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Powys Teaching
Health Board

BOARD

CONFIRMED MINUTES OF THE MEETING HELD ON 29 JULY 2026 AT 09:30 HELD VIA MICROSOFT TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Pete Hopgood	PH	Acting Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Rhiannon Beaumont-Wood	RBW	Vice Chair
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Paul Hooton	PHo	Executive Director of Nursing, Quality, Women and Family Health
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)
Hywel Pullen	HP	Acting Executive Director of Finance
Ian Thomas	IT	Independent Member (General) - until 10:25
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director People, Culture and Transformation
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director, Llais
Stuart Bourne	SB	Consultant in Public Health
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Lucie Cornish	LC	Director of Improvement and Transformation
Hayley Hughes	HH	Corporate Business Manager (Meeting Support)
Adrian Osborne	AO	Deputy Director Communication, Engagement and Corporate Governance
Liz Patterson	LP	Corporate Governance Manager (Meeting Support)
Tom Morris	TM	CAD and Property Systems Manager
Adam Pearce	AP	Service Improvement Manager Welsh Language and Equalities
APOLOGIES FOR ABSENCE:		
Mererid Bowley	MB	Executive Director of Public Health

Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Hayley Thomas	HT	Chief Executive Officer
Kate Wright	KW	Acting Deputy Chief Executive / Executive Medical Director

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/26/032)

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

CC informed members that the Chief Executive, Hayley Thomas, is currently on a period of sickness absence following a recent breast cancer diagnosis. Members extended their best wishes to Hayley for her treatment and recovery and looked forward to welcoming her back when she is able to return to work. The Chair recorded thanks to PH, who is undertaking the role of Acting Chief Executive Officer, KW as Acting Deputy Chief Executive Officer and HP as Acting Executive Director of Finance.

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/26/033)

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

1.3 BOARD ACTION LOG (PTHB/26/034)

HB presented the action log and advised that three actions remain open and are on track for completion, with updates provided in relation to the Board Work Programme, the Power of Discharge Committee and the People Experience Framework. HB noted that the Patient Experience Framework would be considered by the Patient Experience, Quality and Safety (PEQS) Committee prior to returning to Board in September. HB noted the recommended closure of the action relating to the Air Ambulance and EMRTS review (Recommendation Four).

Independent Members asked the following questions for assurance:

Can assurance be provided that the interim arrangements for reviewing Power of Discharge Committee decisions are sufficiently robust and appropriately sampled, given the vulnerabilities of the individuals affected? Is progress on the Patient Experience Framework being advanced at an acceptable pace given the number of updates reported to the Board?

EL provided assurance that governance arrangements for the Power of Discharge Committee had been resolved, interim support from hospital managers in other health boards was in place and further work on recruitment and decision sampling was progressing. RBW also confirmed that additional action was being taken to address outstanding challenges and provide support and reassurance to hospital managers.

PHo acknowledged that development and implementation of the People Experience Framework had taken longer than anticipated due to the need to establish the framework, governance arrangements and feedback mechanisms. PHo confirmed that the completed framework and associated policies would be presented to the PEQS Committee, with a recommendation to submit them to Board in September and close the associated action.

Members expressed reservations about closing the EMRTS action and it was suggested that consideration of its closure on the action log be deferred until after the Board had received and reviewed the Chief Executive's report.

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

1.4 PATIENT AND STAFF EXPERIENCE STORIES (PTHB/26/035)

STAFF EXPERIENCE STORY

DWL introduced the staff experience story, welcoming TM from the Estates team to share insights into his role, the contribution of the Estates service and his involvement in a staff wellbeing initiative developed through the Chat to Change staff voice group.

PATIENT EXPERIENCE STORY

The Board received a patient story highlighting the exceptional care provided at Newtown Hospital and the compassionate response to a family's wider needs during a challenging situation, as illustrated through the story of "Billy the Cat."

Independent Members asked the following questions for assurance:

How does the Health Board ensure that residents, visitors, and those with second homes in Powys are aware of available healthcare services and know where to seek help when they become unwell?

PH explained that information on accessing services is communicated through the Health Board's website, social media channels and wider public communications. PHo also noted that, regardless of communications, people will often seek help at the nearest hospital in an emergency and reassurance was provided that staff remain committed to supporting individuals and directing them to the most appropriate care.

CC thanked both TM and the patient for sharing their stories, noting its powerful impact and confirming that the experiences and lessons highlighted would help inform the Board's discussions and decision-making, both during the meeting and in the discharge of its wider responsibilities.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/26/036)

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

1.6 UPDATES FROM: (PTHB/26/037)

REPORT FROM THE CHAIR

CC presented the report and invited questions.

REPORT FROM THE VICE CHAIR

RBW presented the report and invited questions.

Independent Members asked the following questions for assurance:

Can assurance be given on the management of uncertainty surrounding Regional Integration Fund (RIF) funding and how partners are working together to safeguard services?

RBW advised that the Health Board, Powys County Council (PCC), third sector partners and service user representatives are working collaboratively through robust Regional Partnership Board arrangements to manage the planned end of current RIF funding. While future Welsh Government (WG) funding arrangements remain unclear, ongoing evaluation of funded initiatives and joint planning processes are in place to support continuity of services and mitigate risk.

REPORT FROM THE ACTING CHIEF EXECUTIVE

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

- Recorded appreciation and recognition of staff for their response to the recent period of extreme heat, noting the commitment and resilience and highlighted the importance of strengthening climate resilience and preparedness.
- Noted the introduction of a new staff recognition framework aimed at improving staff wellbeing, recognising contributions and supporting a positive organisational culture.
- Provided an update on the Rural Response Model, including plans for an eight-week engagement programme during summer/autumn 2026, led by the Joint Commissioning Committee (JCC) and supported through existing Health Board and Welsh Ambulance Services engagement mechanisms. It was noted that engagement activity will include bilingual briefing materials and an online questionnaire, with feedback used to inform the development of a Rural Ambulance Improvement Proposal.

10:25 IT left

Independent Members asked the following questions for assurance:

Given that the JCC has agreed that work on the Rural Response Model should continue at pace, what assurance can be provided that meaningful progress is being made and that the proposal will not face further unnecessary delays?

NJ noted the ongoing development of the Rural Response Model and agreed that the matter should remain under close Board scrutiny. Assurance was provided that Powys continues to play an active and influential role within the JCC, consistently representing the views of its population and advocating for improvements to ambulance response times, which remain the poorest in Wales. It was noted that the emerging process is considered more likely to deliver a solution better suited to the needs of Powys communities than the original proposal.

Is the proposed engagement approach, particularly the use of an online questionnaire, sufficient to reach all relevant stakeholders and capture a comprehensive range of views to inform the development of the Rural Ambulance Improvement Proposal?

NJ advised that further discussions were planned on the engagement methodology and that Powys would have an opportunity to shape the process. While an online questionnaire formed part of the initial proposal, additional engagement activity was expected to be considered.

If the associated Board action is closed, what monitoring and reporting arrangements will remain in place to ensure continued oversight of progress and assurance that the interests of Powys communities are being actively represented?

CC and HB recognised the need to maintain oversight of the issue but questioned whether the action log remained the most appropriate mechanism for doing so. Members noted that regular updates are already provided through the Chief Executive's report and JCC highlight reports, with a further opportunity for discussion planned at the Board Development Session with JCC representatives.

It was agreed that CC and HB would consider the most appropriate governance route for maintaining Board oversight, including whether the matter should be managed as an escalated issue rather than through the action log and would report back the agreed approach.

ACTION: Chair; Director of Corporate Governance.

What were the outcomes of the seasonal respiratory vaccination programme for RSV, COVID-19 and influenza and what assurance can be provided regarding the effectiveness of the HPV vaccination catch-up programme in improving uptake and reducing the risk of cervical cancer?

SB reported strong performance across vaccination programmes, with Powys achieving the highest COVID-19 spring booster uptake in Wales (54%) and above-average RSV vaccination rates (55%), although both remained below target levels. Encouraging early progress was also noted in the meningitis B catch-up campaign, where Powys currently has the highest uptake in Wales. Assurance was provided that school nursing teams continue targeted HPV vaccination catch-up activity to improve coverage and support cervical cancer prevention.

What is the rationale for using a single key question as part of the engagement process for the Rural Response Model, and how will the Health Board be assured that this approach is sufficient to capture the views of communities and stakeholders?

PH explained that the engagement approach is being led by the JCC, with involvement from affected health boards, including Powys, in shaping the methodology. While the current proposal includes a single-question questionnaire, further discussions on the engagement process are planned and additional information will be provided as the approach develops.

What assurance can be provided that individuals receiving the first dose of the meningitis B vaccine will be supported to complete their second dose, and is the current uptake level in line with expectations for this stage of the programme?

SB confirmed that second meningitis B vaccination appointments are arranged automatically by the Health Board. While the programme is still in its early stages, uptake to date is encouraging and will continue to be monitored closely across both eligible cohorts throughout the summer.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/26/038)

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 and 23 June 2026.

Charitable Funds Committee (CFC)

HB introduced the item which provided an overview of matters considered by the Committee on the 08 June 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 and 25 June 2026 and noted one escalated matter arising from its meeting relating to the Health Board's escalation status, which remains under active consideration by the Committee.

People and Culture Committee (P&C)

JOA presented the item which provided an overview of matters considered by the Committee on the 11 June 2026 and advised that the Committee received an overview of the NHS Wales Financial Grip and Control Assessment Tool and was assured that robust governance and targeted controls are in place across key financial and workforce risk areas. Performance against the tool will continue to be monitored through regular reporting.

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 and recognised the value of preventative healthcare, highlighting the Healthy Child Wales Programme as a positive example of how targeted early intervention can improve outcomes and support wider investment in prevention-focused approaches.

Executive Committee (EC)

PH presented the item which provided an overview of matters considered by the Committee between 06 May to 08 July 2026.

Independent Members asked the following questions for assurance:

Could the reporting on the Financial Recovery Board be enhanced to provide greater visibility of progress against savings plans, including changes in forecast delivery, confidence levels and mitigating actions and would more detailed scrutiny of this information be appropriate through the F&P Committee?

PH acknowledged that the Financial Recovery Board reports provide important oversight of recovery activity. Members were advised that the request for additional detail would be considered alongside the finance reporting arrangements to ensure the information meets the needs of both the Board and the F&P Committee, with further consideration to be given under the relevant finance agenda item.

HB provided an update on the three matters currently escalated to Board:

- Neurodiversity Services remain subject to Level 3 local escalation and continue to be monitored through the PEQS Committee, with a further update to be presented to Board in September.
- The Health Board's NHS Wales escalation status remains a standing item for F&P Committee and other committees and will continue to be reported routinely.

- Work is ongoing with WG and Digital Health and Care Wales colleagues to address cross-border functionality issues within the NHS Wales App, although no substantive update was available at this time.

CC highlighted the risk that the cross-border functionality issue within the NHS Wales App could remain on the Board's escalation report for an extended period despite being largely outside the Health Board's direct control. It was agreed that consideration should be given to the most appropriate way of maintaining oversight of the matter and that arrangements for reporting escalated issues would be reviewed further through the Chairs' Forum in September.

Action: Director of Corporate Governance

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/26/039)

KB presented the Llais report to the Board and drew attention to:

- Concern regarding the proposed Rural Response Model engagement process, highlighting that a single-question approach may not provide a sufficiently meaningful understanding of the needs and views of rural communities.
- There are currently no outstanding Community Health Council representations, with appreciation expressed for the collaborative work undertaken to improve the quality and timeliness of responses.
- Recent and planned engagement activity, including community engagement events in Ystradgynlais, forthcoming public engagement opportunities and participation in Better Together and Joint Commissioning Committee engagement events.
- There are ongoing updates to the CHC website and engagement programme, with Board members invited to attend future engagement events where appropriate.

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

KB highlighted a number of areas of focus on Board items from a Llais perspective:

- In relation to the Better Together programme, KB emphasised the importance of ensuring that the consultation process is transparent, accessible and inclusive, with clear explanations of how the proposed options have been developed and how public feedback will influence final decisions. Assurance was also sought that seldom-heard groups and those facing barriers to participation would be fully involved throughout the consultation process.
- Noted Llais' continued emphasis on the importance of travel, rurality and cross-border care considerations in service planning. Concerns were also reiterated regarding delays in neurodevelopmental services, with a request that improving access to services and reducing waiting times remain a priority.
- Acknowledged the Health Board's financial challenges and sought assurance that patient experience, quality of care and equitable access to services would remain central to transformation and financial recovery plans.

NJ thanked Llais for its ongoing engagement and contribution to the Health Board's planning and transformation work, noting that patient and community feedback has directly informed the Annual Plan and Better Together programme. Travel, rurality and access to services remain key concerns consistently raised by Powys residents and are routinely considered in service planning and redesign. Initiatives such as the development of a standardised referral optimisation process are helping to improve patient access to care while reducing unnecessary travel. Early evidence, particularly within musculoskeletal services, demonstrates positive patient feedback and supports the Health Board's wider ambition to deliver care closer to home wherever possible.

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/ASSURANCE

3.1 BETTER TOGETHER: ASSURANCE REPORT AND CONSULTATION PLAN (PTHB/26/040)

DWL, together with EL, CM and AO introduced both of the reports to the Board, and the following key items were brought to the Board's attention:

- Better Together Phase One continues to focus on adult physical health, mental health and community services, with no decisions yet made regarding the future configuration of services.
- The programme is driven by the need to deliver safe, sustainable, high-quality services, with greater emphasis on prevention, care closer to home, community support and integration across health, social care and the third sector.
- Extensive engagement, evidence gathering, clinical advice, pathway testing and option appraisal have informed the emerging models of care and development of the pre-consultation business case.
- Key drivers for change include an ageing population, increasing levels of frailty and long-term conditions, workforce challenges, rurality and the need to ensure long-term service sustainability.
- Engagement feedback demonstrated support for stronger primary and community care, greater integration, prevention and early intervention, while highlighting the importance of equitable access, transport considerations and digital inclusion.
- Evidence presented highlighted the impact of prolonged hospital stays on patient outcomes and identified opportunities to strengthen community-based alternatives, rehabilitation, discharge support and care at home.
- Existing developments were noted, including the Single Point of Access, NHS 111 Press 2, virtual wards, crisis response services, reablement services and increasing integration between health, social care and third sector partners.
- The emerging model of care proposes a more integrated physical and mental health system, focused on prevention, rapid community response, rehabilitation, recovery, urgent care and multidisciplinary support.
- The proposed approach aims to improve patient experience through more coordinated care, reducing fragmentation and supporting independence through a 'one person, one plan, one pathway' model.
- A Pre-Consultation Business Case will be presented in September 2026. Subject to approval, formal consultation is proposed to run from 21 September to 13 December 2026, with a post-consultation business case scheduled for consideration in Spring 2027.

Independent Members asked the following questions for assurance:

How will the Better Together proposals ensure clarity around service changes and address dependencies such as Primary Care capacity?

LC emphasised that clear and unambiguous information will be required on the scope, impact and deliverability of any proposed service changes, particularly in relation to urgent care provision, and that this detail will be set out within the Pre-Consultation Business Case and consultation materials. EL provided assurance that the programme is being aligned with national community care developments and that strengthening Primary Care and General Medical Services (GMS) remains a critical component of the emerging model. It was noted that, while some aspects of Primary Care development are influenced nationally, Better Together aims to build a stronger community-based model that supports GP practices and helps meet the needs of an ageing population.

How will the consultation ensure that proposed changes are clearly understood by the public, reflect the impact on local communities and manage requests for additional engagement activity in a fair and consistent way?

AO provided assurance that consultation materials will include a range of patient personas and case studies, alongside locality-level impact assessments across Powys' 13 localities, to help communities understand the potential implications of proposed changes. Engagement activity will be guided by principles of fairness and inclusivity, with a midpoint review used to identify under-represented groups and target any additional engagement where it is most needed.

How will the consultation demonstrate that communities can genuinely influence future decisions and how will the proposed changes be brought to life in a meaningful and accessible way for the public?

DWL highlighted the importance of engaging directly with communities and staff throughout the process, tackling misinformation and ensuring consultation materials are presented in clear, accessible language supported by visual examples and patient personas to bring proposals to life. AO emphasised that the consultation represents a genuine opportunity to test and challenge emerging options, while recognising that significant evidence, engagement and technical work has already informed the proposals. It was noted that a range of accessible materials and detailed supporting information will be available to enable public scrutiny and build confidence in the process and eventual decision-making.

How will Primary Care, particularly GMS, be engaged in the Better Together programme and consultation process?

LC advised that Primary Care and GMS colleagues have been engaged throughout the programme through workshops, deliberative events, collaborative meetings and practice-level discussions. It was noted that further engagement sessions are planned to ensure Primary Care continues to shape the emerging models and consultation process.

How are cumulative impacts with local authority transformation programmes being considered, and how is prevention being reflected within the programme?

LC confirmed that ongoing engagement with PCC and wider partners is helping to align planning and identify shared priorities, with no significant conflicts currently identified. LC acknowledged the importance of distinguishing between primary and secondary prevention and advised that the Board-approved Population Health

Framework will provide the broader context for the prevention approach within Better Together.

How will the consultation ensure that all relevant voices are heard, avoid confusion where other consultations are taking place and provide sufficient opportunity to consider and respond to new ideas or proposals that emerge during the consultation process?

AO advised that the consultation will proactively target groups whose voices are often less heard, including carers, young carers, children and young people, while clearly explaining the potential impacts of proposals across all affected services. The consultation process is designed to rigorously test existing proposals, identify any new options or considerations and ensure all feedback is independently analysed and conscientiously considered before recommendations are brought back to the Board. It is important to managing any overlap with other consultations to minimise confusion and maintain focus on the significant challenges facing health services in Powys.

CP highlighted strong staff support for Better Together, noting that staff have actively shaped the programme through extensive engagement and generally view change as necessary to improve patient care and working practices. DWL reinforced the importance of ongoing engagement with staff and staff-side representatives, recognising their continued support for change and the value of their input as the programme progresses.

The Board:

- **NOTED** the updated position.
- Took **ASSURANCE** of the progress towards presenting the options for Phase 1 of Better Together.
- **NOTED** the timeline for presentation of the Pre-Consultation Business Case to Board in September 2026.

The Board:

- **APPROVED** the Consultation Plan (recognising the pre-consultation business case will be considered by the Board in September).
- **NOTED** that review and assurance of the Consultation Plan continues to be undertaken by HICO.

3.2 FINANCIAL PERFORMANCE REPORT 2026/27 - MONTH 03 (PTHB/26/041)

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

- The Month 03 Finance Report highlighted a year-to-date revenue overspend of £1.8m against plan (£13.0m actual deficit compared to a planned deficit of £12.2m). The position remained unchanged from Month 02, with a breakeven position achieved during June.
- A capital allocation of £9.5m has been received from WG for 2026/27, with plans in place to fully utilise the allocation by year-end.
- Public sector prompt payment performance remains below the 95% target for non-NHS suppliers. Improvement work is underway, particularly in relation to continuing healthcare and agency supplier payments.

- Savings schemes valued at £21.3m are now assessed as amber or green, representing a £5.0m improvement since Month 2 and increased confidence in delivery.
- Recurrent savings identified to date total £12.1m against a target of £23.0m, highlighting a significant challenge in achieving long-term financial sustainability.
- The Financial Recovery Board (FRB) will continue to focus on increasing the delivery of recurrent savings and developing plans to support Years 2 and 3 of the Route Map to Sustainability.

Independent Members asked the following questions for assurance:

What actions are being taken to address the £1.8m operational deficit, increase the recurrent value of savings and manage external risks that could impact delivery of the financial plan?

HP advised that recovery actions will focus on strengthened performance management, with budget holders held accountable for overspends and required to deliver remedial actions. While progress has been made in identifying savings, achieving the £23m recurrent target remains challenging. The FRB continues to focus on key cost pressures, including commissioning, provider services, agency spend and Continuing Healthcare, while recognising ongoing external risks such as delayed discharges and wider economic pressures.

How have the recommendations from the Grant Thornton review been incorporated into the Health Board's savings plans, when will this work be fully realised and what is the current financial position in relation to the JCC?

NJ advised that the 2026/27 savings plan reflects learning from the Better Together programme and Grant Thornton review, with workstreams aligned to avoid double-counting and opportunities incorporated across key operational areas. While further development of commissioning and operating models will continue beyond 2026/27, current plans maximise the recommendations identified. HP and NJ confirmed that the JCC is forecasting delivery within its financial plan, with potential savings opportunities under review and a clearer position expected in September.

Does the Finance Directorate have sufficient capacity to support delivery of the financial plan and are there any risks to utilising the full capital allocation this year?

HP advised that delivery of the financial plan is a collective executive responsibility and that recruitment is underway to provide additional senior capacity within the Finance Directorate while the Director of Finance post is being covered on an acting basis. It was noted that the FRB remains the key mechanism for maintaining organisational focus on savings delivery. In relation to capital, HP reported confidence that the full £9.5m allocation will be spent, with some major schemes progressing earlier in the year than anticipated and no significant risks to delivery currently identified.

What assurance can be given that the Health Board can deliver its financial plan this year, and what indicators will demonstrate whether additional action is required?

HP highlighted the Health Board's strong track record of delivering its financial plans, noting that last year's position was significantly affected by unexpected cost

increases within the English healthcare system. It was advised that confidence is supported by strengthened financial oversight arrangements, including the establishment of the FRB, which provides enhanced executive focus on delivering savings and controlling expenditure. Key indicators being monitored include CHC activity, vacancy levels and medical locum expenditure, alongside delivery of the savings programme. While the Health Board is currently £1.8m behind profile, this variance arose early in the year and is expected to reduce over the coming months, with a detailed assessment of progress planned during the autumn.

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 and the underlying deficit for 2026/27 of £44.652m.

3.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2026/27 MONTH 02 (PTHB/26/042)

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

- Infection Prevention and Control: Continued good progress, with improvement priorities remaining unchanged from previous reports.
- Access and Outcomes: Positive progress against mental health measures, Minor Injury Unit standards and 104-week provider waiting time targets. Concerns remain regarding deteriorating diagnostic performance against the eight-week standard and long waits at Robert Jones and Agnes Hunt Hospital (RJAH)
- Waiting Times: Cases have been submitted to WG seeking support for diagnostics pressures and long waits, with a further emerging concern identified regarding waiting times at Wye Valley NHS Trust (WVT).
- Cancer and Urgent Care: Cancer performance remains variable across providers. Rurality continues to impact ambulance response times and urgent and emergency care performance for the Powys population.
- Neurodevelopmental Services: The Health Board continues to maintain its ambition that no child should wait more than 104 weeks, supported by ongoing investment and service transformation work, with new national standards expected later in the year.
- Population Health and Prevention: Performance remains positive across many indicators, although diabetes targets and dental access continue to be challenging areas.
- People and Culture: Compliance with agency spend targets was noted. However, staff sickness levels and PADR compliance remain areas requiring improvement.
- Productivity and Efficiency: Productivity and efficiency remain key priorities for both the Health Board and WG, with further development work ongoing to support delivery of the sustainable plan.

Independent Members asked the following questions for assurance:

What action is the Health Board taking to address poor ambulance response times in Powys and what assurance can be provided that concerns are being acted upon?

NJ advised that concerns regarding ambulance response times continue to be raised through all relevant JCC forums, including the JCC itself, the F&P Committee, the Commissioning Collaborative Leadership Group and the

Ambulance Commissioning Assurance Group. The issue is also being considered through development of the Rural Response Model and wider reviews of ambulance performance measures. While the concerns are recognised and understood by partner organisations, Members sought greater assurance that tangible improvements would result. NJ acknowledged this concern and confirmed that further discussions would take place with executive and clinical colleagues ahead of a planned discussion at the F&P Committee in September to consider whether the Health Board should formalise its concerns further. It was also noted that the JCC will attend a Board Development Session in October, providing a direct opportunity for the Board to raise these concerns and seek further assurance.

When can improvement be expected in complaints, patient experience and incident reporting performance?

PHo acknowledged that further improvement is still required, particularly in relation to complaints performance and the closure of historic cases, although the backlog has been significantly reduced. PHo noted that performance against the Listening to People standards has been positive since April, while a new People Experience Framework and supporting governance arrangements are due to be fully embedded by 01 September. Improvements have also been seen in response rates through the CIVICA system and patient experience measures are showing month-on-month progress. While performance remains below the Welsh average in some areas, the overall trajectory is positive, and further assurance will be provided through the PEQS Committee.

What assurance can be provided regarding improvements in patient experience, bowel screening performance, PADR compliance and paediatric audiology waiting times?

PHo acknowledged that patient experience remains an area of concern, with Powys currently ranked ninth in Wales, although improvement work is ongoing and performance is expected to improve as more recent data becomes available. EL advised that bowel screening colonoscopy performance continues to be constrained by clinical capacity, but actions are underway, including mutual aid arrangements, participation in the All-Wales review and work with Aneurin Bevan UHB on a potential joint consultant appointment to increase capacity. DWL reported that PADR compliance has fallen to 79%, below the expected standard, but this is not considered a long-term trend, and targeted work is underway to restore previous performance levels. CM provided assurance that paediatric audiology delays relate only to routine assessments within a small and fragile service, with plans in place to recover the backlog and no complex patients waiting on the list. Members emphasised the importance of continued focus on these areas, particularly given the potential impact on patient outcomes and organisational assurance.

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.

3.4 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2025/26 (PTHB/26/043)

CC advised that this item was **DEFERRED** from today's Board meeting.

3.5 WELSH LANGUAGE ANNUAL REPORT 2025/26 (PTHB/26/044)

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

- The progress made during the year to comply with statutory Welsh language requirements and improve Welsh language services was outlined.
- Telephony infrastructure upgrades have enabled callers to be routed to Welsh-speaking call handlers during working hours, improving access to services in Welsh.
- The introduction of AI-enhanced translation software has increased the capacity and efficiency of the Health Board's in-house translation service.
- Record attendance was achieved at non-mandatory Welsh language training and development sessions for the third consecutive year.
- Subject to approval, the report will be translated and published on the Health Board website in line with Welsh Language Standards requirements.

JOA welcomed the progress made, noting improving compliance with Welsh language standards. It was emphasised that the next phase is to move beyond compliance and embed Welsh language provision and use within the organisation's culture, recognising this as a longer-term objective that will inform future planning

Independent Members asked the following questions for assurance:

What progress has been made towards supporting Welsh language clinical consultations and what can be expected over the life of the strategy?

AP noted that the Welsh Language Strategy is a long-term, five-year programme and remains at an early stage in its development. Current efforts are focused on establishing strong foundations, particularly through recruitment initiatives that prioritise Welsh language skills. PTHB had taken a pioneering approach by advertising aspiring nursing opportunities specifically for Welsh speakers, recognising that increasing the number of Welsh-speaking staff is a key step towards enabling more services and clinical consultations to be delivered through the medium of Welsh in future.

How is the Health Board progressing in relation to Welsh language provision within commissioned, contracted and primary care services?

AP noted that measuring Welsh language provision within commissioned services, particularly those delivered in England, remains challenging as these providers are not subject to Welsh language standards and are not required to report on provision. While there are some positive anecdotal examples of Welsh-speaking support being available, this is not captured systematically. In primary care, Welsh language provision is generally stronger due to the local workforce, and although the Health Board has limited direct control, it continues to support providers through training and initiatives that encourage the use of Welsh.

KB noted that concerns continue to be raised, particularly by older Welsh-speaking residents in rural North Powys, regarding the availability of services in their preferred language, and emphasised the importance of maintaining focus on this issue despite the recognised challenges.

The Board:

- **APPROVED** the Annual Welsh Language Standards Monitoring Report 2025/26.

• Took ASSURANCE from the progress made against the Plan.
3.6 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/26/045)
HB presented the report to the Board and the following key items were brought to the Board's attention: - One Chair's Action had been taken since the previous meeting, relating to JCC governance documentation. - There is ongoing work regarding the Health Board's Petitions Protocol, including engagement with the Health and Social Care Scrutiny Committee and PCC. - Correspondence had now been received from the Chair of PCC following the urgent motion considered on 09 July 2026 and that a response would be issued accordingly. The Board: • RECEIVED the Director of Corporate Governance report • RATFIED the single Chair's Action taken since the last meeting of the Board held on the 20 May 2026 • NOTED the update provided in relation to the Health Boards Petitions Protocol.
3.7 MINUTES OF PREVIOUS MEETINGS HELD ON 20 MAY AND 24 JUNE 2026 (PTHB/26/046)
The minutes of the meetings held on the 20 May and 24 June 2026 were CONFIRMED as an accurate record subject to removal of time notes in attendance records for RA and ND who had sent apologies for this meeting.
4. CONSENT AGENDA (PTHB/26/047)
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 Forums • FOR APPROVAL: 4.4 Powys Health Charity Strategy 2026-2030. • FOR ASSURANCE: 4.5 PTHB Committee Annual Reports: People and Culture Committee. • FOR APPROVAL: 4.6 Strategic Risk Register • FOR ASSURANCE: 4.7 Board Work Programme. • FOR INFORMATION: 4.8 Glossary.
5. OTHER MATTERS
5.1 ANY OTHER URGENT BUSINESS (PTHB/26/048)
No other business was raised.
5.2 DATE OF NEXT MEETING (PTHB/26/049)
16 September 2026.

Meeting closed at 14:21