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Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 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
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
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
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
Stuart Bourne	SB	Consultant in Public Health
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Chris Moss	CMo	Assistant Director of Performance and Commissioning
Samantha Ruthven-Hill	SRH	Assistant Director of Planning
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning

Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/69)

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

CC recognised that it was the last Board meeting for KWi, Vice Chair, who would be leaving the Health Board on the 30 September to take up a new role as Chair of Cardiff and Vale University Health Board and for CR who would be retiring on the 10 October.

CC 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/25/70)

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

1.3 BOARD ACTION LOG (PTHB/25/71)

The action log was presented, and it was noted that there were two open actions:

- The Integrated Quality and Performance Framework update would be provided at Item 4.3 on the agenda.
- The People Experience Framework item is overdue. CR advised that a detailed report would be presented to the Patient Experience, Quality and Safety Committee in October and onto Board in November. The Board agreed a date change to November 2025.

The Board **REVIEWED** and **ACCEPTED** the action log.

1.4 PATIENT EXPERIENCE STORY (PTHB/25/72)

CM introduced the patient experience story to the Board, and a video of the patient story was presented.

CC expressed gratitude to the patient for sharing their story, highlighting its thought-provoking and affirming nature and emphasised the value of the service and the expertise of the staff.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/73)

CC advised that no questions from the public had been received.

CC acknowledged that the Annual General Meeting had taken place on the 15 September 2025, where a number of questions from the public were received and answered.

1.6 UPDATES FROM: (PTHB/25/74)

REPORT FROM THE CHAIR

CC presented the report and invited questions. CC advised that the Public Services Ombudsman for Wales annual correspondence had contained some inaccuracies, which the Ombudsman will correct and reissue. The letter was withdrawn, and the corrected version would be reviewed at the Patient Experience, Quality and Safety Committee and return to Board in November 2025.

REPORT FROM THE VICE CHAIR

KWi presented a verbal update and highlighted the following key points:

- The Power of Discharge Committee had convened and continued to be an invaluable resource, ensuring compliance with mental health legislation.
- The Regional Partnership Board (RPB) and its associated boards have been engaged in several development sessions aimed at shaping the future work of the RPB.
- This meeting marked KWi's last as Vice Chair. KWi expressed heartfelt gratitude to all Board colleagues for their support, camaraderie and friendship. Special thanks were extended to every member of the Health Board staff for their unwavering dedication to providing the best possible service to the people of Powys.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and invited any questions.

Given the recent changes and new proposals for stroke services, how will the absence of an all-Wales plan affect the strategic vision for Powys and other health boards?

KW acknowledged the complexity of stroke services and noted that potential service changes are being discussed. The health boards were actively engaged in reviewing these changes, working through the implications and safeguarding the treatment of residents; it is clear that a joined up plan is necessary. KW chairs the Mid Wales Advisory Group, which reviewed and commented on changes in the Mid Wales area. This work was commissioned, providing an opportunity for shared learning. KW believed that one of the recommendations would likely be to address the issue at a national level, not just regionally. This is a work in progress and something that would be promoted. HT added that the various pieces of work were regularly discussed, with a need to contain and review them at a national level. Further discussions would take place to address some of these issues, particularly relating to stroke.

Are the new third sector commissioning framework and the strategic commissioning framework aligned? Will service providers be involved in discussion during the third sector review to address their concerns and will the outcomes of the third sector commissioning work support the strategic frameworks?

HT acknowledged that reviews could cause concern, but the framework ensures a thorough approach involving conversations and input from relevant organisations. Work will continue through quarter three, reporting back to the Executive Committee and other appropriate committees. HT emphasised the complexity of aligning various frameworks at local, regional and national levels and the importance of prioritisation. The annual delivery plan will integrate these elements, with performance monitored through Board reporting and a clear change control process in place.

Can you provide assurance that there is a mechanism in place to deliver actionable and measurable improvements from the Grant Thornton work in real time, rather than waiting for a formal report?

HT assured the Board that Grant Thornton has been appointed to support the externally escalated review of finance, planning and strategy, with a focus on financial sustainability, commissioning and continuing healthcare. Fieldwork is already underway, and findings will be shared in real time, rather than waiting for formal reports, to help the Board take timely and unified action to improve the in-year financial position.

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/25/75)

The following Chair's Assurance Reports were received:

Charitable Funds Committee

CC presented the item which provided an overview of matters considered by the Committee on 15 September 2025.

Finance and Performance Committee

HB (in the absence of the Chair of the Committee) presented the item which provided an overview of matters considered by the Committee on the 2 September 2025. Attention was drawn to the following matters:

- The Committee received the month four financial performance report and month three Integrated Quality and Performance report, giving the Board assurance that those earlier reports had been scrutinised by the Committee.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 14 August 2025. Attention was drawn to the following matters:

- The Committee were updated on the responsibilities of the Health Board regarding Additional Learning Needs and the need for compliance is expected to increase; the Committee will receive a further update in six months' time.

Patient Experience, Quality and Safety Committee

KWi presented the item which provided an overview of matters considered by the Committee on 31 July 2025. Attention was drawn to the following matters:

- Pleased to note that the Executive Committee had de-escalated the Children and Young People Neurodevelopmental service, following notable improvements and staff efforts. Parent groups have been introduced, providing valuable feedback and helping shape the service. Further updates on financial sustainability and qualitative data would be shared at the next Committee.
- Patient Experience: The Committee had raised concerns about capacity but were pleased to note that a dedicated resource is now in place to co-ordinate the organisation's various patient experience collection methods.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 23 July, 06 August, 15 August, 20 August and 03 September 2025. Attention was drawn to the following matters:

- Digital Infrastructure: The Committee discussed the need to replace the WCCIS system, with ongoing work feeding into the national programme led by Digital Health Care Wales.
- Radiology Equipment Upgrade: A replacement programme for radiology and PACS systems is progressing, supporting improved information sharing across Health Boards.
- Digital Maturity Assessment: A self-assessment of digital maturity had been completed and submitted as part of the national review across Wales.

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

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/76)

KB presented the report to the Board. The following key items were brought to the Board's attention:

- Hywel Dda University Health Board (HDUHB) Stroke Services Consultation: Noted significant public concern regarding proposed changes to stroke services, particularly in light of temporary changes in neighbouring Health Boards. Llais is advocating for a more coordinated approach for Powys patients and will be making representations to HDUHB, which they are happy to share with the Health Board.
- Engagement event held in Crickhowell regarding Nevill Hall Hospital was well attended. Feedback from the event has been submitted to Aneurin Bevan University Health Board as part of the consultation process.
- Additional Updates:
 - Dates for upcoming Llais Local events were included in the report.
 - Llais had attended all Better Together engagement and deliberative events, but not the Options Appraisal to maintain independence.
 - Recruitment underway for a Complaints Advocacy and Engagement role.
 - Recently informed of a review into Shrewsbury and Telford Hospital concerning maternity and other care issues, this will be followed up as more details emerge.
- On behalf of Llais Powys and Llais Wales, KB wished KWi and CR the very best for the future.
- Concern raised about an overreliance on digital communication, which is not unique to Powys and is being observed more broadly

KB was invited to make observations on the reports scheduled for Board, KB commented as follows:

- Whilst the Strategic Commissioning framework report references the duty of quality and candour, it is important to note that commissioned services are also subject to legislation related to the Citizens' Voice Body this includes aspects such as public representation and visits and should be noted within the Framework
- KB observed a possible correlation between performance statistics and breaches with the reduction in agency staff, suggesting this may warrant further exploration.

Independent Members asked the following questions for assurance:
Given the inclusion of Social Care services under Llais' remit, do you meet jointly with Health and Social Care representatives to avoid addressing them separately and potentially resolve issues more efficiently?

KB assured that at Llais Local events, a report is compiled detailing specific issues and an action plan; a stakeholder meeting is then co-ordinated to facilitate discussion and follow-up.

CR noted that the report notes ongoing patient confusion regarding the complaints process, despite the presence of the Putting Things Right framework. CR advised that once the new Executive Director of Nursing commences in post a meeting will be held with the Head and Assistant Head of Quality, alongside Llais, to explore what patients find unclear about raising concerns. It was agreed that this would be captured as an action to provide assurance to the Board that steps are being taken collaboratively to improve communication and public understanding of the complaints process.

Action: Executive Director of Nursing, Quality, Women and Family Health.

Given the strong focus on Knighton and Presteigne, how is Llais planning to adopt a place-based approach to engagement and advocacy that ensures coverage across the whole county?

KB responded advising that Llais plans to deliver four Llais Local events, six public fora and three volunteering events annually, ensuring activity in each of Powys' 13 localities throughout the year. In addition, Llais will participate in all 13 Better Together engagement events, contributing to broader efforts to hear and engage with communities across the county.

The Board **RECEIVED** the report from Llais.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 STRATEGIC COMMISSIONING FRAMEWORK (PTHB/25/77)

CMo presented the Board with an update on the proposed Strategic Commissioning Framework for the Health Board. The following key items were brought to the Board's attention:

- The framework outlined how Powys Teaching Health Board would commission delegated services to meet population health needs, aligned with NHS Wales quality principles.
- It aimed to shift from transactional contracting to strategic commissioning, focusing on outcomes, sustainability, and recovery.
- The framework excluded primary care, continuing healthcare, and out-of-area mental health placements but included third sector services.
- It proposed an annual commissioning plan and cycle covering strategic planning, service design, assurance, and evaluation.
- Expected outcomes were aligned with the Healthier Wales quadruple aim and NHS Wales performance measures.
- Governance arrangements were detailed, including oversight groups and internal programmes such as Better Together.

- A delivery confidence assessment identified strengths in performance management and contracting, with improvement areas in population health assessment and evidence appraisal.
- Implementation was to be phased in line with the 2025–26 and 2026–27 annual plans, with commissioning intentions to be discussed further at a Board development session.

Independent Members asked the following questions for assurance:

Why is primary care not included in the strategic commissioning framework?

EL explained that primary care, complex care, and external mental health commissioning were excluded due to historically separate commissioning approaches and legislation that related to Continuing Healthcare (CHC) also influenced this exclusion. The importance of the observation was acknowledged and EL committed to exploring how these areas might be incorporated into the framework in future discussions with CMO.

Have other health boards or trusts had adopted a strategic commissioning framework (SCF), and if so, what substantial added value it had brought?

HT responded that while different organisations used varied terminology, many had adopted commissioning approaches. HT highlighted that Powys had previously benefited from commissioning assurance arrangements, which broadened the focus beyond finance and access targets to include governance, quality, and outcomes, and also noted that the framework drew on evidence from English counterparts to consolidate a consistent strategic direction.

How confident the Health Board was in accessing data, particularly from providers across the border, given known issues with data reliability?

CM stated that the Health Board had reasonable assurance regarding data access, although some issues had arisen in the past year. Most concerns had been addressed, except for one ongoing issue which related to referral data from primary care. This discrepancy was being actively resolved, and further details would be shared in the IQPR Month 4 report.

Can more detail be provided on how the framework would be implemented, particularly regarding improving financial sustainability, service prioritisation, and delivery milestones?

The need for more detail was acknowledged, and it was confirmed that this would be provided through the annual commissioning plans. These plans would outline targeted services, expected outcomes, and timelines. Commissioning intentions were being developed and would be presented at the October Board development. The query on programme budgeting was acknowledged, and it was confirmed that relevant areas would be explored through the commissioning intentions and annual plan.

Would the framework's implementation would address staff capacity and capability and not be purely process-driven?

CM confirmed that a competency, capability, and capacity assessment had been undertaken and while some areas were strong, others required improvement. Board were assured that these gaps would be addressed to ensure effective involvement of people and systems in implementing the framework.

MB emphasised that prevention should be integrated throughout commissioning pathways, including primary and secondary care. Discussions with NJ were underway to embed prevention more effectively and confirmed that a public health consultant specialising in healthcare public health would join the commissioning framework group.

HT summarised that the framework outlined the processes that continue and formalises the overall approach. There is a strong emphasis on financial sustainability and the citizen voice, which could be more explicitly addressed upfront. While other health boards have commissioning models, the Powys approach needs to be broader. It was noted that there is a need for further assurance around implementation, particularly regarding primary care, CHC and mental health and that this will be provided through ongoing reporting.

CC advised that in approving the Strategic Commissioning Framework, the Board acknowledges it will undergo further amendment as a result of today's discussion and through the Chief Executive report, at a future meeting, the Board would receive assurance that those amendments had been made and incorporated. The Board will also be sighted on the implementation plan and the implementation actions that fall out of the framework.

The Board **APPROVED** the proposed Strategic Commissioning Framework for phased implementation during 2025/26.

3.2 PREVENTING THE PREVENTABLE: POPULATION HEALTH STRATEGIC FRAMEWORK FOR POWYS 2025-2035 (PTHB/25/78)

SB joined the meeting. MB presented the proposed Population Health Strategic Framework which set out the actions for improving health and wellbeing in the Powys population, also serving as the Director of Public Health Annual Report for 2025.

It was noted that the Population Health Strategic Framework adopts an evidence-based approach centred on understanding the health of the Powys population, examining key diseases, their causes and modifiable risk factors. It highlights health inequalities, noting that while Powys residents live longer than the Welsh average, many spend significant years in poor health, particularly in deprived areas. The framework outlines evidence-based interventions across the life course (Start Well, Live Well, Age Well) and incorporates a return-on-investment methodology to prioritise actions that offer measurable societal and economic benefits. It draws on research and modelling to support informed decision-making and resource allocation.

Independent Members asked the following questions for assurance:

How can the Health Board use the evidence base and return-on-investment insights from the report to prioritise actions and make informed investment decisions that support a shift to prevention, while managing immediate financial pressures and ensuring long-term sustainability?

MB advised that prioritisation would be discussed during the development of the next annual plan, with Board involvement. The need to shift towards prevention

to address growing acute pressures was emphasised and it was noted that the framework provided strategic direction for population health improvement. SB added that while some interventions had a time lag, others, such as programmes for older people, could yield returns within 18 months. It was important to balance scale, timing, and impact on inequalities when prioritising actions.

Given the 112 proposed actions in the report, how will the Health Board prioritise those with the greatest impact on resources, particularly in light of the return-on-investment methodology and the increased focus on prevention?

MB confirmed that prioritisation would be embedded in the annual planning process and that the framework would guide strategic decisions. Some actions were already underway, and further detail would be discussed at a Board development session.

How can the Health Board allocate resources to prevention programmes amid financial constraints, and how can the Board support population health literacy and counter misinformation, particularly around vaccines?

SB acknowledged the importance of health literacy and confirmed that it was included in the "Live Well" section of the report, specifically on page 35. He endorsed health literacy as a high-return area of action. MB added that prevention should be embedded across commissioning pathways and highlighted the impact of early interventions, such as RSV vaccinations and childhood obesity programmes. The need for collective action and strategic focus was stressed.

How will the Health Board ensure that the proposed actions from the report are appropriately prioritised, embedded within the annual plan and co-ordinated with partner organisations, while also benchmarking Powys against comparable regions to better understand and address health inequalities?

MB agreed that collaboration with external partners was essential and confirmed that further actions would be considered for inclusion in the next annual plan. She acknowledged the value of comparative analysis and committed to exploring how Powys could be benchmarked against similar areas.

The Board **DISCUSSED** and **APPROVED** the Framework.

SB left the meeting.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/79)

HB presented the report, the following key items were brought to the Board's attention:

- Board activity since the last meeting on the 30 July 2025.
- Board Committee Membership: initially agreed in July, this had been updated to reflect changes in chairing responsibilities. Due to KWi leaving, SW will now assume the chairing duties of the Patient Experience, Quality and Safety Committee.
- Healthcare Professionals Forum: a draft Terms of Reference for the Healthcare Professional Forum was included with the report. The Forum will provide clinical and professional advice to the Board and is expected to meet quarterly. It will operate alongside the Clinical Reference Group which had been established for the Better Together programme.

- The petitions protocol annual update was appended.

Independent Members asked the following questions for assurance:

What is the anticipated timescale for establishing the Healthcare Professionals Forum and when will the Chair be agreed and recommended to the Cabinet Secretary for appointment?

HB advised that the appointment of the Chair would be confirmed as part of the formal establishment process, with a recommendation submitted to the Cabinet Secretary. The Forum is anticipated to be operational by the end of the calendar year.

An observation was raised regarding the Terms of Reference for the Healthcare Professionals Forum, noting a duplication between sections 1.2 and 1.4

HB acknowledged the point and confirmed that the duplication would be rectified.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **NOTED** the changes to Board Committee membership for 2025/26.
- **APPROVED** the terms of reference for the Healthcare Professionals Forum (HPF), drawn from the model standing orders.
- **RECEIVED** and took **ASSURANCE** from the annual update on Petitions that PTHB is compliant with its own protocol.

3.4 MINUTES OF PREVIOUS MEETING HELD ON 30 JULY 2025 (PTHB/25/80)

The minutes of the meeting held on the 30 July 2025 were **AGREED** as an accurate record.

Matters Arising:

- Under item 3.2, SW queried the status of the Wye Valley Trust invoice. HT advised that there was no further update at this time and that the matter had been escalated.
- Under item 3.4, SW asked for progress on the data issues related to Shrewsbury and Telford Hospital NHS Trust. HT confirmed that the data issue had been fully resolved and that ongoing revalidation of the data would continue.

4. ITEMS FOR BOARD ASSURANCE

4.1 BETTER TOGETHER (PTHB/25/81)

DWL presented the Board with an update and recent activity on the Better Together programme.

Independent Members asked the following questions for assurance:

How are staff responding to the overall process, and can the Board gain insight into how this is working in practice?

DWL advised that the formation of the Better Together Portfolio Board took time, but momentum has built with multiple workstreams and daily meetings now in place. While the process presents challenges in balancing resources and priorities, there is growing consistency in understanding the importance of the work. Staff

feedback has shown varying levels of awareness, with some initial testing during site visits. Continued engagement and open conversations are helping to maintain momentum. KW noted that staff and primary care colleagues have shown strong enthusiasm and constructive participation in workshops and events, which has been encouraging.

As the Health Board moves into the next stage of consultation, what learning can be taken from other Health Boards that are further ahead, particularly regarding the volume of responses, timelines and ensuring due diligence in the assessment process?

DWL assured that the team was actively learning from other Health Boards and service change processes, drawing on direct experience and external clinical expertise to inform the design and delivery of local engagement. The volume of public responses received elsewhere, such as in HDUHB, is being closely monitored to understand potential implications for Powys. It was noted that these insights are helping shape local planning, timelines and communication strategies. The organisation remains well networked and committed to adapting its approach based on lessons learned from others, ensuring due diligence and responsiveness throughout the consultation process.

Given the range of polarised views and differing expectations expressed during engagement, what steps are being taken to reach consensus and manage expectations, recognising that not everyone will get what they want from the process?

DWL noted that a range of scenarios, from doing nothing to establishing a District General Hospital, were tested during the options appraisal process. These were explored with key clinicians and support teams on a non-financial basis and are now being assessed through financial and estates criteria. The process has revealed varying levels of understanding and support, which is typical in complex service change. A key focus is on maintaining transparent engagement and explaining how decisions evolve and ensuring space for dialogue so that individuals understand why certain preferred options may not be viable. KW noted that staff feedback has been actively sought following workshops and events, with positive engagement noted. This feedback is helping to refine methods and improve communication. It was noted that executive leads are continuing to evaluate community and mental health models and there is recognition that while many understand the need for change, uncertainty can cause anxiety. The Executive Team is committed to ongoing and honest engagement with communities and staff as options emerge, acknowledging the tension between moving at pace and bringing people along with the process.

The Board **RECEIVED** and took **ASSURANCE** from the Better Together Programme update.

4.2 FINANCIAL PERFORMANCE: 2025/26 - MONTH 05 (PTHB/25/82)

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

- Overall Position: Reported overspend of £15.7M against a planned deficit of £11.8M, resulting in an adverse variance of £3.9M.
- Forecast deficit remains at £28.3M.
- Key Cost Pressures:

- Commissioned activity: Increased costs due to NHS England tariff uplifts.
- Unplanned care: Previously assumed funding not confirmed; validation of price increases ongoing.
- Continuing Healthcare (CHC) and Complex Care: Ongoing overspend, particularly in mental health provider spend.
- Agency and Locum Spend: Still a concern but showing month-on-month improvement.
- Areas of Overspend: Healthcare services from other bodies; Commissioned services (private and voluntary sector) and Continuing Healthcare.
- Underspend present in some areas but insufficient to offset pressures.
- Mental Health and Learning Disabilities has been escalated as a focus area due to high agency, locum and private provider costs.
- Regular executive oversight in place to improve run rate and forecast.
- Savings Programme Target: £23.0M; £16.6M in green schemes (high confidence of delivery).
- Remaining gap: £6.4M, with £2.9M already impacting current position.
- Prescribing is on track to deliver £1.5M in savings through cost mitigation.
- CHC Position: Slight overspend of £323,000 as at month five.
- Joint Commissioning Committee: Pressure noted; risk of increasing overspend.
- Private Providers (Mental Health): Rising costs due to increased demand; mitigation actions underway.
- Capital Allocation: £6M fully planned and on track; no escalation required.
- Underlying Deficit: Assessed at £42M, factoring in non-recurrent actions and pressures.
- Continued emphasis on cost control, efficiency and value for money.
- All budget holders encouraged to reduce run rates and manage spend proactively.

Independent Members asked the following questions for assurance:

It had previously been assumed that government funding would offset the additional costs associated with NHS England commissioning. However, this assumption did not materialise. What is the likelihood of such funding being made available in the next financial year?

PH advised that NHS England applies an annual cost uplift factor to its tariffs. This year, an additional 13% increase was applied specifically for unplanned care. However, this uplift is not guaranteed annually and at this stage, PH cannot confirm whether similar increases or funding support will occur next year.

In relation to the Joint Commissioning Committee (JCC), is the Health Board confident that the JCC will be able to control the current overspend? If financial control is not achieved, are health boards obliged to cover any resulting deficit?

HT advised that after the release of today's Board papers, an additional JCC meeting had been held to address the concerning financial position of the committee. HT explained that all participating health boards acknowledged the need for further actions to recover the position, as failure to meet the JCC plan would result in health boards being obliged to cover the deficit. Due to the existing risk-sharing agreement, Powys and Betsi Cadwaladr University Health Boards are disproportionately affected by growth in NHS England activity. The JCC team is currently developing mitigation options, including reviewing planned investments

and referral management arrangements, to help manage the financial pressures. While no specific actions have been agreed yet, work is actively underway to bring forward proposals for consideration by the health boards.

There is significant concern about the increasing operational deficit, which appears to have doubled in one month due to the inclusion of risks around English tariffs. Can further assurance be provided regarding the controls in place before placements are made with high-cost external providers, particularly in mental health and learning disabilities?

EL advised that placements with high-cost external providers in mental health are often made at the point of crisis, typically involving individuals who are severely unwell and sectioned under the Mental Health Act, requiring urgent intervention. While this limits the ability to apply additional governance at the point of placement, a weekly control panel has been introduced to review each case and plan for appropriate repatriation. EL advised that the service area is also developing additional assessment capacity within the Health Board to better understand patient needs and ensure appropriate care pathways.

Given the current risk of breaching the agreed financial plan of £28.3M, and the assurances provided to WG, what further actions are being developed to ensure the Health Board remains remain on track to deliver the plan?

PH stated that further actions are being actively developed in collaboration with executive colleagues, including enhanced oversight of high-cost areas such as mental health and learning disabilities. These include reviewing referral management processes, planned investments and identifying alternative care pathways to mitigate financial pressures. The organisation remains focused on closing the savings gap and maintaining delivery against the agreed financial plan.

It is halfway through the financial year with a £4M gap in current spending and £6.5M of savings still to be resolved. What can be done to address this gap and more importantly, when should the Health Board act? Last year, the Health Board faced a similar situation and responded too late. When is the right time to recognise that the gap may not be recoverable and that a different approach is needed?

PH advised on two key approaches being taken. First, the team are ensuring clarity around which elements of the financial plan are being delivered and which pressures were unforeseen. Some of the shortfall in savings was expected to be offset by operational underspends, but emerging pressures (such as NHS England tariff increases) had impacted that. PH advised that the costs are continuing to be validated. PH also noted that a significant portion of the variance relates to a £2M shortfall in savings from private provider placements, which is under active review and also referred to the work with Graham Thornton, in identifying further opportunities for savings. Any viable options would be implemented immediately.

HT stated that the Board would be advised of the financial position at month six, which would be critical in determining how much of the current gap can be addressed. If a gap remains, the Board will need to take urgent action at that point. It was noted that the external support from Grant Thornton is expected to assist in identifying and implementing solutions. The timeline aligns with the monthly return to WG, making month six a key decision point.

The Board:

- **RECEIVED** the financial report and
- took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and underlying deficit of £42.1m.

4.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26: MONTH 04 (PTHB/25/83)

CMo presented the month four report to the Board and brought the below key items to the Board's attention:

- Planned Care – Diagnostics (Measure 26): Breaches increased from 139 (June) to 144 (July), mainly due to echocardiogram delays. Mitigating actions include sourcing additional cardiac physiologist capacity.
- Referral to Treatment (RTT): Health Board remains compliant with 52-week new outpatient and 104-week treatment targets. Fragility in in-reach services were noted and would be addressed via the Strategic Commissioning Framework.
- Therapies (Measure 28): Breaches rose from 20 (June) to 37 (July), linked to staffing vacancies. Recruitment and agency support is underway; hand therapy flagged as a key challenge.
- Audiology (Measures 29 and 30): Minor breaches over 6- and 14-week targets due to capacity issues. Mitigating actions are in place.
- Index Colonoscopy (Measure 8): Performance remains escalated due to single consultant capacity. Mitigations detailed in the report.
- Commissioned Services – RTT: Shrewsbury and Telford: 331 patients over 52 weeks, 0 over 104 weeks. Robert Jones and Agnes Hunt: 824 over 52 weeks, 56 over 104 weeks (spinal and orthopaedic subspecialties).
- Cancer Performance (Measure 25): 62-day target remains challenging. NHS Wales improved from 57% (June) to 66% (July). Wye Valley Trust showed consistent improvement and exceeded the All England average.
- Data Reporting Issue: Shrewsbury and Telford Hospital breaches only reported over 104 days due to data source change. Full reporting to resume from month five.
- Urgent and Emergency Care (Measures 19–24): New ambulance response categories (purple/red) have been introduced. Powys performance under review for the red category. No commissioned services meet 4- or 12-hour targets; Welsh Emergency Departments outperform NHS England.
- The Wales framework to support quality and safety improvement will be included in Board reporting from October 2025.
- NHS Wales dashboard on enabling actions now live; to be integrated into future performance reports.
- A Commissioning Oversight and Assurance Group had been established, chaired by NJ to inform quarterly integrated quality reports.

Independent Members asked the following questions for assurance:

Is there a correlation between increasing breaches and decreased agency spend?

EL confirmed there is no direct correlation between agency changes and the performance breaches outlined in the report. Most agency adjustments have been supplemented through recruitment and bank staffing, with some relating to

psychiatry medics and community service groups but not specifically linked to the reported breaches.

Can the Board continue to receive updates on amber ambulance response times, given they include serious conditions and may involve delays in reaching detailed care?

CMo confirmed that updates to the ambulance response framework were expected by the end of the year, including new categories to replace the current amber reporting mechanism. These changes would be reflected in future reports.

How is the Health Board ensuring adequate audiology service coverage across Powys, given reliance on a single clinician and the county's rural geography?

CM clarified that, as Powys does not have a District General Hospital, the Health Board provides only community services, with acute services commissioned externally. The audiology service is currently delivered by one post shared between two clinicians, allowing county-wide coverage and flexibility for leave. Due to the small scale and rural nature of Powys, the service is vulnerable to breaches. However, governance and supervision arrangements with Swansea Bay are strong, and future service expansion is being explored.

How can the Health Board reconcile reported compliance in mental health assessments for under-18s and adults with patient feedback from Llais indicating continued difficulties in accessing assessments?

What assurances can be provided regarding the decline in care and treatment plan performance, and what actions are being taken by Powys County Council to address capacity issues?

EL assured the Board that the reported mental health performance measures are aligned with the Llais report, particularly in relation to care and treatment plans, which are held by various professionals across organisations. It was noted that while the Health Board is required to report on these, the Local Authority is not, though collaborative working practices remain strong. The introduction of the 111 press 2 service has improved access by removing the need for GP referrals, with assessments now measured against defined targets. However, public awareness of the service remains limited, and further communication is needed to address the gap between perceived and actual access. Some performance issues are linked to internal systems, including the implementation of a single point of access, with significant improvements expected by late October to mid-November.

Will the Health Board be accountable for quality outcomes in commissioned services under the new National Quality Outcomes Framework, and would it be possible to differentiate between local and commissioned service performance??

CR stated that accountability and differentiation between local and commissioned services were still being determined. Discussions with NHS Wales Performance and Improvement colleagues were planned, and integration into existing frameworks was underway.

Why are the three healthcare-acquired infections (HCAI) not rated in reporting, and could this indicate an underlying issue?

CR responded that the HCAI measures were reported monthly to Welsh Government and were extremely low. Powys was not required to report them to the HARP team, and infection control data was typically reported by acute

providers. Work was ongoing with Public Health Wales to understand infections from a population perspective.

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.

4.4 PROGRESS AGAINST THE ANNUAL DELIVERY PLAN 2025/26 QUARTER 1 (PTHB/25/84)

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

- The report covered the full scope of the annual plan, aligning with local health needs and national requirements, including ministerial priorities outlined in the NHS Wales planning framework.
- In-year updates reflect the Ministerial Advisory Group (MAG) report on performance and productivity, with the progress report redesigned to align with its recommendations.
- The report shows strong progress: 42% of actions are on track or completed, 11% are flagged as at risk and 1% are not yet started.
- Key achievements are highlighted in the cover report.
- Following today's discussion, the report would be submitted to WG as the formal Q1 progress update.

Independent Members asked the following questions for assurance:

On page 6, there is a reference to a recommendation for Welsh Government to carry out a rapid targeted investment review. Has this taken place, and is any investment expected for Powys as a result?

EL advised that at present, there is no clear indication that the review has been concluded or that any associated funding will be made available. No outputs from the review have been received and no investment has been secured to date.

It was noted that the MAG review included several recommendations, some with specific timelines and others as part of broader national work. The Health Board continues to track local progress against these recommendations. The term *rapid* was noted as a concern, and it was proposed that an update on the review be brought to a future meeting for further clarity and assurance.

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.

4.5 DUTY OF QUALITY ANNUAL REPORT 2024/25 (PTHB/25/85)

CR presented the Duty of Quality Annual Report 2024/25 to the Board.

Independent Members asked the following questions for assurance:

Given the consistently low percentage of patients reporting, they received assistance when needed, what actions can be taken to improve patient experience in this area?

CR advised that the current approach to gathering patient experience data involves disseminating Civica questions to service users, but there is a need to better understand where responses are coming from and whether specific service

areas require closer attention. Work is underway to analyse feedback at the service level and while Welsh Government promotes a generalised questionnaire, there is flexibility to develop bespoke surveys if needed. The focus is on interpreting the data meaningfully and it is proposed that this will be done through the People's Experience Framework to ensure targeted improvements across services.

The Board took **ASSURANCE** from the Duty of Quality Annual Report which provides progress and areas for improvement for 2024-2025.

4.6 NURSE STAFFING LEVELS 2024/25 (PTHB/25/86)

CR presented the annual Nurse Staffing Levels 2024/25 update to the Board.

Independent Members asked the following questions for assurance:

How does the statutory duty to achieve financial balance relate to the statutory duty to deliver safe and effective care, particularly in light of rising agency costs; and how are tensions between these duties managed?

CR advised that the Executive Team regularly discusses the balance between statutory duties, particularly in relation to safe staffing levels and financial constraints. A risk-based approach has been adopted to reduce agency usage while maintaining professional nursing standards, as set in collaboration with the Director of Nursing. Assurance around the quality of care is monitored through indicators such as incidents, concerns and complaints. These discussions are ongoing at Executive Committee level to ensure legislative requirements are met. It was acknowledged that, given Powys' unique geography and service configuration, there is no simple solution and further cross-referencing of statutory duties would be beneficial to fully understand their implications.

The Board:

- Took **ASSURANCE** that the Health Board meets its statutory requirements under Section 25A of "The Act".
- Took **ASSURANCE** that arrangements are in place to ensure that Powys Teaching Health Board (PTHB) is meeting its requirement to consider outcomes for Powys patients receiving care from other providers, which may be affected by nurse staffing levels in commissioned services.

4.7 COVID AND INFLUENZA VACCINATION PROGRAMME (PTHB/25/87)

MB presented the report to the Board and drew attention to the following key matters:

- Covid-19 Vaccination: this continues as a twice-yearly programme with the same eligible groups for autumn as in the spring. Vaccination in care homes began in September, with wider rollout starting from 01 October, prioritised by eligibility.
- Flu Vaccination: Delivered through a blended model involving GP practices, pharmacies and Health Board support where uptake is low.
- Two major changes include:
 - Welsh Government now purchase flu vaccines centrally, co-ordinated through Health Boards and MB reported that this transition had been smooth.
 - All providers must use a central system to record vaccinations, enabling targeted delivery and improved tracking.

Independent Members asked the following questions for assurance:

Does the Health Board have consistent year-on-year data available to demonstrate whether vaccination programmes, particularly for influenza and Covid-19, are consistently reaching capacity, or if fluctuations in uptake are being observed?

MB advised that vaccination uptake data is routinely monitored and there has been a noticeable decline in both Covid-19 and influenza vaccine uptake since the pandemic, with some localised areas showing reduced engagement. This trend is not unique to Powys and reflects a broader national pattern. In response, a targeted piece of work was undertaken in the spring to survey individuals who actively declined the Covid-19 vaccine, aiming to understand their reasons and to inform strategies to address concerns and improve future uptake.

The Board:

- **NOTED** the National changes made to the flu and COVID-19 Immunisation programmes.
- **NOTED** the new vaccine supply arrangements of central distribution of vaccine for the Adult National Influenza Immunisation Programme 2025-2026.
- **NOTED** the blended delivery models and complex logistics to deploy the COVID-19 and influenza programmes, and that 'agile' deployment throughout the delivery phase to maximise uptake rates.
- Took **ASSURANCE** that the Health Board has in place an appropriate plan for the COVID-19 and Influenza Programme for 2025/26 and that delivery will be continually monitored and adapted to maximise uptake.

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 (Local Partnership Forum).
- **FOR ASSURANCE:** Assurance Report of the Board's Advisory Group.
- **FOR ASSURANCE:** Safeguarding Annual Report.
- **FOR INFORMATION:** South East Regional Committee – terms of reference.
- **FOR INFORMATION:** Board Assurance Dashboard and Strategic Risk Register Overview.
- **FOR INFORMATION:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

6. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/88)

CC expressed sincere appreciation to CR and KWi, acknowledging their significant contributions to public service in Powys. CC stated that their leadership had been instrumental in advancing the quality agenda, implementing the duty of quality and enhancing service delivery. Their collaborative leadership within the Patient Experience, Quality and Safety Committee has been exemplary. Both colleagues depart with the Health Board's genuine gratitude and best wishes.

5.2 DATE OF NEXT MEETING (PTHB/25/89)

The next meeting is scheduled for Wednesday 26 November 2025.

Meeting closed at 14:07.