BOARD

CONFIRMED MINUTES OF THE MEETING HELD ON 25 MARCH 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
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)
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Jayne Lawrence	JL	Assistant Director Primary Care Services
Adrian Osborne	AO	Deputy Director of Communication, Engagement and Corporate Governance
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Mick Giannasi	MG	Independent Member (General)
Cathie Poynton	CP	Independent Member (Trade Union)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/152)

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

CC welcomed RBW as the Health Board's new Vice Chair and noted that RBW brings a wealth of clinical, executive and non-executive experience.

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/153)

RBW confirmed that her declarations of interest had been submitted and outlined the following interests:

- Current role with Dorset Integrated Care Board,
- Registrant Member of the Nursing and Midwifery Council and
- Role as a coach within the Health Education and Improvement Wales (HEIW) framework.

1.3 BOARD ACTION LOG (PTHB/25/154)

HB presented the action log and advised that there was one outstanding action relating to the 'Peoples Experience Framework'. A request was made to amend the timetable, as the Framework is now expected to be considered by the Patient Experience, Quality and Safety (PEQS) Committee in August, prior to submission to the Board in September 2026.

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

1.4 PATIENT EXPERIENCE STORY (PTHB/25/155)

PHo introduced a video presenting a patient's personal experience of postnatal support provided by Health Visitors in relation to breastfeeding and expressed gratitude to the patient for sharing their story.

PHo reflected that the video highlighted key messages, challenges and successes, particularly the importance of professional expertise, patience and time in delivering compassionate, high-quality support. The video also highlighted the challenges associated with breastfeeding and the critical role of effective support for patients and new mothers, with multiple learning points identified from the patient's experience.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/156)

HB noted that 14 questions had been received from the Better Lives in Powys (BLIP) community group, some building on previous correspondence that had been received. It was advised that due to time constraints, not all questions could be addressed at this meeting. HB summarised the key themes covered, including cross-border commissioning, use of data and evidence, equity and equality considerations, patient engagement, governance arrangements and commissioning assumptions for the Annual Plan. It was noted that a constructive meeting had taken place with BLIP representatives on the 20 March 2026, and that patient feedback continues to inform the Health Board's work.

HB advised the Board that a written response to the questions would be sent to BLIP and would also be published on the Health Board's website alongside the Board papers.

1.6 UPDATES FROM: (PTHB/25/157)

REPORT FROM THE CHAIR

CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR

RBW presented the report and invited questions.

RBW noted being impressed by the commitment of the Leadership Team and staff, particularly in the context of current challenges; and highlighted the establishment of the Frailty Team as an important development for Powys.

REPORT FROM THE CHIEF EXECUTIVE

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

- Covid-19 Inquiry: It was noted that Module 3 of the UK Covid-19 Inquiry was published on 19 March 2026, setting out ten recommendations for governments on the healthcare response to the pandemic, including urgent and emergency care, surge capacity, infection prevention and control, advance care planning, critical care and workforce support. Governments are required to respond within six months, with NHS organisations contributing as appropriate. Further updates will be provided to the Board in due course.
- Welsh Government (WG) Oversight Arrangements: It was noted that revised WG oversight and interface arrangements will take effect from the 01 April 2026. The Health Board's position in relation to Level 4 escalation for finance and performance will be discussed, monitored throughout the year, and reported to the appropriate Committee and to the Board.
- Primary Care Developments: HT noted the positive developments in primary care, including confirmation from WG that the Outline Business Case for the North Powys Wellbeing Programme had been supported and the launch of the Women's Health Hub.
- Partnership Working: It was noted that Shrewsbury and Telford Hospital NHS Trust (SaTH) has exited NHS England's special measures, representing a significant milestone for the organisation.

Independent Members asked the following questions for assurance:

Can assurance be provided that sufficient progress is being made at pace on the Joint Commissioning Committee (JCC) Recommendation 4, in light of revised timescales now indicating proposals will return later in 2026?

HT confirmed that the work will return later in the year and advised that a detailed timeline has been requested. HT noted that these points have been raised with the JCC and are consistent with previous Board discussions.

Could the £2.7m capital investment in radiography be revisited in one year's time to assess the impact and benefits realised, recognising this as a positive and significant investment?

HT confirmed that there is an established process for tracking and monitoring benefits. It was agreed that a review of benefits realisation for the radiography

investment will be scheduled into the Finance and Performance Committee work programme to enable assurance to be provided.
Action: Executive Director Allied Health Professions, Health Sciences and Digital

Could an update be provided on the meningitis outbreak, specifically whether any cases have occurred in Powys and what actions have been taken? In addition, could the latest position be outlined regarding the sexual health post and test issues, noting that investigations are currently underway?
MB confirmed that currently there were no meningitis cases linked to Wales and thanked colleagues across the local authority and primary care for their proactive approach in alerting relevant staff and taking any necessary actions. In relation to the Public Health Wales sexual health test and post service issues, MB provided assurance that the Health Board's Sexual Health Team and Safeguarding Team are working to support the PHW look-back exercise and confirmed that a full report will be presented to the PEQS Committee in April.

How will individuals who may lack digital access or confidence be supported to access information and services through the Virtual Women's Health Hub, particularly in relation to ageing well and women's health?
PHo acknowledged the importance of supporting individuals who may lack digital access or confidence, confirming that access to information will continue to be available through community care hubs, GP practices and community and district nursing services. PHo emphasised that while the digital hub provides an important access route, it did not replace traditional channels for patients.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/158)

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 13 January and 10 March 2026. Attention was drawn to the following matters:

- The Audit Wales Structured Assessment was considered, with confirmation that all recommendations have since been accepted; management responses and timescales will be reviewed at the next Committee meeting, and the report has been appended to the Chair's report for Board visibility and assurance.

Charitable Funds Committee (CFC)
CC presented the item which provided an overview of matters considered by the Committee on the 16 March 2026.

Finance and Performance Committee (F&P)
HB presented the item in RA's absence which provided an overview of matters considered by the Committee on the 26 February 2026. Attention was drawn to the following matters:

- The Committee considered the organisational escalation status report and reviewed the Month 10 Financial Performance and Month 9 Integrated

Quality and Performance reports, noting that updated versions are included in the Board papers.
- Two deep dives were undertaken, focusing on Continuing Health Care costs and In-Reach fragility.

Patient Experience, Quality and Safety Committee (PEQS)

SW presented the item which provided an overview of matters considered by the Committee on the 05 March 2026. Attention was drawn to the following matters:

- Two items remain escalated: Children's Neurodevelopment Services (with progress noted) and the People's Experience Framework (due to delays to finalisation).
- The Antimicrobial Resistance report was removed from the consent agenda to allow discussion and provide assurance.
- Concerns regarding secondary care patient experience in General Medical Services, including digital inequality for Powys patients treated in England, were noted and escalated to ARAC for oversight.

People and Culture Committee (P&C)

IT (who had chaired the last Committee in JAO's absence) presented the item which provided an overview of matters considered by the Committee on the 05 March 2026.

Joint Finance and Performance and Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 16 March 2026. Attention was drawn to the following matters:

- The Committee confirmed that the 2026/27 Plan is aligned with 'A Healthy Caring Powys' and provided assurance that provider and commissioning performance, including delivery of ministerial targets, will not be materially impacted by the Plan or proposed savings.
- The Committee scrutinised the 2026/27 financial planning approach, including development of the route map to sustainability and was assured it was reasonable, noting that the impact of savings decisions by other Health Boards on commissioned services remains uncertain while system-wide planning continues.

Planning, Partnerships and Population Health Committee (PPPH)

RL presented the item which provided an overview of matters considered by the Committee on the 03 February 2026.

- The Regional Partnership Board (RPB) Annual Delivery Plan was noted, with recognition that increasing financial pressures may require a greater focus on exiting projects.

Executive Committee (EC)

HT presented the item which provided an overview of matters considered by the Committee between 21 January to 04 March 2026.

Escalation and Information to the Board

HB presented the four escalated items to the Board and advised that these would continue to be monitored and reported; and that Committee reports have been refined to be more concise and focused on key issues.

NHS Wales app - Cross Border Functionality: CC advised that issues relating to cross-border functionality of the NHS Wales App have been escalated and referred to the Executive Committee. HB confirmed that the Executive Committee will report on this matter to both the Board and the ARAC Committee to ensure clear and transparent reporting.

Action: Director of Corporate Governance; Executive Director Allied Health Professions, Health Sciences and Digital

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/25/159)

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

- Engagement on the 2025/26 programme concluded with a public forum held in Welshpool.
- The team attended the majority of the Health Board's recent engagement events.
- Forthcoming changes to the Advocacy service was noted.
- An additional member of staff had now commenced in South Powys, resulting in a full complement of Llais regional staff.

Independent Members asked the following questions for assurance:

Could future reports include information on the number of people engaged at events and the frequency of recurring themes, to provide a clearer sense of scale and enable trends in issues raised by the public to be tracked over time?

KB advised that the review would consider both quantitative data and qualitative impact, recognising that a small number of cases can have a significant effect on individuals and families.

Now that the Community Engagement Officer roles are fully staffed, has the role been refreshed; could clarity be provided on the work being undertaken and how feedback from the public is captured and escalated to the Health Board and partners?

KB described the Community Engagement Officers as frontline staff working directly with community groups to listen to public feedback and noted that work is underway to better align community engagement with complaints advocacy to enable a more targeted and impactful approach. The focus for the year will be on impact rather than volume of activity and it was noted that having officers based in both the north and south of the county will improve reach and effectiveness.

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

KB provided some key observations for other Board agenda items:

- 3.1 Annual Plan: It was noted that, while the detail of the Plan will be critical, there is an important role for communication, engagement and where appropriate, consultation in line with relevant guidelines.
- 3.3 Temporary Service Change: it was noted that strong concerns remain within the community, including perceptions that the temporary service changes may become permanent, particularly as the arrangements will have been in place for over two years by the Autumn; noted a lack of community understanding regarding why the services cannot be reinstated and how the

changes align with the Better Together programme. It was also noted that Llais is unable to comment on matters relating to clinical need.
- 3.4 Primary Care: noted significant concern regarding the fragility of dental services in Powys. It was also noted that the use of the ACCUREX system by dental clusters has had a positive impact on patient engagement within Powys.
- 3.7 Integrated Quality and Performance Report: concerns were raised that ambulance response data may not reflect patient behaviour, with more people choosing to self-present and that reported compliance with access standards reflects system processes rather than capacity, meaning access pressures remain despite apparent performance compliance.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 ANNUAL PLAN 2026/27 (PTHB/25/160)

HT introduced the item, with Executive colleagues delivering a presentation to the Board.

CC noted it had been considered at a joint meeting of the Finance and Performance and Planning, Partnerships and Population Health Committees at an earlier meeting.

It was noted that the Plan is set within a challenging financial context, including Level 4 escalation and includes the organisations response to the escalation status independent review and a three-year route map to sustainability that has been developed. Quality remains the golden thread throughout, quality is embedded within an integrated quality and performance framework and guides all service and financial decisions. A strong focus is placed on improving efficiency and productivity, modernising planned care and strengthening community-based services to deliver care closer to home and reduce out-of-area activity. The Plan also reinforces the commitment to prevention and population health to address long-term demand and health inequalities. Workforce sustainability, wellbeing and engagement are recognised as critical enablers, alongside close partnership working with staff, trade unions, the public and system partners. Delivery of the plan will require collective leadership, robust governance and disciplined financial management to balance quality, access and affordability.

ND provided the below comments:
- Strong support was noted for the programmes of work, particularly those focused on community services, reducing unscheduled care admissions and delivering more planned care closer to home.
- Strategic Priority One, the whole-system prevention approach, was welcomed, especially actions relating to healthy ageing and community-based falls prevention, with a commitment from Powys County Council (PCC) to continue and extend joint working.
- In response to the Grant Thornton recommendations, support was expressed for efficiency targets and planned clinical commissioning reviews, alongside an emphasis on avoiding cost-shunting between organisations.
- A request was made for joint policy development on Continuing Health Care (CHC), aligned with national CHC work, the fast-track review and the

Association of Directors of Social Services (ADSS) Cymru report, including consideration of joint standard operating procedures.
- It was highlighted that PCC has achieved a significant increase in domiciliary care capacity and an offer was made to share learning and work jointly to address any remaining gaps in provision.
- While supporting the review of commissioning policies and procedures, concerns were raised about the achievability of CHC efficiency targets given Powys' demographics, with a request for further discussion on the evidence underpinning these targets.
- A continued commitment to joint working between PCC and the Health Board.

HT emphasised the importance of a whole-system partnership approach to addressing shared challenges, confirming that delivery actions, particularly in relation to CHC and the Grant Thornton report recommendations, will be tested for achievability and brought back through to the appropriate Committees and Board for assurance. HT reaffirmed the importance of working in partnership with PCC.

Independent Members asked the following questions for assurance:

What is the current level of delivery confidence in achieving the £22.9m savings requirement for 2026/27?
PH advised that delivery confidence is not yet fully assured, though progress is reasonable and informed by the delivery of £21m savings in the current financial year. Further work is underway to strengthen confidence, including actions arising from the Grant Thornton review, with enhanced governance and monitoring arrangements to be reported through to Committees and to the Board.

How is the potential financial impact of recent global events, particularly energy price increases, being considered and mitigated?
It was noted that the Plan was developed at a point in time and that emerging global pressures may require further mitigation. Ongoing engagement is taking place at a national level, particularly through energy-related groups, to understand impacts and agree mitigating actions, with flexibility built into monitoring and escalation arrangements.

What actions within the Plan address ambulance performance and response times, given patient concerns about access?
NJ confirmed that ambulance services are commissioned through the JCC and that performance is monitored on a monthly basis. The Plan focuses on reducing demand for urgent and emergency care through preventative and community-based interventions, alongside continued national advocacy through commissioning arrangements, recognising the challenges rurality presents for response times.

How is assurance being provided that the Quality Management System (QMS) is embedded and effective in supporting service change and early identification of impacts, and can progress in shifting resources towards prevention be clearly tracked over time?

PHo noted that QMS is at an early stage of development across NHS Wales and in Powys, but that robust quality assurance arrangements are already in place. Work is underway with Welsh Government to bring provider and commissioning oversight into a single framework, supported by planned Board development activity and a position paper to NHS Wales. Progress on prevention is being tracked through a five-year mapped Prevention Framework, with a clear baseline established, year-on-year actions identified, and delivery embedded within current plans and the Better Together programme.

How does the Health Board intend to achieve savings across the other two cross-border providers where agreement has not yet been secured, noting that an agreement is already in place with Wye Valley Trust (WVT) to adhere to NHS Wales waiting times standards?
NJ advised that the planned care cost improvement programme aligns with NHS Wales waiting time requirements and supports the financial plan, with savings delivered through existing contractual arrangements. Ongoing disputes with WVT and SaTH remain unresolved but are being managed constructively and all providers continue to work collaboratively with the Health Board on transformational, efficiency-focused initiatives to improve care closer to home.

How will the Annual Plan and its implications be shared with stakeholders, including WG, partners and the public?
HT advised that the first step was for the Board to consider and agree submission of the Plan to WG, which would prompt further scrutiny and discussion. It was noted that WG had already been advised that the Plan does not currently balance, and that ongoing engagement would continue over the coming weeks. HT advised that a public-facing version of the Plan would be developed in a more accessible and shareable format. Engagement with key partners across the wider NHS and provider organisations would continue through existing commissioning discussions. HT also noted that all Health Boards are due to submit their plans by the end of the month, followed by a system-wide assessment. Ongoing communication and engagement activity will continue to be tracked and reported through Committees, with further assurance to be provided following the Board's consideration.

Given that the Grant Thornton external review recognises rurality as a material issue for the Health Board but does not quantify its financial impact, what assurance can be provided that the Health Board will continue to work with WG to ensure the implications of rurality are fully understood, particularly in the context of progressing towards financial balance and noting that no additional in-year actions were identified by the review?
HT acknowledged the importance of the rurality factor and provided assurance that further work would continue to identify and strengthen the evidence base to support ongoing discussions with WG and partners. HT noted that strategic discussions had taken place with PCC regarding opportunities to consolidate this work across the public sector. It was recognised that demographics, including an ageing population and the rural nature of services, remain key considerations and HT confirmed that the profile of these issues would continue to be raised with WG, including with the incoming administration after May.

The Board:

- **RECOGNISED** an Accountable Officer letter was submitted to Welsh Government in February 2026, setting out that the health board is unable to meet the statutory financial duty to break even over a three-year period, therefore, an Annual Plan has been developed for 2026/27 in line with the NHS Wales Planning Framework.
- **RECOGNISED** the plan seeks to balance the quality, performance and finance duties placed on the Board to deliver health services as well as improving the population health and wellbeing of our local population.
- Took **ASSURANCE** that the process of development of the plan is robust and based on best practice, and that the Annual Plan continues to deliver against the Health Board's agreed Strategy 'A Healthy, Caring Powys', the NHS Wales Planning and Performance Frameworks and responds to the Health Board's Escalation Status (Level 4 for Finance, Planning and Strategy) and the associated independent review carried out by Grant Thornton.
- **NOTED** the Annual Plan outlines the short, medium and longer-term actions to deliver, supported by the Better Together transformation programme. It includes, for the first time, the medium-term Routemap to Sustainability and Balance which responds to the Grant Thornton report and includes the total opportunities available to the health board.
- **ACCEPTED** the financial plan of a £44.7m deficit, **RECOGNISING** that it contains an ambitious savings target of £22.9m whilst acknowledging it does not meet the requirements of the statutory financial duty to break even over a three-year period.

Taking the above into account, the Board:

- **ACCEPTED** the Annual Plan, as the Organisational Plan for the year ahead, and **SUPPORTED** its submission to Welsh Government.
- **DELEGATED** the final sign off of the plan to the CEO and Chair acknowledging that minor amendments will be made prior to submission to Welsh Government.
- **RECEIVED** the Annual Delivery Plan as part of the Annual Plan and took **ASSURANCE** that this forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan.

3.2 CAPITAL PROGRAMME 2026/27 (PTHB/25/161)

PH presented the report to the Board noting it had been considered by the Finance and Performance Committee at an earlier meeting. The report provided an update on the general Capital Funding status including risks and opportunities, the position on All Wales Capital Funding and its impact on the project programme and a general update on funding streams available and associated capital delivery risks.

Independent Members asked the following questions for assurance:

How will the Annual Plan be managed in response to potential cost pressures arising from recent global events, including how prioritisation decisions will be made if elements become unaffordable, while ensuring legal and statutory duties continue to be met?

PH advised that the Plan would be subject to regular and ongoing monitoring and that any significant price changes would trigger a review of plans, options and mitigations. PH noted that small contingencies had been built into the Plan and confirmed that legal and regulatory requirements would be prioritised. PH added

that the Innovative Environments Group and the Capital Group would continue to review developments and take action on an ongoing basis to respond to any emerging pressures.

Has an assessment been undertaken of the £69m backlog maintenance position, including whether proposals have been considered for the use of Targeted Estates Funding (TEF) to improve this position?
PH advised that any action taken would help to improve the backlog maintenance position. While a detailed analysis has not yet been completed, it was confirmed that this could be brought back to the relevant Committee, with updates provided on a regular basis.

The Board **APPROVED** the Discretionary Capital Programme, 2026/2027-2027/28.

3.3 TEMPORARY SERVICE CHANGE REPORT (PTHB/25/162)

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

- Extensive public and stakeholder engagement has taken place since November 2025, including community events, targeted outreach and feedback from health, social care and third sector partners.
- Minor Injuries Units (MIU): Ad hoc closures have reduced significantly (one unplanned closure only), with no incidents of harm, good patient feedback, improved staff experience, reduced costs and no increase in Emergency Department attendances.
- Benefits of MIU changes have been maintained and it is recommended these remain in place pending wider decisions under the Better Together programme.
- Co-location changes (rehab and ready-to-go-home units) show a continued reduction in length of stay, sustained decrease in bank/agency costs and no reduction in GP direct or palliative care admissions.
- Significant financial benefit noted from reduced out-of-county delays, with estimated savings of around £870k over 18 months; travel times comparable to pre-change arrangements.
- No evidence found to support concerns raised around patient harm, workforce turnover, therapy access, bed utilisation or discharge delays, though perceptions remain and continued engagement and communication will be undertaken.
- Overall conclusion: no evidence of harm and sustained benefits, with a proposal to continue monitoring by exception and cease routine formal reporting unless concerns arise.

Independent Members asked the following questions for assurance:
Could the analysis of delayed transfers of care, specifically bottlenecks to repatriation from the service, be reviewed through the F&P Committee to maintain visibility and assurance on why patients who are ready for discharge are not progressing as expected?
KW agreed and emphasised the quality, outcomes and cost impacts of delayed transfers of care, including out-of-county delays, confirming that this issue is already a key focus, which is being actively addressed and supported the proposal to maintain oversight of out of county delays and financial impacts through to the Finance & Performance Committee to ensure all relevant actions are being taken.

Action: Director of Corporate Governance.

Are there additional factors affecting the impact of the 'ready to go home' model, particularly in relation to patient and community communication and could behavioural science approaches be considered to help support and strengthen this?
KW advised that staff have positively embraced the model and have become more proactive in supporting patients to mobilise and return home. It was acknowledged that further work is needed to understand why some patients who are ready for discharge are not returning home, noting the importance of continued engagement, listening to feedback and ongoing communication. KW confirmed that ongoing presentation of evidence and outcomes is key to influencing behaviour among both staff and the population and agreed that behavioural science perspectives could be helpful in shaping future communication approaches.

Has progress been made on digitising the collection of patient feedback; and how is the learning and evidence from public engagement events being used to improve communication and inform future service changes, including the Better Together programme?
KW noted that engagement events have continued, with variable attendance, but with an emphasis on ongoing listening and dialogue with communities. Learning from the engagement events has been rich and is informing the development of the Better Together model, with further engagement planned as the model is refined and finalised.

The Board:

- **RECEIVED** the further review of the Temporary Service Changes.
- **AGREED** based on the review, that the evidence continues to support the retention of the current temporary service changes until decisions are made through Phase 1 of Better Together.

3.4 PRIMARY CARE SUMMARY REPORT (PTHB/25/163)

12.36 JL joined

EL presented the report to the Board which provided an overview of the governance and monitoring processes in place with all four independent contractors (general medical services, general dental services, general ophthalmic service and community pharmacy) together with other areas of primary care including out of hours, primary and community care academy and clusters.

Independent Members asked the following questions for assurance:

Has the patient survey data been considered previously by the PEQS Committee?
EL confirmed that the patient survey data is routinely reported to the PEQS Committee.

Can the timeline for Enhanced Primary Care (bullet point 3) be accelerated, as the current Q3–Q4 timing risks pushing subsequent actions into the following year?
EL advised that the current timeline is intentional, as delivery depends on a national data feed linked to the annual review and patient feedback, which is typically received in Q2–Q3. This data is necessary to respond fully to the wider

access requirements. The timeline can be reviewed, but it is constrained by the availability of this national data.

What is the current position on 56-day prescribing, given previous obstacles to implementation?
EL advised that in Powys, a high proportion of GP practices are dispensing practices, particularly in rural areas. Contractual arrangements make the 56-day prescribing less favourable for dispensing practices compared to community pharmacies. This remains a challenge and is raised regularly with WG.

When will the impact of longer secondary care waiting times on GP workload be assessed, particularly in light of upcoming NHS changes?
EL noted that the issue had been raised previously by GP colleagues and impacts vary across Powys depending on location and referral pathways. At present, there is no data quantifying the additional workload for general practice. This will be taken forward for further discussion, including engagement with cluster leads, to explore how the impact might be identified and articulated.

Given the focus on contract management and reporting, is sufficient attention being given to patient experience across primary care, and are there further actions that could be taken to strengthen understanding of patient experience, including timescales?
JL advised that patient experience reporting was considered by the PEQS Committee in February, noting that a new initiative has been introduced to analyse the raw data from general practice patient experience surveys. At the time of the report, around 5,000 patient responses had been analysed. Further surveys have since been received following the 31 March contract deadline, and the next report to the PEQS Committee will provide a fuller picture of patient experience across general practice over the past six months.

Noting the positive progress on patient experience and the Primary Care Academy, could you provide an overview of the 'Community by Design' national programme and what this means for Powys, including where we are starting from?
EL advised that 'Community by Design' is an early-stage national programme structured around three workstreams: prevention and population health; urgent and same-day care; and chronic and multiple long-term conditions. The Health Board is actively engaged and represented on the national programme board. Further work will clarify how consistent approaches will be developed across Wales, with a focus on strengthening primary and community-based services. In Powys, existing commissioned services provide a strong foundation for care closer to home, and consideration will be given to how these align with national direction and support local priorities, including collaborative and cluster-based working.

The Board took **ASSURANCE** that robust governance and monitoring processes are in place across the primary care portfolio, including relevant reporting to both Executive Committee and other relevant Board Committees.

12:56 JL left

3.5 ORGANISATIONAL ESCALATION (PTHB/25/164)

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

- The Health Board remains at Level 4 escalation for finance strategy and planning, with routine monitoring continuing across all other domains.
- There is a focus within the report on demonstrating grip and control, oversight of risk and progress against de-escalation criteria.
- Continued improvement of the financial position remains a key priority, aligned with the annual plan and route map submitted to WG.
- The Health Board is working closely with WG to ensure transparency and assurance, including actions taken in response to the Grant Thornton independent review. HT noted that the majority of the 34 recommendations from the review have been accepted; those not fully accepted relate to actions requiring wider NHS Wales or national system changes.
- Arrangements are in place to ensure clear line of sight from planning through to delivery, monitoring and escalation via Committees and the Board.
- Revised governance and oversight arrangements introduced by WG from 01 April will continue to be monitored and reported publicly; and the focus remains on further de-escalation and addressing remaining challenges.

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

3.6 FINANCIAL PERFORMANCE 2025/26 - MONTH 11 (PTHB/25/165)

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

- Confirmed that the Health Board remains on track to deliver the revised forecast deficit of £33.3m at Month 11, with limited scope to materially change the year-end position, and on track to deliver the capital position within the capital resource limit of £8.392m.
- Key pressures continue to relate to services commissioned from other bodies and private providers, including CHC, which is experiencing ongoing growth.
- Agency spend remains broadly flat and is on track to deliver the mandated 30% reduction, with this target continuing into the next financial year.
- Additional cost pressures include NHS tariff increases and variability in private provider placements, particularly within mental health and learning disability services.
- Delays across health, joint and social care continue to present a significant cost pressure, while prescribing performance remains strong and savings delivery stands at £20.385m.

Independent Members asked the following questions for assurance:
Can assurance be provided on the year-end financial position, the significant shift between health and social care delays and the actions being taken to achieve the capital outturn given the level of spend required in the final month?
PH advised that the Health Board remains on track to meet its revised deficit and achieve its capital resource outturn. In relation to capital, the position reflects work in progress, with significant payments due in the final weeks of the year and the position is being closely managed with assurance from the capital and finance teams. EL advised that the apparent shift from social care to health delays largely reflects a change in the configuration of the reablement service, meaning delays previously attributed to social care are now recorded as health delays. Despite this reclassification, the overall cost of delays has reduced year-on-year.

Could clarification be provided on the identified risk relating to responsibility for prescribing versus accountability for the prescribing budget, and what assurance can be given that robust processes are in place to monitor prescribing activity?
PH explained that while prescribing decisions sit primarily within primary care, the Health Board holds the associated budget, which can create a challenge. PH confirmed that prescribing remains an area of close attention, supported by multiple dashboards and detailed reporting. KW added that there is very close working with primary care colleagues, with pharmacy teams sharing data, dashboards, learning and feedback with practices. This approach has been well received and has contributed to a continued downward trend in prescribing costs and the delivery of significant savings.

The report states a 19% vacancy rate within Mental Health and Learning Disability services; how is this position being managed?
PH advised that a detailed recruitment and retention approach is in place and is regularly reported through to the Committees; noting that the vacancies largely reflect staff turnover and that there is a focus on achieving full establishment in these clinical areas, which in turn supports a reduction in agency spend. DWL added that vacancy levels in Mental Health are closely monitored and that targeted work is underway across both clinical and non-clinical roles, including the development of aspiring nurses, some of whom will progress into Mental Health roles. DWL also noted that this approach has already contributed to a 30% reduction in agency spend, with further work planned to deliver required improvements during the year.

The Board:

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

3.7 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/26 - MONTH 10 (PTHB/25/166)

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

- The Health Board continues to meet the 52 week and 104 week waiting times target; and perform well in the MIUs on the 4-hour waiting times target.
- Deterioration in diagnostics performance, with issues around sickness in small teams.
- The children and young people mental health care and treatment plan measure is not being met, through remediation plans are in place.
- Improvement reports across several provider services, including therapies, with adult mental health performance stabilising and improving.
- No patients waiting over 104 weeks for children and young people's neurodevelopmental assessments, meeting the agreed recovery milestone.
- A reporting issue relating to national reportable incidents was identified and escalated to WG, with correction planned for the next report.
- In commissioned services, planned care waiting times across NHS Wales continue to improve due to central funding.

- Data highlights a particular challenge at Robert Jones and Agnes Hunt (RJAH) Hospital relating to long-waiting, complex spinal patients, which is a national capacity issue.
- An agreed cohort of 63 long-waiting spinal patients is being managed with the provider. Fortnightly meetings are held with the provider to monitor progress, with projections to exceed delivery targets by year-end.
- A trial clinic for earlier-stage patients on the waiting list has been successfully delivered in collaboration with the provider.
- Planning is underway for 2026/27 to address very long-waiting patients while aligning commissioning intentions with NHS Wales waiting time standards.

Independent Members asked the following questions for assurance:
For commissioned services next year, will partner Health Boards be able to indicate whether waiting times are expected to improve or worsen in light of their financial positions? In addition, could a more meaningful Welsh Ambulance Services NHS Trust (WAST) measure for Powys, such as time from emergency call to hospital arrival ("call to door"), as used for stroke patients, be considered for future reporting?
NJ advised that other Health Boards had indicated they expected to struggle to meet planned care waiting times from 01 April, largely due to reliance on central funding that would not be available next year. On the WAST measure, NJ confirmed the stroke "call-to-door" metric existed through JCC arrangements and said this would be taken back to JCC and WAST for consideration.

Is there sufficient confidence in securing in-reach diagnostic capacity by year-end and whether planned Child and Adolescent Mental Health Services (CAMHS) recruitment in North Powys will be supported by a more resilient, sustainable model of care?
EL advised that diagnostic performance is expected to achieve zero breaches by year-end, despite a short-term staffing risk. Children and young people's mental health performance has been strong overall, with a minor dip below target linked to a single vacancy and short-term sickness, which is not expected to be ongoing. It was acknowledged that small and geographically dispersed teams remain a challenge but continue to be closely monitored.

Could the dashboard presentation (on page 9) be improved to make the RAG status clearer and easier to interpret?
NJ acknowledged the comment regarding the clarity of RAG ratings, noting the table's length and confirming it can be appended to future reports.

How is the underperformance in ophthalmology, linked to the fragility of in-reach arrangements with WVT in mid-Powys, being addressed and are there opportunities for financial recompense where performance is not delivered?
NJ advised that ophthalmology forms part of the wider planned care transformation work. The forthcoming Getting It Right First Time (GIRFT) report, expected in April, will inform a review of options to modernise how clinical input is secured for Powys services. This work will consider alternative approaches for the future, including potential changes to existing delivery models.

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.

3.8 STRATEGIC RISK REGISTER AND BOARD ASSURANCE DASHBOARD (PTHB/25/167)

HB presented the Strategic Risk Register and Board Assurance Dashboard to the Board for review, assurance and approval. The Organisational Risk Register summary was also provided for Board awareness.

Independent Members asked the following questions for assurance:

Despite updates to mitigating actions and controls against the strategic risks, why has there been no change in risk scores? Does this indicate that the controls and mitigations are operating effectively?
HB acknowledged that strategic risk scores are unlikely to change frequently due to their long-term nature but agreed that greater attention is needed on assessing the effectiveness of controls and assurances over time. HB advised this should be considered on a longitudinal basis through the Board Assurance Framework, with further review as part of the annual risk review to ensure risks are appropriately positioned at strategic and organisational levels.

How has the Structured Assessment of strategic risks supported clearer understanding and evidence to quantify those risks?
HB noted that the structured assessment has helped stimulate further discussion of strategic risks and the evidence required to quantify them. This has supported improved consideration of assurance and strengthened how risks are understood and evidenced at committee level.

How will strategic and organisational risks be reviewed to ensure they are captured at the right level, supported by appropriate trajectories and aligned with Committee oversight?
HB advised that the strategic and organisational risks will be reviewed to ensure they are positioned at the appropriate level and considered within the right governance forums. This will include clearer consideration of trajectories over time and maintaining alignment between strategic risks and committee structures. HB noted that risk management continues to mature across the organisation, with improved integration into reporting and governance arrangements.

Given that three strategic risks remain outside the Board's risk appetite (particularly emergency preparedness and incident response) what confidence is there that this risk can be brought within appetite?
MB noted that the risk score had already been reduced to reflect existing preparedness and response plans, with a target score of six. Work is ongoing and continuous, involving the Health Board, the Local Resilience Forum and WG. Progress is dependent on national plans, including outcomes from recent pandemic exercises. MB advised that the risk is kept under regular review in light of emerging global factors.

The Board:

- **REVIEWED** the March 2026 Strategic Risk Register update, included at Appendix A ensuring that it is a complete and a true reflection of the health board's current high-level risks.
- **REVIEWED** the March 2026 BAF Dashboard update, included at Appendix B ensuring that it is a complete and a true assessment of the health board's confidence in its strategic controls and assurance.
- Took **ASSURANCE** on the development of an Organisational Risk Register (ORR) encompassing the most significant operational risks the organisation, a high-level summary of which is included at Appendix C.
- Took **ASSURANCE** on the controls and assurances to manage strategic risks and there are actions to address any identified gaps.

3.9 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/25/168)

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

- Two Chair's Actions (in relation to Dental Services in Llandrindod Wells and the procurement and awarding of contract for the electronic healthcare record system).
- The first meeting of the Healthcare Professionals Forum was held on the 20 March 2026.

The Board:

- **RECEIVED** the Director of Corporate Governance report.
- **RATIFIED** the two Chair's Action taken since the last meeting of the Board held on the 28 January 2026;
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.10 MINUTES OF PREVIOUS MEETING HELD ON 28 JANUARY 2026 (PTHB/25/169)

The minutes of the meeting held on the 28 January 2026 were **CONFIRMED** as an accurate record.

4 CONSENT AGENDA (PTHB/25/170)

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 (LPF 19.01.2026 and HPF 20.03.2026).
- **FOR ASSURANCE:** 4.4 Annual Delivery Plan 2025/26 Q3.
- **FOR ASSURANCE:** 4.5 Board Work Programme.
- **FOR INFORMATION:** 4.6 Glossary.

5 OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/171)

None raised.

5.2 DATE OF NEXT MEETING (PTHB/25/172)

20 May 2026.

Meeting closed at 14.21