



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Strategic Risk Register

March 2026

## STRATEGIC RISK DASHBOARD

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
<i>EDoFC &amp;E</i>	SRR 001	<b>Financial Sustainability</b>	The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).	<b>4 x 5 = 20</b>	➔	Cautious	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)
<i>EDP&amp;C</i>	SRR 002	<b>Innovation and Strategic Change</b>	The Health Board is unable to successfully deliver and realise the benefits of transformation	<b>4 x 4 = 16</b>	➔	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
<i>EDPP&amp;C</i>	SRR 003	<b>Performance and Service Sustainability</b>	The Health Board is unable to respond to the demand for commissioned services	<b>5 x 4 = 20</b>	➔	Open	✗	Patient Experience, Quality and Safety	SP 11 and WBO 8
<i>EDPCC MH</i>	SRR 004	<b>Performance and Service Sustainability</b>	The Health Board is unable to respond to the demand for provided services.	<b>4 x 4 = 16</b>	➔	Open	✗	Patient Experience, Quality and Safety	Several SPs and WBOs 4 and 8
<i>EDPCC MH</i>	SRR 005	<b>Performance and Service Sustainability</b>	Primary Care is unable to respond to demand.	<b>4 x 4 = 16</b>	➔	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8

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EDP&C	SRR 006	<b>Workforce</b>	The Health Board is unable to recruit and retain an appropriate workforce.	<b>4 x 4 = 16</b>	→	Cautious	*	People and Culture	Cross-cutting (All SPs and WBOs)
EDoFC &E	SRR 007	<b>Quality</b>	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	<b>4 x 4 = 16</b>	→	Minimal	*	Finance and Performance	SP 09 and WBOs 1 and 4
EDPH	SRR 008	<b>Innovation and Strategic Change</b>	The Health Board is unable to shift to a primary prevention focused health care system	<b>4 x 4 = 16</b>	→	Eager	*	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPCC MH	SRR 009	<b>Performance and Service Sustainability</b>	The Health Board is unable to stabilise the growing implications of Continuing Health Care	<b>4 x 4 = 16</b>	→	Open	*	Finance and Performance	SP 6 and WBO 4
EDPH	SRR 010	<b>Safety</b>	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	<b>3 x 4 = 12</b>	→	Averse	*	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)
EDAHP HS&D	SRR 011	<b>Performance and Service Sustainability</b>	Failure of Digital & Electrical Infrastructure in Powys (Internal & External) poses a risk to the delivery of care.	<b>3 x 5 = 15</b>	→	Open	*	Audit, Risk and Assurance	Cross-cutting (All SPs and WBOs)

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
DCG	SRR 012	Reputation and Public Confidence	The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.	3 x 5 = 15	→	Open	✗	Finance and Performance	Cross-cutting (All SPs and WBOs)


**KEY:**

Executive Lead	
<i>EDoFC&amp;E</i>	Executive Director of Finance, Capital and Estates
<i>EDP&amp;C</i>	Executive Director of People, Culture and Transformation
<i>EDPP&amp;C</i>	Executive Director of Planning, Performance and Commissioning
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
<i>EDAHPHS&amp;D</i>	Executive Director of Allied Health Professionals, Health Sciences and Digital
<i>DCG</i>	Director of Corporate Governance/Board Secretary
<i>CEO</i>	Chief Executive

Trend	
<b>*</b>	<b>New risk</b>
<b>→</b>	<b>Risk score unchanged since last report</b>
<b>↓</b>	<b>Risk score decreased since last report</b>
<b>↑</b>	<b>Risk score increased since last report</b>

## RISK HEAT MAP


<b>Almost certain</b> <b>5</b>				<b>SRR 003 – Commissioning</b>	
<b>Likely</b> <b>4</b>				<b>SRR 002 – Transformation SRR 004 – Provider SRR 005 – Primary Care SRR 006 – Workforce SRR 007 – Estate SRR 009 – CHC</b>	<b>SRR 001 – Financial Balance</b>
<b>Possible</b> <b>3</b>				<b>SRR 010 – Emergency Response</b>	<b>SRR 011 – Digital SRR 012 – Public Confidence</b>
<b>Unlikely</b> <b>2</b>					
<b>Rare</b> <b>1</b>					
<b>LIKELIHOOD X IMPACT</b>	<b>Insignificant 1</b>	<b>Minor 2</b>	<b>Moderate 3</b>	<b>Major 4</b>	<b>Catastrophic 5</b>

<b>SRR 001</b>	<b>There is a risk that:</b> The Health Board is unable to achieve its duty to achieve financial breakeven (and therefore sustainability).																						
<b>Current Risk Score:</b>  <b>20</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: L4 x I5 = 20 Inherent: L4 x I5 = 20 Target: L2 x I4 = 8	<b>Risk Category:</b> Financial Sustainability  <b>Boards Risk Appetite:</b> <b>Cautious</b>																					
<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services	<b>Assuring Committee:</b> Finance and Performance Committee																						
<b>Latest review date:</b> February 2026  <b>Added to register:</b>  June 2024  <b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	20	July 25	8	20	Nov 25	8	20	Mar 26	8	20	<b>Cause/source of risk:</b>  The Health Board reported a £15.8m deficit in 2024/25  It has a Plan for a £28.3m deficit in 2025/26, but due to unforeseen cost pressures, it is forecasting a £28.3m deficit in 2025/26.  Savings programme of £23.1m  Planned underlying deficit of £42.1m has been revised to £44.7m due to the impact of the unforeseen cost pressures, off-set by some recurrent mitigating actions  <b>Risk materialising would result in:</b>  Failure to achieve the statutory duty to breakeven
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<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
1.1	Financial Plan approved by Board. Subsequent AO letters set out savings target of £23.1m.	Plan approved by Board	Reasonable	Board
1.2	Additional control - Introduced joint CEO and ED Finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
1.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
1.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at F&P Committee to track actions to improve.	Reports to F&P Committee	Reasonable	Board
1.5	Investment Benefits Group - focus on benefits realisation of previous investments, including consideration of dis-investment.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
1.6	Regular communication and reporting to Welsh Government and NHS Wales Performance and Improvement (Financial Planning and Delivery Directorate) regarding the impact of pressures on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Executive Directors are focussed on delivery of £23.1m savings targeted for 2025/26.	DFC&SS	Reported regularly to Board and F&P and to Exec Committee. Month 10 £20m savings forecast.	Ongoing	Ongoing
Executive Team workshops focussed on actions to reduce expenditure in 2025/26.	DFC&SS	Workshops held w/c 7 July. Outcome reported to Board in July. Has led to greater value of recurrent savings than initially planned.	Ongoing	Ongoing
An external review has been commissioned, which is focusing on the financial position of the Health Board and its arrangements for commissioning secondary healthcare services and CHC.	DFC&SS	Grant Thornton has been appointed. Interim findings reported at the end of October and draft report at the end of November.  Final report February with GT led Board Development session. Findings to inform 2026/27 Annual Plan.	End of November  Submit Plan end of March	Met  Ongoing
<b>Additional information:</b>				
<b>Rationale for current score:</b>				
<ul style="list-style-type: none"> <li>The Plan includes a £23.1m savings target. This is not currently being achieved.</li> </ul>				

- The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. Assessed as £44.7m.
- The scale of this deficit against annual expenditure of circa £500m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.

<p><b>SRR 002</b></p>	<p><b>There is a risk that:</b> The Health Board is unable to successfully deliver and realise the benefits of transformation</p>													
<p><b>Current Risk Score:</b></p> <p><b>16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: 4 x 4 = 16          Inherent: 4 x 4 = 16          Target: 2 x 4 = 8</p>	<p><b>Risk Category:</b> Innovation and Strategic Change</p> <p><b>Boards Risk Appetite:</b> Eager</p>												
<p><b>Executive Lead:</b> Executive Director of People and Culture</p>		<p><b>Assuring Committee:</b> Planning, Partnerships and Population Health</p>												
<p><b>Latest review date:</b> February 2026</p> <p><b>Added to register:</b> July 2025</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>12</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	12	Nov 25	8	16	Mar 26	8	16	<p><b>Risk cause/source:</b></p> <ul style="list-style-type: none"> <li>• Insufficient capacity to deliver across the Better Together Portfolio</li> <li>• Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio</li> <li>• Lack of organisational and public readiness for change</li> <li>• Timescales are too challenging to deliver</li> <li>• Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio</li> <li>• Financial recovery plan FY25/26 and FY26/27 impacts on ability to deliver the Better Together portfolio</li> <li>• Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change</li> <li>• Misalignment with key dependencies both external and internal to the portfolio</li> </ul>
Month	Target Score	Risk Score												
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		<p><b>Risk materialising would result in:</b></p> <p>Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures.</p> <p>Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps</p> <p>Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.</p> <p>Unable to realise wider benefits of transformation in a timely manner</p> <p>Reputational damage</p>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
2.1	Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.	<ul style="list-style-type: none"> <li>Transformation updates provided to Executive Committee</li> <li>Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the</li> </ul>	Reasonable	Executive Committee


		Better Together Portfolio including North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	<ul style="list-style-type: none"> <li>Regular reporting to the Executive Committee</li> </ul>	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	<ul style="list-style-type: none"> <li>Regular reporting to Board Committees and onwards assurance provided to Board</li> </ul>	Substantial	Multiple Board Committees
2.4	Better Together Stage 2 engagement programme has been concluded including staff roadshows and workshops as well as several public events across Powys. The Stage 2 engagement report has been published with Board papers. Continuous engagement activity is underway.	<ul style="list-style-type: none"> <li>Review and report on outcomes arising from engagement</li> </ul>	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	<ul style="list-style-type: none"> <li>Regular informal discussion with WG leads</li> </ul>	Substantial	N/A

2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	<ul style="list-style-type: none"> <li>Inputs and reporting from primary care workshops and meetings.</li> <li>Inputs and outputs from wider stakeholder engagement meetings.</li> </ul>	Reasonable	Better Together Portfolio Board
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	<ul style="list-style-type: none"> <li>Portfolio Board reporting to Executive Committee</li> </ul>	Reasonable	Better Together Portfolio Board

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	Complete	Complete
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and further decision making aligned with Better Together.	Ongoing	Aligned to extension of Better Together timeline

Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
<b>Additional information:</b>				
<b>N/A</b>				

<b>SRR 003</b>	<b>There is a risk that the Health Board is unable to respond to the demand for commissioned services</b>																									
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<b>Executive Lead:</b> Executive Director of Planning, Performance & Commissioning		<b>Assuring Committee:</b> Patient Experience, Quality & Safety Committee																								
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SP 11 and WBO 8		<p>reporting more challenged position. No patients &gt;104 weeks but continuing to report patients &gt;52 weeks (178). RJAH remains most challenged provider for long waiters. 78131 &gt; 104 weeks reported in November. Very long waits exceed 200 weeks, especially for complex spinal.</p> <ul style="list-style-type: none"> <li>The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality.</li> </ul> <p><b>Risk materialising could result in:</b></p> <ul style="list-style-type: none"> <li>Poorer outcomes and experience for the citizens of Powys</li> <li>Difficulty in balancing performance and financial plan</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
3.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	<p>Referral data into services from commissioning data sets and supplementary reports received from commissioned providers.</p> <p>Low assurance currently due to robustness of referral data. Exploring alternative data sources (e.g. activity) whilst working through improved data set for GP referrals.</p> <p>Intention to review further in context of Commissioning</p>	Limited	Executive Director

		Intentions for 2026/27; and SCF implementation plan.		
3.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Reasonable	Executive Director
3.3	Using demand data to plan to commission sufficient service provision for all services provided out of county, noting the need to agree a balanced finance and performance position as part of the IMTP process	Demand, activity and financial information from commissioning datasets used to inform contract plans  Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Reasonable	Executive Director
3.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.  Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Limited	Executive Director

3.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the Finance and Performance Committee and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections  Intention to review further in context of Commissioning Intentions for 2026/27 and SCF implementation plan.	Limited	Executive Director
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**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> <li>▪ Continue regular meetings with commissioned service providers.</li> <li>▪ Secure performance improvement trajectories from providers.</li> <li>▪ Insourcing contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys.</li> <li>▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Quality and Performance Report.</li> </ul>	Executive Director of Planning, Performance and Commissioning (supported by DPCCMH)	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2025/26 and to be reviewed and discussed through CQPRMs.  Planned Care Insourced provision tender exercise cancelled pending outcome of	April 2025 and ongoing	Delayed (Procurement)

<ul style="list-style-type: none"> <li>▪ Continuing to work to obtain robust data for referrals from NHSW and NHSE GPs for Powys residents.</li> <li>▪ GIRFT strategic assessment of planned care.</li> <li>▪ Commissioning Intentions 2026/27 for NHSW and NHSE providers.</li> <li>▪ Recommendations from GT review – to be included in SCF implementation plan.</li> </ul>		<p>GIRFT assessment of planned care. Temporary extension of medinet to end of March 2026.</p> <p>Established Commissioning Oversight and Assurance Group (COAG), chaired by Exec DPPC, to provide a forum for internal oversight and escalation of performance monitoring of commissioned non-specialist services.</p> <p>Additional actions to be taken:</p> <ul style="list-style-type: none"> <li>▪ Strategic Commissioning Framework implementation plan for 2026/27 (to reflect outcomes of GIRFT assessment of planned care and GT recommendations).</li> <li>▪ Refresh of IQPR to include additional detail particularly on quality metrics.</li> <li>▪ Increased scrutiny on performance through Commissioning Oversight and Assurance Group and planned Commissioned</li> </ul>		
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		Services Performance Report.		
<ul style="list-style-type: none"> <li>▪ Cancer</li> </ul>	MD (supported by DPPC)	<p>Added to this version of the risk register. Actions to be agreed.</p> <p>Cancer Working Group chaired by Medical Director.</p> <p>CQPRMs and COAG cover all specialties with commissioned providers.</p> <p>Cancer Deep Dive presented to F&amp;P Committee October 2025.</p>	TBA	TBC
<p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> <li>▪ CQPRMS cover all specialties with commissioned providers including UEC.</li> <li>▪ Continued work on 6 Goals plan to reduce admissions and secure timely discharge.</li> <li>▪ Strengthening arrangements for admissions to community beds in NHSE.</li> <li>▪ Continue series of regular meetings with WAST and commissioned service providers.</li> </ul>	DPPC (supported by DPCCMH)	<p>CQPRMS and COAG cover all specialties including urgent and emergency care.</p> <p>Historically had regular meetings (ICAP and Q&amp;S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators.</p>	April 2025 and ongoing	On track

<ul style="list-style-type: none"> <li>▪ Continue commissioning of ambulance services in partnership through the Joint Commissioning Committee</li> <li>▪ Secure performance improvement trajectories and improvement plans from providers.</li> <li>▪ NHSW and NHSE commissioning intentions 2026/27.</li> </ul>		<p>Regular attendance at CCLG and sub- committee structure including Ambulance and 111 Commissioning Group, NEPTS Commissioning Assurance Group.</p> <p>Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.</p>		
<p><u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	DPPC	<p>Integrated Quality and Performance Framework (IQPF) has been reviewed and refreshed for 2025/26. As part of the IQPF, the Integrated Quality and Performance Report will continue to provide information across the NHS Wales Performance Framework measures including Cancer and 4 hour ED waits.</p> <p>IPQF annual review planned for March 2026 to inform IQPF refresh for 2026/27.</p>	April 2025 and ongoing	On track
<b>Additional information:</b>				

**Rationale for current score:**

**Planned Care**

**NHS Wales**

- Latest validated position to month 8 as per IQPR month 8 report presented to Executive Committee.

**Update including impact of actions to date on current risk score:**

Performance being maintained across NHSW and NHSE providers, still challenges in compliance with patients waiting >52 and 104 weeks.

Continued inequity of access for PTHB residents accessing NHSW services in comparison with NHSE.

<b>SRR 004</b>	<b>There is a risk that the Health Board is unable to respond to the demand for provided services</b>																									
<b>Current Risk Score:</b>  <b>16</b>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: L4 x I4 = 16          Inherent: L4 x I4 = 16          Target: L3 x I4 = 12</p>	<p><b>Risk Category:</b> Performance and Service Sustainability</p> <hr/> <p><b>Boards Risk Appetite:</b> <b>Open</b></p>																								
<b>Executive Lead:</b> Executive Director of Primary Care, Community and Mental Health (PCCMH)	<b>Assuring Committee:</b> Patient Experience, Quality & Safety Committee																									
<p><b>Latest review date:</b> February 2026</p> <p><b>Added to register:</b> July 2024</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b></p>	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>July 24</td><td>12</td><td>16</td></tr> <tr><td>Nov 24</td><td>12</td><td>16</td></tr> <tr><td>Jan 25</td><td>12</td><td>16</td></tr> <tr><td>Mar 25</td><td>12</td><td>16</td></tr> <tr><td>July 25</td><td>12</td><td>16</td></tr> <tr><td>Nov 25</td><td>12</td><td>16</td></tr> <tr><td>Mar 26</td><td>12</td><td>16</td></tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	12	16	Nov 24	12	16	Jan 25	12	16	Mar 25	12	16	July 25	12	16	Nov 25	12	16	Mar 26	12	16	<p><b>Cause of risk:</b></p> <ul style="list-style-type: none"> <li>• Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures.</li> </ul> <p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>• Poorer outcomes and experience for the citizens of Powys</li> <li>• Increased system pressure across urgent and emergency care pathways.</li> <li>• Reduced efficiency in patient flow and bed utilisation</li> <li>• Inability to meet national performance targets and ministerial priorities.</li> </ul>
Month	Target Score	Risk Score																								
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Several SPs and WBO 4 and 8				
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
4.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Maximising insourcing offer to ensure optimal performance standards are achieved. Implement as many Optimisation frameworks and 5 Goals for Planned Care as appropriate for a community-based provider	<ul style="list-style-type: none"> <li>Referral data into services from commissioning data sets and supplementary reports received from commissioned providers</li> </ul> Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Finance & Performance
4.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Finance & Performance
4.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Finance & Performance
4.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Finance & Performance
4.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to the reliance on agency staff (particularly	Various workforce and financial reports recording agency usage at ward and service level	Reasonable	Finance & Performance

	higher cost agency providers) and deliver expected cessation.			
4.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Reasonable	Finance & Performance
4.7	Development and implementation of integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and the expansion of Powys DigiFLO—to enhance system resilience and operational efficiency. This control supports delivery of the PTHB Six Goals for Urgent and Emergency Care, contributes to the NHS Wales People’s Experience Framework, and enables a shift toward a prevention-based, value-driven model of care.	Task & Finish Group reports, baseline assessment against National SPoA Framework, operational data (Package of Care Delays, PoCD), pilot evaluations and implementation monitoring reports	Reasonable	Finance & Performance

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> <li>Continue series of regular meetings with service providers</li> <li>Monitor and manage delivery against performance improvement trajectories for our own services.</li> <li>On track for delivery of national OPD recovery plan and secondary validation of RTT position.</li> </ul>	Executive Director PCCMH	Performance Trajectories being routinely monitored and managed. GIRFT review underway	September 2026	On track

<ul style="list-style-type: none"> <li>Medinet contract extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2025/26.</li> </ul> <p>Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report. External review of elective care commissioned from GIRFT for Q4 25/26</p>				
<p><u>General Service Sustainability &amp; Future Models of Care</u></p> <p>The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges.</p> <ul style="list-style-type: none"> <li>A number of service reviews are being undertaken with several 'cases for change' having been approved by the Health Board and stakeholders.</li> </ul>	Executive Director PCCMH	Overall case for change now available for second phase engagement, with options development completed and available for future engagement and consultation. Further work ongoing to develop and implement service change that falls below threshold for consultation.	April 2026	On track
<p>There are some performance indicators that continue to fail the operational standard e.g. Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made</p>	Executive Director PCCMH	A number of sub-indicator performance targets have been identified. These have been built into the IQPR and actions in train to further reduce risk	April 2026	On track

towards achievement of the overall target.				
Operationalise and expand integrated system coordination mechanisms—including the Integrated Flow Hub, daily discharge huddles, Trusted Assessment processes, and DigiFLO rollout—to mitigate delays, improve patient flow, and support timely discharge across the system.	Executive Director PCCMH	Flow Hub: model scoped, and roles identified; launch planned for December 2025. PoCD: Daily tracking and escalation in place; overall delays reduced, recognising seasonal variation. Daily 'huddle' to review patients in place. DigiFlo: Implemented on community hospital wards, expansion into MH has been progressed. Trusted Assessment: Pilot completed in collaboration with PCC with early findings indicating positive impact.	March 2026	On Track

**Additional information:**

**Rationale for Current Score:** Mitigation actions are ongoing, including further actions relating to planned care but some underlying challenges remain, so the current risk score remains unchanged at this review. Collaborative efforts through the *Better Together* programme are expected to provide further support in addressing this strategic risk alongside mitigating actions listed above.

<b>SRR 005</b>	<b>There is a risk that Primary Care is unable to respond to demand</b>																									
<b>Current Risk Score:</b>  <b>16</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	<b>Risk Category:</b> Performance and Service Sustainability  <b>Boards Risk Appetite:</b> <b>Open</b>																								
<b>Executive Lead:</b> Executive Director of Primary Care, Community and Mental Health	<b>Assuring Committee:</b> Planning, Partnerships and Population Health Committee																									
<b>Latest review date:</b> February 2026  <b>Added to register:</b>  July 2024  <b>Link to Strategic Priorities and Wellbeing Objectives:</b>	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>12</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>12</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	12	20	July 25	12	16	Nov 25	12	16	Mar 26	12	16	<b>Drivers/causes of risk:</b> <ul style="list-style-type: none"> <li>Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>Related workforce challenges may lead to services becoming unsustainable</li> </ul>
Month	Target Score	Risk Score																								
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SP 4 and WBO 8				
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
5.1	<p>Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications.</p> <p>25/26 negotiation agreed in December 2025, confirming additional national investment. Includes 4% DDRB uplift and additional 5.8% recurrent uplift supporting a Workforce Fund, Change Fund and Resilience Fund. These new additional funding streams will provide practices with financial certainty to invest in resources needed for ongoing reform, including workforce expansion, service redesign and administrative support as part of the Community by Design transformation programme. The detail around access to these funds is being worked through in readiness for 26/27</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.</p>	<ul style="list-style-type: none"> <li>Escalation Tool</li> <li>Sustainability matrix score</li> <li>National Sustainability Assessment Framework</li> <li>Primary Care Information Portal – access standards</li> </ul>	Reasonable	Executive Committee
5.2	National Contract Assurance Framework embedded to support contract assurance.	<ul style="list-style-type: none"> <li>Contract Assurance Framework</li> </ul>	Reasonable	Executive Committee /

	<p>24/25 Practice reviews ongoing. 5 practice visits currently being undertaken and 11 practices progressing practice improvement plans. Outstanding actions from 23/24 being followed up as part of the 24/25 review process</p> <p>GMS Contracts Management Group confirming practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.</p> <p>GDS End of year review visits with all contract holders completed in August 2025.</p>	<ul style="list-style-type: none"> <li>• Annual Return</li> <li>• Supplementary Service Audits</li> <li>• Prescribing Data</li> <li>• Practice Declarations</li> <li>• GP Clinical Governance Self-Assessment Tool</li> <li>• Information Governance Toolkit</li> </ul>		Finance & Performance
5.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>26/27 Cluster IMTP plans completed and agreed at RPB Executive Group. The mid and south cluster will merge from 1<sup>st</sup> April 2026. Newly formed cluster currently working in shadow form and developed a joint 26/27 IMTP.</p>	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	<p>OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/06/26 (including extensions). PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27. Direct Award being progressed.</p> <p>SBUHB 25/26 SLA signed, with ongoing discussions to resolve outstanding issues in readiness for 26/27.</p>	<ul style="list-style-type: none"> <li>• Weekly Rota (triage &amp; base cover)</li> <li>• Monthly achievement against OOH Performance Standards</li> <li>• Quarterly Performance Review Commissioning Assurance Framework</li> </ul>	Reasonable	Executive Committee / Finance & Performance

	<p>Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.</p> <p>GMS out of hours multi stakeholder workshop undertaken in January 2026 to consider the future OOH clinical model. This work is moving at pace to develop a revised specification to commence an open market tender in Q3/Q4 26/27.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>			
5.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'. List is currently at circa 4000 patients due to recent terminations of Llandrindod, Knighton and Crickhowell GDS contracts.</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys. Potential purchase of an additional Mobile Dental Unit to support GDS access in areas of need. Successful Contract award for Crickhowell GDS. Crickhowell GDS contract award.</p>	<ul style="list-style-type: none"> <li>• Dental Access Portal</li> <li>• Contract Reform new patient and historic patient metrics.</li> <li>• GDS monitoring Group</li> </ul>	Limited	Executive Committee / Finance & Performance

	<p>Procurement underway to recommission general dental services in Knighton and Llandrindod. A PTHB salaried service for both these areas is being progressed to offer access through a hybrid model, this will add resilience and sustainability to both areas.</p> <p>New Dental Contract being implemented from 01/04/27. National model contract not yet published; therefore, it is difficult to quantify how many practices will sign up to the new contract or terminate NHS services. This is a national risk.</p>			
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**Mitigating Actions (What more will we do?)**

<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews completed and follow/up actions being progressed. 5 practice visits to be undertaken and 11 practice improvement plans to be progressed	March 2026	On track Commenced
Review and assess completion of General Practice Improvement Plans	ADPC	Linked to the above.	March 26	On track
Undertake GDS Mid-Year Review visits	ADPC	All required visits undertaken in October/November 2025	November 25	Completed

Review of GMS sustainability matrix	ADPC	To be undertaken in Q4	March 26	Commenced
Procure additional recurrent GDS access in mid Powys	ADPC/ Dental Director	Knighton and Llandrindod contract procurement commenced	March 26	On track
Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Commenced and linking in with NHSSSP Procurement Services	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30 <sup>th</sup> September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26	January 2026	Completed

**Additional information:**

**Rationale for current score:**

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently increasing due to loss of 3 contracts in mid/south Powys.
- Orthodontic demand continues to exceed capacity across Powys.
- Implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by information governance complexities.

<b>SRR 006</b>		<b>There is a risk that the Health Board is unable to recruit and retain an appropriate workforce</b>																									
<b>Current Risk Score:</b>  <b>16</b>	<b>Risk rating detail:</b> (likelihood x impact)	<b>Risk Category:</b> Workforce																									
	Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L2 x I4 = 8	<b>Boards Risk Appetite:</b> <b>Cautious</b>																									
<b>Executive Lead:</b> Executive Director People & Culture		<b>Assuring Committee:</b> People & Culture Committee																									
<b>Latest review date:</b> February 2026  <b>Added to register:</b> July 2024  <b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>16</td> </tr> </tbody> </table>		Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	8	16	July 25	8	16	Nov 25	8	16	Mar 26	8	16	<b>Drivers/causes of risk:</b> <ul style="list-style-type: none"> <li>Demographics of the workforce and within our communities leading to challenging labour market.</li> <li>No university within the Powys footprint to provide regular supply of newly qualifying clinicians.</li> <li>Rurality and commutability of sites.</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>Higher agency costs associate with variable pay spend</li> <li>Inability to sustain high quality services and patient safety</li> </ul>
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cutting risk relevant to all SPs and WBOs				
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels. Agency Operationalising Meetings schedule now completed and workstreams incorporated into this group.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO

6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	Workforce performance reports produced routinely and shared appropriately.  Deep Dive Reports developed annually, or as required.	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the full training to date with staff from MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: <a href="#">Workforce Planning (sharepoint.com)</a>	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report. Programme recently re-publicised across ward areas, and reminded staff of availability of the service.	Substantial	Executive Committee

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
<p><b>Workforce Planning:</b> Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.</p>	tbc	<p>Ongoing support available to service leads in the development of workforce plans. HEIW funded role advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans. Advert unsuccessful over two campaigns so tasking subsumed within existing resource.</p>	Ongoing	On track
<p><b>Candidate Journey application to induction</b> Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.</p> <p>To be extended to include local KPIs for recruitment to the Bank.</p>	tbc	<p>Recruitment Improvement Board continues to work through different elements of the Recruitment journey on an all-Wales basis, meeting quarterly.</p> <p>End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.</p>	Ongoing	On Track

<p><b>Increase bank supply:</b> Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year.</p> <p>Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.</p>	<p>tbc</p>	<p>Rolling adverts out each week and shortlisting against applicants each Friday, alternating between RNs, HCSWs and both General and Mental Health fields.</p> <p>Further adverts created to target areas of high agency spend, such as 111#2 service.</p>	<p>Ongoing</p>	<p>On Track</p>
<p><b>International Recruitment</b> Continue international nurse recruitment to a target of 8 Adult nurses and 4 Mental Health Nurses for the FY 25/26.</p>	<p>tbc</p>	<p>5/26 International recruitment programme commenced, with 8 RNs having arrived in the country, 4 of whom have already completed OSCE and gained their NMC PIN, the remaining 4 are currently undertaking their training. 4 RMNs were interviewed in November 2025 and intended to arrive in approx. February 2026, undertaking OSCE training in Cardiff before travelling to Powys in March 2026.</p> <p>This brings us to a total of 45 Internationally Educated Nurses recruited.</p>	<p>Ongoing</p>	<p>On Track</p>

## Additional information:

### Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 31<sup>st</sup> January 2026, the Health Board contracted vs budgeted establishment showed a vacancy rate of 11.48%. After the use of overtime, additional hours, agency, and Bank this fell to 7.29%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 10.36% for registered Nursing and Midwifery, 23.89% for Healthcare Scientists, 8.95% for Allied Health Professionals, 12.88% for Additional Clinical Services, 17.72% for Medical and Dental and 7.96% for Add Prof Scientific & Technic.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in January 2026 from information held on the Health Roster/TSU systems:
  - Add Prof Scientific & Tech : 4.33 WTE
  - Additional Clinical Services: 2.90 WTE
  - Nursing & Midwifery Registered: 17.61 WTE
  - Healthcare Scientists: 1.25 WTE
  - Allied Health Professionals: 14.57 WTE
  - Medical & Dental: 6.23 WTE

<p><b>SRR 007</b></p>	<p><b>There is a risk that the care provided in some areas is compromised due to the health board's estate being not fit for purpose.</b></p>																																																																																																																															
<p><b>Current Risk Score:</b></p> <p><b>16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: L4 x I4 = 16          Inherent: L4 x I4 = 16          Target: L2 x I4 = 8</p>	<p><b>Risk Category:</b> Quality</p> <p><b>Boards Risk Appetite:</b> <b>Minimal</b></p>																																																																																																																														
<p><b>Executive Lead:</b> Executive Director of Finance, Capital, and Support Services</p>	<p><b>Assuring Committee:</b> Finance and Performance Committee</p>																																																																																																																															
<p><b>Latest review date:</b> February 2026</p> <p><b>Added to register:</b> January 2017</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b></p> <p>SP 9 and WBOs 1 and 4</p>	<p style="text-align: center;"><b>Risk Score Trajectory</b></p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Nov 22</td><td>16</td><td>8</td></tr> <tr><td>Dec 22</td><td>16</td><td>8</td></tr> <tr><td>Jan 23</td><td>20</td><td>8</td></tr> <tr><td>Feb 23</td><td>20</td><td>12</td></tr> <tr><td>Mar 23</td><td>20</td><td>12</td></tr> <tr><td>Apr 23</td><td>20</td><td>12</td></tr> <tr><td>May 23</td><td>20</td><td>12</td></tr> <tr><td>Jun 23</td><td>16</td><td>12</td></tr> <tr><td>Jul 23</td><td>16</td><td>8</td></tr> <tr><td>Aug 23</td><td>16</td><td>8</td></tr> <tr><td>Sep 23</td><td>16</td><td>8</td></tr> <tr><td>Oct 23</td><td>16</td><td>8</td></tr> <tr><td>Nov 23</td><td>16</td><td>8</td></tr> <tr><td>Dec 23</td><td>16</td><td>8</td></tr> <tr><td>Jan 24</td><td>16</td><td>8</td></tr> <tr><td>Feb 24</td><td>16</td><td>8</td></tr> <tr><td>Mar 24</td><td>16</td><td>8</td></tr> <tr><td>Apr 24</td><td>16</td><td>8</td></tr> <tr><td>May 24</td><td>16</td><td>8</td></tr> <tr><td>Jun 24</td><td>16</td><td>8</td></tr> <tr><td>Jul 24</td><td>16</td><td>8</td></tr> <tr><td>Aug 24</td><td>16</td><td>8</td></tr> <tr><td>Sep 24</td><td>16</td><td>8</td></tr> <tr><td>Oct 24</td><td>16</td><td>8</td></tr> <tr><td>Nov 24</td><td>16</td><td>8</td></tr> <tr><td>Dec 24</td><td>16</td><td>8</td></tr> <tr><td>Jan 25</td><td>16</td><td>8</td></tr> <tr><td>Feb 25</td><td>16</td><td>8</td></tr> <tr><td>Mar 25</td><td>16</td><td>8</td></tr> <tr><td>Apr 25</td><td>16</td><td>8</td></tr> <tr><td>May 25</td><td>16</td><td>8</td></tr> <tr><td>Jun 25</td><td>16</td><td>8</td></tr> <tr><td>Jul 25</td><td>16</td><td>8</td></tr> <tr><td>Aug 25</td><td>16</td><td>8</td></tr> <tr><td>Sep 25</td><td>16</td><td>8</td></tr> <tr><td>Oct 25</td><td>16</td><td>8</td></tr> <tr><td>Nov 25</td><td>16</td><td>8</td></tr> <tr><td>Dec 25</td><td>16</td><td>8</td></tr> <tr><td>Jan 26</td><td>16</td><td>8</td></tr> <tr><td>Feb 26</td><td>16</td><td>8</td></tr> <tr><td>Mar 26</td><td>16</td><td>8</td></tr> </tbody> </table>	Month	Risk Score	Target Score	Nov 22	16	8	Dec 22	16	8	Jan 23	20	8	Feb 23	20	12	Mar 23	20	12	Apr 23	20	12	May 23	20	12	Jun 23	16	12	Jul 23	16	8	Aug 23	16	8	Sep 23	16	8	Oct 23	16	8	Nov 23	16	8	Dec 23	16	8	Jan 24	16	8	Feb 24	16	8	Mar 24	16	8	Apr 24	16	8	May 24	16	8	Jun 24	16	8	Jul 24	16	8	Aug 24	16	8	Sep 24	16	8	Oct 24	16	8	Nov 24	16	8	Dec 24	16	8	Jan 25	16	8	Feb 25	16	8	Mar 25	16	8	Apr 25	16	8	May 25	16	8	Jun 25	16	8	Jul 25	16	8	Aug 25	16	8	Sep 25	16	8	Oct 25	16	8	Nov 25	16	8	Dec 25	16	8	Jan 26	16	8	Feb 26	16	8	Mar 26	16	8	<p><b>Drivers/causes of risk:</b></p> <p><b>Estates Compliance:</b> (Risk Driver: Ageing Infrastructure, Underinvestment, Compliance Demands)</p> <ul style="list-style-type: none"> <li>• Powys has the oldest estate in NHS Wales with 38% of the estate infrastructure was built pre-1948, and only 5% post-2005, leading to higher maintenance needs and outdated systems.</li> <li>• Years of underinvestment have compounded deterioration and compliance risks across key areas (fire safety, water hygiene, electrical systems, medical gases, ventilation, etc.).</li> <li>• Backlog Maintenance stands at approximately £70M, significantly exceeding available budgets.</li> <li>• Revenue pressures due to rising energy costs and mandated cost savings are limiting the ability to invest in maintenance or modernisation.</li> </ul>
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		<ul style="list-style-type: none"> <li>• Internal Audit (March 2024) issued a 'Limited Assurance' report citing the critical condition of the estate and shortfall in funding to address backlog and support future transformation plans.</li> <li>• Powys has the oldest estate in NHS Wales, compounding these issues.</li> </ul> <p><b>Capital:</b> (Risk Driver: National Funding Constraints, Affordability, Prioritisation Pressures)</p> <ul style="list-style-type: none"> <li>• NHS Wales faces significant capital funding constraints which has seen the introduction of a new Capital Business Case Prioritisation Process from April 2024. This process will re-assess all current and planned projects against criteria for benefits and affordability, potentially impacting the PTHB capital programme / transformation agenda.</li> <li>• NWSSP-SSU audit (February 2024) reported a Limited Assurance rating, identifying a shortfall in WG Capital against backlog maintenance across the NHS estate.</li> <li>• Affordability challenges due to high overheads for contractors operating in rural areas like Powys are impacting the viability and attractiveness of capital schemes.</li> </ul> <p><b>Environment &amp; Sustainability:</b> (Risk Driver: Policy Ambition vs. Resource Gap)</p> <ul style="list-style-type: none"> <li>• The NHS Wales Decarbonisation Strategic Delivery Plan (2021) sets out ambitious targets to reduce carbon emissions. However, delivery capacity is limited due to limited funding/resource allocation.</li> </ul>
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		<ul style="list-style-type: none"> <li>• The aging estate infrastructure is not well-suited to low-carbon adaptations without significant retrofit investment (Re:fit), further widening the gap between policy ambition and practical delivery.</li> </ul> <p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>• Inability to sustain high quality services</li> <li>• Adverse impact on achievement of WBO 1 &amp; 4</li> <li>• Increased likelihood of infrastructure failure, non-compliance with statutory regulations, potential harm to patients and staff, and inability to deliver safe, modern healthcare services.</li> <li>• Escalating backlog costs may also lead to reputational damage and regulatory scrutiny.</li> <li>• Delayed or cancelled capital projects, inability to modernise or expand services, and failure to address critical infrastructure needs.</li> <li>• Possible impact on transformation goals, reduce service quality, and compromise long-term estate sustainability.</li> <li>• Failure to meet decarbonisation targets, missed national sustainability commitments, and rising operational costs due to inefficiencies. Also leading to reputational harm and reduced eligibility for future Environment and Sustainability funding streams.</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
<b>ESTATES</b>				

7.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk-based approach, clear escalations lines	Reasonable	Estates Compliance Group
7.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
7.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
7.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
7.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	<ul style="list-style-type: none"> <li>Minutes and papers from meetings</li> <li>Audits undertaken by NWSSP</li> </ul>	Reasonable	Estates Compliance Group, Health & Safety Committee
7.6	Capital Programme developed for Compliance and approved capital programme	<ul style="list-style-type: none"> <li>Paper to Executive level meeting</li> </ul>	Substantial	Delivery & Performance
7.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	<ul style="list-style-type: none"> <li>Annual Plan</li> </ul>	Substantial	Board
7.8	Address (on an ongoing basis) maintenance and compliance issues	<ul style="list-style-type: none"> <li>Compliance Highlight Reports, Audit plans, notes and papers from meetings</li> </ul>	Reasonable	Delivery & Performance Group
7.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	<ul style="list-style-type: none"> <li>Compliance Highlight Reports, Audit plans,</li> </ul>	Reasonable	Delivery & Performance Group

		notes and papers from meetings		
7.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	<ul style="list-style-type: none"> <li>Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime</li> </ul>	Reasonable	Estates Compliance Group
<b>CAPITAL</b>				
7.11	Capital Procedures for project activity	<ul style="list-style-type: none"> <li>Capital Procedures CP/D/1.00 document</li> <li>Annual Capital Systems Audit reports from NWSSP</li> </ul>	Reasonable	Innovative Environments Group
7.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Annual Procurement Report</li> </ul>	Substantial	Innovative Environments Group / Finance & Performance
7.13	Specialist advice, support and audit from NWSSP Specialist Estates Services / Authorising Engineers	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Designated Director role</li> </ul>	Substantial	Innovative Environments Group
7.14	Audit reviews by NWSSP Audit and Assurance	<ul style="list-style-type: none"> <li>Audit reports and Action Plans</li> </ul>	Reasonable	Audit and Assurance Group
7.15	Close liaison with Welsh Government, Capital Function	<ul style="list-style-type: none"> <li>Regular Capital Review Meetings. Notes and papers from meetings</li> </ul>	Substantial	Innovative Environments Group

7.16	Reporting routinely to Finance & Performance Committee	<ul style="list-style-type: none"> <li>Notes and papers from meetings</li> </ul>	Reasonable	Finance & Performance Committee
7.17	Capital Programme developed and approved	<ul style="list-style-type: none"> <li>Paper to Executive level meeting</li> </ul>	Substantial	Delivery & Performance / Board
7.18	Detailed Strategic, Outline and Full Business Cases defining risk	<ul style="list-style-type: none"> <li>BJC, SOC, OBC, FBC documents / governance</li> </ul>	Substantial	Executive Committee / Board
7.19	Capital and Estates set as a specific Organisational Priority	<ul style="list-style-type: none"> <li>Annual Plan</li> </ul>	Substantial	Board
7.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	<ul style="list-style-type: none"> <li>Capital proposals sheets</li> <li>Project sheets</li> <li>SBARs</li> </ul>	Substantial	Capital Control Group / Innovative Environments Group
<b>ENVIRONMENT</b>				
7.21	ISO 14001 accreditation	SGS external body certification	Substantial	Finance & Performance
7.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
7.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
7.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group

7.25	Welsh Government Energy Service / Re:fit energy programme of works complete in Q2. Investment Grade Proposal (IGP) published to illustrate invest to save projects	WG Salix Framework arrangement	Substantial	Innovative Environments Group
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. All-Wales NHS Capital Prioritisation Review has 3 key schemes on 'green' list. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2025-26	On Track
Continue to seek Welsh Government capital funding to underpin investment to improve the estate / support Transformation.	Associate Director for Capital, Estates and Facilities	Consider alternative funding opportunities such as RPB IRCF, Targeted Estates Funding, etc. and have schemes 'on the shelf' in anticipation of Welsh Government 'end of year' capital slippage.	In line with Annual Plan for 2025-26	On Track

Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	Associate Director for Capital, Estates and Facilities	Due to financial challenges within the Health Board, this item is on hold.	TBC	At risk
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**Additional information:**

**Update including impact of actions to date on current risk score:**

**Capital:** Discretionary capital budget for 2026/27 has been increased to £3.032M. This will mean an extra 632k for PTHB which will be utilised on improving the estate. A total of 16 of the 17 Targeted Estates Funding (TEF) bids were approved for expenditure over 2025/26/27 at a value of £3.550M This includes a 30% health board contribution which equates to £634.5k in 2025/26 and £430k in 2026/27.

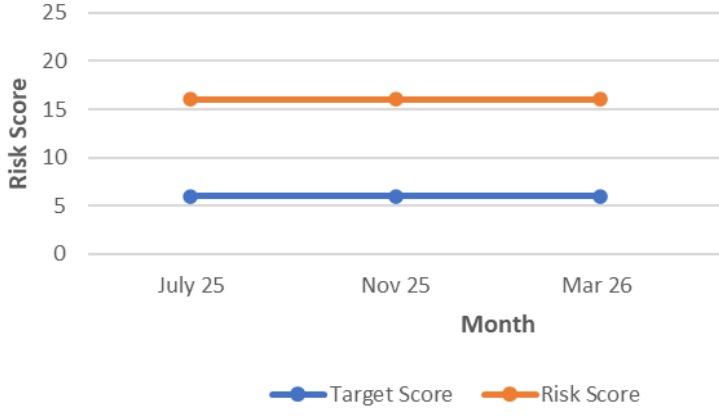
**Estates:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze ongoing. Contract awarded to provide new CAFM (Helpdesk) system, this will replace the previous system, which is over 20 years old. Embracing new technologies allowing better reporting and improving access and information to service users. As part of the agreed PTHB savings plan, the Estates team were requested to decommission the Vacuum Insulated Evaporators (VIEs) that were installed during the COVID-19 pandemic at Brecon, Llandrindod Wells, and Welshpool Hospitals. The VIE units were hired from BOC at a cost £38,040 per annum. To decommission the VIE's and revert from liquid oxygen back to oxygen cylinder, the team had to reinstate the manifolds and ancillary pipework. It's estimated that by undertaking the work and returning to oxygen cylinders, PTHB will see a minimum saving of £27K per annum. NWSSP–SES has issued a Building Resilience Survey on behalf of the Welsh Government across the NHS Wales estate. The survey provides a consistent, evidence-based assessment of how NHS sites withstand, respond to, and recover from disruptions

such as system failures, adverse weather, and other operational challenges. Estates teams have completed the surveys for PTHB sites to enable this comprehensive evaluation.

**Fire:** Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding. Annual Fire Assurance Report 2025 documents that Fire safety remains a significant risk for PTHB due to the complexity of patient evacuation, but continued improvements were observed in 2025. Fire Awareness Training strengthened post-pandemic, achieving an 82% completion rate, supported by increased face-to-face sessions. All fire risk assessments were completed, identifying 553 actions, a significant reduction from over 2,000 prior to 2018, reflecting progress in infrastructure and compliance. Unwanted Fire Signals have been effectively reduced through a data-driven programme, targeted upgrades to detection systems, and Welsh Government funding. Only two minor fire incidents were reported in 2025, and inspections by Mid and West Wales Fire and Rescue Service resulted in no enforcement notices. Capital investment of £832,000 supported major fire safety enhancements. The draft Building Safety (Wales) Bill is under review, with particular consideration for the management of Residential Units, while fire induction programmes for residents have been positively received.

**Property:** significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway. International Recruitment has introduced significant extra workload, which is affecting output of core activity. Better Together may have significant impact.

**Finance:** significant cost pressures related to energy and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to reactive failures of key building fabric and infrastructure.

<b>SRR 008</b>	<b>There is a risk that:</b> The Health Board is unable to shift to a primary prevention focused health care system													
<b>Current Risk Score:</b>  <b>16</b>	<b>Risk rating detail:</b> (likelihood x impact)  Current: L4 x I4 = 16 Inherent: L5 x I4 = 20 Target: L2 x 3I = 6	<b>Risk Category:</b> Innovation and Strategic Change  <b>Boards Risk Appetite:</b> Eager												
<b>Executive Lead:</b> Executive Director of Public Health		<b>Assuring Committee:</b> Planning, Partnerships and Population Health												
<b>Latest review date:</b> February 2026  <b>Added to register:</b> July 2025  <b>Risk source:</b> SP 1 and WBO 1	<p style="text-align: center;"><b>Risk Score Trajectory</b></p>  <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	6	16	Nov 25	6	16	Mar 26	6	16	<b>Cause of risk and rational for current score:</b> <ul style="list-style-type: none"> <li>• NHS historically structured around acute and reactive care.</li> <li>• The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention.</li> <li>• NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes.</li> <li>• Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.</li> </ul>
Month	Target Score	Risk Score												
July 25	6	16												
Nov 25	6	16												
Mar 26	6	16												

		<p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>• Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs.</li> <li>• Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities.</li> </ul>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
8.1	The Health Board <i>Annual Plan 2025/26</i> contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/Executive Committee/Group
8.2	The Powys Public Services Board <i>Wellbeing Plan</i> has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
8.3	The Powys Regional Partnership Board <i>Area Plan 2023-28</i> includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		

8.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the <i>NHS Wales Performance Framework 2025-26</i> .	NHS Wales Planning Framework reporting procedures.		
8.5	A Population Health Framework for Powys (DPH Annual Report) was approved and published by the Board in September 2025.	PTHB Annual Plan internal performance reporting procedures.		

### Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Detailed work is underway to make sure the right timeline is in place for the work ahead	To be confirmed	On track
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	Proposed set of actions to take forward the framework in year 1 identified for Board consideration on choices on inclusion in the draft PTHB Annual Integrated Plan 2026/27.	March'26.	On track.
Implement Welsh Government's <i>Community by Design</i> healthcare transformation programme with the stated aim of making population health management and prevention business as	Executive Directors	First meeting of Welsh Government's Community by Design Transformation Programme Board on 10/12/25.	Timeline to be confirmed.	On track.

usual, systematically embedded into every contact.		National Draft delivery plan for phase 1 published. National Draft Delivery plan (Phase 2) to be agreed by end of March'26.		
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**Additional information:**

**Rationale for current score:**  
The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.

<p><b>SRR 009</b></p>	<p><b>There is a risk that: The Health Board is unable to stabilise the growing implications of Continuing Health Care</b></p>													
<p><b>Current Risk Score:</b></p> <p><b>16</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)</p> <p>Current: L4 x I4 = 16          Inherent: L4 x I4 = 16          Target: L3 x I3 = 9</p>	<p><b>Risk Category:</b> Performance and Sustainability</p> <p><b>Boards Risk Appetite:</b> Open</p>												
<p><b>Executive Lead:</b> Executive Director of Primary, Community Care and Mental Health</p>	<p><b>Assuring Committee:</b> Finance and Performance Committee</p>													
<p><b>Latest review date:</b> February 2026</p> <p><b>Added to register:</b> July 2025</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b> SP 6 and WBO 4</p>	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>9</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>9</td> <td>16</td> </tr> <tr> <td>Mar 26</td> <td>9</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	9	16	Nov 25	9	16	Mar 26	9	16	<p><b>Cause of risk and rational for current score:</b></p> <ul style="list-style-type: none"> <li>Demand is greater than available resource</li> </ul> <p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>The service is unable to remain within allocated budget</li> <li>Failure to meet needs of vulnerable patients who are eligible for health services</li> </ul>
Month	Target Score	Risk Score												
July 25	9	16												
Nov 25	9	16												
Mar 26	9	16												

<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
9.1	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive Committee and F&P Committee	Reasonable	Board
9.2	A Complex Care and Continuing Health Care (CCCHC) workstream is in place to monitor progression of identified key principles, escalate issues, and guide next steps through regular updates. This structured oversight supports early risk identification, informed decision-making, and contributes to meeting savings targets through improved processes, enhanced reporting, and strengthened assurance. Complex Care Workshop Series completed.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee
9.3	Robust governance embedded through a multi-disciplinary panel and approval process, including Continuing Healthcare, to ensure consistent, transparent, and accountable decision-making. New System to process Retrospective CHC Claims implemented.	Reports into Variable Pay, DMT and CCCHC.	Reasonable	Executive Committee
9.4	Monthly Directorate Management Team (DMT) meetings include a standing agenda item whereby the Assistant Director for Complex Care provides an update incorporating Continuing Healthcare (CHC) via the DMT Highlight Report. This ensures regular oversight, facilitates early identification of risks, and supports timely decision-making.	Reports to Executive Director for PCCMH and escalated if required to Executive Committee via committee papers/updates.	Reasonable	Executive Committee

9.5	Deep Dive Report on EMI numbers and costs and Private Provider Report identifying new governance processes in place presented to appropriate Committee of the Board	Reports presented to Finance and Performance Committee in June and September 2025		F&P
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Recruitment to additional post to support MH Adults of Working Age with provision of commissioning support to Acute Care Pathway	Head of Mental Health Complex and Unscheduled Care	Action not taken forward, subject to external review. See further actions.		Closed
Complex Care Operational Management Group	Assistant Director Community Services Group	Meeting continues to review operational performance including further consideration of mitigation for increased risk. Noted deterioration in trajectory for end of year, with significant pressure in EMI. Actions now aligned to outputs of external review.	October 2026	On track
To undertake an external Subject Matter Expert review, with a view to optimising the service and outcomes, including financial position	Assistant Director Community Services Group	UB Healthcare, partnered with Clarity Consulting Associates Ltd and Grant Thornton, were commissioned to undertake a detailed, evidence led and systematic service review across Continuing Healthcare (CHC) and complex care functions in December 2025. This report is now being	February 2026	On Track

		shared with the governance of the Health Board and is expected to make recommendations around governance, commissioning and contracting, data and organisational capacity. This is also expected to identify opportunities to further reduce costs for the future.		
National Digital System delays	Assistant Director of Complex Care	Health Boards will need to plan financially for future costs. The Health Board has submitted a business case to WG as part of a national procurement plan. Outcome expected by end of financial year. There is a national business case in pace. Team has engaged in several product demonstrations.	March 2026	On Track

**Additional information:**

**Rationale for current score:** End of year forecast looks to indicate continued growth which risks further financial pressure but risk score has remained the same.

**Update including impact of actions to date on current risk score:** Remains the same as no significant benefit realised since previous review

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<b>SRR 010</b>	<b>There is a risk that:</b> The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident													
<b>Current Risk Score:</b>  <b>12</b>	<b>Risk rating detail:</b> (likelihood x impact) Current: 3 x 4 = 12 Inherent: 4 x 4 = 16 Target: 2 x 3 = 6	<b>Risk Category:</b> Safety												
		<b>Boards Risk Appetite:</b> <span style="background-color: red; color: white;">Averse</span>												
<b>Executive Lead:</b> Executive Director of Public Health		<b>Assuring Committee:</b> Planning, Partnerships and Population Health Committee												
<b>Latest review date:</b> February 2026  <b>Added to register:</b> July 2025  <b>Link to Strategic Priorities and Wellbeing</b> <b>Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs	<p>Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>12</td> </tr> <tr> <td>Mar 26</td> <td>6</td> <td>12</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	12	16	Nov 25	6	12	Mar 26	6	12	<b>Cause of risk and rational for current score:</b> <ul style="list-style-type: none"> <li>• Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency.</li> </ul> <b>Risk materialising would result in:</b> <ul style="list-style-type: none"> <li>• Adverse impacts on delivery of care to patients</li> <li>• Inability to respond to a major incident to meet needs of those affected</li> <li>• Harm or injury to population, patients and/or staff</li> <li>• Health Board breaches statutory duties under the Civil Contingencies Act 2004</li> <li>• Litigation &amp; financial penalties</li> </ul>
Month	Target Score	Risk Score												
July 25	12	16												
Nov 25	6	12												
Mar 26	6	12												

		<ul style="list-style-type: none"> <li>• Reputational damage and loss of public confidence</li> <li>• Staff absence (injury, wellbeing)</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	<ul style="list-style-type: none"> <li>• Plan approved by Executive Committee</li> <li>• Civil Contingency Annual Report</li> </ul>	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	<ul style="list-style-type: none"> <li>• Policy approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	<ul style="list-style-type: none"> <li>• Framework approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	<ul style="list-style-type: none"> <li>• Arrangements approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases (HCID) are in place and are subject to regular review.	<ul style="list-style-type: none"> <li>• Protocols in place</li> </ul>	Substantial	Executive Director

10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	<ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> </ul>	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	<ul style="list-style-type: none"> <li>Audit Report – substantial assurance (Dec 2023)</li> </ul>	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	<ul style="list-style-type: none"> <li>Audit Report – substantial assurance (May 2025)</li> </ul>	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum’s planning and response structures.	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Training and exercise records</li> </ul>	Substantial	Executive Director
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Training and exercise records</li> </ul>	Substantial	Executive Director
10.11	<p>The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive):</p> <ul style="list-style-type: none"> <li>Exercise Mighty Oak (National Power Outage)</li> <li>Exercise Pen Y Darren (Mass Casualty)</li> <li>Exercise CYD (Communicable Disease)</li> <li>Exercise Fad Fellin (Mpox/HCID)</li> <li>Exercise Solaris (Pandemic)</li> <li>Exercise Redstreak (Water disruption)</li> </ul>	<ul style="list-style-type: none"> <li>Exercise Reports</li> </ul>	Substantial	Executive Director

	<ul style="list-style-type: none"> <li>Exercise Wales Connect (Regular Pan Wales Response Plan activation test)</li> <li>Walkthroughs of the operational response to major incidents/Mpox arrangements</li> <li>Exercise Pegasus (Pandemic Response)</li> </ul>			
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	<ul style="list-style-type: none"> <li>Debriefs from internal responses to incidents</li> </ul>	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> <li>Internal repository</li> </ul>	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	<ul style="list-style-type: none"> <li>Six monthly meetings in place</li> </ul>	Substantial	Executive Director
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track


Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	Recommendations following the review of the operational major incident arrangements to be presented to the Executive Committee for approval by the 31 <sup>st</sup> March 2025, with plans to undertake an early review of the PTHB Major Incident and Emergency Response Plan to incorporate the changes included within the updated <i>Mass Casualty Arrangements for NHS Wales</i>	30 <sup>th</sup> April 2026	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track

Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 <sup>st</sup> March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager	PTHB's Pandemic Framework will be updated to incorporate internal lessons identified following PTHB's participation in Exercise Pegasus.	31 <sup>st</sup> March 2026	On Track

**Additional information:**

The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital

**Rationale for current score:** There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.

<p><b>SRR 012</b></p>	<p><b>There is a risk that:</b> The Health Board is unable to maintain and build public confidence in regard to service delivery and transformation in staff, patients, stakeholders and community.</p>													
<p><b>Current Risk Score:</b></p> <p><b>15</b></p>	<p><b>Risk rating detail:</b> (likelihood x impact)          Current: 3 x 5 = 15          Inherent: 4 x 5 = 20          Target: 2 x 4 = 8</p>	<p><b>Risk Category:</b> Reputation and Public Confidence</p> <p><b>Boards Risk Appetite:</b> Open</p>												
<p><b>Executive Lead:</b> Director of Corporate Governance / Board Secretary</p>	<p><b>Assuring Committee:</b> Finance and Performance Committee</p>													
<p><b>Latest review date:</b> February 2026</p> <p><b>Added to register:</b> July 2025</p> <p><b>Link to Strategic Priorities and Wellbeing Objectives:</b> Cross-cutting risk relevant to all SPs and WBOs</p>	<p style="text-align: center;">Risk Score Trajectory</p>  <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>15</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>15</td> </tr> <tr> <td>Mar 26</td> <td>8</td> <td>15</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	15	Nov 25	8	15	Mar 26	8	15	<p><b>Cause of risk and rationale for current score:</b></p> <ul style="list-style-type: none"> <li>The NHS is facing a very challenging period, including the waiting list backlog arising from COVID, the delays in strategic transformation exacerbated by the pandemic period, significant inflationary pressures. This is compounded locally by the challenges of service delivery in a rural area including for recruitment and retention, the need to take action to transform the model of health care so that it is safe and sustainable for the future, and the need for immediate action in response to the financial position. In this context there is a need for challenging decisions, sometimes short term in nature (e.g. waiting list measures). Given the comparatively small organisational leadership infrastructure in PTHB it is highly complex to</li> </ul>
Month	Target Score	Risk Score												
July 25	8	15												
Nov 25	8	15												
Mar 26	8	15												

		<p>engage meaningfully at a hyperlocal level with the many different community needs and expectations across our large county, particularly to contextual this to multiple secondary and tertiary care pathways.</p> <p><b>Risk materialising would result in:</b></p> <ul style="list-style-type: none"> <li>Lack of public confidence could lead to erosion of trust; reduced engagement and discretionary effort by patients, public, staff and stakeholders; leadership and administrative burden in relation to responding to complaints, correspondence, FOI, enquiries, Senedd questions etc.; adverse impact on staff morale, recruitment and retention; potential loss of strategic momentum and/or financial inefficiencies due to delays, rework or crisis communications.</li> </ul>		
<b>Controls (What has been implemented to manage the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
12.1	Better Together programme in place in order to make lasting decisions about the permanent future shape of safe and sustainable health services, with Stage One engagement completed and Stage Two engagement nearing completion	Better Together Programme	Reasonable	Board
12.2	Communication and engagement team in place (substantive team = 4.0wte, additional temporary posts) with active management of priorities aligned with organisational priorities and risks	Quarterly E&C Team reports Directorate Review	Reasonable	Director / Chief Executive

12.3	Weekly informal communications report to Board including reputation risk portfolio to support internal review and scrutiny	Copies of The Week	Reasonable	Chair / whole Board
12.4	Twice Yearly Engagement and Communication Report supports ongoing review of capacity against opportunities and risks	Twice yearly E&C Team reports Directorate Review	Reasonable	Board Committees (x2 per annum)
12.5	Temporary strengthening of communications and engagement function including non-pay resources to support Better Together programme	Minutes of Executive Committee	Reasonable	Executive Committee
12.6	Procurement of additional engagement delivery and analysis support to Stage Two Better Together engagement	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.7	Procurement of additional consultation delivery and analysis support to Stage Three Better Together	Contract in place. Reports to Portfolio Board and Executive Committee	Reasonable	Board
12.8	Stakeholder Map in place	Stakeholder Map	Reasonable	Executive Committee
12.9	Priority stakeholder engagement mechanisms in place (e.g. regular MS/MP briefings, Board to Cabinet meetings with PCC, Joint Leadership Team meetings with PCC, RPB and sub-structures, PSB and sub-structures)	Notes from meetings	Reasonable	Board
12.10	OD programme in place linked to Better Together transformational change programme	Notes of ODEC and Portfolio Board	Reasonable	Executive Committee

12.11	Channel strategy in place and kept under review (web, govDelivery, Facebook, NextDoor etc.)	Quarterly E&C Team reports	Reasonable	Executive Committee
12.12	Out of hours media protocol in place via Gold On Call but currently insufficient team capacity for on call comms	Major Incident and Business Continuity Plan arrangements	Limited	Executive Committee
12.13	Powys Engagement and Insight Network in place to support pan-organisational co-ordination of engagement and insight (joint sub-group of RPB and PSB)	Minutes 6-monthly insight reports	Reasonable	Executive Committee
12.14	Programme of continuous engagement in place as of October 2025 following strengthening of the engagement team.	Minutes Event materials Update reports	Reasonable	Portfolio Board

### Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Stakeholder engagement assurance included within TI support framework	DCG	Procurement process under way Oct 2025 – procurement complete, report due Dec 2025. Jan 2026 – procurement complete	08/25	Complete

Identification of named Locality leads for each of the 13 Powys localities	DCG	Arrangements being finalised for implementation Oct 2025 – In final draft, will be complete end Nov 2025	08/25	Complete
Establish annual Insight Report from community engagement activities for Board review and to inform annual planning	DCG	Pilot report created 2024/25 with aim to fully establish from 2025/26	31/03/26	On track

**Additional information:**

**Rationale for current score:**  
 Significant challenges to public confidence remain possible, particularly given the pressing need for significant transformation of health services to ensure that they are fit for the future The scope for managing these challenges is reduced due to the highly complex environment in which the health board operates (very large rural geography, hyperlocal needs and expectations, complex cross-border commissioned pathways with both England and Wales). Trust has been further challenged by decisions the health board has needed to make in the context of in-year financial challenges (e.g. waiting list measures) and to address risks to safety and sustainability (e.g. temporary service changes).

**Update including impact of actions to date on current risk score:**  
 Temporary strengthening of the engagement and communication function is supporting the health board to establish mechanisms for continuous engagement, although decisions will be needed once temporary funding ends as the substantive permanent resource across all engagement and communication specialisms (strategic communications, digital and social media including website and intranet, crisis communications, graphic design and print, public and community engagement and consultation, press and PR, internal communications, stakeholder relations, reputation and branding) is 4.0wte.