an overspend of £3.4m, against the planned year to date deficit of £3.2m giving an operational overspend of £0.2m.
- The main areas of expenditure and control focus are on providers and spend in variable pay, private providers and continuing health care.
- Continue to see system pressure in delayed transfers of care.
- £9.5m savings identified against the savings target of £11m.
- Further emerging pressures in relation to mental health provider expenditure of £2m are occurring but mitigating actions of £2m have been identified.
- Current forecast against further actions identified is £10.1m, with further potential improvement actions identified around variable pay and delayed transfers of care with reduced length of stay. These further actions and figures are being finalised with a potential benefit of £3.7m.
- Current forecast year end position (noting the potential risk of those areas) changes from a deficit of £28.3m, to a deficit of £24.6m. Further actions are needed to reduce the budget forecast gap and improve the financial position.

Independent Members asked the following questions for assurance:

What process will Executive Directors follow to identify further actions to reduce the deficit to £16m and how is progress being monitored is this through the Executive Committee or other mechanisms?

PH outlined the approach to improving financial position and reducing expenditure while maintaining performance and meeting Cabinet Secretary priorities. This process operates across all levels and is monitored via the Executive Committee, Committees and the monthly financial reports to the Board.

NJ stated that commissioning decisions were refined to align with Cabinet Secretary priorities announced on the 07 April, focusing on reducing waiting volumes. The modelling ensures alignment with NHS performance measures, mitigating risks of additional provider costs and reducing patient harm.

Is the underspend in Continuing Health Care and Funded Nursing Care a temporary timing issue, or does it indicate a positive upward trend? What progress has been made in this area?

PH noted that some areas of improvement have been seen, but there is still some way to go. EL advised that there is an improvement programme and significant work is taking place but it is too early to draw conclusions and the Board would be updated in due course.

HT summarised the ongoing discussions with budget holders to meet the substantial financial gap and ensuring options are developed to meet the £16m target. There is regular reporting to the Finance and Performance Committee and Board will have oversight. HT noted that as part of the Targeted Intervention support, WG has requested an external review to stress-test the plan and

arrangements and identify any further opportunities for improvement. CC acknowledged the shared concern over financial slippage but also emphasised the shared ownership and reiterated the importance of timely decisions to maximise impact throughout the financial year and shape the Health Board's strategic direction.

The Board **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/010)

3.3.1 COMMITTEE TERMS OF REFERENCE

3.3.2 POLICIES AND WRITTEN CONTROL DOCUMENTS

HB presented the report to the Board and brought key items to the Board's attention:

- No In-Committee meetings had been held since the last meeting on the 26 March 2025.
- The affixing of the Common Seal has been applied on one occasion.
- The Consent Agenda protocol has been reviewed and recommended to Board for approval.
- A protocol has been developed to guide how the Board and its Committees determine in-Committee agenda items; the Chair's Forum have reviewed the protocol.
- The Board's annual work programme has been developed taking into account the Board's Standing Orders and Scheme of delegation; the strategic and relevant matters identified by the Executive team and Committee Chairs and annual requirements. The work programme will be continued to be monitored.
- HB advised that the Terms of Reference and update for the Health Care Professionals Forum will be reported to the Board in July.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the application of the Common Seal applied on one occasion since 26 March 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- Took **ASSURANCE** the Board and Committee Effectiveness reviews have been undertaken for 2024/25;
- **APPROVED** the Consent Agenda Protocol;
- **APPROVED** the Protocol for In-Committee meetings;
- **APPROVED** the Boards annual work programme for 2025/26 noting it will change according to business need throughout the year.

HB presented the Board Committee Terms of Reference report for the Board to consider and approve the proposed revisions to the Terms of Reference of Board's Committees. HB drew attention to the following:

- Some areas of work are suggested to report to an alternative Committee.
- Delivery and Performance Committee to be renamed to Finance and Performance Committee. The Corporate Governance team will ensure the amount of time available for scrutiny, particularly in respect of financial performance, is made available.

- The Policy for Written Control Documents is for the Board's consideration and noted that compliance will be monitored by the Executive Committee and assurance brought to Board.

The Board:

- **NOTED** that all Committees have reviewed and endorsed the proposed amendments as referenced above (with the exception of the Planning, Partnerships and Population Health Committee who meet on the 19 May 2025), and
- **RECEIVED** and **APPROVED** the proposed revisions to the Terms of Reference.
- **APPROVED** the Management of Policies and Other Written Control Documents.

3.4 STRATEGIC RISK AND RISK APPETITE STATEMENT (PTHB/25/011)

HB presented the Board with the proposed risks for the constitution of the Strategic Risk Register and outlined the proposed revisions to the Board's risk appetite statement. HB advised there is a section included within the report on the previous corporate risk register and tracking of associated actions and risks to ensure none are overlooked. A recommendation is included regarding the previous corporate risks, with options to de-escalate, maintain or further assess, requiring agreement from the Board. The Board risk appetite has been reviewed collectively, and the framework serves as a guide for balanced decision making. A constructive discussion had taken place in April, highlighting key areas for consideration and change: Performance and Service Sustainability; Financial Sustainability and Innovation and Strategic Change. HB advised that the discussions held in Board Development Workshops had been incorporated into the paper in a balanced manner.

Independent Members asked the following questions for assurance:

Is it appropriate to move to a minimal risk appetite for financial sustainability; as a similar approach for the Health Board's risk appetite towards quality?

KW advised quality is a key priority, with appetite for risk very low. Quality service will deliver efficiency and there is a constant balance on quality and finance.

What is the rationale for de-escalating the cyber attack risk? Has there been a cross-checking exercise?

HB welcomed the discussion and questioned whether "de-escalate" is the right term, suggesting "repositioning" may be more appropriate. Cyber security is considered an operational risk but remains part of the broader strategic digital risk owned by the Board. Risk owners are expected to be Executive colleagues, guided by the Board, with accountability for delivering actions aligned with governance frameworks such as the Orange Book and Audit/Treasury guidance. HB noted the need to ensure accurate reflection and ongoing development, with plans to bring the detailed proposal back to the Board. The proposed approach could serve as a working basis for further refinement and development. CM responded from a digital perspective that consideration is being given to having an over-arching Public Emergency type risk and Executive colleagues will reflect on the discussion.

It was agreed that the Executive Committee and Audit Risk and Assurance Committee would further discuss the financial sustainability risk appetite categorisation and the reflection and assessment on the cyber security risk, before finalising the detail for approval.

Action: Director of Corporate Governance

The Board:

- **RECEIVED** and **APPROVED** the newly developed strategic risks descriptors included at Appendix 1 and took **ASSURANCE** that it is a complete and a true reflection of the Health Board's current strategic risks, noting further consideration would be given to the placement of the financial sustainability and cyber/digital risks
- **RECEIVED** and **APPROVED** the recommendations regarding the actions to close the previous Corporate Risk register and took **ASSURANCE** that the risks contained in the previous risk register will be appropriately managed going forward.
- **RECEIVED** the revised Board's risk appetite statement which would be subject to further review in relation to financial sustainability.

3.2 INTEGRATED QUALITY AND PERFORMANCE FRAMEWORK (PTHB/25/012)

NJ presented the annual review of the Integrated Quality and Performance Framework (IQPF) which had been approved by the Executive Committee on the 14 May. The revised framework included learning from the first round of Integrated Quality and Performance (IQPG) meetings; strengthening of the arrangements for performance management, monitoring and oversight of commissioned services; and increased focus on quality monitoring. The report references the Strategic Commissioning Framework that is being developed building on the previous framework ensuring that is current and will be brought to the Executive Committee in June and onto Board.

CR advised that this updated framework clearly demonstrates how the organisation fulfils their duty of quality control and improvement. The guiding principles convey that the organisation is quality led in terms of culture of improvement of innovation and promoting excellence and quality. There is a focus on transparency and accountability.

Independent Members asked the following questions for assurance:

Is there a dis-connect between the golden thread of quality and safety in the framework and what is monitored via the Integrated Quality and Performance report where there are only a few quality measures monitored? What is the monitoring ambition for the next iteration of the framework?

NJ highlighted that the majority of the Integrated Quality and Performance report is based on national measures dictated by WG and a balanced scorecard approach is used. NJ noted that CR is looking at local measures and local reporting. CR acknowledged the challenge in measuring qualitative data and that ongoing maturity in this area is expected. KW stressed that outcomes are important and should be the focus moving forward. NJ noted the need to integrate the outcomes framework into commissioning processes. NJ will request that the Patient Experience, Quality and Safety Committee receive a report that aligns the

Integrated Quality report and the outcomes to ensure it is fully aligned and equally visible. A brief discussion took place around how the Board remain sighted on this. NJ and HB will review to ensure the Board receive an update on the progress of the work at a relevant point; noting that reports will go through to Finance and Performance and Patient Experience, Quality and Safety Committees.

Action: Director of Corporate Governance and Executive Director Planning, Performance and Commissioning.

The Board **APPROVED** the updated Integrated Quality and Performance Framework for implementation within the Health Board.

3.5 HEALTH AND SAFETY ANNUAL REPORT (PTHB/25/013)

DWL presented the Health and Safety Annual Report. MM brought the below key items to the Board's attention:

- Audit Report Outcome – one outstanding recommendation remains which links to the Health and Safety policy. DWL advised that work is underway to refine governance arrangements which will be incorporated into revised policy and training requirements adjusted to ensure proportionality. It is aimed to complete this work by the end of quarter one.
- There have been no Health and Safety Executive (HSE) interventions.
- There has been some increase in RIDDOR reportable incidents but there are no apparent patterns to this increase.
- A reduction in incidents in relation to physical contact has been recorded, however, there has been an increase in overall incidents; which will be an area of focus in the coming year.
- Training: overall compliance remains relatively stable throughout the year. There has been a slight decline in compliance levels for Prevention and Management of Violence and Aggression training which will be addressed via targeted engagement during 2025/26.

Independent Members asked the following questions for assurance:

How does the Health Board ensure staff are aware of ongoing compliance and training requirements, and how are staff actively encouraged to complete necessary training to provide assurance to the public?

MM advised that compliance is closely monitored and reviewed monthly with regular engagement between services and frontline managers to ensure necessary renewals. Toolbox talks are used to disseminate key information to staff and improve understanding. Efforts focus on a proportionate and risk-aligned approach to formalised health and safety training, ensuring targeted compliance.

Were the 70 reported incidents of violence and aggression primarily within inpatient clinical areas, or did they occur in home and community settings? What support is provided to affected staff?

MM advised that there is growing evidence that incidents are occurring across a broader range of service areas and not just within mental health services. Whilst incidents still predominantly occur in physical hospital sites the trend suggests a wider impact across the NHS. Work is underway to enhance data analysis to guide targeted interventions. MM noted that WG have established a Workforce Safety Board and that the Health Board remains engaged with the initiative while continuing local proactive measures.

The Board **APPROVED** the Health and Safety Annual Report.

3.6 WELSH LANGUAGE ANNUAL REPORT (PTHB/25/014)

DWL presented the report to the Board and drew attention to the following matters:

- Increased translation activity.
- An increase in Welsh language awareness training provided to staff with 38 individuals completing some form of Welsh language training.
- As part of increasing the active offer; 77 Welsh language lanyards have been issued; are continuing to promote the use of badges and have publicised a logo for use on uniforms.

Independent Members asked the following question for assurance:

Have any of the Overseas Recruited Nurses accessed the Welsh language training?

AP confirmed that the training is open to all staff, regardless of role, but was not aware if any of the Overseas Nurses had taken up the training offer.

The Board **APPROVED** the Welsh Language Standards Annual Monitoring Report. The report will be made available in both Welsh and English and made available to the public by publishing on the Health Board's website.

3.7 MINUTES OF PREVIOUS MEETING HELD ON 26 MARCH 2025 (PTHB/25/015)

The minutes of the meeting held on the 26 March 2025 were **AGREED** as an accurate record.

4. ITEMS FOR BOARD ASSURANCE

4.1 ESCALATION AND INTERVENTION STATUS: LEVEL 4 (PTHB/25/016)

HT presented the Welsh Government escalation and intervention arrangements update to the Board, noting that the Health Board status increased from Enhanced Monitoring (Level 3) for Finance, Strategy to Targeted Intervention for the same domain on the 05 November 2024, remaining in routine monitoring for all other domains.

HT took Board members through the roles and responsibilities relating to Level 4 escalation. At Level 4, Welsh Governments (WG) role increases beyond oversight to include offering support, mentoring, expert advice and review due to serious concerns, particularly around the organisation's finance strategy and planning.

Key points included:

- WG acting as a 'critical friend' providing benchmarking and encouraging shared approaches across NHS Wales.
- The NHS Executive also contributes targeted support especially in finance and planning.
- A Senior Responsible Officer (SRO), NJ, has been appointed to co-ordinate efforts.
- Clear governance structures and board-level oversight are being implemented.
- The Health Board must create a Level 4 action plan, provide quarterly progress updates and demonstrate improvement against the escalation issues.

HT outlined the de-escalation criteria from Level 4 whereby the Health Board must meet all formal criteria across strategy, planning and finance:

- Submit a balanced and credible 3-year medium-term plan or an acceptable annual plan aligned with the planning framework.
- Demonstrate Board clarity on the organisation's strategic vision.
- Show a clear roadmap and implementation of the Clinical Services Plan.
- Provide evidence of maturity in planning through self-assessment and W G confidence.
- Deliver on the Health Board plan, especially ministerial priorities and national expectations.
- Ensure strong financial governance and controls are in place.
- Make substantial progress on the Level 4 action plan particularly in understanding the deficit and identifying improvement opportunities.
- Secure board-approved annual plans with a clear trajectory for financial improvement.
- Meeting WGs set control total of at least £12m in financial improvement.

HT advised that WG have asked for the Health Board to procure an additional independent review to stress test the Health Board's plans and arrangements: ensuring contracts are monitored within available resources; developing sustainable improvement plans to address a key financial pressure; strengthening capability to deliver sustainable services and financial improvements and ensuring audit expertise is aligned to key de-escalation criteria.

HT concluded that the Health Board is committed to full Board ownership and delivery against the Level 4 de-escalation criteria through its in-year annual plan. Progress on the Better Together transformation programme will be essential particularly in building long-term financial sustainability through strong engagement with staff, partners and public. Internally, there is a clear focus on ensuring organisational awareness and involvement including enhanced oversight, audit actions and targeted escalation groups. Collaboration with local authorities and neighbouring health boards will be critical to success.

Independent Members asked the following questions for assurance:

- *Has WG set any specific timeline for meeting the de-escalation criteria?*
- *How is the Executive Committee managing the additional capacity demands, especially with NJ as SRO?*
- *Are there active conversations with other health boards in similar positions to share lessons and approaches to managing escalation?*
- *Beyond governance arrangements are there specific examples of improvements the Health Board can adopt from other boards' experiences?*
- *Does the de-escalation criterion suggesting a need for Board clarity on strategic vision imply a gap in understanding or a difficulty in delivering the vision within available resources?*
- *How should the organisation manage the tension between resource-constrained commissioning and the pressure to meet ministerial targets such as reducing waiting lists?*

HT explained that whilst the original financial plan was developed there is now a clear gap between that and WGs expectation for a faster pace towards financial balance. It was noted that capacity remains a challenge as this escalation is regulator driven and must be absorbed by the organisation. The independent review is seen as a

constructive tool to help identify further actions and provide assurance. Learning from other health boards is beginning with shared insights at Chief Executive, finance, governance and planning levels, especially through the WG led Value and Sustainability Board focusing on cost drivers across NHS Wales. The organisation's strategic vision (in place to 2027) remains valid. Finding the right balance between financial recovery and maintaining standards in performance, outcomes, leadership and governance is a priority, with the Board focused on avoiding further escalation in those areas.

Is there a process in place to identify and consider potential areas for disinvestment, where services may not be delivering appropriate outcomes, alongside the work of the Investment and Benefits Group?

HT advised that the Investment and Benefits Group are reviewing investments and the benefits and outcomes. Initial discussions are taking place around non-essential services but further work is needed and assurance will be brought to the Board on this work.

Can assurance be provided that the Health Board is engaging with the Local Authority on Continuing Health Care? Will there be crossover or shared learning between the Health Board's independent review and the recent review undertaken by the Local Authority?

HT advised that shared learning and actions will be key for both organisations, which will be discussed in the Joint Leadership Team space.

When referring to audit expertise is this in relation to a need for additional audit capacity or is there a concern about the current level of internal audit robustness?

HT advised that there had been awareness of the de-escalation criteria areas when the Internal Audit Plan was set, so it does cover some of the areas. Further discussion will take place with Audit, Risk and Assurance Committee members and WG on whether it is considered adequate or requires further targeted audit activity as part of Targeted Intervention.

What are the likely implications of this work for the population of Powys; and how can they be involved in supporting this agenda going forward?

HT stated that there is a commitment within the Better Together programme to undertake engagement with the Powys population, to allow involvement in the scale of the challenge and choices for the future.

The Board:

- **RECEIVED** the report
- **NOTED** the escalation framework in place (appendix 1).
- Took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees).
- **APPROVED** the governance arrangements in place to support escalation status (slide 8).
- **NOTED** the procurement specification for external support will be approved by the Chair and Chief Executive.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25: MONTH 12 (PTHB/25/017)

NJ presented the Integrated Quality and Performance Report providing an update on the latest available performance position up until the end of March 2025 (month 12) and drew attention to the following matters:

- Referral to treatment compliance remains positive meeting the 104-week waits.
- Therapies waits remain robust with no patient pathways waiting longer than 14 weeks.
- All measures for children and young people mental health and urgent emergency care measures relating to MIU units remain good.
- Diagnostics compliance: there continues to be a small number breaching. An improvement plan is in place and will be reporting against that trajectory going forward.
- Adult MH measures: there has been volatility throughout year due to small teams but there is general improvement, and mitigating actions are detailed within the report.
- The escalation process has been tested with mental health throughout the year, with significant improvements.
- Children and young people neurodevelopment remains in escalation with further to go to achieve sustainability. There are a number of improvements recorded including the eradication of internal waiting list and no over 104-week waits.
- Commissioned services in NHS Wales: improvement seen for patients waiting for secondary and tertiary care. Waiting times falling in other health boards. This remains a Cabinet Secretary priority and expect to see further improvement for Powys patients in line with that.
- Differential of NHS Wales and NHS England is outlined in the report. There had been 39 long waits (at 104 weeks) in Robert Jones Agnes Hunt hospital. The Health Board remain in close discussion with providers.

Independent Members asked the following questions for assurance:

In relation to colonoscopy, given the unavailability of the in-reach consultant, will the joint Band 7 practitioner have the desired impact?

EL noted the challenges that exist in the in-reach services, with work continuing to stabilise the provision. Whilst there is no finalised position as yet, the fragilities are acknowledged. EL noted that a new staff member will make a difference but stabilisation remains necessary; and should improvements not be seen the issue will be escalated through reporting and rapid changes implemented as required.

The challenges of the in-reach service continues to be an issue. What can be done differently in this area to get a different result? What is the level of confidence going into the new financial year that there will be more stability in the Adult Mental Health service and moving towards improved compliance with targets? From a patient experience perspective, is this the best model and when will a positive impact be seen?

KW advised that a key appointment, Assistant Medical Director Steve Edwards, will focus on clinical pathways, quality and outcomes, with active efforts to drive effective change despite capacity constraints in other health boards. KW noted the importance of working within the areas that can be influenced. NJ stated that the

Planned Care and Diagnostics Care Board is assessing priorities and different models, potentially involving strategic partnerships, insourcing or outsourcing, with insourcing proving particularly valuable for children's neurodevelopment services. A systematic review of these approaches is planned for the second half of the year. EL highlighted the strong performance of Children and Young People services, with consistently high delivery levels, and noted improvements in adult service delivery.

The Board:

- **DISCUSSED** the content of this report; and
- Took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

4.3 ANNUAL DELIVERY PLAN 2024/25 QUARTER 4 PERFORMANCE (PTHB/25/018)

NJ provided the Board with an update of the progress made against the Integrated Plan for the Quarter 4 period (January to March 2025). NJ noted that the end of year report outlines both achievements in process and clinical service changes, as well as areas that were behind schedule or not delivered. During discussions with the Finance and Performance Committee a specific concern was raised regarding access to primary care. This issue was addressed and has been removed from the current report and incorporated as an additional deliverable within the 2025/26 plan to ensure this key aspect of patient experience is appropriately prioritised moving forward.

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

4.4 BETTER TOGETHER PORTFOLIO UPDATE (PTHB/25/019)

DWL presented the update to the Board on the progress and next steps of the Better Together Transformation portfolio and drew attention to the following matters:

- Public engagement has commenced and will run until the 25 May 2025.
- Accelerated community and adult mental health services and clinical workstreams are in place to support the portfolio.
- There is comprehensive engagement activity in place internally and externally with a range of workshops arranged or being organised.
- External support has been procured to support engagement and consultation which offer some impartiality.
- Next steps include 'check and challenge' sessions. DWL reminded that the public consultation on the options will commence in October 2025 until January 2026.
- The portfolio and workplan is not without risks or challenges; however, good progress is being made within the timeline.

CC noted that this had been a subject of detailed conversation with Board members and this will continue. It was assuring to know that whilst capacity is at a premium, work is on track for this very key and crucial area of operations. CC expressed gratitude to the team and looks

ed forward to engaging with the people of Powys to provide the best possible and timely health care for the population.

The Board:

- **NOTED** and took **ASSURANCE** on the progress made in relation to the delivery of Better Together.
- **ENDORSED** the strategic direction and proposed timetable, recognising alignment with Health Board strategy, national policy and legal duties, including the Duty of Quality.
- **NOTED** the planned forward activity.
- **NOTED** the risks identified and mitigating actions in place.

4.5 ASSURANCE REPORT FOR TEMPORARY SERVICE CHANGES (PTHB/25/020)

KW presented the report providing an update ahead of the full evaluation to Board in July. It was confirmed evaluation and monitoring were ongoing, mitigations are in place and there are no items to escalate.

Independent Members asked the following question for assurance:

Have all the consultations taken place, or are there more to do?

KW confirmed that the planned contact at 3 months has been undertaken and will be repeated imminently before the 6monthly check in.

The Board **RECEIVED** the update on progress to date including the evaluation and monitoring plan and took **ASSURANCE** in relation to the delivery of the mitigation plan.

4.6 SPEAKING UP SAFELY AND RAISING CONCERNS REPORT (PTHB/25/021)

DWL presented the paper providing an update on the actions defined under section 6 of the Speaking Up Safely framework. The Executive Committee had approved for the closure of the actions and to transfer the work into business as usual, which will continue to be overseen by the Speaking Up Safely Group and reported to the People and Culture Committee. Since 2023, there have been 12 speaking up safely submissions which were assessed as low level and did not require any further intervention.

CR emphasised the importance of the framework as a key component in fostering psychological safety across both clinical and non-clinical environments. The principles and accountability outlined within it provides a strong foundation for integrating quality and performance. This framework is not an isolated initiative but rather a crucial vehicle for deploying broader organisational improvements and ensures that clinicians and practitioners feel empowered to speak up safely remains a vital priority.

The Board took **ASSURANCE** that PTHB has met its obligations in meeting the specific requirements set out in section 6 of the national SUS Framework, and Welsh Health Circular 2023/036.

4.7 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/022)

KB presented the Regional Directors report to the Board and drew attention to the following matters:

- Llais had recently published a report on Swansea Bay University Health Board maternity services.
- Llais local meetings have been scheduled in Machynlleth and Ystradgynlais, noting that all colleagues are welcome to attend.
- Llais have visited both co-location sites for Ready to Go Home Units and Rehabilitation, where positive feedback has been received. KB referenced potential unintended consequences and would hope that this is considered within the evaluation report for Temporary Service Change.

CR assured Llais and the wider Board that an assessment of potential women accessing maternity services had already been conducted prior to the publication of the Swansea report, with proactive communication ongoing. Women receiving commissioned maternity care are actively engaged post birth to provide feedback, informing future commissioning decisions.

KW confirmed that all findings of the Temporary Service Changes will be incorporated into the evaluation and that there are mechanisms in place to ensure comprehensive coverage. Valuable learning from this process will be considered in decision making moving forward.

JOA sought confirmation on whether the public feel they are able to provide feedback on areas needing improvement and whether this input is being effectively captured for monitoring and enhancement. KB gave assurance that while not all feedback constitutes a complaint, sometimes it relates to accessing information. Llais serves as a conduit for public concerns and ensure options are well promoted within the Health Board. Following any Llais local engagement, an action plan is developed based on discussions and shared with the Health Board, Local Authority and third-sector partners to assist with improvements.

The Board **NOTED** the report.

5. CONSENT AGENDA

The below reports were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements
- **FOR ASSURANCE:** Assurance Report of the Board's Local Partnership Forum (08 April 2025)
- **FOR ASSURANCE:** Committee Annual Reports:
 - Audit, Risk and Assurance Committee;
 - Delivery and Performance Committee;
 - Patient Experience, Quality and Safety Committee, and
 - Planning, Partnerships and Population Health Committee
- **FOR ASSURANCE:** Committee Work Programmes
- **FOR ASSURANCE:** Partnership Governance Framework
- **FOR INFORMATION:** Glossary.

6. OTHER MATTERS
6.1 ANY OTHER URGENT BUSINESS (PTHB/25/023)
No other urgent business was raised.
6.2 DATE OF NEXT MEETING (PTHB/25/024)
The next meeting is scheduled for Wednesday 25 June 2025.
<i>Meeting closed 14:55</i>
The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <i>"Representatives of the press and other members of the public shall 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"</i>
Present

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
In Attendance		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Apologies for absence		

7. CONFIDENTIAL MATTERS

The following motion was passed:

Representatives of the press and other members of the public shall 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.

7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/25/25)

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

7.2 DECLARATIONS OF INTEREST (PTHB IC/25/26)

No interests were declared in addition to those already declared within the published register.

7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS AND ACTION LOG (PTHB IC/25/27)

The minutes of the In-Committee meetings held on 26 March 2025 were **CONFIRMED** as an accurate record.

It was confirmed there were no outstanding Board In-Committee actions.

7.4 CHIEF EXECUTIVE BRIEFING (PTHB IC/25/28)

Rationale for item being held in private: Commercially sensitive.

The Board **NOTED** the update provided in relation to Out of Hours procurement.

7.5 COVID-19 PUBLIC INQUIRY UPDATE (PTHB IC/25/29)

Rationale for item being held in private: Legally privileged.

The Board:

- **NOTED** and took **ASSURANCE** from the update
- **NOTED** that the dedicated COVID-19 Inquiry Programme Manager role will end in September 2025 with future requirements managed through business as usual processes.

7.8 ANY OTHER BUSINESS (PTHB IC/25/30)

There was no other business.

The meeting closed at 15.16