GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

BOARD

CONFIRMED

MINUTES OF THE MEETING HELD ON 28 JANUARY 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)
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
Cathie Poynton	CP	Independent Member (Trade Union)
Ian Thomas	IT	Independent Member (General)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Vicki Cooper	VC	Digital Transformation and Infomatics
Gill Howells	GH	Audit Wales
Hayley Hughes	HH	Corporate Business Manager (meeting support)
Dai Owen	DO	Assistant Director of Digital Technology and Data Operations
Tanya Thomas	TT	Transformation Manager – Mental Health Renewal
Liz Patterson	LP	Head of Corporate Governance (Minutes)
APOLOGIES FOR ABSENCE:		
Katie Blackburn	KB	Regional Director Llais
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Mike Jones	MJ	Audit Wales

Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Chris Walsh	CW	Independent Member (Local Authority)
Simon Wright	SW	Independent Member (University)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/25/128)

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

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

1.2 DECLARATIONS OF INTEREST (PTHB/25/129)

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

1.3 BOARD ACTION LOG (PTHB/25/130)

HB presented the action log and confirmed there was one outstanding action relating to the Peoples Experience Framework. The Patient Experience, Quality and Safety Committee will receive a paper to their next meeting and will update Board in March 2026.

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

1.4 STAFF EXPERIENCE STORY (PTHB/25/131)

DWL welcomed TT, a team leader in Child and Adolescent Mental Health Services to present her staff story.

TT outlined her career focusing on her period with the Health Board noting the positive culture and opportunities to learn and progress in Powys. TT had led the development of an Alternative to Admission service for children and young people and had been nominated and won a national award. TT paid tribute to her team and other colleagues who had supported the development of the service.

PH congratulated TT and paid tribute to her work in this field, which was benefitting patients in Powys and shaping work across Wales and England.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/25/132)

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

1.6 UPDATES FROM: (PTHB/25/133)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

Given the Cabinet Secretary's focus on joint working why do the Terms of Reference for the South West Regional Joint Committee (SWRJC), on which the Chair sits as an Associate Member, make no reference to consideration of the population of Powys?

CC confirmed that the Health Board were Associate Members on the two new Regional Joint Committees in South East and South West Wales. The SWRJC was an extension of previous joint working between Swansea Bay University Health Board and Hywel Dda University Health Board and CC undertook to request a review of the Terms of Reference for the SWRJC to reference the Powys population and reporting arrangements from the SWRJC to Board.

HT confirmed that the Powys population would have been considered in terms of catchment population but agreed that formalising the Terms of Reference would be appropriate.
Action: Chair

Could the out and about visits be extended to cross border areas that the Health Board commission from, and other areas with a similar rural nature to Powys for learning purposes?
CC confirmed that the out and about programme included visits to services commissioned from English providers and plans were in place to visit services commissioned from Welsh providers. Wider learning from the UK and beyond has been discussed and will be shared with Board Members in a Board Development session.

HT noted that the Health Board rightly look elsewhere for good practice but were recently invited to a Chief Medical Officer Four Nations summit to share experience of providing health care in a rural setting.

EL observed that whilst hearing staff and patient stories at Board was instructive. Valuable insight was also gained from out and about visits such as a recent visit to Knighton undertaken by herself and the Chair.

REPORT FROM THE CHIEF EXECUTIVE
HT presented the report drew attention to the following areas:

- The Joint Commissioning Committee (JCC) had received an update on the Emergency Medical Retrieval and Transfer Service (EMRTS). Work on Recommendation 4 had recommenced following completion of the legal process in relation to the Judicial Review. The Ambulance Service are reviewing their service model particularly in relation to its rural service model and Wales Air Ambulance are planning to maintain continuity during transition to a new base.
- The Grant Thornton review had identified strong grip and control within the organisation, offered recommendations to strengthen financial recovery, and found no immediate in-year financial opportunities, with further work needed for medium-term planning. The report will be brought to Board Development in February and Board in March 2026.

Independent Members asked the following questions for assurance:
How well did crisis management work in response to Storm Goretti?
HT advised the system had been under pressure with high levels of escalation in acute settings and high demand in terms of patients and high levels of staff sickness. The Powys workforce are to be commended for their resilience and commitment along with the excellent working partnerships existing with the local authority and third sector. A review of the response will be undertaken to identify lessons learned.

Whilst flu uptake figures in Powys are similar to all Wales rates, they remain low. What more can be done to improve uptake?
MB noted variations in uptake explaining delivery was blended across pharmacies, GP practices, vaccination centres, school nursing and midwifery teams. Efforts to broaden communications, strengthen engagement and make every contact count

were ongoing. An all-Wales learning session was planned to share best practice and improve future campaigns. Work was also underway to reconcile population-based uptake data with GP-registered patient delivery data to better understand underlying causes and improve future planning.

How many Powys patients were likely to be affected by the urgent service changes affecting the PET-CT scanner in Wrexham? The report described a delay of several months, yet BCUHB's website stated that the Nuclear Medicine Department would be non-operational until the end of 2027, how do these statements align?
NJ confirmed this affected around six Powys patients and is a specialist cancer diagnostic service commissioned by the JCC through Wrexham, Cardiff and occasionally Stoke. The issue related to a delay in procuring a replacement of the mobile PET-CT scanner and was separate from longer-term nuclear medicine service developments.

In relation to EMRTS is the Health Board continuing to advocate that Recommendation 4 be implemented before or alongside any service re-configuration given the Boards duty to protect the Powys population?
HT confirmed that the Board's position remained unchanged and that the Health Board continue to strongly advocate for Recommendation 4 in line with its original stance. Work on Recommendation 4 had restarted following the legal process and further clarity was expected at the February JCC meeting, including updates from the Wales Ambulance Services Trist and the Wales Air Ambulance Charity. The Health Board will maintain its established position until a detailed proposal was brought forward.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/25/134)

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 13 January 2026. Attention was drawn to the following matter:

- Escalating to Board concerns regarding the lack of cross-border compatibility of the NHS Wales app, in particular in relation to the newly added hospital appointments feature which disadvantages Powys patients who access services in England. ARAC have identified this as an action that will be tracked and further reports will be brought to Board.

Charitable Funds Committee (CFC)
CC presented the item which provided an overview of matters considered by the Committee on 01 December 2025 and 15 January 2026

Executive Committee (EC)
HT presented the item which provided an overview of matters considered by the Committee between 19 November 2025 and 07 January 2026.

Finance and Performance Committee (F&P)
RA presented the item which provided an overview of matters considered by the Committee on 04 December 2026.

People and Culture Committee (P&C)
HB presented the item which provided an overview of matters considered by the Committee on 09 December 2026.

Planning, Partnerships and Population Health Committee (PPPH)
RL presented the item which provided an overview of matters considered by the Committee on 20 November 2026.

HB noted three items remain escalated to Board:
- PEQS: capacity issues in relation to Patient Experience
- PEQS: Children's Neurodiversity Services
- F&P: the Health Boards Escalation Status

The item ARAC has escalated will be added to this list for monitoring and updates to Board.

An internal review is underway to ensure consistency between Chair's reports to Board.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.

1.8 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/25/135)

At the request of KB, in her absence HB drew attention to the following areas of the Llais report:
- KB had attended the recent rural healthcare meeting with the Chief Medical Officers as the Llais representative.
- Llais had appointed a new Head of Complaints, Advocacy and Engagement, who will start in post next week.
- Llais will host a joint health and social care event on 31 March, with further details to be shared.

And noted the following observations in relation to the agenda:
- Llais will visit temporary service change sites in February and provide feedback via the Regional Director report.
- Llais will hold a local event in Llanfyllin in early February regarding pharmacy issues and report back.
- The opportunity to contribute to the Board's December development session as part of annual plan development was welcomed.
- In relation to the Integrated Quality and Performance Report, improved Mid Wales emergency response times may reflect patients travelling further.
- On the Digital Strategic Framework, assurance was sought that proactive consideration was being given to people who are digitally excluded.

Independent Members were invited to route questions to KB via NJ as Executive Director for strategic engagement.
The Board **RECEIVED** the report from Llais.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2025 (PTHB/25/136)

CC advised the draft Charitable Funds Annual Report and Accounts 2025 had been considered at the CFC Committee on 15 January 2026 and were recommended to Board for approval.

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

- Annual expenditure totalled £448k, exceeding income of £251k.
- There was a small investment loss of £25k.
- As at 31 March 2025, the total fund value stood at £4.179m, including £3k held in endowment funds.

Thanks were expressed to the Charity Team, Finance Team and Auditors for the work undertaken to prepare the Annual Report and Accounts.

GH advised the audit findings as follows:

- An unqualified opinion
- No significant matters raised
- No uncorrected misstatements
- Not recommendations arising from the audit work

Thanks were expressed to the Finance team for their responsive work and high quality working papers. Subject to Board approved the accounts are scheduled to be submitted to the Auditor General on 29 January 2026 to meet the statutory deadline of 31 January 2026.

Independent Members asked the following questions for assurance:
How is the Board, as Corporate Trustee assured the charitable fund is optimising its potential? Has benchmarking been undertaken to assess investment performance, fundraising effectiveness and a balance between charitable spend and administrative cost?
CC advised benchmarking had been completed and showed the fund was broadly in line with other health charities. The Charitable Funds Strategy was being refreshed, and Board members would be involved.

PH added that benchmarking had accounted for the organisation's size and that assessing outcomes from funded projects could be strengthened in future.

Does the charitable fund's activity adequately support prevention and early intervention, given the charity's mission and the Health Board's strategic priorities as most funded projects appear to focus on patient experience, staff wellbeing and service improvements after people had already entered the system?
CC agreed that prevention and upstream activity were important and should inform the refreshed strategy.

PH confirmed that a stronger focus on prevention would be incorporated into future planning.

A reduction in donations in 2025 is noted, is this an ongoing concern?

IT confirmed he had sought assurance regarding the investment loss and had been advised this was the first year there had been a loss, and investment gains had previously been strong.

PH confirmed that the Charity Manager played a key role in promoting the fund, both to encourage use of existing resources and to maximise new donations. The Charity was planning a range of fundraising activities, including a skydive event, and encouraged anyone interested to take part. Whilst increasing donations was a priority the team continued to explore new ways to promote the fund for the benefit of the population.

The Board **APPROVED** the Charitable Funds Annual Report and Accounts for the period to 31 March 2025, which are recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.

3.2 ANNUAL PLAN 2026 - 27 (PTHB/25/137)

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

- The Board was asked to ratify the extension of the Regional Partnership Board Health and Care Strategy to 2029 to provide a stable strategic framework.
- The RPB delivery plan agreed in December would inform the Health Board's annual plan.
- National planning frameworks and financial guidance had been received, including requirements for accountable officer letters if a balanced plan could not be achieved for 2026–27.
- Key national priorities included quality, women's health, urgent and emergency care, planned care, cancer, productivity and efficiency.
- The NHS Wales performance framework was still awaited, though some targets, such as the 104-week treatment target, had been confirmed.
- Commissioning intentions had been issued to NHS Wales and NHS England to support long-term agreements.
- Work continued on the Grant Thornton recommendations, Better Together programme, and the Strategic Population Health Framework, all feeding into the annual plan.
- A five-year "route map to balance" was being developed, covering demand, capacity, and savings opportunities.
- The financial appraisal indicated that balance could not be achieved in 2026–27, and the Board was asked to support issuing an Accountable Officer letter.
- Engagement with Llais, staff, and key partners would continue as the plan was finalised.
- Phase 1 of Better Together (adult physical and mental health community services) was nearing the end of its options appraisal.
- Phase 2 (planned care; women, children and families) was progressing, with GIRFT strategic assessment work due by March and stakeholder workshops scheduled for February.
- A referral management business case was under development for inclusion in the annual plan.
- The Phase 1 pre-consultation business case was expected in spring/summer 2026, with public consultation planned no earlier than Q2 2026, incorporating temporary service changes.

Independent Members asked the following questions for assurance:

Will referral and commissioning changes deliver financial benefits in 2026/27 given that such savings are often slow to materialise? There will be a need to explain expected timelines clearly to Welsh Government.
NJ confirmed early impacts were likely in 2026/27 but full benefits would take two to three years to be realised. There are timing challenges given the Grant Thornton report is due at the end of Quarter 4, but the Board would work through the implications during Board Development sessions in February and March 2026.

The planning process for an annual plan is understood, but will a clear longer-term perspective be provided alongside the annual plan documentation?
NJ confirmed that a longer-term perspective would be provided. Several interconnected workstreams; Better Together, the wider route map to balance, and the strategic commissioning framework would be brought together to underpin the annual plan. This framework would incorporate the Grant Thornton recommendations and the GIRFT review and would help the Board understand long-term actions required to meet escalation criteria.

HT emphasised that the discussion highlighted the complexity of aligning all elements needed for the annual plan and longer-term strategy. Board were reminded that decisions on the annual plan had not yet been taken, noting that external assessments showed the current opportunities for financial improvement would not remove the deficit. Achieving financial balance would require wider and difficult strategic decisions. The full picture would come to the March Board meeting, with commissioning negotiations, due to conclude in mid-February, also shaping next year’s position. It was confirmed that both the immediate and long-term perspectives were being considered, but the scale of recovery required would demand challenging choices.

The Board:

- **RATIFIED** the extension of the Regional Partnership Board Health and Care Strategy to March 2029 **NOTING** the agreement of the RPB Delivery Plan at the RPB Executive meeting in December 2025.
- **NOTED** the appraisal of the NHS Wales Planning Framework and Financial Allocation.
- **NOTED** the further work on the Routemap to Balance that is proceeding concurrently with the Annual Plan development.
- **RECOGNISED** that based on the early assessment of the financial plan, the organisation will be unable to meet the statutory planning duty to produce a balanced plan in 2026/27;
- **SUPPORTED** the Accountable Officer to send a letter that the organisation will be producing an Annual Plan for 2026/27 by 13th Feb 2026 in line with Welsh Government deadline.
- **NOTED** the update on Better Together and that the intent for the pre-consultation business case is scheduled for consideration by the Board during Q2 in line with the timetable discussed by the Board in November 2025.
- **NOTED** the further work to be undertaken prior to submission of the Final Integrated Annual Plan to the Board at the end of March 2026

3.3 FINANCIAL PERFORMANCE 2025/26 MONTH 09 (PTHB/25/138)

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

- The month 9 financial position shows a forecast year-end deficit revised to £33.3m following unforeseen cost pressures.
- A month 9 overspend of £24.991m was recorded, consistent with the revised forecast position.
- Financial pressures within commissioning continue, including increased tariff costs and continued reliance on private provision for mental health and learning disability placements.
- A significant reduction in agency and locum expenditure is noted, exceeding the targeted reduction trajectory.
- Delivery of almost £20m against the £23m savings requirement is forecast, with remaining gaps relating to commissioning and private provider usage.
- The underlying deficit remained assessed at £44m.
- Capital expenditure was progressing in line with plan, with full utilisation of the capital allocation anticipated.

Independent Members asked the following questions for assurance:
It is disappointing that the revised deficit plan cannot be delivered, although the reasons appear largely outside the Health Boards control. Could an assessment be provided on the pressure within private provider costs going into the next financial year, and the extent to which this would impact next year's plan?
PH confirmed the pressure relating to private provider costs was already reflected within the current year forecast and had been included within the underlying deficit position, forming part of the starting point for next year's plan. Some improvement had been seen in earlier months, but the position remained variable and would require continued focus.

When comparing month 9 this year with the same period last year, days delayed due to social care had reduced by almost 6,000, but days delayed due to health had increased by over 3,000. What was driving the increase in health-related delays and what actions were being taken to address this?
EL advised a reduction in overall length of stay had been observed, but further work was required on continuing healthcare assessments, access to community placements, and reducing lengths of stay within community hospitals. Significant variation existed between community hospital sites, and targeted work was underway where stays were proportionately longer. Ongoing development of integrated community teams and reablement services formed part of the approach to enable people to return home sooner. Although improvements had been made since April, further progress was needed to ensure more equitable and timely care across all sites.

Could assurance be provided regarding strategic cash, and whether confirmation had been received from Welsh Government on the availability of strategic cash support to cover the deficit?
PH advised the required submission had been completed in line with deadlines and updated to reflect the revised forecast. No response had yet been received from Welsh Government.
Whilst the financial report is clear and transparent, and Grant Thornton have indicated good grip and control; there is no credible route to financial balance

without medium to long term service evaluation. What are the realistic best-case and worst-case outturns for the current financial year, and are any further mitigating actions available?
PH confirmed that the forecast outturn remained £33.3m, with risks and opportunities outlined in the report. Enhanced controls around the pay position had already been implemented, and no further updates were available beyond those included in the financial tables.

Mental Health and Learning Disability costs remain consistent, primarily being driven by high placement costs which are appropriate where required. What is being done to ensure this provision is being actively monitored?
EL confirmed that weekly panels were in place to monitor external provision for mental health and learning disabilities, with active efforts to repatriate individuals wherever possible. This was recognised as a growing area nationally and that the Health Board was fully engaged in both local and all-Wales work to address the issue.

The Board:

- **RECEIVED** the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** that an Accountable Officer letter was sent to Welsh Government on 29 December formally amending the financial forecast by £5m to £33.3m
- **CONSIDERED** and **APPROVED** the revised financial forecast for 2025/26 of £33.3m and the revised underlying deficit of £44.7m.

3.4 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/26 MONTH 08 (PTHB/25/139)

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

- Planned care targets for 104-week treatment waits and 52-week outpatient waits continued to be met, with strong performance maintained in minor injuries and compliance sustained in under-18 mental health measures.
- Diagnostic and therapies waits showed continued improvement in line with agreed trajectories, though fragility remained in single-handed specialties.
- Adult mental health performance had improved, with only the care and treatment plan standard not achieved.
- Children and young people's neurodevelopmental services demonstrated ongoing improvement against the 104-week standard, remaining within national expectations.
- Commissioned services performance varied: Swansea Bay and Hywel Dda met planned-care targets for Powys, while issues persisted with Shrewsbury and Telford and with long waits at Robert Jones and Agnes Hunt (RJAH); escalation to Welsh Government and further assurance had been sought.
- Three enabling actions were off-track (cataract throughput, theatre efficiency, and eradication of healthcare support worker agency use), all of which continued to be monitored and reported to Welsh Government.
- Quality and Outcomes Framework measures remained under scrutiny due to Powys's unique service configuration.
- A deep-dive review into long-waiting issues was being prepared for the next Finance and Performance Committee in relation to a commissioned provider.

Independent Members asked the following questions for assurance:
CC noted the observation from Llais that emergency care statistics may be affected as patients are choosing to drive for emergency care rather than wait for an ambulance.
NJ noted the observations which Llais would have received directly from patients and will take these comments into meetings with the JCC on commissioned ambulance services. This matter has been reported in JCC previously and is understood to be a pattern across Wales.

In relation to in-reach services, would waiting times for patients be the same if instead they were directed to the base District General Hospital (DGH) rather than been seen via in-reach services?
NJ confirmed the waiting times would vary as in-reach and hospital lists were separate and operated with different levels of capacity. Waiting times for patients seen through Powys in-reach services were generally shorter than if they were referred to the base DGH. However, the ongoing GIRFT Review might lead to changes in the in-reach model in future.

EL and KW noted that for specialised low volume services with infrequent lists, waits could be longer, and comparisons were complex because Powys provider services treated patients with lower acuity than DGHs, meaning cohorts were not directly comparable.

The extremely long spinal treatment waits at RJAH, exceeding 300 weeks are of concern. Are more robust actions, such as alternative providers or independent sector provision being explored, and what would trigger such action? What support was being provided to patients experiencing waits of this length?
NJ acknowledged the concern regarding very long waits for complex spinal surgery and confirmed that the Health Board had escalated the issue to Welsh Government to explore mutual aid, though capacity elsewhere in Wales was similarly constrained. Options with NHS England providers had also been tested, but capacity was not available and the nature of the surgery made private sector provision largely unsuitable. A strategic decision would be required, and options would be brought back to the Board

EL and CM advised of the existence of a "waiting well" service providing advice and support to patients and undertook to check whether the longest waiters at RJAH were actively included, and that patients on the spinal waiting list had been clinically screened to determine whether Powys services, such as consultant physiotherapy, chronic pain services, or further physiotherapy, could meet their needs. Those not requiring surgery had been redirected accordingly, but those needing complex surgery could only be supported while waiting.

Board requested that the Finance and Performance Committee investigate the position in relation to long waits at RJAH.
Action: Director of Planning, Performance and Commissioning and Chair of Finance and Performance Committee.

In relation to the continued use of agency staff, is this due to recruitment issues or a legacy issue that might have been missed?

EL and DWL confirmed that Powys had historically relied heavily on agency staff, but usage had reduced significantly over the past year, particularly on the wards. Further reductions were required in community, medical and Allied Healthcare Professional services, with a further 30% reduction expected next year. Substantive and bank recruitment had contributed to improvements, though the target to eradicate healthcare support worker agency use had not yet been met and will roll forward.

The Board:

- **DISCUSSED** the content of this report; and
- **TOOK ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

3.5 DIGITAL FIRST ANNUAL PLAN (PTHB/25/140)

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

- Key achievements included the launch of the Clinical Digital Board, reduced incidents through a new target operating model, and upgraded digital infrastructure and devices.
- Improvements were focused on enhancing frontline staff access to digital services.
- Work remained aligned to Welsh Government priorities and the Integrated Medium Term Plan.
- Cross-border service complexities were acknowledged, with programmes such as Digital Maternity and Connected Care being introduced to strengthen digital links across Wales and England.
- Assurance was given regarding progress made and the continued commitment to becoming a digital-first organisation.

CM responded to the earlier Llais query relating to members of the public who struggled to access digital systems outlining the organisation was aware of issues around digital literacy and connectivity within community settings and took these factors into account when engaging with the public. A Digital Facilitator Service exists in Powys, which provided outreach support to help individuals access digital appointments where desired. Strong partnerships exist with local libraries, enabling people to borrow equipment, such as laptops or tablets, and, where needed, access data allowances to support digital access to health services.

Independent Members asked the following questions for assurance:
What sits behind the strategy in terms of measuring impact and value? Specifically, are there, or will there be, clear outcome measures, a benefits realisation framework, and mechanisms for assessing financial impact or return on investment?
CM and VC advised that each digital project already operated within a benefits assurance framework, with outcomes monitored and finances closely scrutinised due to project-based funding. These could be collated for future annual reports. The service had been benchmarked at the start of the strategy, showing low digital maturity, and that a benefits framework was in place with measures taken post–go-live. Early benefits were mainly operational, including reduced incidents, faster service desk response times, improved system usability and fewer complaints, while more substantial clinical and frontline efficiencies were expected in the later stages once clinical applications were implemented. Future reports could

incorporate progress against maturity assessments to demonstrate value and impact over time.

Does the digital team had sufficient capacity and capability to continue delivering the digital work programme, and how does the organisation ensure effective engagement with users, both staff and the public, to understand their needs and assess satisfaction with the digital systems being delivered?
CM and VC advised that a key challenge was the annual, project-based nature of digital funding, which caused fluctuations in staffing levels depending on project cycles. Despite this, the team was working to maintain a stable core workforce with the necessary skills, though funding constraints continued to pose difficulties. Workforce capacity remained an ongoing issue, but improvements had been made through enhanced monitoring of capacity, capability, performance measures and user feedback. Staff retention had been positive, but the structure of national programme funding continued to create challenges for workforce stability.

The Board:
- Took **ASSURANCE** that robust arrangements are in place to ensure ongoing delivery of the Digital Strategic Framework, with significant progress made to align with Ministerial digital priorities.
- **RECOGNISED** that alongside these assurances and achievements, significant challenges remain; while digital solutions should enable faster discharge and more accurate transfer notes, delays with the Cross Border programme, competing national and local priorities, workforce pressures, and capacity constraints are slowing adoption across the organisation.

3.6 DIRECTOR OF CORPORATE GOVERNANCE REPORT(PTHB/25/141)

HB presented the report to the Board, and the following key items were brought to the Board’s attention:
- Board, Board Development and in-committee activity since November was outlined.
- One Chair’s Action relating to a request for strategic cash support from Welsh Government was presented for ratification.
- Updates to Standing Orders, Standing Financial Instructions and the Executive Scheme of Delegation were provided.
- Revised terms of reference for the Power of Discharge Committee and the Local Partnership Forum were submitted for approval.
- Updated Standing Orders for the Joint Commissioning Committee were noted following issue via Welsh Health Circular.
- An update was provided on the petitions protocol, noting a petition relating to the Llanfyllin area, with no Board action required and continued monitoring confirmed in line with the protocol.

Independent Members asked the following questions for assurance:
Does a mechanism exist, or is being considered, for periodic, independent review or sampling of decisions taken by Hospital Managers under the Power of Discharge arrangements, given the significance of these decisions for patient safety and public protection? Not a challenge individual judgements, but to ensure there was appropriate retrospective checking or peer-review process similar to other high-risk delegated functions?
EL acknowledged the importance of the point and confirmed that a full response was not immediately available. The matter would need to be considered further,

with appropriate linkage back to PEQS to ensure the correct governance and assurance mechanisms were in place.
Action: Executive Director Primary, Community Care and Mental Health

There appear to be significant portfolio changes, given the size of the portfolios is there sufficient capacity within the organisation to discharge the responsibilities?
HB and HT confirmed that some of the portfolio additions were simply explicitly confirming the existing position. Portfolio arrangements were discussed at Executive Committee, and the share is broadly in line with other organisations. There are capacity restraints to deliver around certain areas of responsibility and this forms part of the annual planning process.

The Board:
- **RECEIVED** the Director of Corporate Governance report
- **RATIFIED** the single Chair's Action taken since the last meeting of the Board held on the 26 November 2025;
- **APPROVED** changes to the PTHB Standing Orders as follows:
    a. Schedule 1 (Scheme of Delegation) - Executive Scheme of Delegation
    b. Schedule 4 (Board Committee arrangements) - Power of Discharge Group terms of reference
    c. Schedule 5 (Advisory Groups) - Local Partnership Forum terms of reference
    d. Section 6.1 (Joint Commissioning Committee) - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee (issued via Welsh Health Circular)
- **NOTED** the update provided in relation to the Health Boards Petitions protocol.

3.7 MINUTES OF PREVIOUS MEETINGS HELD ON 26 NOVEMBER AND 16 DECEMBER 2025 (PTHB/25/142)

The minutes of the meeting held on the 26 November 2025 were **CONFIRMED** as an accurate record.

The minutes of the meeting held on the 16 December 2025 were **CONFIRMED** as an accurate record, subject to the following amendment:
- In the attendance list Elaine Lorton's portfolio to be corrected to: Executive Director Primary, Community Care and Mental Health'.

4. CONSENT AGENDA (PTHB/25/143)

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 INFORMATION:** Board Assurance Framework and Strategic Risk Register.
- **FOR ASSURANCE:** Board Work Programme.
- **FOR INFORMATION:** Glossary.

5. OTHER MATTERS

5.1 ANY OTHER URGENT BUSINESS (PTHB/25/144)
None raised.
5.2 DATE OF NEXT MEETING (PTHB/25/145)
25 March 2026. *Meeting closed at 12.40*