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Addysgu Powys
Powys Teaching
Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 30 JULY 2025 AT 09:30

HELD VIA MICROSOFT 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
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
IN ATTENDANCE		
Rebecca Baldwin	RB	Team Leader District Nurse Team, Llanfyllin (Item 1.4)
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Adam Pearce	AP	Service Lead for Welsh Language and Equalities (Item 3.6)
APOLOGIES FOR ABSENCE:		

Rhobert Lewis	RL	Independent Member (General)
Simon Wright	SW	Independent Member (University)

1. PRELIMINARY MATTERS
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/35)
The Chair (CC) welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.
1.2 DECLARATIONS OF INTEREST (PTHB/25/36)
No interests were declared in addition to those already declared within the published register. It was acknowledged that that the register of interests had been included within the agenda for reference. HB made a declaration on behalf of all Board Members in relation to the Remuneration Report contained within the Annual Report as all Board member remuneration details are contained.
1.3 BOARD ACTION LOG (PTHB/25/37)
The action log was presented and it was noted that all three actions were 'on track'. The Board REVIEWED and ACCEPTED the action log.
1.4 STAFF EXPERIENCE STORY (PTHB/25/38)
DWL introduced Rebecca Baldwin, Team Leader District Nurse Team, Llanfyllin, and highlighted her exceptional dedication to community nursing and impactful work in palliative care before inviting her to share her staff experience story. RB took the Board through a series of slides detailing her staff experience. CC expressed heartfelt thanks to RB for her powerful and personal presentation, praising the way she conveyed her journey, passion, and the human side of community nursing, which brought the purpose of staff experience stories to life. CR thanked RB for her engaging presentation, noting its personal resonance and commending her for exemplifying the breadth and professionalism of nursing, including the four pillars of clinical practice, education, research, and leadership, as well as the core values of the nursing code of conduct. <i>RB left the meeting.</i>
1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/39)
CC advised that no questions from the public had been received.
1.6 UPDATES FROM: (PTHB/25/40)
REPORT FROM THE CHAIR CC presented the report and invited any questions.
REPORT FROM THE VICE CHAIR

KWi presented the report and invited any questions.

REPORT FROM THE CHIEF EXECUTIVE

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

- The Board was informed that the commission to appeal in relation to Emergency Medical Retrieval and Transfer Service (EMRTS) and the Judicial Review had been refused on all grounds, representing a material update to the report.
- An update was provided regarding Swansea Bay University Health Board (SBUHB) maternity services. CR was offered as the lead to provide assurance to the Board on the response to the independent review. Following the publication of the SBUHB maternity services report on 15 July, the recommendations were reviewed and several key areas of focus identified. As a result, the Cabinet Secretary agreed to an all-Wales assurance approach. Early sharing of this information enabled preparation for a self-assessment, which has already commenced. Targeted support is being provided to women and families affected by the report or accessing services in Swansea Bay, through their named midwives. It was noted that the Board will remain sighted on learning, initially through the Patient Experience, Quality and Safety Committee and by exception to the Board.
- It was noted that CR will be retiring later in the year. Paul Hooton has been appointed as Executive Director of Nursing, Quality, Women and Family Health, and will commence in post at the end of September.

HT invited any questions.

Can you provide clarification on the expected timeline for the conclusion of the Hywel Dda University Health Board (H DUHB) Clinical Services Plan consultation? When will the Board expect to receive a formal update or progress on the next stage of the proposals?

HT responded that H DUHB would undertake a process to review and incorporate insights gathered through the engagement and consultation activities, confirming that specific insights from the Powys population would be shared with the Health Board and would inform whether the matter would return to the Board for consideration. While she noted that the consultation was expected to conclude by the end of August, HT advised that the due diligence process would likely take a couple of months thereafter. HT committed to confirming the exact timeline and assured the Board that the matter would be brought back for consideration as soon as it became available.

Does the Health Board intend to strengthen its commissioning oversight to ensure that (maternity) services provided to Powys residents are delivered safely and compassionately?

HT confirmed that the Board would receive an updated Strategic Commissioning Framework at its next meeting, which would outline how commissioning arrangements and oversight were undertaken across the Health Board. HT emphasised that the Health Board had historically maintained clear arrangements with individual providers, including robust oversight and engagement in improvement processes, particularly in relation to issues at Shrewsbury and Telford NHS Trust and Cwm Taf Morgannwg University Health Board. CR explained that oversight was maintained through formal commissioning arrangements, including CQPRM meetings involving the quality team. CR went onto highlight the

direct communication channels between Executive Directors of Nursing and Directors of Midwifery across commissioned organisations. CR informed that the recent appointment of a Director of Midwifery, Women and Family Health had significantly strengthened leadership within the Health Board, while the Head of Midwifery role remained in place. She assured Members that structured mechanisms were in place for oversight and liaison with commissioned organisations, including formal communication channels and participation in national peer groups such as the Directors of Midwifery Advisory Group, which reported directly to Executive Directors of Nursing. She also noted her current role as lead Executive Director of Nursing for neonatal services, which provided enhanced oversight through the Maternity and Neonatal Safety Programme. CR offered to continue the discussion outside of the meeting should further clarification be required.

Is the Health Board confident in its ability to deliver the RSV vaccination programme on time? Given the importance of the campaign for two cohorts and the dual method of administration.

MB confirmed that while uptake was not yet at the desired level, an improvement plan had been implemented. Targeted outreach was underway with participating GP practices, aiming to reach the 70% target by the end of August. MB also reported that several practices had already exceeded the target, with the current average uptake at 62.7%. It was noted that uptake among pregnant women had consistently remained above 60%, with good practice being shared nationally.

Have any Powys patients been identified as affected by the SBUHB Maternity Service Review and if so, how has communication with those individuals been managed?

CR confirmed that, in relation to the detailed case reviews, Powys had not been advised of any cases involving Powys families. She noted that discussions were ongoing with SBUHB to ensure continued clarity and oversight.

Has the Clinical Services Plan consultation by HDUHB and the Enhanced Local General Hospital review led by Aneurin Bevan University Health Board (ABUHB) had any implications for the Better Together programme, and have these developments influenced the scenarios under consideration at this early stage?

HT advised that HDUHB was currently working towards presenting its Clinical Services Plan to its Board in November, subject to the scale and volume of consultation responses. An update would be brought to this Board in September to confirm the ongoing timeline. HT emphasised the importance of monitoring live consultations and assessing potential changes to neighbouring health boards and care pathways for Powys patients. While strategic options were being developed and would be presented to the PPPH Committee, no preferred option had yet been identified, and service planning would continue to adapt in response to emerging developments.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/41)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the item which provided an overview of matters considered by the Committee on 13 May, 17 June and 8 July 2025. Attention was drawn to the following matters:

- Progress on the annual accounts was considered at both meetings and is addressed separately on the agenda.
- Received the Hosted Body Annual Report for Health and Care Research Wales, noting improvements in workforce metrics compliance.
- The final Head of Internal Audit Opinion for 2024/25 was received, based on 24 audits, with a rating of reasonable assurance.
- Several individual audit reports were reviewed, including one on mattresses, which received a limited assurance rating.
- An update was provided on the development of the 2025/26 audit plan.
- Counter fraud colleagues presented on the implications of the Economic Crime and Corporate Transparency Act 2023, noting current arrangements offer good protection, with recommendations for training and risk assessment.
- Received an update on the 2025/26 Clinical Audit Plan.
- The first monitoring report on Digital First was received, following the transfer of digital oversight from the Finance and Performance Committee.

Charitable Funds Committee

CC presented the item which provided an overview of matters considered by the Committee on 16 June 2025.

Finance and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on the 26 June 2025.

Planning, Partnerships and Population Health Committee

HB, in RL's absence presented the item which provided an overview of matters considered by the Committee on the 19 May 2025.

Question was raised regarding the caseload sizes identified in health visiting under the Healthy Child Wales Programme - what actions were being taken, whether any risks had been identified for affected families in Powys, and how the issue was being addressed.

CR confirmed that a review was underway focusing on caseloads and specific contacts with children and families under the Healthy Child Wales Programme. She noted that this work was being undertaken in the context of Powys' geography and as part of a broader workforce review within Women and Children's Services. An update would be provided to the Board and relevant Committees in due course.

People and Culture Committee

JOA presented the item which provided an overview of matters considered by the Committee on the 3 June 2025. Attention was drawn to the following matters:

- Received the Workforce Performance Report, noting improvements in variable pay data and progress towards meeting ministerial targets, with positive trends observed.
- An updated Director's Report was presented, highlighting impactful measures currently in place to monitor and support staff wellbeing.

- Members were also informed of workforce establishment trends and the internal challenges being experienced, alongside ongoing work to improve data tracking and clarity in this area.

Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 14 May, 28 May, 11 June, 24 June, 9 July and 16 July 2025. Attention was drawn to the following matters:

- A productive Executive-to-Executive meeting had been held with Shared Services, with a commitment to report back to the Board on progress.
- CM detailed the importance of ongoing work in digital services and the WCCIS system was discussed. It was noted that the WCCIS system, which supports community healthcare and mental health services across Wales, is approaching end-of-life. A review is underway to explore options for its replacement, supported by a developed business case. This work forms part of a national programme titled Connecting Care, with close collaboration taking place to determine the way forward. Clarification on funding arrangements for health boards is awaited and it is hoped this will be resolved shortly to enable progress.

A question was raised querying the implications of Powys County Council's adoption of its own system, following previous shared use of WCCIS, and asked how this development might affect integrated system working, which the Board had previously recognised as a key priority.

HT acknowledged the importance of interoperability in light of Powys County Council's decision to procure a separate system and confirmed that this consideration was being addressed through the national Connecting Care programme. ND further assured the Board that interoperability had been a key requirement in the tendering and awarding of the new system for social services in Powys. She noted that the transition plan was underway, with data cleansing and preparatory work in progress to support a successful system implementation.

The Board received paper 1.7, which provided a consolidated overview of items escalated across all Committees, including those not reported at the current meeting. The paper also included a reporting history to the Board, developed following the revised Committee reporting and AAI framework introduced in the previous financial year. Five items remained escalated to the Board for awareness, with no immediate action required. It was noted that the item relating to Regional Investment Funding, previously escalated from the People and Culture Committee, had since been resolved and was recommended for de-escalation. The tracking and timely reporting of such items would continue at each 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/ASSURANCE

3.1 AUDIT WALES AUDIT OF ACCOUNTS REPORT 2024/25 (PTHB/25/42)

PH introduced this item. Gareth Lucey and Mike Jones (Audit Wales) attended and presented the Audit of Accounts report.

GL confirmed that Audit Wales had issued an unqualified opinion on the truth and fairness of the financial statements, in line with expectations. However a qualified regularity opinion was issued due to the Health Board's overspend against its revenue resource limit and the absence of an approved Integrated Medium Term Plan, both known issues prior to the audit.

The Audit identified some corrections, detailed in Appendix 2 of the report and two uncorrected mis-statements relating to Continuing Healthcare accruals, which were not material to the overall opinion. The delay in presenting the report was attributed to the additional work required to resolve concerns around these accruals. A recommendation for improvement was included in Appendix 5 and accepted in full by management.

Audit Wales commended the Finance team for the quality of the draft accounts and supporting documentation and for their co-operation throughout the audit process. Subject to Board's approval, the accounts were ready for certification by the Auditor General for Wales from 1 August 2025.

The Board **RECEIVED** the Audit of Accounts Report 2024/25.

3.2 RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS 2024/25 (PTHB/25/43)

SE reported that the Audit and Risk Assurance Committee had reviewed progress on finalising the Annual Accounts at its meetings in May, June and July. The Committee had been kept informed by Audit Wales regarding additional testing required on Continuing Healthcare accruals following the identification of errors during the audit. At its July meeting, the Committee expressed disappointment that these issues had resulted in the Health Board missing the Welsh Government (WG) deadline for submission of the accounts. A lessons learned paper has been requested for presentation at the October Committee meeting to provide assurance to the Board.

SE highlighted the late invoice from Wye Valley NHS Trust for £5M, which remained under dispute and has been escalated to Welsh Government. This has been treated as a contingent liability in the accounts, with no financial charge applied and Audit Wales has accepted this treatment. Due to the Health Board's inability to meet its financial duties for the third consecutive year, the Auditor General for Wales issued a qualified regularity opinion. The cumulative overspend over the past three years stands at just under £35M. However, subject to receipt of the letter of representation the Auditor General intends to issue an unqualified opinion on the truth and fairness of the accounts.

The Audit, Risk and Assurance Committee therefore **RECOMMENDED** that the Board **APPROVE** the annual report and accounts, authorise the signing of the accounts and issue the letter of representation.

The Committee also acknowledged the significant work undertaken across the organisation in preparing the accounts and thanked Audit Wales for conducting the audit efficiently.

HT, as Accountable Officer, acknowledged that missing the end-of-June deadline was not ideal, but emphasised the importance of completing the additional work on Continuing Healthcare accruals, confirmed that WG had been kept informed throughout and noted that a lessons learned exercise would be brought to the next Audit and Risk Assurance Committee meeting, with the associated recommendation accepted in full; HT also expressed gratitude to Audit Wales and the finance team for their efforts.

The Board **RECEIVED** the recommendation from the ARAC Committee.

3.3 ANNUAL REPORT AND ACCOUNTS 2024/25(PTHB/25/44)

PH confirmed that the Annual Report, Annual Accounts and Letter of Representation were included in full within the Board papers and recommended for approval, as outlined by the Audit and Risk Assurance Committee.

HB noted that, subject to Board approval, the accounts would be signed by the Auditor General for Wales on 1 August, submitted to WG, and published on the Health Board's website. She also advised that the Annual General Meeting had been rescheduled to 15 September 2025 due to the audit delay. The Board expressed thanks to all teams involved in the preparation of the report, with particular recognition given to Liz Patterson for her professional coordination of the process.

Independent Members asked the following questions for assurance:

How will the Executive Team ensure continued delivery against achieved targets and monitoring progress on areas requiring improvement?

HT acknowledged the importance of tracking in-year performance and confirmed that the Health Board uses its integrated performance report and quality and performance framework to monitor progress against set trajectories. Regular reporting to the Executive Team and relevant Committees ensures oversight of both maintained and improving performance, with exceptions escalated to the Board. She also noted that the organisation had received reasonable assurance on its performance tracking arrangements.

The Board:

- **APPROVED** the Annual Report and Accounts 2024-25 for signing in readiness for submission to Audit Wales and Welsh Government; and
- **APPROVED** the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board.

GL and MJ (Audit Wales) left the meeting

3.4 ANNUAL PLAN 2025/26 UPDATE (PTHB/25/45)

HT, PH and NJ presented an update to the Board. The purpose of the slide pack was to support the discussion with the Board of the further potential for financial improvement following further correspondence from WG on the 14 July, and the requirement to send a further Accountable Officer letter on 31 July 2025. NJ also

presented an update on the Ministerial Advisory Group (MAG) recommendations and alignment to the Board approved Annual Plan 2025/26 for the Health Board.

Independent Members asked the following questions for assurance:

Has the organisation responded constructively to the additional 2% savings target and are specific schemes being developed to meet this increased financial requirement?

HT noted that the additional 2% savings target has been recognised across the organisation as highly challenging, but necessary given the financial pressures. Communications have been shared internally (including with staff side partners) and while concerns remain about the impact and capacity to deliver, there is a general understanding of the need for financial improvement. Some proposed schemes, such as those related to prescribing have emerged from team-level analysis and further detailed discussions are planned to refine delivery plans. DWL noted that the organisation is adopting a firmer stance on cost-saving measures, including restrictions on training, external room hire and travel. While the changes may feel significant to staff, they are necessary given the financial pressures. DWL acknowledged the support from trade union partners and highlighted efforts by her teams to communicate changes, address concerns and signpost staff to well-being resources. DWL emphasised the importance of monitoring any potential impacts, such as increased sickness absence and committed to reporting back on the effects of these measures at future Board meetings.

Has the Health Board considered adjusting its annual programme in response to timing misalignments identified in the MAG recommendations analysis, and what metrics would be used to rigorously monitor the quality impact of commissioning arrangements with NHS England through reporting to the Executive and PEQS Committees?

NJ confirmed that the Health Board is considering adjustments to programme timings, with updates expected in the Quarter 1 report. CR noted that quality impact assessments are being conducted using established domains (timeliness, effectiveness, safety, efficiency and person-centredness) and are monitored through the Quality Oversight and Assurance Group, as outlined in the refreshed Integrated Quality Performance Framework (IQPF). Assurance mechanisms include tracking incidents, complaints, compliments and patient experience, with reporting to the Executive and PEQS Committees supported by the organisation's quality management system.

Has the Health Board received clarity on when data reporting issues at Shrewsbury and Telford would be fully resolved and what programme has been made on implementing the elective changes since 1 July 2025, given the urgency of the matter?

NJ noted that data reporting issues at Shrewsbury and Telford are improving but remain unresolved, with expectations for resolution by the end of the calendar year. Discussions with the provider are ongoing and treated with urgency. HT advised that a key meeting between Chief Executives is scheduled for next week, after which a further update will be provided to the Board.

Has the Health Board begun considering contingency plans to address the remaining financial shortfall, should current proposals fall short of meeting the

control total, given the challenges of implementing meaningful cost reductions later in the financial year?

HT confirmed that the Health Board is already implementing difficult financial decisions, including those made in March and the recent 2% savings target. HT assured the Board that further unpalatable options are being considered to close the remaining gap towards the £15.8 million control total. Additionally, independent support is being brought in under WGs Level 4 escalation to review the financial position and identify further opportunities. The findings from this external assessment will be shared with the Board promptly to inform next steps.

The Board:

- **NOTED** the correspondence from Welsh Government and the requirement to send an additional Accountable Officer letter on 31 July;
- Took **ASSURANCE** that the organisation continues to work towards implementing the Board's March 2025 decision regarding commissioning in NHS England;
- **NOTED** the approval of the In-Committee Board on 25 June to apply an additional 2% savings target across the Health Board.
- **NOTED** the assessment of the Ministerial Advisory Group and the application to the Health Board's Annual Plan and arrangement for monitoring and reporting.

3.5 BETTER TOGETHER (PTHB/25/46)

DWL presented the update to the Board on the current position and next steps on stage 2 engagement for the Better Together programme. DWL brought key items to the Board's attention:

- Stage 1 pre-engagement on the case for change concluded on 25 May 2025, with key findings informing the ongoing design and development work.
- A deliberative event with staff, public and partner representation took place on 3 June to support the development of the long list of options for the future shape of adult physical and mental health community services
- Stage 2 engagement materials were finalised and published, with stage 2 engagement taking place from 9 June to 27 July 2025
- Work is under way on a stage 1 and stage 2 engagement outcome report, which will be presented to the Board this autumn.
- Detailed clinically-led design work is taking place to review emerging options against the hurdle criteria to support development of a short list. Planning is under way for a further deliberative event on 13 August to provide "check and challenge" for this work.
- A contract has been awarded to ORS for independent delivery and analysis of stage 3 consultation from autumn 2025; a contract award for independent assurance of stage 3 consultation is expected shortly.
- Planning is underway for stage 3 consultation, which is currently expected to take place from 27 October to 18 January 2026.

Independent Members asked the following questions for assurance:

Is the organisation satisfied with the level and diversity of public participation at recent engagement events? If not, how will lessons learned be applied to future engagement?

DWL acknowledged that whilst attendance numbers were modest, the conversations were rich and meaningful. The upcoming stage 2 report will consolidate reflections which will help guide future engagement. There is recognition of varied public awareness and the importance of maintaining dialogue through both general events and digital platforms. DWL advised that the report will be presented at the next Board meeting.

How is the Health Board ensuring meaningful engagement with young people (particularly those aged 15 to 30) given their growing role in civic participation and the observed lack of representation in previous engagement activities?

DWL fully recognised the importance of engaging with young people as the future generation, who may have different expectations around service access, particularly through digital means. While there has been some engagement through schools and other forums, we will review the demographic breakdown of the 100 public responses received to better understand youth participation. This will help inform how the Health Board strengthens engagement with younger age groups in future phases. CR noted the commitment to maximising existing forums, such as carers groups and the Junior Start Well Board, to ensure young people, including young carers, are included in future engagement activities.

The Board **RECEIVED** and took **ASSURANCE** the better together programme stage 2 engagement update

3.6 TEMPORARY SERVICE CHANGES (MIU AND READY TO GO HOME UNITS) (PTHB/25/47)

CC introduced this item and invited KB to provide a comment. KB emphasised that Llais is an independent statutory bod and not involved in the Board's decision making. KB shared that visits to all four wards affected by Temporary Service Changes were largely positive, with patients reporting improved quality of care. Some feedback highlighted areas for potential improvement, which KB suggested should be considered in future reviews. KB fed back no specific concerns had been raised about the MIU closure, though there was a general sentiment about reduced services in rural mid Wales. KB stressed the importance of clear communication with affected communities and confirmed that the proposed service changes align with WG guidance.

KW presented the report providing an update ahead of the full evaluation to Board in July. It was confirmed evaluation and monitoring were ongoing, mitigations are in place and there are no items to escalate. KW shared a presentation on screen and brought the below key items to the Board's attention:

Evaluation Framework:

- Six-month temporary service change followed by structured evaluation using agreed decision-making criteria.
- Data gathered via dashboards, surveys, incident monitoring, and stakeholder feedback.
- Staff workshop held to review and challenge evaluation findings.

Minor Injury Units (MIUs):

- Improved workforce utilisation and reduced expenditure.
- No agency staff used; bank staff usage reduced.

- Staffing costs reduced by 9%; cost per patient episode decreased in both Brecon and Llandrindod.
- Lone working eliminated; no unplanned closures since changes.
- No increase in primary care or out-of-county ED attendances.

Co-location Units:

Ready to Go Home Units:

- ~50% reduction in bank/agency costs.
- Length of stay reduced by 23%.
- Increased community admissions and reduced out-of-county delays.

Rehabilitation Units:

- ~50% reduction in bank/agency costs.
- Length of stay reduced by 7%.
- Increased throughput and ability to admit complex cases.
- Enhanced therapy input.

System-wide Impact:

- Overall reduction in length of stay and DGH bed days.
- Evidence suggests improvements are attributable to co-location, though small sample size limits certainty.

Outcome Measures:

- Challenges in collecting meaningful outcome data.
- DigiFlo usage improving; data shows increased low-dependency discharges.
- Sustained reduction in pressure sores (from 55 to 38 cases).

Staff and Patient Experience:

- Staff demonstrated strong engagement and enthusiasm despite challenges.
- MIU staff reported satisfaction due to improved working conditions and training opportunities.
- No serious incidents or patient concerns reported.
- Primary care did not experience anticipated increase in GP attendances.
- Some concerns raised about travel distances; others appreciated earlier repatriation.

Independent Members asked the following questions for assurance:

Have you examined whether the absence of Datix entries during the temporary MIU service changes reflected a true lack of incidents or potential underreporting, and have patient perceptions of safety been directly assessed alongside staff feedback?

KW acknowledged concerns about the reliability of Datix reporting and confirmed that staff feedback was triangulated through direct engagement during workshops and discussions with department managers to capture any unreported issues. While not all incidents may be formally recorded, there was no indication of unreported concerns. Regarding lone working, it was confirmed that this practice has been abolished, and future occurrences would likely warrant Datix reporting. On patient safety, staff reported improvements due to more reliable service provision and clearer communication. Although direct patient feedback was not quantitatively measured, qualitative insights were gathered through staff engagement indicating a perceived increase in patient safety.

Can you assure the Board that, if the temporary service changes are extended, a more robust and quantitative evidence base would continue to be developed to support any future permanent decisions under the Better Together programme?

KW confirmed that while the presented findings focused on key points aligned with the original rationale for the temporary changes, a broader set of supporting data exists and has been carefully appraised. KW acknowledged the challenges in capturing outcome measures but noted emerging evidence of improved flow and efficiency. Dashboards are now in place to continue gathering quantitative data, which will inform future decisions under the Better Together programme. The commitment to ongoing data collection and system learning was reaffirmed.

Have you assessed the extent of staff concerns around skill loss in the ready to go home units, and whether families had been engaged to understand their perspectives on patient discharge and community transition?

KW acknowledged initial staff concerns about skill loss in the ready to go home units and confirmed that these concerns were explored through direct engagement with ward managers and staff. While some concerns persist, there has been no staff movement as a result. KW highlighted ongoing work within the Better Together programme to explore alternative care models, such as ambulatory or day case treatments, that could help retain and utilise staff skills in different ways. This includes encouraging staff to contribute ideas for maintaining skillsets while adapting service delivery.

Has data been collected on how often patients attending MIUs were redirected to Emergency Departments, and was this deemed appropriate? Has further work been considered to improve public understanding of the scope and limitations of MIU services? Has the aspiration for a whole-system, multidisciplinary approach in the ready to go home units been realised, including involvement from the voluntary sector and support for local authority assessments? Has the service model helped reduce out-of-county placements and supported earlier repatriation closer to home? Is admission to the ready to go home units still viewed as a system shortfall and are steps being taken to strengthen community-based care alternatives?

Have alternative methods been considered to more accurately capture patient, family and carer perspectives outside the ward environment, and have improvements in local authority collaboration, particularly around care assessments and package timeliness, been clearly evidenced and communicated, including the financial impact of reduced hospital stays?

CR acknowledged the importance of both qualitative and quantitative data in evaluating patient safety and confirmed that learning from the current evaluation will inform future phases. CR reassured the Board that patient safety is monitored through incidents, complaints and compliments, and highlighted the recent appointment of a People's Experience Co-ordinator to strengthen feedback collection from patients and families. On staff skills, CR noted ongoing discussions around professional development and rotational opportunities, particularly for nursing staff. Finally, CR affirmed that admission avoidance remains central to the Better Together programme, with a focus on minimising hospital stays and promoting discharge to home environments to prevent patient deconditioning.

Have you explored the reasons behind primary care and third sector feedback regarding the perceived need for therapists in the ready to go home units and what steps were taken to clarify roles and align expectations?

CM addressed concerns about therapy provision in the ready to go home units, explaining that the original aim was to co-locate patients needing rehabilitation to maximise therapy time and reduce therapist travel. While some patients expressed a desire for more therapy, all had been assessed and provided with appropriate programmes, either independently or with support. CM noted that patients may not always recognise non-traditional therapy delivery and that nursing staff are being trained in rehabilitation competencies. Reassurance was given that patients requiring further rehabilitation can be transferred back to the rehabilitation unit for intensive support.

ND welcomed the evaluation data presented on the ready to go home units and MIUs, noting its value for future Regional Partnership Board discussions. She highlighted early conversations about social care involvement on the wards and suggested revisiting the criteria for assessments as part of the pilot extension. ND also assured the Board of the local authority's commitment, confirming the introduction of dedicated hospital teams with named individuals assigned to wards to support multidisciplinary working and enhance continuity of care.

Can you provide assurance that this extension is not a delay tactic and that the changes will be actively integrated into Better Together, with timely decisions made as part of that programme?

HT gave assurance that the temporary service changes will be actively integrated into the Better Together programme - and there is a clear commitment to engaging and consulting the public properly on any permanent changes, with plans for this to be part of the programme's next phase in the autumn. The aim will be to ensure that the public has a meaningful role in shaping future service models.

KW thanked everyone and expressed appreciation for staff contributions throughout the engagement, rollout and evaluation phases, highlighting the significant learning gained. KW emphasised that this work will meaningfully inform the Better Together programme and commended staff for their leadership and commitment during a challenging period of change.

The Board

- **RECEIVED** the evaluation of the Temporary Service Changes
- **APPROVED** that the temporary service changes remain in place and are subject to public consultation, in line with the Better Together transformation programme during the Autumn of 2025

3.7 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/48)

HB presented the report to the Board which provided an update on Board activity since the last meeting held on the 21 May. The following key items were brought to the Board's attention:

- There has been one Chair's Action for approval since the last Board meeting in relation to the commencement of procurement of Dental Services.
- Independent Members membership on Committees have been reviewed.
- Board and Committee Effectiveness - noting this builds on previous Board meeting discussion and includes the Board's self-assessment from a recent development session. Priority areas for Board activity this financial year are detailed within the report.

- Health Care Professionals Forum: It was noted that Terms of Reference have been developed for this advisory group; potential dates for the first meeting are being considered and a full update will be included in the next report.

One concern was raised about the complexity and dense language of document 3/8, noting that it may be difficult for members of the public to understand, which could hinder transparency. HB acknowledged the point, explaining that the document reflects WG templates often based on legislation, which can be inherently complex. She committed to discussing the issue with WG to explore ways of making such documents clearer and more accessible.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the Chair's Action taken on the 03 July 2025 to proceed with the procurement process for the General Dental Service (GDS) contract in Crickhowell.
- **RATIFIED** the Board Committee membership for 2025/26
- Took **ASSURANCE** that Board and Committee Effectiveness reviews have taken place from 2024/25 and a governance development plan is in place for 2025/26.

3.8 PTHB STANDING FINANCIAL INSTRUCTIONS (PTHB/25/49)

HB presented the report to the Board which sought to outline the amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the issue of the Welsh Health Circular 2025/012. HB noted that the Health Board is required to amend Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting. It was noted that the Audit, Risk and Assurance Committee recommend the updated SRIs to the Board.

The Board **APPROVED** the changes to the Model Standing Financial Instructions in relation to Chapter 11 Procurement and Contracting

3.9 REGIONAL PARTNERSHIP BOARD ANNUAL REPORT 2024/25 AND FORWARD LOOK (PTHB/25/50)

MB presented the Regional Partnership Board's Annual Report for April 2024 to March 2025 highlighting the collaborative work between health, social care, PAVO, and wider partners aimed at improving outcomes for Powys residents. The report outlines progress against the joint area plan, which supports the 10-year Health and Care Strategy: A Healthy Caring Powys. Key achievements are organised under the Start Well, Live Well, Age Well partnership groups, which operate under the RPB's governance. The RPB Board is chaired by the Vice Chair, with the Executive Group chaired by the Director of Social Services and Well-being. MB noted the report was formally approved by the RPB on 10 June and is now presented for assurance of continued joint working and alignment with planning and governance frameworks. The 2025–26 delivery plan will be reviewed at the upcoming Planning Partnership and Population Health Committee in August.

KWi formally acknowledged the valuable contribution of Joe Wellard and our Health Board colleagues in fulfilling our legal duty of co-operation through genuine partnership working to improve health and well-being in Powys.

Independent Members asked the following questions for assurance:

Given the current uncertainties (political shifts, financial pressures and upcoming elections), how does the RPB plan to sustain its valued initiatives beyond the current funding cycle to ensure continuity for both service users and staff?

MB noted that over the past eight or so months, the RPB coordinators, in collaboration with the Partnerships Office and Health Board colleagues, conducted a comprehensive evaluation of all programmes and services. This included assessing and strengthening sustainability plans to ensure long-term viability. While some projects already had robust plans, others required further development, work that is continuing into this year. MB noted that current funding is secured until March 2026, and efforts are underway to reinforce sustainability planning in anticipation of future financial challenges. The Health Board is also reviewing its role in supporting programmes funded through this route. KWi added assurance that the RPB Board has emphasised the importance of clear sustainability and exit strategies as part of its governance oversight. KWi also noted that while not all RPB-funded projects may be sustainable long-term, efforts are made to embed them where possible and where continuation is not feasible, the learning and insights gained are captured to inform future policy and service development.

The Board:

- **RECEIVED** the Regional Partnership Board (RPB) Annual Report and Forward Plan; and
- Took **ASSURANCE** that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy "A Healthy, Caring Powys".

3.10 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT (PTHB/25/51)

AP joined for this item. DWL presented the report to the Board which highlighted progress made over the past year. A key focus was the development and approval of the revised Anti-Racism Plan, aligned with Welsh Government's vision for an anti-racist Wales by 2030. Notable achievements included certification as an Age-Friendly Employer, attainment of the first stage of Disability Confident status, and the rollout of initiatives under the Speaking Up Safely framework. The report also detailed workforce data analysis, including ethnicity pay reporting for the first time, alongside statutory gender pay reporting. These actions supported the Health Board's ambition to be an employer of choice and contributed to addressing population inequalities through the Better Together programme and public health initiatives. Subject to Board approval, the report would be translated and published online.

Independent Members asked the following questions for assurance:

Was the bronze award received from Diverse Cymru part of a broader programme of engagement with the organisation, and are further opportunities for support around diversity and involvement being explored?

DWL confirmed that the short-term plan would continue to be reviewed to assess its viability for wider application across the organisation and other workforce teams.

The Board **APPROVED** the Equality Annual Monitoring Report 2024-25 for publication on the health board's website. Once approved, the report will be made available in both Welsh and English to the public.

AP left the meeting.

3.11 MINUTES OF PREVIOUS MEETING HELD ON 21 MAY 2025 (PTHB/25/52)

The minutes of the meeting held on the 21 May 2025 were **AGREED** as an accurate record.

3.12 FINANCIAL PERFORMANCE: 2025/26 - MONTH 03 (PTHB/25/53)

PH updated the Board on the financial performance report for month 03 and brought the following key items to the Board's attention:

- Reported an £8.494 million overspend against the break-even position.
- Against the forecast deficit plan of £28.3 million, the Month 3 position was £7.078 million overspent, resulting in a £1.4 million adverse variance.
- Key driver of variance: delayed impact of actions on commissioned services, expected from Quarter 2 onwards.
- Shortfall against £23.1 million savings target; current delivery at £18.2 million.
- Additional cost pressures include risks and use of private providers in mental health services.
- Mental health and learning disabilities identified as key cost pressure areas, including pay and CHC costs.
- Agency and locum spend showed month-on-month improvement; progress noted but remains a financial challenge.
- Joint Commissioning Committee (JCC) reported a year-to-date overspend; plan assumes return to balance.
- Continued overspend in commissioned spinal services; central planned care funding not available to support reduction.
- Prescribing performance exceeded expectations with £1.7 million forecast savings against a £1.5 million target.
- Continuing healthcare currently underspent, supported by planned funding increases.
- Savings delivery: £17.3 million in green/amber schemes, plus £900k newly identified, totalling £18.2 million.
- £58.3 million of risks included in the current forecast; mitigation required.

Independent Members asked the following questions for assurance:

What assurance was provided regarding the forecasted £2M overspend on mental health private providers, given the Month 3 report shows only a £200K overspend; does this reflect an improvement or a revised trajectory?

Additionally, what steps were being taken to ensure Powys received a fair share of the £120M WG allocation for waiting times through its contracts with other Welsh providers?

In response to the question regarding financial pressures and funding allocation, PH confirmed that the financial plan for 2025 included a £4M funding assumption based on the previous year's outturn for mental health private providers. A £2M pressure was currently forecast, with mitigating actions underway to bring this back in line. The £200K overspend shown in month 3 reporting included netting across subcategories and did not reflect a reduction in the overall forecast.

Assurance was provided that activity funded through central planned care monies was being closely monitored to avoid duplication of charges. NJ added that long-term agreements with Welsh providers had been structured to mitigate the impact of additional activity funding, and these mechanisms continued to operate. It was noted that central funding was not applicable to Welsh patients waiting in NHS England, where Powys had a higher number of patients than in Wales, and this was highlighted as a point of factual accuracy for the Board's awareness.

What actions were being taken to address the reported vacancy rates of 22% in Mental Health and Learning Disabilities and 14% in Community Services—totalling over 250 posts—and how was this being balanced against the organisation's broader aim to reduce headcount?

In response to the question regarding high vacancy rates, PH confirmed that a significant recruitment programme was underway, including international nurse recruitment and the aspiring nursing initiative. EL added that vacancies in Mental Health, Learning Disabilities, and Community Services were being supported by agency staff where necessary to maintain safe patient care. She emphasised the importance of aligning workforce planning with future service models through the Better Together programme, supported by "grow our own" initiatives. DWL noted the success of internationally educated nurses and additional HEIW funding for future cohorts, including doctors. She reported that the trajectory for adult wards was improving, with vacancies close to being eliminated, enabling a more determined approach to reducing agency use. It was noted that other health boards had adapted service models to improve team resilience, which was being considered as part of Better Together programme. DWL confirmed that Powys had closely monitored its recruitment trajectory to avoid commissioning placements that could not be filled. The Health Board had benefited from a surplus of trained registered nurses in other areas, with several joining Powys. It was confirmed that the organisation would continue to observe external approaches while ensuring that relevant strategies were already being incorporated locally.

Was the £1.4M overspend at the end of the quarter expected to level off as commissioning changes became embedded or was it considered a one-off pressure to be absorbed within the overall budget deficit?

PH confirmed that based on the actions identified, the financial position was expected to improve over the remainder of the year. However, it was emphasised that a gap remained between the £18M currently identified and the £23M savings target, representing an ongoing risk. If the planned actions were delivered as expected the financial position was anticipated to stabilise going forward.

What intelligence was available to assess the potential financial impact of emerging risks, such as the shortfall in National Insurance contributions, JCC commissioning increases and Band 2/3 staffing issues. How might these affect the Health Board's ability to meet or exceed its financial plan?

PH confirmed that the emerging risks were being closely monitored and incorporated into both year-to-date and forecast positions as appropriate. The additional 2% savings target set for the organisation was intended to help maintain the forecasted £28.3M deficit by covering shortfalls in savings delivery, absorbing emerging cost pressures, and mitigating financial risks. These elements were actively tracked and integrated into the financial position as necessary.

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

The Board **CONSIDERED** and **DISCUSSED** the financial forecast for 2025/26 of £28.3m and the underlying deficit of £42.1m.

3.13 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26: MONTH 02 (PTHB/25/54)

NJ presented the Month 2 report to the Board and brought the below key items to the Board's attention:

- Maintained strong performance in 104- and 52-week planned care measures.
- Waiting time targets met in Minor Injury Units and across adult and children's mental health services.
- Diagnostics performance below standard; patient numbers breaching waiting time increasing monthly.
 - o WG funding received to address echocardiogram delays; improvement expected by end of Q3.
- Therapies missed 14-week waiting time target due to workforce challenges; improvement anticipated from July.
- Psychological therapies and mental health services showing gradual improvement, though fragile due to small team sizes.
- Developmental services for children and young people maintained 104-week waits; service remains in escalation.
 - o Internal escalation status reviewed at Executive Committee; further discussion planned with the Patient Experience, Quality and Safety Committee.
- Commissioned services show longer waits in NHS Wales compared to NHS England, though some Welsh Health Boards meet standards.
 - o NHS England performance expected to align with NHS Wales frameworks in future reports.
- Cohort of spinal patients waiting over 104-weeks at Robert Jones and Agnes Hunt; LTA agreement nearing finalisation.
 - o Central planned care funding not available to support commissioned service reductions.
- Cancer performance in commissioned services remains variable.
 - o Overall, waiting times in Wales slightly better than in England.

Independent Members asked the following questions for assurance:

What level of confidence is there regarding the prolonged spinal delays at Robert Jones and Agnes Hunt (RJAH), given that these were understood to stem from the provider's internal capacity issues rather than financial constraints?

NJ noted that spinal capacity issues at RJAH were expected to persist throughout the year due to the complexity and resource demands of the procedures. The agreed LTA anticipated approximately 50 patients would remain waiting over 104-weeks by year-end. While NHS England was commissioning additional support for this cohort, the absence of centrally allocated funding for Welsh commissioners meant similar action could not be taken for Welsh patients.

The Board:

- **RECEIVED** and **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.

3.14 RISK APPETITE STATEMENT (PTHB/25/55)

HB presented the proposed revisions to the Board's risk appetite statement, following review and refinement by the Audit, Risk and Assurance Committee (ARAC) on 17 June 2025, as requested by the Board on 21 May 2025. It was noted that the Committee had considered the statement on two occasions, including the proposal to structure risks into three sections. The Committee agreed that the cautious appetite around financial sustainability appropriately reflected the current position and annual plan and was content to recommend the revised statement to the Board. The Finance and Performance Committee also supported the revisions, noting that the statement was not fixed and would remain subject to ongoing refinement. It was considered a fair reflection of the organisation's current position.

Independent Members asked the following questions for assurance:

What practical impact will the risk appetite statement have, and how will it support consistent decision-making at executive and senior leadership levels?

HB confirmed that the executive team had been involved in the development and that risk appetite was embedded in strategic thinking. She advised that commentary on whether risks were operating within or outside of appetite would increasingly be reflected in service-level risk discussions. A training package would support implementation, with a top-down approach being taken to embed the framework.

The Board **RECEIVED** and **APPROVED** the revised Board's Risk Appetite Statement following further refinement to the categorisation of financial risks as supported by the Audit, Risk and Assurance and Finance and Performance Committees.

3.15 BOARD ASSURANCE FRAMEWORK AND STRATEGIC RISK REGISTER (PTHB/25/56)

HB presented the newly developed Strategic Risk Register (SRR) and Board Assurance Framework (BAF) Dashboard, both of which had been formulated following relevant engagement and development. The SRR now comprises 12 strategic risks, with full details provided in Appendix 1, and will be reviewed in detail by relevant Committees. Risk SRR011 will be considered in the In-Committee session. The Operational Risk Register is also in development and will be included in future information packs. The SRR will be presented to the Board three times annually, with the next update scheduled for November.

The BAF Dashboard was shared with the Board for the first time, offering a detailed overview of risk assurance and effectiveness, including a visual risk map. It was confirmed that three risks currently operate outside of the Board's risk appetite, and a manual outlining assurance levels and operating principles will be shared separately. Members welcomed the progress and acknowledged the importance of tracking new risks, including SRR08 relating to service delivery challenges. A

prevention framework will be brought to the Board in September, supported by performance metrics.

The Board:

- **DISCUSSED** whether Strategic Risk Register (SRR) accurately reflects the Health Boards current strategic risk environment and **APPROVED** the document for formal adoption by the Health Board
- **DISCUSSED** the newly developed Board Assurance Framework (BAF) Dashboard and **APPROVED** the document for formal adoption by the Health Board
- **NOTED** risk SRR011 will be considered in greater detail within the In-Committee meeting of the Board.

3.16 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/57)

KB highlighted the positive reception of the Better Together engagement sessions, noting strong participation and meaningful discussions and emphasised the need to diversify engagement methods beyond digital platforms to avoid excluding rural or digitally disconnected communities.

KBs report addressed concerns around **maternity services**, referencing the response from Llais and regional directors who have written to health boards seeking assurances. There is a shared commitment to ensuring lessons are learned and that families do not experience repeated service failures. KB also drew attention to key items within the report:

- A rise in individuals accessing private healthcare, prompting efforts to understand this trend through direct engagement.
- Emerging concerns around temporary service changes, particularly at Llanidloes Hospital, with attention to unintended consequences.
- Persistent challenges in communication and care pathway clarity, especially regarding discharge and care packages.
- The launch of a new national project on rights, expectations and responsibilities, aimed at understanding public awareness and expectations of the health and care system.

Independent Members asked the following questions for assurance:

As transport, travel, and access continue to be significant barriers to healthcare (especially highlighted during recent community events) what is the Health Board doing to address these challenges and turn them into enablers for more forward-thinking solutions?

HT noted that the Health Board recognises that appointment timing and travel distances (both within and outside Powys) are significant barriers to healthcare access. To mitigate this, discussions are underway with the Local Authority, WAST and community transport partners to explore multi-step solutions, acknowledging that no single approach will suit all needs.

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

4. CONSENT AGENDA

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

- **FOR ASSURANCE:** Assurance Report of the Board’s Joint Committees
- **FOR ASSURANCE:** Assurance Report of the Board’s Partnership Arrangements
- **FOR ASSURANCE:** Assurance Report of the Board’s Local Partnership Forum
- **FOR ASSURANCE:** Committee Annual Reports:
 - People and Culture Committee
- **FOR ASSURANCE:** Board Work Programme
- **FOR INFORMATION:** Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/58)

No other urgent business was raised.

5.2 DATE OF NEXT MEETING (PTHB/25/59)

The AGM meeting is scheduled for Monday 15 September 2025
The next Board meeting is scheduled for Wednesday 24 September 2025.

Meeting closed 14:49.

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"