



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 29 JANUARY 2025 AT 09:30

HELD VIA TEAMS

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 Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
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
Vicki Cooper	VC	Chief Digital Officer
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Gill Howells	GH	Audit Wales
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Mike Jones	MJ	Audit Wales
David Owen	DO	Assistant Director Digital Technology

Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/159)

The Chair (CC) welcomed everyone to the meeting. No apologies for absence were received. 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. Members of the public and other colleagues were able to view the meeting through the livestream and subsequent recording.

1.2 DECLARATIONS OF INTEREST (PTHB/24/160)

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 ease of reference.

1.3 BOARD ACTION LOG (PTHB/24/161)

The action log was presented, it was noted that action PTHB/24/131 (People’s Experience Framework) is on track and being referred to the Patient Experience, Quality and Safety committee for consideration at its meeting in February and would report back to Board at a future date.

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

1.4 STAFF EXPERIENCE STORY (PTHB/24/162)

CR introduced the item which provided an overview of a staff members personal experience of dealing with experience of grief, loss and bereavement and advised that this was captured as part of Grief Awareness Week.

CC expressed a heartfelt thank you to Elaine for sharing her story in a powerful and meaningful way with the Board. CC acknowledged the support that Elaine received from the various services, including health services, as she and her family went through this and expressed thanks to those colleagues who work in those important services. It was noted that death is part of life and affects everyone, without exception, and it was important for the Board to be reminded of the significance and difficulties involved.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/163)

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

1.6 UPDATES FROM: (PTHB/24/164)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

REPORT FROM THE VICE CHAIR

KWi presented the report and took the opportunity to congratulate Catherine Davies, Learning Disability Nurse, who had received the Disability Nurse of the Year at the RCN Awards which was a wonderful recognition of all the work that Catherine has undertaken on behalf of the service users of Powys.

REPORT FROM THE CHIEF EXECUTIVE OFFICER

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

- **Stroke Services Update** – HT advised of the Cwm Taf Morgannwg University Health Board (CTMUHB) need for urgent emergency temporary changes to stroke services at Prince Charles Hospital (which is the main stroke service for parts of South Powys) and that with effect from the 6 January 2025, services were transferred to the Royal Glamorgan Hospital, mainly due to workforce fragility and problems with finding stroke clinicians. HT advised that the Health Board have been in discussions with colleagues at CTMUHB, Aneurin Bevan University Health Board (ABUHB) and Welsh Ambulance Service NHS Trust (WAST) to ensure clear pathways are in place for patients and residents of South Powys, and are continuing to work with CTMUHB in the further development of the South East Wales Stroke Review.
- **Stroke Services provided by Hywel Dda University Health Board (H DUHB)** – it was noted that H DUHB are refreshing their clinical services strategy to consider further changes needed to provide safe, quality and sustainable care including to hospital services accessed by Powys residents and will work with H DUHB to ensure that the communities of Powys are part of their consultation process. HT informed the Board that a more detailed report will be scheduled for the next Planning, Partnerships and Population Health Committee to discuss further, once H DUHB have had their meeting.
- **Emergency Medical Retrieval and Transfer Service (EMRTS) – Judicial Review Update** – a two-day hearing took place in Cardiff Crown Court in January, with a further day scheduled for the 7 February 2025. HT will share further updates when available.
- **Celebration of Staff** – HT shared that Heather Wenban, Lead Nurse for Dementia, was presented with her British Empire Medal, in recognition of the work that Heather has driven on dementia in Powys and across Wales.
- **Staff Excellence Awards** – HT drew attention to the awards and encouraged staff to nominate in the available categories.

The report states that Powys has achieved a welcome 7% reduction in delayed transfers of care against an all-Wales reduction of 14%. Why is the reduction in Powys half of other areas of Wales?

EL noted the difficulties when looking at pathway delays of care statistics as they are captured on one day each month, and not the totality. These are December/January figures where an increase in the number of admissions has been seen compared to the same period as last year, of 25% more. The Health Board has improved its ability to repatriate people back to Powys and sustained a reduction in the number of days of people being delayed (from 47 days in November to approximately 40 days at present). EL advised that the areas facing the longest delays is assessments and awaiting care home packages; where the service is working with the local authority and partners to resolve. The work looking at rehabilitation and reconfiguration of wards, flow hub continues to be of importance.

Is there anything that can be learn from others? There is a significant variance between our outcome and the general position across Wales. The challenges are understood but what is the reason for the variance?

EL noted that there are things to be learnt from others and that Powys is in a different position with no district general hospitals, which does have some

complexity in how to learn and respond. EL also noted that Powys has the second lowest length of stay days, across Wales.

It is noted the Judicial Review is to sit for a further day which will increase costs to the Health Board. Is it expected that the Judicial Review conclude on that date?
HT advised it was not able to confirm if there will be any further dates at this stage, and Board would continue to receive updates in relation to this. As part of the Joint Commissioning Committee (JCC) all seven health boards are involved in this process and share the costs of the legal process.

It is noted that the Respiratory Syncytial Virus (RSV) catch up programme has commenced with vaccinations offered locally to eligible residents. Given there has been some vaccine hesitancy, has the Health Board done everything possible to enable local access to vaccination?

MB advised that the RSV vaccine catch-up programme commenced in January 2025 and confirmed six GP Practices are participating in offering the routine programme.

For those practices unable to participate the Health Board are offering clinics in the community, and assured Board that consideration is being given to location, to increase outreach and uptake.

In relation to the proposed changes to stroke services in CTMUHB and HDUHB which will result in longer travel distances, what is the clinical impact of the additional journey time?

KW advised that the Health Board appreciate the fragilities of services in other Health Boards and will monitor the stroke pathways closely to ensure that Powys patients continue to receive safe and right care. There is a four and a half hour window to receive clot busting treatment and therefore treat and transfer is appropriate. The importance of accessing care in a specialist unit was stressed, even if this meant longer travel times, but the development of local stroke rehabilitation units would enable patients to be appropriately transferred back to Powys. KW emphasised the importance of patients getting to the right place at the right time and if patients are experiencing symptoms of stroke, they should dial 999 immediately.

What is the timeline for resolving stroke service provision in CTMUHB? Where will ambulances take stroke patients now stroke services have been withdrawn from Prince Charles Hospital?

HT advised that it was not possible to provide assurance with regards to the timeline, noting it is reliant on the CTMUHBs ability to secure workforce. It was unlikely to be resolved quickly. HT advised that work had been undertaken around modelling and stroke pathways and ambulances would take stroke patients to the nearest district general hospital with appropriate services.

What is the eligibility for the RSV vaccination programme?

MB advised the Board that the RSV Programme will be offered all year round commencing from 1 September 2024, for individuals turning 75 years and pregnant women at 28 weeks gestation. A one-off catch-up campaign for older adults will also target those individuals aged between 75-79 years (+364 days) old. This one-off campaign will run until 31 August 2025.

Digi-flo is referred to 'a shared platform with Powys County Council', does that give greater opportunity for improvements in this area?

EL confirmed that the Digi-flo system enables information to be shared more easily. It has been implemented and will continue to be developed.

Has any progress been made on implementing the trusted assessor model?

EL advised there is a pilot trusted assessor model working from Cottage View, that it is progressing well and learning from this will be used to consider how it can be extended more broadly.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/24/165)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the report which provided an overview of matters considered by the Committee on 14 January 2025. Attention was drawn to the following matters:

- Noted that the 2025/26 audit plan is in development.
- Of the 7 internal audits; 3 received substantial assurance, 3 received reasonable assurance and one received limited assurance.
- The findings and recommendations of the limited assurance report have been noted and management action agreed.
- A useful update was received from Audit Wales on Counter Fraud and Post Payment Verification.
- An update was received on significant work being completed to address recommendations from a 2019 limited assurance report on records management and that area has now received a substantial assurance rating.

Charitable Funds Committee

CC presented the report which provided an overview of matters considered by the Committee on 2 December 2024 and 10 January 2025.

Executive Committee

HT presented the report which provided an overview of matters considered by the Committee on the 30 October, 13 November, 20 November, 26 November, 11 December and 18 December 2024.

Delivery and Performance Committee

RA presented the report which provided an overview of matters considered by the Committee on the 5 December 2024. Attention was drawn to the following matters:

- The NHS Wales Escalation Framework Enhanced Monitoring report had been received in relation to the organisation's escalated status.
- Had received a detailed examination of the financial figures for month 07.
- Overall, it was felt that performance across Powys had been maintained but cancer and other issues remained a challenge.
- Received the Community Pharmacy annual report which demonstrated significant progress to strengthen performance and strengthen contract monitoring, but noted the number of challenges that still exist within that dimension.

- Received the General Dental Services (GDS) report noting that access to GDS continues to be a local and national challenge and supporting patients to appropriate GDS continues to be a high priority.

Planning, Partnerships and Population Health Committee

RL presented the report which provided an overview of matters considered by the Committee on the 14 November 2024. Attention was drawn to the following matter:

- The Committee took assurance on the health programme – Designed to Smile.
- Noted that the Committee considered a number of reports that are due to be considered at today’s Board meeting.

Workforce and Culture Committee

JOA presented the report which provided an overview of matters considered by the Committee on the 10 December 2024.

Local Partnership Forum

DWL presented the report which provided an overview of matters considered by the Committee on the 20 January 2025. Attention was drawn to the following matters:

- The Committee had received a lessons learned report on the Temporary Service Changes (what went well, what needs building into a future approach) and working with staff side to consider future approaches.
- Received an update on the Administration Review in relation to work to date and how to support this critical business support activity.

HB advised the Board that there were three escalated areas that are for the Board’s awareness; namely Infection Prevention and Control, Children’s Neurodiversity Services and Patient Experience. These will be considered at the next Patient Experience, Quality and Safety Committee and reported to Board at its March meeting.

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 CHARITABLE FUNDS ANNUAL REPORT AND ANNUAL ACCOUNTS (PTHB/24/165)

MJ and GH (Audit Wales) were present for this item. PH introduced this report to provide the Charitable Funds Annual Report and Accounts for the period ending 31 March 2024 for approval. It was noted that these have been considered and approved by the Charitable Funds Committee. PH referred to the positive audit report received with no significant issues to bring to the Committee’s attention.

MJ opened up opportunity for Trustees of the Charity (members of the Board) to raise any questions.

HT expressed her thanks to the Charity staff and financial colleagues for all the work contributing to the positive audit report noting the considerable progress made from previous years.

Is the £40k spent on supporting and training staff consistent with the aims of the Charity?

DWL noted that there is careful consideration around what is provided from the core budget and where additional funding might need to be sought from. In this case, additional funding is for provision of refreshments in well-being hubs. As reassurance, there is a well-being at work group that have benchmarked their activity against the Health Education Improvement Wales wellbeing best practice guide and the Health Board's offer to staff is considerable and comprehensive but there is a need to ensure that staff accessing it.

MG commended the progress made over the past year in areas including in relation to return on the investment, the way that the funds are used, the focus on patient services and additional value. *The proportion of spend and distribution between administering the fund is providing value.*

The Board as Corporate Trustee for the Charitable Funds:

- **RECEIVED** and **APPROVED** the Charitable Funds Annual Report and Accounts for the period to 31 March 2024 as **RECOMMENDED** by the Charitable Funds Committee
- **RECEIVED** and **APPROVED** the Audit of Accounts report (ISA260) from Audit Wales.

MJ and GH left the meeting 10.50.

3.2 NEXT STEPS – ANNUAL DELIVERY PLAN 2024/25 (PTHB/24/166)

HT presented the report which summarised the work undertaken since the Extraordinary Board meeting held on 10 January 2025.

The Health Board's deficit plan at month 8, was overspent by £16.3M, compared to a £10.5M target. This resulted in a projected variance of £9.4M against the full-year deficit plan. To mitigate the situation, the Board had initiated a vacancy freeze and reduced reliance on agency and locums.

Immediate actions that had taken place since the 10 January include:

- Recruitment and vacancy control measures implemented.
- Ongoing discussions with NHS England providers to assess options for elective care in quarter 4 (patients would mostly be seen in line with Welsh waiting time targets).

The integrated impact assessment considered two options (both excluded cancer treatment, patients on surveillance, under 18s and those through the initial triage under assessment identified as being an urgent appointment):

- Option 1 – Deferring unbooked patients - £924K savings opportunity.
- Option 2 – Deferring booked patients – over £2M savings opportunity.
- Risks identified include administrative burden, potential stranded costs and increased pressures on patients and carers.
- It considered the patient impact noting that the majority would meet Welsh targets, but some patients (e.g. spinal pathways at RJAH) might not meet either Welsh or English targets.

- It also referred to socio-economic impacts on patients due to treatment delays, especially for those over 65, those unable to work whilst awaiting treatment and those dependent on carers.

Due to operational pressures and complex legal, policy and ethical considerations, the Executive team are recommending not proceeding with changes to elective activities in quarter 4.

There will be a focus on reviewing commissioning approaches for the next year to ensure sustainability, particularly regarding secondary and tertiary care services. A review of lessons learned will be used to inform future commissioning strategies. Future plans are in preparation including further discussions with WG as part of Level 4 escalation; consideration of changes to future demand and services to improve population health outcomes. Subject to the Board's decision, a formal letter to Welsh Government outlining the Health Board's current position and rationale, alongside a revised financial forecast and strategic cash support request will be submitted.

HT acknowledged the dedication and hard work of current staff and partners on the work to deliver the savings plan.

The information provided gives a rounded view to enable Board to make a decision, the recommendation of which is supported. The Health Board seeks a balance between focusing on the demands of patients now and investing in improvements to public health to dampen future demand. Are there opportunities to work with primary and community care to reduce demand?

HT noted the resource allocation challenge is to allocate resources effectively between primary care, community services, and other areas, while also protecting existing services and increasing local care provision.

MB highlighted the importance of population health and the need to strengthen wellbeing initiatives within the annual plan including in the following key areas:

1. Preventing the Preventable: The emphasis is on preventing chronic conditions before they occur, especially for individuals in their 40s, 50s, and 60s, to help them stay healthy for longer. This work involves partnerships with primary care, the community, and other partners.
2. Supporting Healthy Aging: With a third of the population expected to be over 65 in 10 years, it will be crucial to manage chronic conditions effectively and provide support for those with multiple conditions to help them live well.
3. Early Childhood Health: The importance of giving children the best start in life, particularly in the first 4-5 years, is highlighted for both development and preventing future health issues.

Next year's plan aims to strengthen these areas and ensure continued focus on population-level health programmes.

EL emphasised the importance of strengthening primary and community healthcare services, which already account for 85-95% of care in the population. While secondary care is necessary for certain cases, most people in Powys rely on primary and community care throughout their lives. Key priorities for improving this care include:

1. Sustainability of GP Practices: Ensuring all 16 GP practices in Powys are sustainable and can provide equitable care across the region.
2. Elective Care Services: Strengthening local elective care (e.g. ophthalmology, musculoskeletal care, and referral management) and bringing patients who typically receive care outside of Powys back to local services. Prioritising areas with the greatest potential impact will be necessary.
3. Emergency and Frailty Care: Enhancing care for frailer individuals and those with growing health needs, through virtual and community resource teams, as well as frailty schemes. This involves collaboration with the third sector, local authorities, and communities to improve care at home.

Initial planning is underway for these efforts, with the goal of building a stronger and more equitable healthcare system in Powys over time.

What actions can be taken to improve the planning process to ensure the Health Board is not facing similar challenges in 2025/26?

HT noted planning for the future will involve considering different scenarios to guide decisions, including tough choices in collaboration with Welsh Government. Growth and financial planning will be considered and the importance of balancing an ambitious but realistic plan for financial sustainability, especially under level 4 escalation, while managing emergency care and pathways to prevent delays. HT noted that there has been an increase in emergency care activity, particularly same-day emergency care, requiring actions to improve patient flow and reduce pressure on emergency services.

NJ advised that the development of a strategic commissioning approach will focus on managing demand and improving service delivery. Key points include:

1. Strategic and Tactical Commissioning: Efforts are being made to bend the curve of demand and ensure effective commissioning, with lessons learned from the previous year's NHS Wales contract, where only a minimal overspend occurred despite some unexpected issues.
2. Overspending and Growth Planning: With a £40M budget, the overspend was less than 0.01%, demonstrating effective planning, despite challenges like the Same Day Emergency Care (SDEC) issue and increasing waiting times.
3. Learning and Future Planning: The team is focused on learning from this year's experiences, refining tactical commissioning, and planning for next year's growth. Advice is being sought to optimise opportunities, particularly from the English system, before presenting the plan to the Board.

The projected delivery of £9.9m savings programme in year is a welcome and significant achievement. Has the enhanced scrutiny of agency spend raised any clinical concerns, and what confidence is there that it will be possible to reduce agency spend and off contract expenditure to meet Welsh Government targets in 2025/26?

DWL advised that the new risk assessment process is in place and is currently being tested ensure a full understanding. It is still too early to determine its effectiveness, but further discussion will take place at the next meeting. The messaging about additional scrutiny will encourage individuals to reconsider the need for agency bookings and explore alternative solutions such as cross-covering

and bank staff options. There is a focus on reducing agency usage by 30% and eliminating certain categories of healthcare support workers by September, which may require adjustments to ward configurations and bed management. Workforce planning will be crucial to meet these targets. It was also noted that recruitment processes are continuing for critical posts, but with tightening of recruitment and agency reductions, all options must be considered to meet the targets while continuing to deliver services effectively.

CR responded in relation to clinical risk providing assurance that this will be monitored through regular processes like monitoring concerns and incidents. The "Safe Care" programme tracks security and activity on the wards. The risk assessment focuses on both scrutinising agency or additional staffing requests and assessing the clinical needs of the ward, ensuring a balanced approach.

Have the potential consequences in pursuing this decision in relation to cost, time and resource should challenge from English providers be faced? Is it possible to proceed with implementation of the decision if disputes arise?

HT noted the challenges of making in-year decisions versus agreeing on an approach upfront with providers. If a decision differs from initial assumptions, providers have the right to challenge it, which could delay implementation. To avoid disputes and delays, upfront planning and agreement are crucial. Negotiating an affordable and agreeable approach with providers is essential for maintaining good relationships.

Has the potential cost shift in pursuing this decision been calculated?

HT observed in respect of cost movement, assessing the impact on other areas, like increased patient contacts with primary care, is difficult and has not been fully financially assessed, but it could be substantial. While the aim is to meet Welsh waiting times targets and avoid performance issues, there could be an increase in complaints and concerns, potentially compromising the ability to respond in the final quarter of the year if the decision is implemented.

NJ re-iterated that English providers have been open and constructive in discussions, acknowledging the challenges faced. The paper reflects pressures in the English system, including the capped elective recovery fund. Providers are seeking certainty and commissioning intentions for next year to aid their planning. After this meeting, feedback will be shared with providers, and discussions will begin next week to work together on planning for the upcoming year.

Does the Health Board have the capacity to support a shift to prevention?

MB noted the importance of partnership in prevention and early intervention is crucial, especially with a whole systems approach, such as the work being done around weight management in early years, particularly addressing obesity in children. Additionally, primary care is doing great work in managing chronic conditions, and there are specialist nurses within the Health Board. To build on this, increasing capacity and standardising messages across partners will be key to prioritising areas of need.

What were the previous variances that have been identified in the roster scrutiny work and will the reduction in handover time expose the Health Board to any clinical risks?

CR noted that staffing levels are set annually and agreed upon, with rosters being scrutinised against these levels. Recruitment efforts, particularly for internationally educated nurses, focus on areas with vacancies for registered nurses. The Health Board is working to improve efficiency in deploying registered nurses and healthcare support workers. Staffing levels are reviewed annually, and a report is due to be presented later in the agenda.

I wanted to ask about the Lord Darcy report. While it applies to England, I believe its general principles are relevant across the UK. In particular, I am conscious of his emphasis on rebuilding public trust and confidence in the NHS by being completely honest about where it stands. From my perspective, this is something you've done and continue to do in Powys, which I want to acknowledge.

Whilst the Lord Darcy report applies in England, its general principles are relevant across the UK. Does the Executive team agree that the Health Board acts to rebuild public trust and confidence by being completely honest about where it stands?

HT agreed it was important to set out clearly the challenges the Health Board are facing and have the right approach in engaging and communicating with the public around the choices faced in the public sector in relation to future models of care and commissioning decisions.

Would a vacancy freeze impact our ability to increase substantive staffing levels and reduce reliance on agency workers?

Despite the vacancy freeze, there still appear to be a number of roles advertised on the website, have these been through a robust review process?

DWL advised that since implementing additional scrutiny, 156 posts have been reviewed, 44 posts have been slowed down and 8 frozen, saving £150,000 per month. Decisions on these vacancies are made by Executives and overseen by senior leadership. Only essential clinical and professional posts are advertised, as agency cover would be required if posts are frozen. Going forward, criteria for recruitment will continue to be reviewed, and prioritisation of services and recruitment will be discussed in future planning meetings. Enhanced scrutiny remains in place to ensure effective decision-making.

The Board:

- **NOTED** the update on the delivery of variable pay reductions through reduced use of agency and locums and the vacancy freeze.
- **CONSIDERED** the more detailed assessment of the options for further action, following discussion with NHS England (NHSE) providers requesting the revision of elective activity during quarter 4 in 2024/25, noting the associated financial impacts and risks.
- **CONSIDERED** the final Integrated Impact Assessment which has been prepared to help inform this decision.
- **APPROVED** that the Health Board does not implement any changes to elective activity in quarter 4 of 2024/25.
- **NOTED** that further work is required with providers to review the approach to commissioning activity in 2025/26 within available resources.
- **NOTED** that ongoing dialogue will take place with Welsh Government advising of the Board's decisions and requesting ongoing discussion on next steps and strategic cash support for the remainder of 2024/25.

3.3 ANTI RACISM PLAN (PTHB/24/167)

DWL presented the report, which had been updated to include new activity as a result of the Welsh Race Equality Standards (WRES) report and the updated national anti-racism plan and the Health Board local context.

DWL lost internet connection and unable to respond to questions posed in the meeting.

Has a minoritised ethnic staff network been set up in Powys?

CM noted that a local network had been set up within Powys; there had not been a huge uptake but have also set up networks with neighbouring health boards which tend to be bigger, well established groups. The team work to publicise local events that people can access.

Whilst the action plan is largely complete there are two ongoing actions one of which relates to the development of a Welsh Anti-racist mental health anti stigma campaign. Which department is responsible for this and what progress has been made?

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The information presented lacks quantifiable objectives in some areas and without a baseline it will be difficult to ascertain the outcome of this work. Can assurance be given that this is supported by a SMART (specific, measurable, achievable, relevant and time-bound) objectives?

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The report contains two actions recorded without a target date.

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The Board **APPROVED** the anti-racism plan.

3.4 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/168)

HB introduced the report which summarised Board activity since the last meeting held on the 27 November 2024:

- One additional in-public Board meeting; no other In-Committee meetings; continued Board development as scheduled.
- The Common Seal has been applied on two occasions.
- Sought Board approval for the updated Terms of Reference for the Joint Commissioning Committee's sub committees, which have been updated to reflect that Chief Executive Officers are designated as members (not attendees) of sub-committees.

JOA left the meeting 12.16

The Board:

- **RECEIVED** the Director of Corporate Governance report.

- **RATIFIED** the application of the Common Seal applied on two occasions since 22 January 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **APPROVED** the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee and the JCC Planning, Performance and Finance Sub-Committee.

3.5 MINUTES OF PREVIOUS MEETING HELD ON 27 NOVEMBER 2024 AND 10 JANUARY 2025 (PTHB/24/169)

The minutes of the meeting held on the 27 November 2024 and 10 January 2025 were **AGREED** as an accurate record.

4. ITEMS FOR BOARD ASSURANCE

4.1 FINANCIAL PERFORMANCE: MONTH 09 – 2024/25 (PTHB/24/170)

PH updated the Board on the financial performance report for period 09 and brought the following key items to the Boards attention:

- Current actual variance of £18.3M against the planned deficit of £11.8M, giving a £6.5M revenue variance against the deficit plan.
- Savings are continued to be monitored against the deficit plan, which has been amended to £15.8M following the additional funding received.
- There is a total capital spend of £2.6M against the capital resource limit of £13.1M. Circa £9M of capital funding was received in October and a lot of those actions are profiled this year but will be closely monitored to deliver within funding as allocated.
- Key cost drivers against the financial position include commissioned services, continuing health care and Agency workers.
- The report includes details of the delays to the system, which is an area of work where colleagues are working closely with the Local Authority.
- Noting the Board decision today with regards to activity with NHS England Providers the finance team will reassess and provide a revised financial position.

The lowest agency spend in two years is welcome, could this not have been achieved earlier?

PH referred to the action controls around agency spend, which had been covered previously in the meeting, and noted there were many factors influencing the recruitment progress, the increased focus and whilst it was pleasing to note some of that benefit in month, it is an area that will be monitored.

Capital spend is heavily weighted to the latter part of the year. What confidence is there that this spend will be realised?

PH advised additional capital resource was received in October however, the spend is on target for completion by year end. Schemes underway include medical and dental equipment and improvements in Llandrindod. £3.6M funding had received for decarbonisation and Re-Fit which has a similar assurance around delivery.

Slide 7, the prescribing slide and graph seem to indicate quite a significant increase in prescribed units during the last calendar year. Why is this, and is it likely to feed into increased costs which puts further risk to the plan?

KW advised the Board that the Medicines team have a firm grip on monitoring and benchmarking. KW referred to the complexities and that it does fluctuate as increasing numbers of patients are treated locally, and as costs of medicines vary. PH noted that the finance and pharmacy teams review current position and trends each month.

The finance report is very clear and is easy to understand for a non-finance person, clearly setting out what is driving the cost pressures and more importantly what is being done to seek to address that. Why are Shrewsbury and Telford Hospitals (SaTH) unable to report activity, what is the implication of this and is it a risk to the projected financial outturn?

PH confirmed there was no risk to the financial position as a block approach had been agreed with the provider, so that both positions are de-risked, which has meant that activity information is not available as it normally would be.

NJ explained the issues that SaTH have had with data processing which may affect ability to plan, and performance manage in-year noting that SaTH had advised they will be able to report from May 2025.

The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **RECOGNISED** that, given the current overspend and underlying trends, remedial actions with an impact of £9.4m are necessary to achieve the financial plan.
- **RECOGNISED** that the financial forecast will be revised following the Board's decision not to delay elective treatment from NHSE providers.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25: MONTH 08 (PTHB/24/171)

NJ presented the Integrated Quality and Performance Report providing an update on the latest available performance position up until the end of November 2024 (month 08) and drew attention to the following matters:

- Good achievements across half the indicators, with improvement in others.
- Vaccinations and prevention measures are performing well.
- Treatment measures: good performance in provider services for the 104 week waits and 52 week waits.
- Mental Health measures for children and young people: compliant with all measures.
- Diagnostics: continue to improve.
- Cancer provider services – still room for improvement.
- Mental Health Measures: very good in terms of interventions and improving Part 1A (time to assessment) but noted the decreasing compliance in terms of care and treatment planning with expected improvement from January 2025.
- Neurodevelopmental Services for Children and Young People remain in escalation. As of November, the improvement was not seen, but in terms of the escalation meeting are seeing an improvement which will be included in future reports to the Executive Committee and PEQS Committee.
- Noted the differential waiting times between the Welsh and English commissioned services. Additional monies released in the autumn was

acknowledged but that improvement is not quite shown in this November 2025 report.

- Confirmation from Welsh Government officials is to expect four out of the six provider Health Boards to meet the 104 week wait by the end of the year, with continued improvement in the other two Health Boards.
- Delayed follow ups are a data quality issue, a deep dive will be undertaken to ensure it is assessed and performance management appropriately.

Can assurance be given that Neurodevelopmental Services for Children will continue to receive intervention support and that improvement in this service will begin to be seen?

CR noted the importance of Children's neurodevelopmental services and that a comprehensive report will be presented to PEQS Committee in due course. Assurance was given of the intense amount of work and focus in this area which was recognised as needing to be placed into escalation, to increase focus and implement a comprehensive improvement programme. Areas of improvement include joint appointments, further support; multi-disciplinary team working and procurement to use Welsh Government funding to scale up assessments.

Given the lack of psychologists nationally, what can the Health Board do to upskill local staff to deliver psychological services under the supervision of a psychologist to improve performance?

EL noted the good Child and Adolescent Mental Health Service performance, which is strong in comparison, across Wales. It will be critical to continue to embed that; ensuring that the triage and assessment process works for the Powys population. This work feeds into the psychology therapies and looking at how the service can be timelier and more responsive.

CM acknowledged the challenge, nationally, to recruit psychologists and the Health Board were working with HEIW on future planning and training. There is an active programme of recruiting psychology assistants but cautioned there needed to be a balance with supervision requirements.

The Board **DISCUSSED** the content of the report and took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

4.3 PTHB TEMPORARY SERVICE CHANGE UPDATE (PTHB/24/172)

KW presented to the report outlining the evaluation and monitoring of the temporary service changes and updates against the Mitigation Plan bringing the following key highlights to the Board's attention:

- Minor Injury Unit (MIU) changes were implemented in November. Co-location plans were implemented in early December.
- KW is now Chair of the Temporary Service Change Programme Board
- Monitoring arrangements are in place with a group that meets monthly. The first meeting met in February and will report directly into the Programme Board. It will monitor the progress and the evaluation but also take assurance on mitigation. A full evaluation in June will be brought to Board in July.
- All mitigations are on track.
- Committed to taking feedback from key stakeholders with plans in place.

- An improvement in flow and a reduction of out of county delays has been seen over the past two to three months.
- No significant negative impacts to report.

At the time of the decision there was some concern around transport support. Have any difficulties around transport been raised, and what was the outcome of engagement with the County Council in this regard?

CM advised that regular weekly meetings are held to review the colocation implementation and any issues that are occurring with Council colleagues invited to attend. It is understood that public transport is currently one of the Council's main reviews. To date, no specific concerns have been raised from patients or family members.

KB noted that Llais have not received any complaints but were keeping close contact with the Board overseeing this. Llais will be undertaking visits to sites in early February to speak with patients and understand their experience of the temporary service change.

When the review in June is undertaken, will it include an assessment that the MIU has resulted in a more stable service?

KW noted that previously there were concerns of the short-notice overnight closures of MIUs, and reported that to date, there have been no closures, but reminded the Board that it is still early in the process, and this will be included and considered in the formal evaluation.

The Board **RECEIVED** the update on progress to date including the evaluation and monitoring plan.

The Board took **ASSURANCE** in relation to the delivery of the mitigation plan.

4.4 CORPORATE RISK REGISTER (PTHB/24/173)

ND left the meeting 13.35

JOA joined the meeting 13.15

HB presented the Corporate Risk Register and brought to the Board's attention:

- Following review, it is proposed that the risk score for CRR001 (Financial Forecast) increases to from 16 (L4 x I4) to (L5 x I4) 20, due to scale of remedial actions required to achieve the Financial Plan.

The Board:

- **REVIEWED** the **January 2025** Corporate Risk Register update, included at **Appendix 1**, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks
- **SUPPORTED** the increased risk score of CRR001 (financial forecast) from 16 to 20 as recommended by the Executive Committee
- **TOOK ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

4.5 DIGITAL STRATEGIC FRAMEWORK: ANNUAL UPDATE (PTHB/24/174)

CM introduced the Digital Strategic Framework annual update, which reflected on the past year with a look forward to delivering against the Digital First Strategic Objective. CM invited VC to present the key highlights:

- Strengths: successful programme of improving digital infrastructure and connectivity across sites; in-house application development capabilities are improving efficiency across the health board.
- Weaknesses: Cross Border project has seen some challenges and delays, but actions and increased capacity now in place. Pathology results will be delivered by May 2025 (noting this is much wider than Powys). National policies that need to be reviewed by Welsh Government and Digital Health Care Wales means some targets are impacted. Recognise there are some gaps in digital confidence and training which can slow down the adoption of some of the digital solutions. The aim is to bridge the gap by introducing a recognised training function. Noted the corporate risk around local and national digital programmes (conflicting priorities and resource constraints) and are actively monitoring this.
- Opportunities: include developing a training function to improve digital capabilities; digital demand and capacity review that is fit for the future and focus on ensuring a single source of the truth through data consistency and consolidation.
- Threats: recognition of digital, as an enabler is putting an increasing demand for digital services and skills. Threat of some short-term funding models and ever evolving cyber threat.

What progress has been made on cross-border collaboration (England: Wales) and are there similar concerns in relation to the Welsh app?

CM advised that there had been some concerns in achieving the outcomes regarding cross border, but following escalation, there is now increased confidence to deliver on target by March 2025 (with one area that will be delivered a couple of months beyond that date). Development of the Welsh app is being centrally led. Powys colleagues are attending meetings in connection with this and will be participating in the roll out of the app.

Short term funding is identified as one of the key threats, in regard to the benefits anticipated when digital investment is put in place. Is there a process in place for tracking those benefits and ensuring that where there was an intention to make savings that would help fund the ongoing investment that process is in place?

VC detailed the local benefits efficiency framework, which is new, and needs embedding throughout programmes, noting the need to understand the benefit owners and feeding that back through the organisation.

CM outlined that it is intended to build in another six months into programme plans to allow sufficient time for evaluation.

The need for more digital experience and expertise is noted, is the organisation investing in the staff training to develop such expertise? Are we linking in with colleges to 'grow your own'?

CM noted work was in place to support staff and engagement with local organisations to empower and train people in technology and make those courses accessible to staff. Bringing a clinical voice into the digital team had helped embed these changes; and noted that uptake and delivery is key to success.

Connectivity between the Welsh and English system has been in the news since the evidence given to the Welsh Affairs Committee. Is it as simple as just Wales's system does not speak to the English system? Or is it because there are multiple providers in the English system, and it is necessary to try to find solutions across multiple providers? Would adopting one way be better?

VC described the different standards; noting that providers, whilst they might be on different systems, have worked on the same set of standards. Connectivity was not quite there yet in Wales, but the English systems have opened up to enable information flow and there is a need to ensure that the Health Board's digital architecture allows us connectivity in a safe and secure way.

The Board:

- Took **ASSURANCE** that arrangements are in place for continued delivery against the Digital Strategic Framework.
- **CONSIDERED** the updates in the Annual Report in relation to the first twelve months of delivery against the Digital Strategic Framework (DSF) and took **ASSURANCE** of the actions and workstreams undertaken to improve and upgrade the Digital Services offering as set out in the DSF.
- **NOTED** the key achievements and successful implementation of the Target Operating Model (TOM) following the S33 Tupe, and the implementation of the first UK NHS Federated Data Lakehouse.
- **NOTED** the structure realignment of Clinical Informatics to the Digital Directorate.

4.6 NURSE STAFFING ACT 2023/24 (PTHB/24/175)

CR introduced the annual update on the work, actions and processes in place to ensure the Health Board complies with the requirements of the Nurse Staffing Levels (Wales) Act 2016, for the period 2023/24. The following key items were raised:

- The Annual Report would ordinarily be brought to Board in September but had been delayed due to a number of unforeseen circumstances.
- The Nurse Staffing Act 2016 places a duty on all Health Boards to ensure that sufficient nurses are required to enable sensitive care for patients. The Act consists of 5 sections; with the Health Board's community wards falling under Section 25A.
- The designated person for the Health Board's nurse staffing levels agrees the required level of both registered nurses and healthcare support workers to be rostered on each shift.
- Annual ward establishment reviews take place with the model to be reviewed in 2025/26.
- Section 25 of the Act places a duty on the Health Board to have robust workforce plans to both recruit and retain nurses. The report contains a high-level summary of the work programmes and actions that support this.
- From 2022 to date, 25 internationally educated nurses have been recruited and placed in the Health Board's community hospitals.
- In Spring 2025, 6 internationally educated nurses will join Brecon hospital.
- Teams were thanked for welcoming colleagues and enabling them to settle into Wales.
- Nurse staffing levels in commissioned services are reviewed under the commissioning agreement

What progress has been by the Workforce Retention approach in supporting recruitment and retention?

DWL acknowledged that recruitment and retention is an essential element and HEIW have allocated funding to all Health Boards for a local lead, who has been in post for 6 months with an extensive plan across nursing and other professional groups. Over the past 6 months a 3% reduction in turnover rates has been seen; and the work taking place around culture and the importance of relationships between line management and staff.

What mechanisms are in place to identify compliance with the staffing levels set and how this relates to quality and safety for service users?

CR acknowledged that this a high-level report to provide assurance to the Board on the arrangements in place to monitor staffing levels. The relationship between staffing levels and quality and safety for services users is identified via investigation of concerns and complaints and will be subject to proactive triangulation during 2025/26.

Page 4 of the report, references compliance levels for data capture, within a range of 60 to 98%, which seems a significant variation. What the reasons for that and what does that mean in terms of data quality? What is being done to make that more consistent?

CR noted that the data on page 4 relates to safe care, which the organisation has not had for some time. There is some variation in relation to data reporting between teams and the service are working to increase consistency across all of the wards.

The system for monitoring compliance against the framework; does that go through to the PEQS Committee or is it an operational performance issue?

CR advised that when reviewing nurse staffing levels, it is necessary to consider a wide range of factors including ward environment, patient demographics and site responsibility. Staffing arrangement and compliance is reported through to the Executive Committee on an annual basis.

A brief discussion took place around the Board / Committee oversight of Nurse Staffing Levels. HB and CR would further consider the role of the Board and Patient Experience, Quality and Safety Committee in advance of future reports.

What support mechanisms are in place to assist Internationally Educated Nurses to settle in their new location and enable them to pass their Objective Structured Clinical Examination (OSCE)?

CR advised on the successful recruitment strategy for internationally educated nurses in Powys, focusing on attracting individuals who are interested in working in rural community settings. This approach has led to a high retention rate, with nurses settling in the area and staying long-term. The Health Board has learned from experience, improving support for new recruits. As a result, the latest group of nurses passed their OSCEs on their first attempt, which is an improvement over previous cohorts, demonstrating the success of ongoing learning and adaptation in the recruitment process. The Health Board have linked with the British India Nurses Association in terms of maximising opportunities for accessing support and the sharing learning with colleagues in other organisations.

On page 2 of the report, it details the various sections of the Act and that for the majority of wards Section 25A applies across the Board, but later in the report it says although the health board is not required to do Section 25B duties, the overarching principles and guidance are followed. When I look at Section 25B, there is a statement saying the health board is also required to inform patients of nurse staffing levels; do we do that and how is that done? Could you explain why that principle does not apply to us? Further questions will be submitted via email for a response.

Is the Health Board required to advise patients of Nurse Staffing Levels and if is this done?

CR confirmed that the Health Board are only required to advise patients of staffing levels on Section 25B wards which the Health Board do not operate. The Health Board are not secretive about nurse staffing levels; however, more could be done to communicate this information with patients.

The Board:

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

4.7 REPORT OF THE CHIEF OFFICER OF LLAIS (PTHB/24/176)

KB presented the Chief Officer's report to the Board and drew attention to the following matters:

- A Public forum had been held in Crickhowell; a roundtable discussion with representatives from the Health Board, the Local Authority, County Councillors and 40 members of the public. Outcomes will be shared once the report has been finalised.
- Stroke Services: Llais continue to raise at a national level the need for a co-ordinated understanding of the different pathways.
- Currently planning for 2025/26 with some operational changes to be implemented.
- Continuing to focus on Llais Local – listening to communities, which works well in Powys. KB will share this information once it has been finalised.
- In March, will be visiting the Ready to Go Home Units.

HT referred to the changes of stroke services of neighbouring health boards and noted how critical the strategic change which provides a summary of that work and look forward to working with Llais to understanding the map of complex pathways. HT asked KB if there are any particular key themes or analysis of concerns locally that Llais are aware of for the health board's attention?

KB advised that if there are any themes or any particular service concerns, Llais will share with Executive Directors and to date have a strong relationship with colleagues in arranging for these concerns to be acted upon.

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:** Board Work Programme
- **FOR INFORMATION:** Glossary

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/177)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/24/178)

The next meeting is scheduled for Wednesday 26 March 2025.

Meeting closed 14:40

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)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair (to 15.30)

Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
Mick Giannasi	MG	Independent Member (General)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
None		
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/24/179)		
The Chair welcomed everyone to the meeting. No apologies for absence were received.		
7.2 DECLARATIONS OF INTEREST (PTHB IC/24/180)		
JOA declared an interest as a patient of the Rhayader Medical Centre and confirmed she would not contribute to item 7.4.		
7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS AND ACTION LOG (PTHB IC/24/181)		
The minutes of the In-Committee meeting held on 27 November 2025 were CONFIRMED as an accurate record.		
It was confirmed there were no outstanding Board In-Committee actions.		
7.4 INTEGRATED PLAN 2025-28 UPDATE (PTHB IC/24/182)		
Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and not in the public interest at this time. The final plan would be published at a future date.		
The Board:		
<ul style="list-style-type: none"> • NOTED the recap provided in relation to the Strategic Framework, based on the situational and baseline analyses considered at Planning, Partnerships and Population Health Committee in November and Board Development sessions in December 2024 and January 2025 • NOTED the updates provided in relation to the Draft Level 4 Escalation Framework, NHS Wales Planning Framework and Allocation Letter, Performance Framework, and associated correspondences • Took ASSURANCE on the plan development, noting the work to date and further work scheduled to ensure a Final Draft Plan is presented to Board for approval consideration and then onward submission to Welsh Government, at the end of March 2025 		

- **RECOGNISED** that it is unlikely that the organisation will meet the statutory duty to break even over the three-year plan period and expectation of break-even year on year, this is subject to further planning that will be presented to the Board in March.
- **NOTED** that an Accountable Officer letter is required to be submitted to Welsh Government by 14 February 2025, this will advise that at this stage of planning the Health Board will be submitting an annual plan.

7.5 CHIEF EXECUTIVE UPDATE (PTHB IC/24/183)

Nothing further was added as all updates had been covered within agenda items.

7.6 FUTURE PROVISION OF GENERAL MEDICAL SERVICES AT RHAYADER MEDICAL PRACTICE (PTHB IC/24/184)

Rationale for item being held in private: Disclosure of the information would be likely to damage an organisation's commercial interests.

The Board:

- **AGREED** to procure the tender for a GMS contract for Rhayader Medical Practice through either an APMS or GMS contract arrangement.
- **NOTED** the proposed procurement timeline does not align to the current contract termination date agreed, and the contract will be extended with Dr MT until 30 September.
- **AGREED** for PTHB to prepare for a Health Board Managed Practice during the tender process, should a successful contract award not be determined.
- **NOTED** a patient engagement plan will be developed to provide assurance on the future delivery of general medical services to the Rhayader population, to be jointly considered between Llais and the Health Board.

7.7 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/185)

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 **January 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/24/186)

There was no other business.

Meeting closed 16:04