BOARD

CONFIRMED MINUTES OF THE MEETING HELD ON 20 MAY 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General) (until 12:56)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Primary Care, Community and Mental Health
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)
Ian Thomas	IT	Independent Member (General)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council) (until 12:40)
Hayley Hughes	HH	Corporate Business Manager (Meeting Support)
Olivia Jones	OJ	Nursing Support Worker (Staff Experience)
APOLOGIES FOR ABSENCE:		
Rhiannon Beaumont-Wood	RBW	Vice Chair
Katie Blackburn	KB	Regional Director, Llais
Chris Walsh	CW	Independent Member (Local Authority)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/001)

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

CC provided an overview of the role of the Board, the meeting agenda and explained that this was a meeting held in public rather than a public meeting and as such, Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/26/002)

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

1.3 BOARD ACTION LOG (PTHB/26/003)

HB presented the action log and advised that there were six actions recommended for closure, as outlined at the bottom of the action log, supported by the relevant updates. Two actions (PTHB/25/141 and PTHB/24/131) remain on track, with previously agreed reporting timeframes of September and November, respectively. HB invited questions.

Independent Members asked the following questions for assurance:
Can further assurance be provided on the progress and governance of the action relating to the cross-border functionality of the NHS App, particularly given its proposed closure on the action log?
HB confirmed that, while the action is recommended for closure on the Board action log, the matter remains under active oversight and will continue to be treated as an escalated issue until the Board is satisfied with progress. Reporting will continue through the Executive Committee Chair's report and summary escalation updates to ensure visibility. CM assured that ongoing work with Welsh Government (WG) is in progress, including engagement with senior officials and a planned follow-up meeting in July to address specific cross-border challenges for Powys. The programme is currently in a 'review and reset' phase pending new government priorities and wider national discussions on digital strategy are also contributing to shaping the future direction.

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

1.4 PATIENT AND STAFF EXPERIENCE STORIES (PTHB/26/004)

PATIENT EXPERIENCE STORY

The Board received a patient story highlighting a positive experience of cardiac rehabilitation in Powys, reflecting both the patient's and her husband's journeys and demonstrating the value of the service despite some challenging elements. EL highlighted the positive impact of cardiac rehabilitation, emphasising the importance of human connection in care. EL confirmed these services are accessible across Powys via GP and relevant referrals, noting the need to maintain consistent awareness despite generally strong uptake. CC thanked the patient for sharing the story, highlighting the strong, joined-up working across services and the positive impact of current and ongoing service arrangements.

STAFF EXPERIENCE STORY

DWL introduced OJ to the Board. OJ shared her personal journey of the aspiring nurse programme and her journey of resilience and growth, highlighting how support from the programme has enabled her to pursue a career in nursing.

The Board recognised and commended the inspiring staff story, with reflections highlighting OJ's resilience, passion and commitment throughout her journey on the aspiring nurse programme. It was noted that the programme provides valuable opportunities to 'grow our own' workforce locally, supporting staff to balance training with existing roles and serves as a positive example to support future recruitment and development.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/26/005)

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

1.6 UPDATES FROM: (PTHB/26/006)

REPORT FROM THE CHAIR

CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR

CC noted that, as part of RBWs induction with the organisation, RBW has met with representatives from Llais in both her Vice Chair role and as Chair of the Patient Experience, Quality and Safety (PEQS) Committee, supporting engagement with patient voice and experience structures.

CC presented the report and invited questions.

REPORT FROM THE CHIEF EXECUTIVE

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

- The Long Service Awards event was held on the 09 May 2026 and recognised over 1,200 years of collective service, with attendance from the Vice Chair and High Sheriff. The report also highlights broader staff achievements across the organisation.
- Update provided on financial recovery and implementation of the WG escalation framework, with the first Escalation Board scheduled for the 02 June 2026.
- It was noted that PH would be representing the Health Board at the UK Parliament Welsh Affairs Committee on Cross-Border Healthcare.

Independent Members asked the following questions for assurance:

Can further clarification be provided on ambulance performance data and the progress of Recommendation Four within the Joint Commissioning Committee (JCC) work?

HT acknowledged that there is a need to provide clearer analysis of ambulance performance data, particularly in relation to the position in Powys and a further detailed update will be brought back to the Board. In relation to Recommendation Four, it was confirmed that work is ongoing, although delays have occurred due to the legal process. The JCC has agreed that the work should continue at pace, including re-engagement with stakeholders, and a more detailed timetable and delivery plan is expected at the next meeting. Assurance was provided that this remains a priority, with continued representation of Powys' position and a commitment to progressing the work to a timely conclusion. It was agreed to bring back the EMRTS work (Recommendation Four).

Action: Chief Executive

Can assurance be provided that the spring vaccination campaign is on track, that isolation arrangements for infectious conditions (hantavirus) is being effectively managed and clarity given on the benefits of electronic prescribing and medicines administration?

MB confirmed that the spring vaccination programme is progressing as planned, including an expanded RSV offer now extended to care home residents and those aged over 80, with delivery on track and continuing into the summer period. MB also assured that robust arrangements are in place to monitor and manage infectious disease risks, with co-ordinated oversight from Public Health Wales and UK agencies, supported by local systems and daily engagement. KW confirmed that the electronic prescribing system is delivering significant safety and efficiency benefits, improving medication accuracy and oversight, with added advantages for remote prescribing, alongside modest financial savings expected to develop over time.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/26/007)

The following Chair's Assurance Reports were received:

Audit Risk and Assurance Committee (ARAC)

SE presented the item which provided an overview of matters considered by the Committee on the 12 May 2026.

Finance and Performance Committee (F&P)

RA presented the item which provided an overview of matters considered by the Committee on the 14 May 2026.

Patient Experience, Quality and Safety Committee (PEQS)

HB presented the item which provided an overview of matters considered by the Committee on the 30 April 2026. Attention was drawn to the following matters:

- Two escalation items: Children's Neurodevelopment Services remain a standing escalated item with ongoing scrutiny at each committee meeting; People's Experience Framework recommended for de-escalation, with assurance that previous Civica system capacity issues have been significantly progressed and incorporated into the wider patient experience framework.

Planning, Partnerships and Population Health Committee (PPPH)

RL presented the item which provided an overview of matters considered by the Committee on the 18 May 2026. Attention was drawn to the following matters:

- Assurance was provided that the Executive Team is actively identifying and scrutinising proposed changes across providers, with a focus on implications for Powys residents. Key considerations include understanding both individual and cumulative impacts of service changes across the wider system. It was noted that while direct influence over all decisions may be limited, the Health Board continues to advocate for a coordinated, all-Wales approach
- Work is also underway to identify mitigating actions to minimise potential impacts on patients wherever possible.

Executive Committee (EC)

HT presented the item which provided an overview of matters considered by the Committee between 18 March to 29 April 2026. HT drew attention to the establishment of a Financial Recovery Board in response to the Grant Thornton review, providing strengthened oversight of the organisation's financial position. A revised approach to the savings plan has been implemented, including a focused 'financial sprint' to improve delivery confidence and address the reported £14.2m gap. Early progress has been made in increasing assurance on savings delivery, with further updates to be reported to Board and WG ahead of the Escalation Board on the 02 June 2026.

HB advised that four items were escalated to the Board, including two from the PEQS Committee, one from the F&P Committee and one from the Executive Committee. Children's neurodevelopment services remain under escalation, while the People's Experience Framework (Civica capacity) has been de-escalated by the PEQS Committee, reducing the total number of escalated items to three. The organisational escalation status and NHS Wales App functionality will continue to be reported.

The Board **RECEIVED** the summary assurance reports taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/26/008)

In KBs absence, the Llais report was presented to the Board.

Independent Members asked the following questions for assurance:
What actions are being taken to improve integration and coordination between health and social care services, and how is the impact of feedback being evidenced and communicated?
It was acknowledged that feedback continues to highlight challenges in coordination and communication across services. In response, a range of established partnership mechanisms are in place, including the Regional Partnership Board, Joint Executive Leadership arrangements, and regular engagement with local authority colleagues. There are examples of effective joint working, particularly within community and reablement teams, supported by collaborative approaches to safeguarding, infection control and concerns management.

Patient experience insights are routinely reviewed through established engagement arrangements and inform planning and improvement activity, including the Better Together programme. While these arrangements provide assurance that issues are being identified and addressed, it was recognised that further work is required to strengthen integration and consistency of experience.

It was also noted that feedback mechanisms are in place through reporting to the PEQS Committee, with plans to strengthen these further as part of the developing patient experience framework. This will include improved feedback loops to demonstrate how patient input is influencing change, ensuring that stakeholders can see the impact of their contributions and maintaining confidence that concerns are heard and acted upon.

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

2. CONSENT AGENDA BUSINESS

MG suggested that future annual committee reports could be enhanced by placing greater emphasis on the impact of committee work; specifically the level of assurance gained, areas of limited assurance, and contributions to governance; rather than focusing solely on activity. HB was supportive and agreed to explore how this could be achieved in a proportionate and meaningful way for future reporting, acknowledging capacity constraints.

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 FINANCIAL PERFORMANCE: 2025/26 MONTH 12 AND 2026/27 MONTH 01 (PTHB/26/009)

PH presented the Month 12 report to the Board, and the following key items were brought to the Board's attention:

- Reported year-end revenue overspend of £33.3m, in line with forecast, with an underlying deficit of £45m.
- Capital spend of £8.312m, delivered within the approved limit of £8.393m.
- Key cost pressures include commissioned healthcare services, CHC/complex care, mental health private providers and internal service pressures.
- Workforce vacancies continue to drive agency spend, although overall average spend has improved year-on-year (with a spike in Month 12).
- Strong performance against savings, with £22.85m delivered against a £23m target, including £10.4m recurrent savings.
- Ongoing financial risks include non-recurrent savings reliance and disputed invoices, alongside areas for improvement such as hospital delays and prescribing pressures.

Independent Members asked the following questions for assurance:
What assurance can be provided on controlling agency and locum spend, and on the review and potential reduction of costs associated with patients placed with private mental health providers?
DWL noted that agency spend remains an outlier, although improvements are being seen through ongoing recruitment, strengthened controls and targeted actions, particularly within community and mental health services, supported by a planned reduction trajectory. EL provided assurance that patients placed with private mental health providers are subject to regular multidisciplinary review, with a clear focus on repatriation where appropriate and active management of contracts and costs through the Financial Recovery Board.

How are the impacts of savings decisions assessed, particularly in terms of cumulative effects on service delivery and quality?
PH confirmed that all savings schemes are subject to proportionate impact assessments, with expected benefits defined and monitored. KW advised that ongoing oversight ensures any unintended consequences are identified early, with corrective action taken where required, supported by continuous review and triangulation of feedback.

What do savings decisions mean in operational terms and is there a risk that current actions could create future capacity or delivery challenges?
PH acknowledged that both recurrent and non-recurrent measures contribute to managing the in-year position, with a focus on reducing expenditure across

services. While non-recurrent actions support the current financial position, they do not address the underlying deficit and further detail on operational impacts can be explored through the F&P Committee.

What assurance can be provided regarding the ongoing risk associated with disputed Wye Valley Trust (WVT) invoices and the level of engagement with WG?
PH confirmed that the disputed charges are not recognised by the Health Board and have been escalated to WG, who are aware of the position. The matter remains under review, with the current stance that the charges are not valid liabilities.

HT summarised and emphasised that savings are being implemented through a controlled and proactive approach, with impacts carefully assessed and transparently reported to the Board. It was noted that managing these impacts early helps mitigate the risk of more reactive and higher-risk decisions later, ensuring emerging risks are visible and actively managed.

For 2025/26 Month 12, the Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** the pre-audit financial performance for 2025/26 of £33.3m and the underlying deficit of £45.1m.

PH presented the Month 01 report to the Board, and the following key items were brought to the Board's attention:

- The plan remains unsupported, with reporting to include both deficit and underlying financial positions going forward.
- Savings target remains £22.9m, with enhanced reporting planned to track delivery and underlying position.
- Month 01 shows £1.7m adverse variance, driven by early slippage in savings delivery.
- Latest forecast indicates circa 70% delivery (£16m) against the savings target, with further actions required to close the gap.
- Financial Recovery Board and 'financial sprint' approach are strengthening focus and driving improvement, though the Month 01 position remains an area of concern.

Independent Members asked the following questions for assurance:
What assurance can be provided on the risk and sustainability of the current financial position, particularly given early variance and reliance on savings delivery?
PH noted concern regarding the early £1.7m adverse variance and the potential risk if this were to continue, alongside the balance between recurrent and non-recurrent savings and wider operational cost pressures. It was confirmed that strengthening the recurrent nature of savings delivery remains a key focus, with oversight through the Financial Recovery Board. While early-year volatility is recognised, further analysis of operational pressures will be undertaken as additional data becomes available, with a clear emphasis on maintaining focus on savings delivery to avoid a worsening position later in the year.

Is the recent improvement in the savings forecast linked to the financial 'sprint' activity and will this support recovery of the early variance?
PH confirmed that the financial 'sprint' activity forms part of a wider set of actions to strengthen delivery of the savings programme. This targeted approach is helping to accelerate progress, with the aim of achieving full delivery of the savings target by the end of June or sooner.

For 2026/27 Month 01, The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** the financial forecast and the underlying deficit for 2026/27 of £44.652m.

3.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26 MONTH 12 (PTHB/26/010)

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

- WG has requested inclusion of workforce indicators, which will be added to future reports.
- Sustained positive performance across key metrics, including Minor Injuries Units, therapies, audiology and children and young people's mental health.
- No patients waiting over 104 weeks for provider services or neurodevelopmental services at year end, achieving Board ambitions.
- Diagnostic performance improved significantly, with only one breach (endoscopy) and a zero-breach target set for next year.
- Late-year pressures noted, including six 52-week outpatient breaches (rheumatology capacity issues with WVT).
- Adult mental health measures largely achieved, with ongoing challenge in care and treatment planning due to service scale.
- Commissioned services show mixed performance, with improvements in Welsh providers, but concerns remain in English providers (e.g. Robert Jones and Agnes Hunt (RJAH) 104-week waits and commissioning disputes)

RA confirmed the report had been considered at F&P where Members were largely assured, however, concerns remain regarding the position at RJAH.

Independent Members asked the following questions for assurance:
Is the recent improvement in NHS Wales planned care waiting times likely to be sustained, and is demand levelling off?
NJ advised that the improvement in waiting times during 2025–26 was supported in part by non-recurrent Welsh Government funding. Whilst there is a strong focus on improving efficiency and productivity across NHS Wales to underpin a more sustainable position, provider health boards have indicated that sustaining performance will be challenging without further non-recurrent investment. Demand continues to be managed through service improvement and productivity measures.

Will the GIRFT (Getting It Right First Time) Review lead to further service changes across specialities, and when will it conclude?
NJ confirmed that the GIRFT Review is in the process of being finalised and identifies opportunities to maximise the use of provider facilities, including outpatient and theatre capacity. Work is underway to develop an implementation

plan through the Better Together programme and operational teams, with actions expected across the top 10 areas of spend and activity, building on existing work such as orthopaedics.

What is the current position on theatre utilisation and the timeline for improvement?
NJ advised the most recent indicative theatre utilisation figure is approximately 45%, which is below the 85% benchmark. Staffing reflects available open capacity rather than full capacity, and there is scope to improve utilisation. A detailed position will be reported through Welsh Government escalation and scrutiny arrangements, with improvement actions forming part of the wider implementation planning arising from the GIRFT Review.

What is the likely impact on performance if short-term capacity is withdrawn, and how sustainable are the improvements achieved?
NJ noted performance improvements are largely sustainable and not dependent on short-term funding. Only limited temporary funding was utilised, with core trajectories, particularly for waiting times and neurodevelopmental services, driven by underlying transformation and operational improvements. Some reliance on short-term funding remains within commissioned services rather than provider services.

What is the impact of delivering improvements on staff morale, and how are teams being supported and equipped to sustain progress?
EL advised that staff morale remains strong, with high levels of engagement and ownership of improvement. Sustainability is currently maintained despite financial pressures. Key challenges relate to in-reach capacity and the small, dispersed nature of some teams, but overall confidence in workforce commitment and delivery remains high.

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.

3.3 ANNUAL DELIVERY PLAN 2025/26 QUARTER 4 (PTHB/26/011)

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

- The report demonstrates good overall progress against Board-approved priorities.
- The planning approach aligns with the organisation's strategy and wellbeing objectives, supporting compliance with the Wellbeing of Future Generations Act and longer-term planning.
- Around 9% of actions were not delivered, consistent with previous years.
- Reasons for non-delivery include: team fragility; factors outside organisational control and changing priorities during the year.
- Learning from delivery and non-delivery is reflected in future planning assumptions and processes.
- The plan reflects a wide range of requirements, including strategy, national policy, key risks and recovery expectations.

Independent Members asked the following questions for assurance:

While the report is recognised as comprehensive, transparent and improved in its presentation of outcomes, are there plans to further develop it into a more structured, evidence-based assessment of impact rather than primarily a report of activity?
NJ confirmed this aligns with the direction of travel. The 2026–27 Annual Plan strengthens the link between actions, enabling activities and performance measures monitored through the Integrated Quality and Performance Report (IQPR). This will make it easier to clearly show what the Health Board are trying to achieve and to track progress over time, moving towards a stronger focus on real outcomes and impact, not just activity.

There are a number of actions under SP11 (pathway development and commissioning cycle) with low confidence delivery; how will these be recovered in the coming year?
NJ acknowledged that SP11 was not managed as effectively as it should have been through the year, particularly in terms of change control. Once the decision was taken to commission the GIRFT review, the focus shifted to progressing its early priorities. This work is now underway, with initial opportunities expected to be taken forward in the latter half of 2026–27 and full delivery forming part of a longer-term programme of work over the next three years across the pathway areas.

Do WG provide feedback on the positive performance highlighted in the report, as well as areas for improvement?
NJ noted that while there is no formal, direct feedback on the positive elements, the reports contribute to the overall assurance WG takes from the organisation. This is reflected in the tone of ongoing discussions, although conversations tend to focus more on areas for improvement due to escalation status.

HT noted that discussions with WG mainly focus on what needs improving because of the organisation's escalation status, even though there has been good progress. There is a need to better balance this by recognising and celebrating what is going well, to support staff morale and give a fuller picture. The Health Board also recognises it could do more to clearly show its achievements and the impact of its work, which will take time to strengthen. Overall, the year reflects a significant effort from staff working in a challenging and fast-paced environment.

The Board:

- **RECEIVED** the quarter 4 (end of year) report and took **ASSURANCE** that there is a process in place for monitoring progress against plan
- **NOTED** the reports also acts as the annual summary of progress against wellbeing objectives under our requirements to the Wellbeing of Future Generations Act.

3.4 RISK MANAGEMENT (PTHB/26/012)

HB presented the Risk Management Framework, Board Assurance Framework (BAF) and Risk Appetite Statement to the Board, and the following key items were brought to the Board's attention:

- Internal audit provided reasonable assurance overall and substantial assurance for the BAF; Audit Wales recognised ongoing progress.
- Risk and assurance are increasingly integrated into Board, committee culture, reporting and scrutiny.

- No major changes to the risk appetite; proposal to adopt an overarching open risk appetite, except for quality and safety. Focus on both risk and opportunity when applying risk appetite.
- Next steps include continuing to embed frameworks across the organisation (including training and support); strengthening articulation of risk and assurance gaps in Board papers and ensuring Board and committee agendas are prioritised based on key risks and risk appetite.

SE advised that the Audit, Risk and Assurance Committee had a positive discussion and recommended the frameworks for Board approval, recognising the significant work undertaken across the organisation to embed the new approach to risk management. While there is an ongoing focus on better evidencing and measuring impact, the Committee noted clear examples where risk management is already driving action, including in digital risk, business continuity, and financial risk. Overall, there is strong evidence that the frameworks are helping to support and drive organisational change.

HT advised that managing risk across the Health Board is a key focus for the Executive Team. There are clear responsibilities in place and ongoing work to ensure staff have the tools and support they need to manage risk properly. The Executive Team regularly reviews risks together to ensure consistency and overall the approach is continuing to develop and mature.

The Board **APPROVED** the revised:
- CGP 005 Risk Management Framework
- CGP 014 Board Assurance Framework.

3.5 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/26/013)

HB presented the report to the Board and the following key items were brought to the Board's attention:
- Committee membership review completed (including Chairs/Vice Chairs).
- The Committee Terms of Reference had been reviewed and updated, with summaries and full documents available.
- The Board work programme is set on a rolling annual basis, aligned to requirements, risks and emerging priorities, with flexibility to adapt through the year.
- Effectiveness review update: Board questionnaire underway, with results to be reported at a future meeting.

Independent Members asked the following questions for assurance:
Is there any external benchmarking or reference point to assess how our governance compares with other health boards and identify best practice?
HB advised that benchmarking is informed through external audit (including Audit Wales and internal audit), alongside active peer networks across NHS Wales where good practice is regularly shared. Additional insight comes from professional governance bodies and national forums, providing both formal assurance and opportunities to learn from others.

Given the importance of commissioned services, could the Board work programme better bring this together to provide a clearer, joined-up view?
NJ advised that commissioning is already covered across multiple programmes, including the Annual Plan, Better Together transformation work, and the strategic

commissioning framework. However, it is recognised that this may not be sufficiently visible and there is scope to present a clearer, more joined-up picture of how the work fits together.

It was agreed that HB and NJ would review how commissioning is reflected across the Board and Committee work programmes, with the aim of presenting a clearer, more joined-up picture of activity and identify how best to bring this together before reporting back with proposed improvements.
Action: Director of Corporate Governance, Executive Director Planning, Performance and Commissioning

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the Board Committee membership for 2026/27;
- **APPROVED** the changes to the Board Committees terms of reference;
- **APPROVED** the Boards annual work programme for 2026/27 noting it may change according to business need throughout the year.
- Took **ASSURANCE** Committee annual work programmes are in place;
- Took **ASSURANCE** the Board and Committee Effectiveness reviews have been undertaken for 2025/26;
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.6 LISTENING AND LEARNING REGULATIONS (PTHB/26/014)

PHo presented the report to the Board providing assurance that the new Listening to People (LTP) framework has been fully implemented from the 01 April 2026, noting that good progress is being made in embedding the associated operational model, with continued implementation work underway through to the end of May. Ongoing performance updates will be reported regularly to the Board.

Independent Members asked the following questions for assurance:
How does the organisation triangulate feedback from different sources (e.g. LTP framework, public representatives, Llais and other external bodies) to ensure the public is assured that their voices are heard and acted upon?
PHo advised that the Health Board receives feedback through multiple routes, including the LTP framework, public representatives, and external organisations such as Llais. This information is consolidated and the various sources of feedback are triangulated to identify key themes, learning and areas for improvement. This process informs the Patient Experience Framework, which is due to be embedded by September, and includes arrangements to ensure feedback is provided to the public to demonstrate that concerns are heard and acted upon.

Could further assurance be provided on how the commissioning element operates within the LTP framework, beyond the brief reference in the report (e.g. workforce capability and commissioning considerations)?
PHo advised that arrangements for managing concerns in commissioned services remain broadly unchanged, with issues escalated to providers for investigation. The LTP Framework is provider-led, with Powys supporting residents to engage with providers and secure timely resolution. A new quality and assurance framework is in development, incorporating defined metrics, proactive assurance, and escalation processes, to strengthen oversight of commissioned services. There are differences for English providers, but consistent expectations would be

applied. The Framework, supported by Grant Thornton, is expected to enhance assurance on quality and patient safety and inform future PEQS reporting, with completion targeted for June and implementation by July.

How can the Board be assured that approval of the policy will not lead to over-promising and under-delivering, and that the necessary capacity, systems, skills and culture are in place to support a genuine shift in how complaints are managed?
PHo confirmed that the policy represents a cultural shift towards proactive listening and early resolution, supported by staff development and a focus on embedding the appropriate behaviours, ensuring complaints are handled promptly and constructively.

The Board **RATIFIED** the All Wales Listening to People Framework as the Health Boards mechanism complaints, incidents and redress process.

3.7 MINUTES OF PREVIOUS MEETING HELD ON 25 MARCH 2026 (PTHB/26/015)

The minutes of the meeting held on the 25 March 2026 were **CONFIRMED** as an accurate record.

4. CONSENT AGENDA (PTHB/26/016)

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

- **FOR ASSURANCE:** 4.1 Assurance Report of the Board's Joint Committees.
- **FOR ASSURANCE:** 4.2 Assurance Report of the Board's Partnership Arrangements.
- **FOR ASSURANCE:** 4.3 Assurance Report of the Board's Advisory Groups: HPF 20 March and LPF 21 April.
- **FOR INFORMATION:** 4.4 Risk Matters: Strategic Risk Register; Organisational Risk Register.
- **FOR ASSURANCE:** 4.5 PTHB Committee Annual Reports.
- **FOR INFORMATION:** 4.6 Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/26/017)

No other business was raised.

5.2 DATE OF NEXT MEETING (PTHB/26/018)

24 June 2026.

Meeting closed at 13:05