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Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

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

HELD VIA MICROSOFT TEAMS

MEMBERS		
Ronnie Alexander	RA	Independent Member (General)
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)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hoppood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector) - afternoon only
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
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)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE		
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Jennifer Owen Adams	JOA	Independent Member (Third Sector) - morning only

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/96)
The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above.
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/25/97)
No interests were declared in addition to those already declared within the published register.
1.3 BOARD ACTION LOG (PTHB/25/98)
HB presented the action log and confirmed that there were two actions, both recommended for closure.
The Board REVIEWED and ACCEPTED the action log.
The Board AGREED both actions as completed and closed.
1.4 PATIENT EXPERIENCE STORY (PTHB/25/99)
PHo introduced a video sharing a patient's personal experience of perinatal grief. PHo expressed gratitude to the member of staff for sharing her story and noted the positive impact of Powys services.
EL thanked the team for their commitment to supporting women and families and highlighted the work of the small, dedicated perinatal team, which provides: <ul style="list-style-type: none"> • Professional advice line for practitioners, • Joint assessment and triage, • Specialist perinatal assessments and ongoing support and • Pre-conception advice for women with mental health concerns.
CC emphasised the importance of these stories in shaping the Board's perspective and future decisions.
1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/100)
CC advised that no questions from the public had been received.
1.6 UPDATES FROM: (PTHB/25/101)
REPORT FROM THE CHAIR
CC presented the report and invited any questions.
<i>In relation to the Ombudsman Letter, it is noted that Powys had performed the worst among Health Boards regarding compliance performance. What plans are in place to improve this position, noting that the Ombudsman's team would be keen to support improvement where possible.</i>
PHo confirmed that the Health Board was on an improvement journey and that most outstanding concerns were minor, with no harm caused and delays were often due to process issues such as not closing cases correctly. PHo advised that significant progress had been made in recent weeks, with a large volume of cases closed and plans to complete the remainder by year-end.

SW advised that the backlog of incident closures had received significant attention at the recent Patient Experience, Quality and Safety Committee and assurance had been provided that these matters were being addressed, with an interim report expected shortly.

Is the Health Board providing a proactive response to the Ombudsman?

CC confirmed that a written response had already been sent in the format requested by the Ombudsman and that the matter had also received detailed consideration at the Patient Experience, Safety and Quality Committee.

EL highlighted the recent ministerial summit led by the Cabinet Secretary, which launched the Community by Design initiative. EL noted that this presented a significant opportunity for Powys, given its focus on primary and community services; and emphasised the strong position of Powys to lead and develop this work for local communities. CC welcomed the comments, reaffirming the Board's commitment and enthusiasm for implementing the community by default principle.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and provided an update on the Joint Commissioning Committee (JCC) meeting that had taken place yesterday:

- The urgent work on Recommendation four will resume, with an update report due to the JCC meeting in January. The full plan, including recommendations, to be approved by end of March.
- Alignment is required between the JCC IMTP, other health boards' plans and planning assumptions for the March Board meeting.
- HT has asked for a clear implementation timetable in the January update report and provided assurance that Powys will rejoin the working group for Recommendation four.

HT invited questions.

How is the Health Board supporting internationally recruited nurses, particularly with accommodation and settling in?

It was acknowledged that accommodation is a challenge in Powys, however, work is underway to find sustainable solutions, including options linked to the North Powys hub and partnerships for housing development. It was noted that dedicated pastoral care is in place: support with community integration, banking, GP registration and networking amongst overseas staff. DWL advised that recruitment has grown from two nurses (two years ago) to over 30, with zero turnover, reflecting strong support systems. Future areas of focus include recruiting overseas nurses for mental health services and overseas doctors.

What is the current position on RSV vaccination and flu vaccination for the public and staff?

MB advised that the uptake for flu vaccination is improving with some GP practices exceeding 65%. Vaccination centres are also offering flu vaccines to increase accessibility. There is a good uptake in Powys in relation to RSV vaccination, with 68% of adults over 75 and strong coverage for pregnant women. Staff flu vaccination was currently 37%, which is lower than desired but among the highest in Wales. Efforts include open-access clinics, weekend sessions and walk-ins.

Cultural barriers and well-being fatigue was noted with work ongoing locally and nationally to improve uptake.

Are flu and COVID vaccines being co-administered for efficiency?

MB confirmed that as from next week, vaccination centres would offer both flu and COVID vaccines together. Historically, residents prefer separate vaccinations so flexibility will remain.

What progress has been made on antimicrobial resistance work?

It was acknowledged that Powys was previously an outlier for antimicrobial prescribing, however, the appointment of an antimicrobial pharmacist has driven rapid improvement with the use of dashboards and collaborative feedback and is now in line with Welsh averages for key prescribing indicators. It was noted that work is expanding into related initiatives.

What is the status and future of the 'Express Yourself' Arts and Health initiative?

This is jointly funded by the Arts Council and charitable funds and there are plans to secure external funding for continuation and integration of learning into core services. There is an aim to link with third-sector partners for sustainability.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/102)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 07 October 2025. Attention was drawn to the following matters:

- The internal audit programme had been delayed; with only one report received so far. The Committee will monitor and is expecting more reports in future meetings.
- A report on lessons learnt from the delay in signing the financial accounts was received with assurance taken.
- An updated report on financial controls across the organisation was received with assurance taken.
- A report on the progress of the Digital Strategic Framework was received with assurance taken.

Finance and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on the 21 October 2025. Attention was drawn to the following matters:

- Escalation status and financial matters were a key area of focus
- An in-depth review of cancer performance and diagnostic pathways had been received

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 20 November 2025.

Patient Experience, Quality and Safety Committee

SW presented the item which provided an overview of matters considered by the Committee on the 23 October 2025. Attention was drawn to the following matters:

- Neurodevelopmental Services: Assurance was received that validated tools are used for standardised assessments, with multidisciplinary review ensuring no single practitioner makes diagnostic decisions.
- Incident Backlog: Significant progress reported on closing historic and 2025 cases, with learning embedded. An interim report expected next week.
- Maternity Services: Assurance taken on the assessment against Swansea Bay University Health Board report; noting the need for a further review of commissioned services, which is scheduled for a future meeting.

People and Culture Committee

HB presented the item on behalf of the Chair which provided an overview of matters considered by the Committee on the 29 September 2025. Attention was drawn to the following matters:

- The Committee had reviewed the evolving workforce performance report and noted the significant reduction in agency usage.
- The Director of People and Culture report had highlighted success in strengthening healthcare support worker workforce and the wider permanent workforce.
- The Committee reviewed a deep dive focused on staff retention and staff experience.
- Consideration had been given to incidents relating to violence and aggression and related actions.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 17 September, 26 September, 01 October, 15 October, 22 October and 29 October 2025 and invited any questions.

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/25/103)

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

- Local Engagement Events had been held in all 13 localities, demonstrating benefits of working at a local level; detailed insights to be shared at the Board Development Day in December to inform priorities.
- Stakeholder group meetings continue quarterly with the Health Board, Local Authority and PAVO.
- Advocacy Cases are currently high but noted that a positive meeting with EL and team had been held to strengthen the already good communication.
- Observations noted following the recent JCC meeting; and clarification sought on whether the delay in implementing Recommendation four will affect base closure timeline, given public commitments. Llais has requested assurance for comprehensive, inclusive and transparent engagement with communities, particularly Powys and North Wales.

Independent Members asked the following questions for assurance:

Is the Health Board continuing to act on public feedback and ensuring it shapes Better Together and wider structural solutions?

It was confirmed that feedback from Llais continues to be represented and discussed regularly. Issues raised are often systemic and not unique to Powys but do remain a priority. It was acknowledged that a Board Development Session is planned to use this evidence to shape priorities for next year and inform Better Together discussions. It was also noted that strong engagement mechanisms exist, including fortnightly meetings with Llais and participation in planning and transformation work.

How is GP access being monitored and addressed?

It was confirmed that the Health Board uses contract assurance processes and qualitative feedback to monitor GP access. There are around 75,000–85,000 appointments per month that occur in general practice, making it the most used service, and issues vary by practice. The engagement with Llais provides valuable insight into patient experience alongside contractual data.

How will public feedback influence planning and Better Together?

Evidence from Llais will feed into the Integrated Plan and Better Together programme and the timing of discussions will ensure alignment with planning cycles and priority setting for the coming year.

What is the Health Board's approach to continuous engagement with communities?

It was acknowledged that ongoing engagement is central to planning and transformation work and that insights from Llais are integrated into Better Together arrangements to co-produce solutions with communities. The aim is to address long-standing systemic issues through collaborative approaches.

Have there been any surprising issues raised in recent public feedback?

KB outlined some examples such as staff training gaps in social care, linked to changes in social workers and local patterns such as residents travelling to Wrexham and Meirionnydd more frequently than expected. It was noted that these insights highlight the value of locality-based engagement for identifying unique behaviours and needs; and further detail will be explored in the Board Development Session.

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

KB provided some key observations for other Board agenda items:

- Patient Behaviour: increasing reports of individuals driving themselves to hospital rather than using emergency transport; while amber call data appears positive, this trend warrants monitoring and further analysis.
- Emergency Care Data: Current data is primarily based on Minor Injury Units; will make a representation to the Executive Director to clarify this and ensure accurate interpretation and to understand how Powys patients are transferred and treated outside of Powys, and review complaints against other health boards.
- Impact of Board decision on Waiting Times: data provided relates to August 2025 with clarification required on the impact of the Board's decision to

change waiting times since implementation and assess how this change has been communicated and its effect on individuals, GPs and other services.

- Temporary Service Changes: change was expected to last approximately two years, causing anxiety within affected communities. KB has committed to visiting co-location and rehabilitation units to gather community feedback and identify any unintended consequences. There was a need for a communication plan for the communities and a renewed Integrated Impact Assessment.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 ORGANISATIONAL ESCALATION (MID-YEAR UPDATE) (PTHB/25/104)

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

- Ongoing engagement and reporting to WG continues as required. First Public Accountability Meeting scheduled for 27 November, providing a public forum to review progress and actions against de-escalation requirements.
- HT had met with the new NHS Chief Executive, Jacqueline Totterdale; committed to working collaboratively with NHS Wales and WG colleagues on system improvements and planning for the new year.
- Grant Thornton has been appointed to stress-test the Health Board's plan and ensure all improvement opportunities are considered. The review will be focusing on four key areas:
 - Commissioning and contracting expertise
 - Continuing Health Care (CHC) clinical and operational expertise
 - External planning and transformation capacity
 - Audit expertise
- The draft report is expected imminently, and findings will be integrated in the Plan.
- Board Priorities: A focus on developing an Integrated Plan, clearly articulating the route map to sustainability; ensuring financial recovery aligns with patient safety, quality care and critical service delivery; actions tied to de-escalation criteria will be embedded based on the independent report and Board to reflect on Clinical Services Plan as part of integrated planning.
- Strong emphasis on Planned Care and referral management in response to increasing pressures.
- Commitment to submit a balanced and credible three-year Medium-Term Plan or an acceptable annual plan in line with the current planning framework.
- Clear position required to demonstrate substantial financial improvement.

The Board **RECEIVED** the report and took **ASSURANCE** that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.

PLANNING MATURITY MATRIX

NJ presented the item to the Board and attention was drawn to:

- Powys is at Level Four escalation for planning and strategy. WG requires a refresh and revision of the Planning Maturity Matrix with full submission to WG by 28 November 2025.
- Key changes to the maturity matrix: expanded from six elements to 24; criteria is now much more comprehensive and defined; partial compliance is no longer acceptable - all criteria must be met for a score.
- Impact on scoring: some scores have decreased compared to previous versions, mainly due to stricter criteria and areas affected include clinical services plan development and an approvable IMTP.
- The detailed matrix has been reviewed by the Executive Committee and PPPH Committee.
- Learning and reflections will be incorporated into the integrated planning process and a reflection session has been requested with WG planning leads post-submission to share learning and experience.

Independent Members asked the following questions for assurance:

Has the Health Board made progress since the last review, even though scores appear lower due to changes in the maturity matrix?

NJ confirmed that there is evidence of improvement over the past year:

- Better Together programme has advanced planning products from discovery phase to development.
- Work underway on Clinical Services Plan (phase one: community mental health services) and service delivery plans.
- Progress on developing an IMTP and aligning financial improvement through the route map.

It was noted that the lower scores reflect the stricter criteria and methodology changes and not a lack of progress. The formal approval and implementation of plans are still required before higher scores can be achieved.

Why do some areas, such as operational planning, score very low despite good practice?

It was noted that scoring is based on strict criteria and defaults to the lowest theme score. It was also noted that operational planning in Powys differs from larger acute health boards, making some criteria harder to meet. That despite low scores, there is strong evidence of good practice, such as performance indicators in the Integrated Quality and Performance report show positive results. The challenge lies in how criteria are measured rather than actual delivery quality.

How can the organisation reflect progress when the maturity matrix suggests regression?

The matrix is one tool focused on statutory requirements and progress should be triangulated with other assurance sources such as the Audit Wales structured assessment and internal audits, which confirm strengthened planning and performance framework. It was proposed to include a narrative in the Annual Plan to show progress beyond the matrix scores for Board and public confidence.

What are the main priorities for improvement going forward?

To secure formal approval and implementation of both the Clinical Services Plan and an approvable IMTP. In parallel, it will continue to drive financial improvement through the established route map, while maintaining a strong focus on operational planning and efficiency measures. These actions must be delivered in

alignment with the revised and more stringent scoring methodology, ensuring compliance with statutory requirements and demonstrating sustained progress.

The Board:

- **NOTED** that the revised matrix and further guidance from Welsh Government has been comprehensively considered and taken into account in the attached Self-Assessment, including consideration by Executive Committee and Planning, Partnerships and Population Health Committee
- **NOTED** the key findings and in particular the areas of action to improve the maturity of strategy and planning in the organisation
- **APPROVED** the revised self-assessment for submission to Welsh Government in line with Welsh Governments Level 4 Escalation and Intervention arrangements (for strategy and planning components).

3.2 INTEGRATED PLAN 2026/27 APPROACH TO DEVELOPMENT (PTHB/25/105)

NJ presented the approach to the development of the Integrated Plan 2026/27 to the Board, and the following key items were brought to the Board's attention:

- The Plan will consolidate improvement actions against de-escalation criteria and respond to the well-being objectives in the joint strategy.
- Draft strategic priorities were recently tested in Board Development sessions and will form the framework for the plan.
- Components include service planning, Better Together Phase One and actions that do not require consultation.
- Quality remains a core principle throughout the plan.
- Awaiting NHS Wales planning and performance frameworks; demand and capacity planning will be critical post-Christmas.
- High-level financial assessment has been completed with a detailed prioritisation and savings planning scheduled for January and February.
- The Plan will incorporate recommendations from the forthcoming Grant Thornton consultancy report.
- The strategic commissioning framework actions and commissioning intentions that has already been shared with providers will be included.
- Short-term recovery actions and medium-term sustainability road map will feature prominently.
- Longer-term focus on population health improvement and reducing inequalities, aligned with the approved Population Health Strategic Framework.
- Insights from population health analysis by Llais will inform the plan; with the Board development session scheduled for December.

Independent Members asked the following questions for assurance:

What lessons have been learned from the past two years' planning experience, and how are these reflected in the current process? What would happen if the plan were rejected due to financial concerns and how is the approach different this time to avoid iterative delays with WG?

NJ stated that learning from previous years has led to earlier actions, including the publishing of commissioning intentions sooner, engaging providers earlier on impact and conducting a high-level financial assessment at the outset. Savings scenarios are being developed to support prioritisation and triangulation after Christmas. The process aims to reduce late changes and iterative feedback loops, while maintaining realism about areas requiring further planning beyond March.

How does the plan demonstrate impact from actions taken and is there sufficient organisational capacity to deliver within the short timeframe?

NJ noted that impact measurement will focus on population health outcomes using robust indicators. Despite capacity pressures, earlier, jointly owned planning is in place, with alignment to WG priorities and clear identification of areas needing post-March work.

HT stressed the importance of aligning planning assumptions across NHS Wales and cross-border providers, supported by early engagement with Finance and Planning Directors. WG will expect clear, consistent assumptions, particularly regarding JCC activity. HT acknowledged the challenges of planning alongside other organisations due to commissioning dependencies but expressed confidence that, despite capacity pressures and complexity, the team will deliver a board-approved plan on time.

The Board:

- Took **ASSURANCE** that the Plan Approach and Process has been subject to engagement and scrutiny via Executive Team, Committee and Board Development mechanisms
- **NOTED** the recap provided on the Context and Strategic Framework and the key aims of the 2026/ 2027 Plan in that context
- **NOTED** the Draft Strategic Priorities and Plan on a Page (discussed in detail via the Board Development and Committee processes)
- Took **ASSURANCE** that a process is in place to manage the complex interdependencies and note the high-level process and timelines (with the First Draft scheduled to be submitted to Board in January 2026 and the Final Draft in March 2026).

3.3 BETTER TOGETHER (PTHB/25/106)

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

- Timeline for Phase One extended to allow greater validation and address external assurance feedback. Extension does not indicate loss of momentum, and the programme remains a priority.
- Phase One consultation likely to take place in September-November 2026.
- Mobilisation of Phase Two (Planned Care) is now prioritised, moving closer to a developed Clinical Services Plan.
- Balancing resources for short and medium-term actions to support financial improvement and recovery.
- Temporary Service Changes: no new issues identified to revert to previous model or move to permanent arrangements. Proposal is to align temporary changes with revised Phase One timeline. The communication plan is drafted and ready for implementation.
- Further update to the Board will be in March 2026.

Independent Members asked the following questions for assurance:

How will communications planning ensure stakeholders are informed throughout the transformational process, and does the organisation have the resources required to deliver the revised milestones on the updated timeline?

DWL confirmed that a dedicated communications workstream is in place, with plans covering events, content and messaging for internal and external audiences.

Communications activity will increase as consultation nears. A draft plan is ready to implement pending Board approval. Resourcing is reviewed regularly, with transformation capacity flexed to support financial recovery while maintaining progress on Better Together. Phase Two mobilisation is underway, and national teams or external experts will be used where additional skills are needed. Lessons from Phase One are informing faster future delivery.

The Board seeks assurance on how the organisation is monitoring and assessing the travel impacts arising from temporary service changes, particularly in light of Powys's rural geography.

The Board requires confirmation of the approach being taken to evaluate the reach and effectiveness of engagement activities, ensuring that all relevant stakeholder voices, especially those of staff, are captured as the programme transitions from conceptual options to more defined proposals

DWL advised of the regular Chief Executive briefings which have featured Better Together updates in recent months; the weekly intranet updates provide ongoing information. With RPB funding, a shared transformation resource supports partners and line managers to communicate, address concerns and land messages directly with teams. It was noted that engagement is iterative; as options are firmed up, activity will be expanded to ensure deeper reach and participation. The resource plans will continue to be built and adjusted with external expertise to be used where it adds value.

How is the organisation monitoring and assessing travel impacts resulting from temporary service changes, especially given Powys's rural geography? How is the effectiveness and reach of engagement activities being evaluated to ensure stakeholder voices, particularly staff, are captured as the programme moves from early options to more defined proposals?

DWL reported that regular Chief Executive briefings and weekly intranet updates provide ongoing information about Better Together. With RPB funding, a shared transformation resource supports partners and managers to communicate directly with teams and address concerns. Engagement is iterative and will expand as options become more detailed to ensure wider reach and participation. Resource plans will continue to adapt, including the use of external expertise where beneficial.

KW reported that the July evaluation showed only minimal changes in travel times, better than anticipated, with reduced out-of-county delays shortening overall journeys. Ongoing monitoring continues, and a full travel analysis is being developed for Phase Two. KW emphasised clear storytelling to help stakeholders understand that proposals aim to enhance care quality, supported by regular check-ins. Staff engagement remains strong, demonstrated by consistently high attendance at events.

Does the organisation have sufficient resources to manage programme risks, and what approach is being taken to ensure public readiness for forthcoming changes and to embed co-production in the new service model?

DWL explained that resources are managed dynamically, with transformation capacity flexed to support financial recovery while sustaining progress on Better Together. External experts and national teams will be used to strengthen capacity where needed. Engagement has already introduced emerging options, and

extending the timeline allows more thoughtful consideration and meaningful feedback. A structured engagement and communications programme will prepare the public and clarify local implications of proposals. KW noted strong and constructive staff engagement, demonstrated by consistently high participation, and expressed appreciation for contributors' commitment.

The Board:

- **RECEIVED** the update on the current position and progress made in relation to delivery of Better Together.
- **NOTED** the planned forward activity including the link to further consideration and decision making on Temporary Service Change.
- **RECEIVED** the Stage 0-2 Engagement Report and Stage 2 Engagement Closure Report and took **ASSURANCE** that engagement activity for Stages 0-2 have been delivered.

3.4 FINANCIAL PERFORMANCE 2025/26 - MONTH 07 (PTHB/25/107)

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

- Month 07 position: £19.458m overspend versus a planned deficit of £16.517m, creating an adverse variance of £2.9m.
- Full-year deficit plan remains £28.3m; the current position broadly on track but with additional pressures.
- Savings shortfall: £4.8m (full year impact), partially offset by operational underspend of £5.8m.
- Unplanned cost pressures include increased NHS England tariffs, JCC overspend and shortfall in employer NI funding.
- Key cost drivers: commissioning, CHC, variable pay, private providers (mental health and learning disabilities).
- Agency usage improved; private provider costs driven by increased acuity and placement needs.
- CHC placements, with mental health and learning disabilities showing year-on-year growth.
- Savings target: £23.1m; £18.2m green schemes identified leaving £4.8m gap.
- Capital allocation: £6.534m, on track to spend as planned.
- Additional pressures of £2.9m year to date, forecast £5m full year, not fully mitigated.

Independent Members asked the following questions for assurance:

How significant is the savings delivery this year compared to previous years?

PH acknowledged it is substantially higher than previous years, representing 6.3% of total funding. This progress reflects the considerable effort and focus across the whole organisation and continued attention is required.

The organisation was £2.9m adrift at month seven. What is the forecast risk to the deficit plan and what actions are being taken to address it?

PH advised that the forecast risk to the £28.3m deficit plan was estimated at approximately £6m, primarily driven by an additional tariff increase of around £4m, pressures from the JCC of approximately £1m and a shortfall in employer NI contributions of around £1m. An operational underspend was anticipated to offset the savings shortfall of about £1m, reducing the residual risk to approximately £5m. Mitigating actions were outlined included maintaining a

strong focus on reducing variable pay, managing costs associated with mental health providers and continuing negotiations within the commissioning space.

Is the capital programme on track given it was slightly off profile at month seven?
PH confirmed that despite being off profile mid-year, the Health Board expects to remain within its capital resource limit (£6.534m) and does not anticipate significant slippage. Any additional national capital slippage will be maximised for benefit.

What was meant by tariff inflation and are there any levers available to control it?
It was noted that tariff inflation refers to annual cost uplifts applied to commissioning frameworks. Normally, these are funded through allocations. This year's increase for unscheduled care was a one-off decision by NHS England, adding extra costs. While activity is monitored and negotiated where possible, such decisions are largely outside of the Health Board's control, leaving the organisation exposed to future changes.

Have improvements in reducing Community Hospital delays been reflected in financial indicators and will these improvements show within the financial year?
PH advised that improvements have been made in delayed transfers of care and costs have reduced compared to previous years; noting that further detail will be added to future reports for clarity. EL advised that significant progress has been achieved, including a 40% reduction in costs for NHS England Community Hospital beds through repatriation and enhanced community-based services. Local Authority assessment delays have also decreased, and work continues to improve care pathways.

Given that agency and locum spend is 5.5% of total forecasted pay compared to the Wales average of 1.8%, is there still active focus on reducing this cost?
PH advised that this remained a key area of focus and further actions are being taken to reduce reliance on agency staff. EL noted that despite a slight uptick in month seven due to temporary medical cover in Brecon, progress continues, including mental health wards operating without agency staff for the first time. Recruitment efforts in mental health remain proactive, with overseas doctors onboarded and further recruitment rounds underway. While complete elimination of agency spend is unrealistic, reductions are expected in the coming months. DWL advised that additional overseas nurses and healthcare support workers are joining soon and that targeted recruitment is being extended to high-cost areas to further reduce agency spend.

What actions are being taken to address the £1m pressure from the Joint Commissioning Committee?
HT assured that additional mitigating actions were agreed at the recent JCC meeting to reduce this pressure across health boards, particularly for Powys and Betsi Cadwaladr University Health Boards. Recommendations will be developed and implemented alongside local actions.

The Board:

- **RECEIVED** the financial report and take 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 the underlying deficit of £42.1m.

3.5 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/26 MONTH 06 (PTHB/25/108)

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

- As a Provider, good performance was maintained on 104-week and 52-week planned care targets.
- Diagnostics remain a concern: echocardiogram improving, non-obstetric ultrasound still challenging; recovery plan in place to meet eight-week target by end of March.
- MSK referral optimisation service launched on 24 September; progress monitored quarterly.
- Therapies waiting times fragile due to small service size; recovery planned by December.
- All mental health measures for children and young people met; improvements in adult psychological therapies noted.
- No patients expected to wait over 104 weeks by end of October despite summer referral spike; ahead of Cabinet Secretary's expectation to eradicate three-year waits.
- Minor Injuries Units performing well.
- Commissioned services: Swansea Bay University Health Board and Hywel Dda University Health Board meeting planned care targets; variability persists across other NHS Wales providers.
- Long waits at Robert Jones and Agnes Hunt projected at ~60 patients by March; written to NHS Performance and Improvement for backlog support; clinical validation ongoing but unlikely to affect longest waiters.
- NHS England data shows early signs of lengthening waits following commissioning changes from July; monitored monthly for quality and access impacts.
- 50 concerns received about commissioning changes (up from 46); majority general, few individual; handled compassionately and within normal processes; no serious incidents reported.
- No significant impact detected in therapies referrals or GP feedback following commissioning changes.
- Continued variability in cancer, urgent and emergency care for Powys residents; concerns raised about ambulance waiting times and purple category performance through JCC mechanisms.
- Guidance on patients self-transporting under review; Welsh Ambulance Services Trust prioritises highest-need cases.

EL highlighted that prolonged waiting times for secondary care have a significant impact on General Medical Services (GMS). Patients facing one or two-year waits often return repeatedly to their GP for ongoing support and medication, which places additional pressure on GP practices and their capacity to manage demand effectively.

JOA joined the meeting

Independent Members asked the following questions for assurance:

Does Wye Valley Trust remain the best-performing provider following the commissioning restrictions, and does this mean that comparative waiting-time

league tables are no longer feasible? Will Wye Valley Trust's performance align with Welsh waiting-time targets over time?

NJ explained that the Board's March decision was to commission to Welsh waiting-time standards to ensure equity for all Powys residents. As a result, waiting times are expected to equalise across providers at Welsh target levels, so league-table comparisons are neither intended nor appropriate. Performance will instead be reported objectively against Welsh waiting-time standards across all providers. Modelling with providers has considered the activity Powys must commission to meet the Welsh 52- and 104-week ministerial targets. The current difference between Welsh and English waiting times is around nine months, and waits are expected to converge over the next year.

Is there evidence that in-reach fragility has been affected by the health board's changed commissioning intentions with English providers who also deliver in-reach services?

NJ advised that in-reach fragility was not new; there were anecdotal indications of some difficulties following the change. A further deep-dive review is scheduled for quarter four to provide quantitative evidence on any material impact, with findings to be reported to the Finance and Performance Committee.

What assurances have been received from the JCC regarding engagement with the Welsh Ambulance Services Trust (WAST) to improve ambulance waiting and response times for Powys residents?

HT advised that the new performance framework was being measured and evaluated, with a report due. While the JCC meeting the previous day did not discuss Powys specifically, an update for the Planning, Performance and Finance Sub-Committee would be brought forward on Powys-specific progress. Additional discussions had taken place with WAST and the JCC, and Powys-specific data would continue to be drilled into through internal performance reports.

To what extent did data-quality issues, particularly from English provider reporting on quality and safety metrics, compromise the reliability of the Board's performance assessments and is there a systematic approach to address these risks? Were there any current concerns about the accuracy of the reported position? Additionally, how should ambulance response performance be interpreted for Powys given relatively small numbers?

NJ noted that data-quality issues had been transparently reported, and root-cause analysis was underway with joint teams, with findings to be presented to the Executive Committee. A systematic data-quality assurance process is in place, which has helped identify these issues. At the time, reporting integrity was considered adequate; however, a further deep dive will be conducted, and any material concerns would be escalated via the Finance and Performance Committee to the Board. KW advised regarding ambulance performance, given Powys' small volumes, absolute response times should be considered alongside patient outcomes and greater emphasis on tracking outcomes was recommended.

What impact did the shortfall in local authority capacity have on performance against adult mental health care and treatment plans and what actions are being taken to address this issue?

EL stated that the issue related specifically to Mental Health Measure Part 2, where care and treatment plans are led by different professionals depending on

individual need. While the Health Board is accountable for the overall response, some plans are led by social workers. Capacity constraints or staff absences within the local authority have impacted performance. Close communication continues with the local authority to monitor each case without a care and treatment plan, and work is underway to obtain data showing the proportion of plans held by each professional group to better assess the scale of the impact.

Colonoscopy performance was reporting at 6.3% against a 95% target, which is a significant gap. What level of confidence is there that performance will improve, and how quickly?

NJ stated that colonoscopy performance remains a cause for concern and is discussed frequently at the Finance and Performance Committee. Further information is awaited from Public Health Wales and the screening service to provide assurance and trajectory. At the time of reporting, no clear level of assurance or timeline for improvement could be given.

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.

3.6 ANNUAL DELIVERY PLAN 2025/26 QUARTER 2 (PTHB/25/109)

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

- Includes recommendations from the Improving Performance Together letter and Ministerial Advisory Group actions.
- Good overall progress against plan, including actions linked to performance improvement.
- Achievements for the first half of the year detailed from page 13; RAG-rated actions reviewed by the Executive Committee and the PPPH Committee.
- Risks and mitigation actions outlined on pages 14–15; some risks outside Health Board control due to reliance on national bodies.

Independent Members asked the following questions for assurance:

For actions currently rated green in the quarterly report, is there any risk they could slip back to amber, or is their status considered stable?

NJ advised that in addition to the RAG rating, each action is assigned a delivery confidence score, which provides assurance on its stability. Actions rated green generally have high delivery confidence, and experience shows they rarely revert to amber. This methodology is used to monitor and maintain progress and a detailed review of delivery confidence for all green actions could be undertaken if required.

The report notes that the critical action on complex CHC is behind schedule due to external expertise being commissioned. What expertise is being sought and what is the timeline?

EL advised that the external expertise relates to Grant Thornton, who have been engaged to undertake a review of complex care and continuing healthcare. The report is expected shortly and will inform next steps.

The report shows 18% slippage this autumn compared to 12% last year. Does this indicate increasing pressure on capacity and resources, or is it due to other factors?

It was noted that the higher percentage reflects greater granularity in this year's plan, as actions were broken down into more detail compared to last year. Some delays relate to actions outside of the Health Board's direct control, such as those involving the JCC or national digital schemes. Delivery confidence and capacity is regularly reviewed through quarterly reports and due diligence processes. While pressures exist, no overarching theme beyond these factors has emerged.

How is the Health Board addressing concerns about setting unrealistic ambitions and delays in plans?

EL responded that delays were largely due to a challenging year with multiple priorities and late external inputs. Some schemes marked red have since been resolved and turned green and the focus now is on identifying barriers, progressing actions and escalating where necessary.

The Board:

- **CONSIDERED** the report ahead of submission to Welsh Government,
- Took **ASSURANCE** that there is a process in place for monitoring progress against the annual delivery plan.

3.7 STRATEGIC RISK AND BOARD ASSURANCE FRAMEWORK (PTHB/25/110)

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

- The report covers three components: Strategic Risk Register, Operational Risk Register and Board Assurance Framework.
- Strategic Risk Register: 12 risks approved earlier in the year; two score changes proposed:
 - Transformation risk increased from 12 to 16,
 - Major Incident Planning decreased from 16 to 12.
- Operational Risk Register: First time presented to the Board; 11 risks identified to provide visibility of emerging issues beneath strategic level.
- Board Assurance Framework: Offers an overview of strategic risks, correlates risk appetite, controls and assurance. Nine risks within appetite, one at target, two out of appetite (financial balance and estate).
- Board to consider tolerance of out-of-appetite risks and adequacy of controls over the next quarter.
- Next update due in January; minor inaccuracies identified will be corrected in the next iteration.

Independent Members asked the following questions for assurance:

How will the Board address the two risks currently outside the agreed appetite (financial balance and estate) and what actions are planned to mitigate them?

HB explained that for the financial risk, regular reporting through the Audit, Risk and Assurance Committee and the forthcoming Grant Thornton review will help identify any additional controls needed. The developing route map to financial balance will also become a key control later in the year. For the estate risk, although substantial controls already exist, further review is required to determine whether additional actions are needed and whether the current risk appetite

remains appropriate. The Finance and Performance Committee will consider this as part of its risk-register review, with outcomes reported back to the Board.

Should the Strategic Commissioning Framework and its implementation be referenced as a control within the risk registers, and if so, where should it sit?

HB noted that the Strategic Commissioning Framework may need to be recognised as a control across multiple risks, such as finance and commissioned services, rather than being confined to one area. HB advised that this will be reviewed with the relevant leads and ensure appropriate inclusion within the risk landscape.

The Board:

- **REVIEWED** the November 2025 Strategic Risk Register update, included at Appendix A ensuring that it is a complete and a true reflection of the health board's current high-level risks
- **REVIEWED** the November 2025 BAF Dashboard update, included at Appendix B ensuring that it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance
- Took **ASSURANCE** on the development of an Organisational Risk Register (ORR) encompassing the most significant operational risks the organisation, a high-level summary of which is included at Appendix C.
- Took **ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps
- **APPROVED** the updates proposed by Executive Leads including:
 - o the increase in scoring for SRR 002 (Transformation)
 - o the decrease in scoring for SRR 010 (Major/Critical Incident).

3.8 WINTER PLANNING / RESILIENCE (PTHB/25/111)

NJ presented the report to the Board, developed collaboratively with teams across the Health Board and wider partners through the Regional Partnership Board (RPB). The plan meets WG requirements outlined in guidance issued since the summer and was submitted on 31 October as a partnership plan. It was noted that it had been signed off by the RPB Executive, with confirmation from partners, and will be formally noted by the RPB Board in December. The paper is provided to the Board for information.

Independent Members asked the following questions for assurance:

Can you provide an example of how partnership working has strengthened the Winter Resilience Plan and clarify how reporting to WG will work given the collaborative nature of the plan?

It was noted that the Plan had been developed collaboratively, ensuring a whole-system approach. Examples of effective partnership working included:

- A year-round supplementary service with every GP practice, supported by community teams, local authority and third sector partners to proactively prevent admissions for high-risk patients.
- A Flow Hub established in April to co-ordinate patient flow across hospital and community settings, with daily reviews and weekly oversight alongside local authority partners.
- Integrated enablement and reablement services jointly operated by the health board and local authority to support timely discharge and prevent unnecessary admissions.

In terms of reporting, accountability for delivery remains with individual organisations, but monitoring will occur through existing mechanisms such as

Integrated Quality and Performance Delivery and Joint Executive Team meetings with WG. Additionally, a new RPB accountability group is being established to strengthen oversight of partnership arrangements and winter planning and is expected to feature within that structure. MB highlighted the strong focus on prevention in care homes as part of the winter plan, that vaccination remains a key priority with joint work between health and local authority teams achieving over 75% covid vaccination coverage. In addition, health protection teams and infection control champions work across care homes to manage outbreaks swiftly, protecting residents and supporting patient flow from hospitals to care settings.

How will the Health Board measure the impact of WGs Pathways of Care Transformation Grant?

It was advised that at present WG has not set specific metrics for local authorities and the measures in the report are trend-based. However, work is underway to strengthen the joint dashboard with the local authority to provide clearer, quantifiable data on changes, enabling the Health Board to track impact more accurately.

How resilient is the Health Board system if demand changes unexpectedly?

EL advised that whilst the winter plan provides a forward look, there are responsive mechanisms such as the Flow Hub to manage real-time changes in demand. Rosters are signed off 12-weeks in advance, escalation procedures are well-established, and resilience is regularly tested to ensure the system can withstand unexpected pressures.

Does the transformation grant apply to Powys residents in English hospitals and how is this managed?

EL advised that the grant benefits all Powys residents regardless of whether they are in Welsh or English hospitals. It was noted that the Health Board works closely with Local Authority colleagues to manage assessments, repatriate patients where appropriate and ensure effective use of the fund through agreed processes.

HT highlighted the £30m investment in social care to support winter pressures and noted that national discussions are underway on measuring its impact. This includes the upcoming 'Winter Sprint Fortnight', aimed at improving system flow and ambulance handovers before Christmas, with all partners working collectively to manage demand and ensure readiness for the festive period.

The Board:

- Took **ASSURANCE** that there has been an extensive process of development for this plan, led by the RPB, with active participation and coordination of Health Board, Powys County Council and Third Sector input.
- Took **ASSURANCE** that the plan has been submitted to Welsh Government to meet their deadline of 31 October.
- **NOTED** that final version of the plan is being provided to the Board for information and will be submitted to RPB Board for noting on 16th December.

3.9 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/112)

HB presented an update highlighting Board activity since the last meeting, including the agenda from the in-committee session. HB noted three Chair's Actions relating to general dental services, extension of the national Silver Cloud

contract and a Better Together decision. Additionally, the common seal was applied once for an electric sub-station at Brecon Hospital.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the three Chair's Action taken since the last meeting of the Board held on the 24 September 2025.
- **RATIFIED** the application of the Common Seal applied on one occasion since 26 March 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

MODEL STANDING ORDERS - RESERVATION AND DELEGATION OF POWERS

HB presented to the Board the model standing orders from the foundation of governance for NHS Wales, with standing financial instructions as a key component. Following national guidance updates earlier in the year, some local changes were proposed to increase executive authorisation levels:

- Chief Executive to £500k.
- Director of Finance to £250k.
- Executive Directors to £100k.
- No change for Assistant Directors or other staff.
- Administrative updates, such as job titles, have also been made.
- HB confirmed that any approvals above £500k would require sign-off by both the Chair and Chief Executive, or the full Board depending on the nature of the decision and agreed to ensure this is clearly reflected in the documentation.

The Board:

- **APPROVED** the following proposed changes:
 - Executive authorisation levels are increased to £500k for the CEO, £250k for the Director of Finance and to £100k for Executive team
 - A series of administrative updates are applied to the SFIs including executive and other job title changes, Board committee names and external agency names changes where appropriate.
- **NOTED** that the Chief Executive will complete a review of the Executive portfolio scheme of delegation in readiness for the January Board.

3.10 JOINT COMMISSIONING COMMITTEE REVISED INDIVIDUAL PATIENT FUNDING REQUEST POLICY (PTHB/25/113)

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

- The IPFR policy has both national and local dimensions, with KW as the responsible Executive Director.
- The policy, previously approved by the Board, has undergone clarification, resulting in a renewed national policy agreed by the JCC and partner Health Boards across NHS Wales.
- The JCC approved the policy at its meeting yesterday.
- The policy now required formal approval by the Board, as well as by the other six health boards in their upcoming meetings.

Independent Members asked the following questions for assurance:

How will the Health Board ensure quality assurance in implementing the national IPFR policy, share learning and provide appropriate reporting to the Board?

KW advised that quality assurance is maintained through close collaboration between the local and national teams, with quarterly reports received from the national team covering both national processes and local commentary. KW noted that a selection of local cases are quality assured and feedback is considered by a local panel, with any significant issues escalated to the Executive Director. Learning is embedded through the process and will explore incorporating reporting to the Patient Experience, Quality and Safety Committee to provide clear oversight of cases considered within Powys. HT agreed with the point made and noted the need to strengthen links between national JCC reporting and Powys committees to ensure visibility and understanding of local patient experience. HT will work with HB to review and improve reporting arrangements.

The Board **APPROVED** the local adoption of all Wales IPFR Policy (subject to consideration by the Joint Commissioning Committee on 25 November 2025).

3.11 MINUTES OF PREVIOUS MEETING HELD ON 24 SEPTEMBER 2025 (PTHB/25/114)

The minutes of the meeting held on the 24 September 2025 were **AGREED** as an accurate record.

No matters arising were raised.

4. CONSENT AGENDA (PTHB/25/115)

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

- **FOR APPROVAL:** Standards of Behaviour Policy.
- **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.
- **FOR ASSURANCE:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/116)

None raised.

5.2 DATE OF NEXT MEETING (PTHB/25/117)

The next meeting is scheduled for Wednesday 28 January 2026.

Meeting closed at 14.50.