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Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 26 MARCH 2025 AT 09:30

HELD IN THE BOARD ROOM, GLASBURY HOUSE, BRONLLYS HOSPITAL

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
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
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)
Kirsty Williams	KWi	Independent Member Vice-Chair
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
Lucie Cornish	LC	Director of Improvement and Transformation
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Mark McIntyre	MM	Deputy Director People and Culture
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/193)
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. The meeting was held in person and livestreamed. A recording will be uploaded after the meeting.
1.2 DECLARATIONS OF INTEREST (PTHB/24/194)
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/24/195)
The action log was presented, and the following were noted: <ul style="list-style-type: none"> - PTHB/24/167a; 167b; 167c: Anti-Racism Plan – These three actions are transferred to the Workforce and Culture Committee and will be reported back through to Board via the Committee Chair report. - PTHB/24/131: People’s Experience Framework – this had been considered at the Patient Experience, Quality and Safety Committee where timelines for the national framework were awaiting release. The target date was revised to May 2025. The Board REVIEWED and ACCEPTED the action log.
1.4 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/196)
CC advised that no questions from the public had been received.
1.5 UPDATES FROM: (PTHB/24/197)
REPORT FROM THE CHAIR CC presented the report and invited any questions. CC noted that RL had been appointed for a further 4-year term as an Independent Member. <i>Is it your view, as Chair, that Welsh Government (WG) understand and accept that the way the Health Board achieves the control target will have a considerable impact on the services that will be able to be delivered in the future?</i> CC advised that consistent and clear communication had been received from WG regarding the need to meet statutory duties. He emphasised that, while fulfilling these duties is critical, a balanced approach is required. WG has communicated that, as a minimum, the target control total must be achieved, which may necessitate making difficult decisions and it is essential the Board be prepared to make these decisions when needed. HT reiterated that the Health Board is in Level 4 escalation and correspondence with WG has consistently highlighted the requirement to meet the target control total. The Board must review the plan, considering available resources, commissioning, and provider responsibilities, while balancing quality, performance, and financial duties in making difficult decisions.
REPORT FROM THE VICE CHAIR KWi presented the report outlining a recent visit to Ystradgynlais hospital working alongside the catering and domestic teams and highlighted the crucial work they

undertake in order to keep patients safe and the importance they play in the organisation.

In relation to the Power of Discharge Committee are you confident the improvements are being achieved, and in a reasonable, timely manner?

KWi noted that senior staff in the mental health services have recognised the issues, and some mitigations have been implemented to drive improvements using a consistent form based on a national framework. KWi has been liaising with ND at Powys County Council regarding the matter and this will be monitored at the Power of Discharge Committee, to ensure the form is used consistently.

REPORT FROM THE CHIEF EXECUTIVE

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

- Vaccination Programme Update: an important programme, protecting people, communities and workforce. Further work to be undertaken, both locally and national to address behavioural change in order to increase uptake.
- Charter for Families Bereaved by Public Tragedy: the Health Board has recently signed the Charter.
- 2024 NHS Wales Staff Survey: 30% of staff completed the 2024 staff survey. A more detailed assessment and action plan will be brought to the Workforce and Culture Committee and Board.

What are the barriers for staff responding to the staff survey and what is being done to improve the response rate?

MM advised that performance is improved compared to previous periods. However, feedback from staff side and wider colleagues indicates survey fatigue. More activity is planned to demonstrate the importance of the survey and ensure that managers are aware of performance and interest and are actively addressing concerns raised.

What are the implications of signing up to the 'Charter for Families Bereaved by Public Tragedy' for the Health Board? How will the challenges be addressed?

MB advised of the principles set out by the Charter. Plans will be tested, and the duty of candour will be rolled out as part of the response, with lessons learned from previous events; an emphasis on giving confidence to staff and raising the profile. HT agreed to bring back detailed assurance and information to the Planning, Partnerships and Population Health Committee.

Action: Executive Director Public Health

Against the vaccination target rate of 75%, 50.1% was achieved. Is there a progressive and persistent pattern of Did Not Attend (DNA) rates and does that mean vaccination staff are not usefully employed and/or vaccine wastage?

HT responded that discussion had taken place at the National Leadership Board, where strong concerns about not meeting vaccination targets were expressed. Key topics included learning from other areas, the need for behavioural change support and equity issues and further actions to increase uptake were discussed.

MB reported a steady decline in vaccine uptake both locally and across Wales, with around 50% uptake in the Autumn programme. Uptake decreases as age profile lowers, though it remains higher in the clinically vulnerable groups. MB provided

assurance around the booking process and factoring in the DNA rates across cohorts. The Health Board has increased the outreach programme to seven areas, alongside insight work by Public Health Wales to target communities with lower uptake. Vaccine wastage is being managed centrally through a co-ordinated process with NHS Executive, with daily and weekly stock monitoring. MB also advised that flu vaccines will also be moving to a centrally co-ordinated system.

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

1.6 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/24/198)

The following Chairs' Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 11 March 2025. Attention was drawn to the following matters:

- The Committee approved the Internal Audit Plan for 2025/26.
- The Committee approved the Counter Fraud Work Plan 2025/26.
- The Audit Process and Reporting Handbook were approved, seeking to support internal audit. Further consideration to be given to extend to colleagues involved in clinical audits.
- Three internal audit reports received, all with Reasonable Assurance. Noted there was a further 12 2024/25 reports to be considered at this Committee in May and June.
- The Committee took assurance that effective financial controls are in place across the organisation.

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

RA presented the item which provided an overview of matters considered by the Committee on the 6 February 2025.

The Committee has escalated to Board its concerns on the pace of progress from Welsh Government relating to Level 4 escalation, is there an update?

HT informed that a schedule of meetings will be established, with a scrutiny meeting already held to discuss the plan. Work will continue to strengthen reporting, particularly in the Level 4 escalation meetings, and updates will be brought forward as they occur.

CC drew attention to a point of clarity on page five of the report: Capital and Estates Compliance Report which should state "...funding with £40M of funding available for Powys to bid for....".

Patient Experience Quality and Safety Committee

KWi presented the item which provided an overview of matters considered by the Committee on the 11 February 2025. Attention was drawn to the following matters:

- The Committee continues to have concerns regarding the development of a comprehensive way to receive patient experience feedback.
- The Committee received a report on Infection, Prevention & Control which advised that 24 actions were completed and remaining actions to be completed within the planned timeframe. The Committee expect to receive a report to allow de-escalation of that concern and thanked colleagues for driving improvement in this area.
- The Committee received the Medicines Management Report and the Annual Report of Controlled Drugs. KWi expressed gratitude for the contribution of the previous Chief Pharmacist.

How are manual feedback loops being captured, and how are these adding value to patient experience?

CR advised that a Patient Experience Steering Group is already established with representatives from various departments. The group gathers quadrant reports from local teams engaging with service users, and this information is incorporated into the Integrated Quality Report that comes through to Board. CR emphasised the need for a more systematic approach to collecting and using patient feedback to drive service improvements. Additionally, the process of appointing a patient experience role is underway to help develop the framework for improving patient experience.

RA suggested a mechanism for patient feedback outside Minor Injury Units as an example, which CR would look into further.

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 4 February 2025. Attention was drawn to the following matters:

- The Strategic Change Report was received and concentrated on the enforced move of stroke services in the Cwm Taf area. NJ noted that these are temporary changes at present and the Health Board remains engaged with the process of developing the permanent model.
- The Committee had received an update on the Transformation Programme and expressed concern regarding the capacity of the Health Board and partner organisations to support this programme.

Workforce and Culture Committee

HB (in JOAs absence) 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 Alerted Board in relation to RIF funding; currently there was some risk to the availability of RIF funding which would impact workstreams and will be closely monitored by the Executive Cttee.
- A recognition of the positive improvement in relation to workforce performance statistics.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 8 January, 15 January, 22 January, 5 February, 19 February and 5 March 2025. No issues to alert or advise the Board were recorded.

Joint Delivery and Partnership and Planning, Partnerships and Population Health In-Committee

RL advised that this joint meeting had been convened to scrutinise the Draft Annual Plan and financial assessment. The joint meeting was assured the Plan had been developed in line with the Powys Health and Care Strategy, the NHS Planning Framework and was aligned to the draft Level 4 de-escalation criteria.

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 APPROVAL OF INTEGRATED PLAN 2025/26 (PTHB/24/199)

HT introduced the paper recommending the Final PTHB Annual Plan 2025/26 to the Board for approval. A presentation was provided by HT, PH and NJ which outlined the oversight and direction of the planning process, the alignment with the Health Board's Strategy, the NHS Wales Planning and Performance Frameworks and the draft De-escalation Criteria. It was stated that the Plan included the Health Board's delivery and improvement actions across the full breadth of the organisation with particular focus on the critical actions to address the key themes of risk, recovery and sustainability. It was noted that the Plan included options and choices to deliver the Health Board's strategic priorities and manage the key strategic, quality and performance risks in alignment with the development of the Better Together portfolio to move towards sustainability. It was noted that this, in turn, underpinned the financial options for improvement on the baseline financial assessment working towards meeting Welsh Government's direction for all health boards to meet their Target Control Total in 2025/26. It was noted that the Plan has been discussed with WG, most recently through the formal Scrutiny meeting, and there will be ongoing dialogue and scrutiny to support delivery of the Plan (including through the Joint Executive Team and Level 4 Escalation meetings in 2025/26).

HT noted that, in the current financial plan, no savings have been assumed from the recent review of adult social care commissioned by the County Council. Additionally, while a £0.5M improvement target has been set for Continuing Health Care, the Plan has accounted for the expected growth in demand and inflation in healthcare costs. There is much more detailed work behind the presentation.

HT recorded her gratitude to colleagues for the hard work in developing the 2025/26 Annual Plan.

CC echoed the thanks for the skilled and professional work that had gone into the developing the Annual Plan and reminded the Board of its ownership of the plan, which has been steered in shape and content in the various Board development sessions.

The Chair invited the following observations:

ND (Associate Member)

- There are risks in the 2025/26 budget plan, noting the difficult decisions that will need to be made.

- Joint working between the Health Board and the County Council will be important, especially in key areas.
- A concern regarding the increasing spend on Continuing Health Care (CHC), which noted a budget increase and the growing impact of an aging population.
- Efficiency targets were discussed, assurance was sought on how they would be achieved without negatively affecting patients.
- Clarity was sought on how the £5M target relating to hospital flow and adult care was determined.
- RIF funding should be targeted at higher priorities, with a focus on areas with the greatest need.
- The importance of prevention and innovation in partnership funding was noted.
- Reference was made to the ongoing adult social care diagnostic work, expected to conclude in the coming weeks with implementation in 2025/26 and savings projected for 2026/27. Collaboration with the Health Board on this work is crucial with a focus on working together to ensure successful implementation and outcomes in this area.

KB (Regional Director Liaison)

- Noted the concerns on commissioning times and NHS Wales targets, appreciating the challenges faced by the Health Board and other public sector bodies financially. There is an ongoing issue of patients waiting for services and the significant negative impact on patients, families and carers. The proposal could be seen as 'levelling down' aspirations rather than improving waiting times and whilst the target aligns with Welsh standards, it still means a 104-week wait which may disadvantage many individuals and concerned with the challenge of supporting individuals and communities whilst they wait for access to services. The decision might offer a short-term solution but could have significant long-term consequences for patients and the health system.

Independent Members asked the following questions for assurance:

What is the risk to the Health Board as an organisation, and reputationally, if one or more of these critical actions fails?

HT emphasised that the focus of the plan is on overall organisational delivery, rather than specific individual actions, including balancing day-to-day operations with the capacity to drive change. HT stated that the plan has been designed based on the organisation's best assessment of what is realistically achievable with a focus on deliverability. The plan includes necessary actions to maintain financial stability, while acknowledging the presence of high-risk elements within the overall strategy.

NJ stated that the executive team have had extensive discussions around balancing ambition with deliverability and focusing on recovery and sustainability, addressing strategic and service risks. Mental Health Transformation was highlighted as a critical action (recognising the significant role the Health Board has in providing primary and secondary mental health services, as well as commissioning tertiary care). The Plan outlines actions for the next year while also setting the foundation for future transformation.

Does the English provider commissioning proposal require a service change consultation? What is the level of confidence in its deliverability, and how advanced are discussions with English providers? What is the plan if clinicians in England say no, and how will we address the potential impact on the plan's deliverability, given the significant work still needed?

NJ advised that the planning assumes that activity levels will meet ministerial measures. Clear conversations have been held with WG on financial and quality criteria. The focus is on balancing quality with financial duties. The proposed changes are not considered a service change, as service will remain in the same place and patient access to clinical services will continue. The Plan does not require formal engagement or consultation on service change. Discussions with providers are ongoing to assess deliverability, with meetings commencing tomorrow to validate assumptions; the intent is to give providers more time for planning and ensure that commissioning and strategic consequences are managed effectively, including clinical prioritisation and balance of risk. The plan will not affect patients under 18 or those prioritised by clinicians as urgent or cancer patients.

KW stated that the issue will require ongoing discussion with the Board, as it affects medium-term expectations for health services. There is existing inequity in waiting times across the system and the goal is to improve assurance through more planning and dialogue with service providers. Referral management will be a key part of the plan to streamline referrals and ultimately improve care and outcomes.

When will the financial plan for 2025/26 be finalised, as the underlying deficit and agreed actions to reduce it are currently unclear, with figures ranging from £38.4 million to £60 million?

PH acknowledged the scale of the financial challenge, noting the process for refining this will continue. Clarity on the financial position will be provided on an ongoing basis with a longer-term process in place to ensure targets are met.

PH referred to NDs query on the CHC saving. The £5M target related to social care and CHC efficiency is linked to an increase in funding, with a £5M uplift planned to cover price inflation and additional growth. The savings target for CHC is lower than other areas, linked to a national programme of work. The inefficiencies resulting from delayed transfers of care are estimated as £18M, thus any improvement in reducing delays will lead to financial benefits. This target is part of a broader strategy that includes repurposing funding and improving efficiency through reduced length of stay in hospitals. It will be critical for the Health Board and the Local Authority to work together to identify efficiencies.

Given the absence of discussion regarding the reprioritisation of RIF at the Regional Partnership Board (RPB) level, what risk is associated with this aspect of the plan? What alternatives have been considered for the savings target, and what would the consequences be for services, particularly primary care, if the decision to follow WGs guidance on commissioning only within the available budget is not made?

HT stated that in terms of resource allocation, the Health Board faces a significant challenge balancing spending across various services, especially with 30-40% of the budget dedicated to commissioning services. Protecting one part of the healthcare pathway over another could have severe consequences, particularly in

primary and community care, which sees the highest number of patient contacts. Some cost saving options, such as stopping premium rate cover, agency allocations, or halting variable pay for surgeries, have been discounted due to the severe impact they would have on service delivery.

Assurance is sought around the resources available for primary and community care and whether the resources that have been allocated will allow the actions to be fulfilled in the plan?

HT and MB gave assurance that the focus for this financial year has been on protecting primary care delivery, while the future model, Better Together, will allow for further collaboration with the Local Authority. The growing demand for secondary care, driven by an aging population, makes it crucial to shift towards prevention and a healthier population. The plan includes a prevention strand, but more attention will be needed on improving healthy life expectancy and managing health conditions in primary care to reduce the overall burden on the system.

CR recognised that the Board was facing a difficult choice and felt it important to highlight the focus on quality and prevention within the plan. Critical actions, such as reducing length of stay and improving care transfers, addressing quality issues and an aim to prevent long term health decline would be required. The plan also emphasises a person-centred approach, particularly in developing services for children and families. The Health Board is committed to ensuring long term sustainability and the overall wellbeing of the population.

The Board:

- **RECOGNISED** that, as supported at the Board's In-Committee meeting in January 2025, the Accountable Officer informed Welsh Government of the Board's inability, at this time, to develop a three-year plan that meets the statutory break-even duty and, therefore, an Annual Plan has been developed for 2025/26 in line with the NHS Wales Planning Framework.
- **RECOGNISED** the plan seeks to balance all statutory and other duties placed on the Board to deliver health services and improve the health and wellbeing of our local population and reduce health inequalities.
- Took **ASSURANCE** that the Annual Plan delivers the Health Board's agreed Strategy 'A Healthy, Caring Powys', complies with the NHS Wales Planning Framework and meets the draft Level 4 Welsh Government Escalation and Intervention Framework De-Escalation Criteria.
- **NOTED** that the Annual Plan includes the financial plan and options to achieve an end of year forecast nearer to the Target Control Total, which involve a number of areas including provider and commissioner performance.
- **RECOGNISED** that further work will continue, both locally and nationally, on options to improve the financial plan position;
- **RECOGNISED** that, in approving the plan, there are aspects that are subject to further discussion and decision, for example the possible 4% increase for the Joint Commissioning Committee. An oral update will be given during the Board meeting.
- **APPROVED** the Annual Plan 2025/26 and its associated deficit financial plan, **NOTING** the plan's underlying deficit of £38.4m with agreed actions

identified to reduce this deficit to a potential £16m for submission to Welsh Government in line with the national deadline of 31 March 2025.

- **DELEGATED** the final sign-off of the plan to the Chief Executive and Chair acknowledging that minor amendments will be made prior to submission to Welsh Government.

LC left the meeting.

3.2 DISCRETIONARY CAPITAL PROGRAMME 2025/26 AND 2026/27 (PTHB/24/200)

PH presented the Discretionary Capital Programme 2025-27, providing an update on the general capital funding status, including risks and opportunities. PH advised that the report title should state 2025/26-2026/27. PH brought the below key items to the Board's attention:

- Discretionary Capital had been uplifted to £2.7M, to reflect the current and projected allocation of WG.
- Ongoing support had been provided for the Re:Fit programme.
- The Health Board has been successful in £3.525M targeted estates funding from WG.

Independent Members asked the following questions for assurance:

Where does the Health Board stand with risk and project prioritisation, given that some assets are overdue maintenance? Is the Health Board using funding effectively, not just replacing things but addressing the root issues. Will the Re:Fit investment significantly improve the overall position?

PH advised that focus is on maintaining estates in the best possible way, noting there is a backlog maintenance programme and slippage is being used to maintain the estate. The Innovative Environments Group oversees elements of the programme, ensuring everything is aligned and the organisation is making the best use of resources. The Re:Fit programme is aimed at continuous improvement.

Is there provision in the Capital Programme for Digital?

PH advised there is a separate funding stream for digital where the Health Board has been successful in accessing funding, with a nominal amount included in the plan for equipment refresh.

Is attention paid to value for money when undertaking capital works? A recent visit to Spa Road highlighted the use of seemingly high cost radiator values. How is the proportion of work delivered in-house versus contracted managed?

PH advised that the team works to maximise funding, ensuring the best value and price. All external contractors are managed under procurement roles. A Board Briefing on Capital and Estates was imminent where such matters could be explored.

Will the Health Board's Capital team have capacity to deliver works with vacant positions?

PH advised that the team continuously assess capacity against requirements, filling vacancies as they arise, and considering additional resource needs, noting that project funding and capacity are always under review.

HT emphasised the need to balance strategic goals and secure support for the capital team, acknowledging efficiency targets and the need to flex the workforce to meet peak demands within constrained capital availability.

The Board **APPROVED** the Discretionary Capital Programme, 2025/2026–2026/27.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/201)

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

- Board activity since the last meeting held on the 29 January 2025 was outlined.
- Work is underway to constitute the HealthCare Professional Forum Advisory Group.
- The Common Seal has been applied on one occasion.
- Scheme of Delegation proposal to increase the Charitable Funds Committee level to £10,000 for non-contentious items.
- Board Committee Terms of Reference and the Executive Scheme of Delegation are currently under review and will be presented to the Board in May 2025.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the application of the Common Seal applied on one occasion since 29 January 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **APPROVED** the changes to the PTHB Standing Orders;
- **APPROVED** the change to the Scheme of Delegation for the financial delegation in relation to Charitable Funds applications.

3.4 STANDARDS OF BEHAVIOUR FRAMEWORK POLICY AND PROCESSES (PTHB/24/202)

HB presented an amended Standards of Behaviour Framework Policy to the Board, noting the strengthened mechanisms in place for the deployment of the policy in relation to Declaration of Interests and Gifts and Hospitality. HB brought key items to the Board's attention:

- Standards of Behaviour policy is a Board retained policy that has been reviewed in detail and recommended by the Executive Committee to the Board.
- A number of amendments have been suggested to strengthen and streamline how declarations of interests are recorded, aligned to best practice. It was suggested that all employees record their declarations using the existing Electronic Staff Record (ESR) Management System.

How will implementation and compliance be monitored?

HB advised that regular reports will be considered at the Executive Committee and the Audit, Risk and Assurance Committee. Declarations of interest will be monitored against staffing lists.

How will the of this policy and process be communicated to staff?

HB advised that policy updates are regular items at the Chief Executive staff briefing sessions and that an ongoing training programme will be rolled out with 'how-to' guides produced.

The Board **APPROVED** the proposed amendments to the Standards of Behaviour Policy and implementation across the organisation.

3.5 RISK MANAGEMENT FRAMEWORK (PTHB/24/203)

HB presented the updated Risk Management Framework and brought the below key items to the Board's attention:

- Key change proposed is the closure of the current Corporate Risk Register, to be replaced with a Strategic Risk Register, owned by the Board.
- An Organisational Risk Register, focused on significant and cross-organisation operational risk will be owned by the Executive Committee.
- Creation of an additional risk register will allow greater focus on the risks to the Health Board's strategic objectives at Board level, as well as more dynamic escalation, oversight and management of significant, cross-organisational operational risks by the Executive Team.
- A programme of training will be implemented and local risk registers moved onto the Datix IT system.

Independent Members asked the following questions for assurance:

What assurance can be given that there will be no 'grey areas' between the strategic and operational risks.

HB advised that the framework supports escalation between risk register tiers and is supported by training, ensuring parity in risk assessment. The process focusses on the principles that determine the escalation of risks with the importance of moderation highlighted. Good progress has been made, particularly in the previous year, but continued development and maturity of the process are needed especially at the Board and Executive levels.

What mechanism will be put in place to ensure a dynamic, whole system approach is happening?

HB advised that the Risk and Assurance Group, chaired by the Deputy Board Secretary, supplements the Committee and is attended by all Assistant and Deputy Directors. This group is a key mechanism for risk management. Additionally, an annual internal audit is conducted, assessing the corporate system and performing dip tests on at least two service areas each year, with different areas reviewed annually.

As a Board, how would we assure the risk to effectiveness is either eradicated or mitigated?

HB advised that the Audit, Risk and Assurance Committee will receive a specific session on risk assurance in terms of risk management and explore that in detail.

The Board **APPROVED** the revised Risk Management Framework.

3.6 MINUTES OF PREVIOUS MEETING HELD ON 29 JANUARY 2025 (PTHB/24/204)

The minutes of the meeting held on the 19 January 2025 were **AGREED** as an accurate record.

4. ITEMS FOR BOARD ASSURANCE

4.1 FINANCIAL PERFORMANCE: MONTH 11 – 2024/25 (PTHB/24/205)

PH updated the Board on the financial performance report for period 11 and brought the following key items to the Boards attention:

- At month 11, there is a £14.479M overspend against the revised planned year to date deficit of £14.457M, an operational overspend of £0.022M.
- Year-end forecast remains in line with the adjusted plan of a deficit £15.770M.
- £7.743M capital resource has been spent and is on track to deliver by year-end.
- Key expenditure areas include provider services, locum/agency spend, commissioning of healthcare services, delayed transfers of care.
- Mental Health private provider forecast overspend has increased and is subject to urgent focus.
- Continuing Health Care remains overspent.

Independent Members asked the following questions for assurance:

Is there a specific reason for increased agency usage in February?

EL noted a significant increase in agency use, largely due to staff sickness and higher acuity in the system. A framework has been implemented, and a rapid review is underway. The recent step-up in agency usage had not previously been escalated and a deep dive will be conducted to identify further actions needed.

It appears that contracts with English providers had not been agreed in month 11, is there clarity around that?

NJ highlighted challenges, particularly around Wye Valley NHS Trust (WVT), noting these have been resolved successfully along with Shrewsbury and Telford Hospitals NHS Trust (SaTH). Formal agreements were signed late in the year and NJ is communicating with providers and collaborating with Integrated Care Boards on performance management. SaTH's data repository issues will continue into quarter one, with agreements in progress on how these will be managed including close monitoring.

This is the first time that private providers have been drawn out specifically in the report, with nearly £4M spend against a budget of £1M. To what extent is this due to capacity or acuity of packages?

EL advised that closure of beds in Powys services led to increased use of private providers, which had not been identified until the last six weeks. A deep dive is currently underway, with a significant number of patients being repatriated back into Powys services. A Complex and Continuing Care Programme Board has been established, and additional support is expected for the complex care review, which has already shown a reduction in reliance on private provision; and lessons learned have resulted in application of different procedures to ensure this is not repeated.

KW noted that whilst nursing agency use is stable, staff in mental health services are facing fragilities, with sickness affecting a small team, noting that recruitment has had some success and improvement is expected.

MM clarified that the reported increase in agency use is due to delays in submitting rosters, not an actual increase in agency staff and efforts are being made to work with services to ensure accurate reporting of agency use. It was agreed the

Delivery and Performance Committee will receive an assurance report on this for review.

Action: Executive Director of Primary Care, Community and Mental Health.

Independent Members asked the following questions for assurance:

Will the deep dive into agency staff also consider unintended consequences; in relation to the process for requests and whether it can be streamlined?

EL advised that a new process had been implemented with the aim of reviewing how requests are made and the reasoning behind them. Feedback will be provided on necessary actions or improvements along with a timeline for the process.

Would using a standard contract with an agency, where the nurses are trained to common standards be a possibility for the Health Board?

EL emphasised the importance of learning from other areas and the single biggest area to stabilise would be substantive recruitment.

MM highlighted the use of automated systems, prioritising the bank staff for shifts and offering a digitised platform to make it easier for people to take up shifts. There are fast-track processes in place, through the number of pre-employment training requirements can cause delays in onboarding.

What lessons from this financial year can be taken forward?

HT discussed the importance of incorporating learning into quarter one discussions and ensuring timely decision-making on arrangements. It was agreed that this will be a substantive focus at both the Delivery and Performance Committee and Board Development.

Action: Director of Corporate Governance.

The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** that it is forecast that the Health Board will achieve the financial plan of a £15.8m deficit. However, the underlying deficit is assessed as £30.6m.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25: MONTH 10 (PTHB/24/206)

NJ presented the Integrated Quality and Performance Report providing an update on the latest available performance position up until the end of January 2025 (month 10) and drew attention to the following matters:

- Diagnostics show an improved picture.
- An improvement in Cancer pathway performance.
- There is fragility in mental health measures, particularly 1A and 1B. Performance improved in month 11 which will be seen in the next report to Board.
- Psychological therapy waiting times compliance improved.
- Neurodevelopmental services, for month 10, showed no improvement in performance, but performance improved in month 11 which will be seen in the next report to Board.
- Performance for Minor Injury Units remains good and forms part of the ongoing evaluation of Temporary Service Change.

- Variability of waits remains, but the Health Board is in close dialogue with Robert Jones Agnes Hunt regarding their trajectories.
- Stroke performance to be included in future reports.

Independent Members asked the following questions for assurance:

Regarding the tracking of the ongoing effectiveness of the additional planned care funding (commissioned services), what are the benefits for Powys residents?

NJ advised that funding is centrally deployed to providers, but the latest report indicated that three health boards will not meet the 104-week wait target, affecting some Powys patients. WG has requested further assurance from those providers regarding next year's trajectories.

The improvement in Children's neurodevelopment services is noted, including that the internal waiting list has now been removed. Can assurance be given that the service designed alongside the standards, is effective and impactful?

KWi noted the progress was as a result of additional funding received in 2024/25. Further funding was, as yet, unconfirmed.

CR noted that the service has gained a much better understanding of the capacity, and by improving pathways and standards, the aim is to reduce demand. A triage approach was introduced to ensure appropriate referral resulting in a reduction in the acceptance rate from 99% to 70%. The focus is on ensuring children are seen in a timely manner or referred to a more appropriate pathway. Whilst there is still progress to be made, significant effort has been put into building a foundation to sustain those improvements.

KW noted the improvements resulted from additional funding being made available and the continuation of this additional resource was, yet unconfirmed.

HB left the meeting.

SG joined the meeting.

Independent Members asked the following questions for assurance:

Why have endoscopy and echocardiograms pathways waiting times increased?

EL noted that a large number of people are going through those pathways, with a few specific complex cases contributing to longer waiting times.

KW noted that more complex cases will require commissioned services, which are outside the Health Board's control.

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 3 (PTHB/24/207)

NJ provided the Board with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2024) noting the following:

- Good assurance of delivery of the 2024/25 Annual Plan.

- Those actions that were RAG rated red at quarter 3, have detailed reasons for any delay included at page 4 of the report.

Independent Members asked the following questions for assurance:

Is a 26% deficit in the outturn plan a reasonable position? Are there any lessons that can be learnt?

NJ noted the key question is balancing deliverability, testing the planning for 2025/26, noting there were challenges with national digital programmes and dependencies on national funding that did not come through. Reflecting on performance in other health boards, around 20% flexibility in-year seems typical, and this learning will be incorporated into future planning.

Regarding digital transformation, there seems to have been a series of national delays, how is that being managed?

HT advised that a recent review of the national digital programmes has led to the development of a new digital transformation initiative for Wales. The Terms of Reference have been created, with Chief Executives expected to attend, providing a broader understanding. In terms of deliverability, a Q3 progress report is available, and a delivery confidence aspect will be included in the Q4 report. Lessons learned will be assessed at the end of the financial year, with the new national oversight arrangement expected to improve capacity and delivery.

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 ASSURANCE REPORT FOR TEMPORARY SERVICE CHANGES TO MINOR INJURY UNITS AND COLOCATION UNITS (PTHB/24/208)

KW updated the Board on the evaluation and monitoring of the temporary service changes and updates against the Mitigation plan for Temporary Service Changes as agreed at Board on 10 October 2024:

- All expected monitoring and evaluation are underway.
- All mitigation is in place and ongoing. The Temporary Service Change Programme Board will continue to monitor, and a report will be brought to Board in July 2025 for further discussion and decision making.
- Minor Injury Units (MIU). There were no unexpected closures as a result of the changes, noting the radiology replacement project has been progressing at the same time and no additional risks have been identified.
- Some stakeholder feedback on clinical communication on transfer has been received and will be helpful in refining the model.

KB advised Llais had not received any complaints to the MIU changes and a report following patient feedback at Llanidloes and Bronllys hospitals is being prepared.

The Board:

- **RECEIVED** the update on progress to date including the evaluation and monitoring plan.
- Took **ASSURANCE** in relation to the mitigation plan.

ND left the meeting.

4.5 CORPORATE RISK REGISTER (PTHB/24/209)

SG provided the Board with the March 2025 version of the Corporate Risk Register and the following changes were proposed:

- CRR001 (Financial Forecast) – Risk score decreases from 20 (L5 x I4) to (L3 x I4) 12, due to the expectation that the Health Board will now achieve its planned deficit.
- CRR007 (Primary Care) – Risk score increases from 16 (L4 x I4) to (L4 x I5) 20, due to Termination of Shropdoc OOH contract 31/03/25; Practice Sustainability applications for support being prepared for Llanfyllin, Knighton and Presteigne practice; Dental access in mid cluster affected currently (Llandrindod Wells & Knighton) and Orthodontic waiting list.

It was noted that no other changes are proposed, but development of the Strategic Risk Register will be undertaken in light of the earlier approved Risk Management Framework for presentation to Board in May.

It was requested that future reports include a summary of key changes from the previous report.

Action: Director of Corporate Governance.

The Board:

- **REVIEWED** the March 2025 Corporate Risk Register update, included at Appendix 1 (noting details of Risks 008/011 and 012 are provided in Board In-Committee papers item 7.5), ensuring that it is a complete and a true reflection of the health board's current high-level risks
- Took **ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps
- **NOTED** that work is underway to develop the 2025/26 Strategic Risk Register in accordance with the revised Risk Management Framework and Integrated Plan subject to Board approval (subject to a separate paper) by the Board on 26 March 2025.

4.6 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/24/210)

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

- Three national projects had been undertaken this year including reporting on care close to home, unpaid carers and travel time. These reports will be published imminently.
- The Emergency Care, Urgent Care and ED report had received a lot of coverage.
- Llais was planning to host a Health and Social Care Summit, to consider planning for the future and priorities going forward.

It was acknowledged by Board members that Llais is a valuable source of feedback, particularly in relation to the emergency care report, aligning with community concerns. The importance was noted in understanding patient experiences, and even though Emergency Departments are not directly under this Health Board's control, they are a funded service. KB confirmed that there are good relationships with border hospitals but noted capacity constraints that prevented deeper engagement.

The Board reflected on the significance of the findings and questioned how they could be used positively and for findings to be integrated into current work and inform future actions. The challenges related to the Joint Health and Social Care Plan were noted and members were reassured that work was underway to join efforts across various initiatives, including the Sustainable Powys and Better Together programmes with community engagement.

CC questioned how the report could spur immediate action, with HT indicating that existing mechanisms would drive the necessary improvements. The need to review the scope of the work was discussed and the need to ensure it is reported to the most appropriate Committee. It was suggested to use a Board Development session to highlight changes and action items moving forward.

Action: Chief Executive, Director of Corporate Governance.

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 (20 January 2025-written).
- Board Work Programme 2024-25.
- **FOR INFORMATION:** Glossary.

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/211)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/24/212)

The next meeting is scheduled for Wednesday 21 May 2025.

Meeting closed 14:21

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

“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”

PRESENT

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
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
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)
Kirsty Williams	KWi	Independent Member Vice-Chair (to 15.30)
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Lucie Cornish	LC	Director of Improvement and Transformation
Mark McIntyre	MM	Deputy Director People and Culture
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
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/24/213)		
The Chair welcomed everyone to the meeting. Apologies for absence were noted as above.		
7.2 DECLARATIONS OF INTEREST (PTHB IC/24/214)		
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/24/215)		
The minutes of the In-Committee meetings held on 29 January and 06 March 2025 were CONFIRMED as an accurate record.		
It was confirmed there were no outstanding Board In-Committee actions.		
7.4 NORTH POWYS WELLBEING PROGRAMME (PTHB IC/24/216)		

Rationale for item being held in private: Issues, the discussion of which in public would be likely to prejudice the effective conduct of public affairs.

The Board:

- **NOTED** the assessment of potential impact if Phases 2 and 3 funding is delayed or not forthcoming – for Phase 2 this will result in the Health Board not being able to re-configure existing community hospital services (subject to consultation) to deliver safe, efficient and sustainable service models for Powys.
- **ENDORSED** the recommendations associated with mitigating actions outlined in the contingency plan should Phases 2 and 3 funding be delayed or not forthcoming.
- **NOTED** the position with the RIF resource plan and ongoing support to continue to progress phase 2 work and to undertake further service planning work test the viability and achievability of proposed service developments in Phase 3.
- **NOTED** the risks associated with delivery of Phase 1.
- Confirmed **ACCEPTANCE** of the £971,270 IRCF funding from Welsh Government and approval to proceed with an integrated Strategic Outline Case/Outline Business Case (SOC/OBC) for Phase 1 of the multi-agency campus.

7.5 CHIEF EXECUTIVE UPDATE (PTHB IC/24/217)

HT updated the Board on the EMRTS Judicial Review and GP Out of Hours provision.

7.6 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/218)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

The Board

- **REVIEWED** the **March 2025** Corporate Risk Register update in respect of In-Committee risks, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks
- Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

7.8 ANY OTHER BUSINESS (PTHB IC/24/)

There was no other business.

Meeting closed 16:04