

Board

Wed 26 March 2025, 09:30 - 15:20

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

 Board_Agenda_26 Mar25FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

 Board_1.2_Board Members Declaration Of Interests summary 2024-25Feb.pdf (4 pages)

1.3. Board Action Log

Chair

 Board_1.3_Action Log Mar25.pdf (1 pages)


1.4. Questions to Board from the public

Director of Corporate Governance

1.5. Update from the:

1.5.1. Chair

Chair

 Board_1.5a_Chair's Report.pdf (4 pages)

1.5.2. Vice-Chair

Vice-Chair

 Board_1.5b_Vice-Chair update.pdf (3 pages)

1.5.3. Chief Executive


Chief Executive


 Board_1.5c_CEO Board Report.pdf (5 pages)


1.6. Assurance Reports of Board Committees


Director of Corporate Governance


 Board_1.6_Committee Chair Reports_Mar25.pdf (6 pages)

 Board_1.6a_AppA_AAAI for ARAC Mar 11.pdf (3 pages)


 Board_1.6b_AppB_Charitable Funds Chairs Report Mar24.pdf (1 pages)


 Board_1.6c_AppC_AAAI_D&P_Chairs Report_06Feb2025.pdf (6 pages)

 Board_1.6d_AppD_AAAI for PEQS Feb 25.pdf (4 pages)

 Board_1.6e_AppE_AAAI_PPPH_Chairs Report_04Feb25.pdf (5 pages)

 Board_1.6f_AppF_W&C_AAAI Report_13March2025_Lite.pdf (1 pages)

 Board_1.6g_AppG_AAAI_Joint_D&P&PPPH_Chairs Report_17March2025.pdf (2 pages)

 Board_1.6h_EC Chair's Assurance Report MAR25.pdf (10 pages)

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09:30 - 09:30 **2. CONSENT AGENDA BUSINESS**

0 min

09:30 - 09:30 **3. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

0 min

3.1. PTHB Annual Plan 2025/26

Executive Director of Planning, Performance and Commissioning

- 📄 Board_3.1_2025-26 PTHB AnnualPlan_Cover.pdf (21 pages)
- 📄 Board_3.1a_Final Annual Plan 2025_26.pdf (102 pages)
- 📄 Board_3.1c_APPENDIX 6 to Annual Plan.pdf (2 pages)

3.2. Capital Programme

Executive Director of Finance, Capital and Support Services

- 📄 Board_3.2_Capital Programme 2025 to 2027.pdf (11 pages)

3.3. Director of Corporate Governance Report

Director of Corporate Governance

- 📄 Board_3.3_DCG report.pdf (5 pages)

3.4. Standards of Behaviour Policy

Director of Corporate Governance

- 📄 Board_3.4_Cover_Report_Standards of Behaviour Policy and Processes Feb2025.pdf (5 pages)
- 📄 Board_3.4a_AppA_Standards of Behaviour Policy Feb2025.pdf (47 pages)
- 📄 Board_3.4b_AppB_Guide to Recording Declarations of Interests 2025.pdf (8 pages)
- 📄 Board_3.4c_AppC_Flowchart of Factors to consider when declaring a Gift.pdf (1 pages)

3.5. Risk Management Framework

Director of Corporate Governance

- 📄 Board_3.5_Risk Management Framework_Cover Paper.pdf (5 pages)
- 📄 Board_3.5a_Appendix A_Risk Management Framework.pdf (24 pages)

3.6. Minutes of the previous meeting held on 29 January 2025, for approval

Chair

- 📄 Board_Item_3.6_Minutes 29JAN2025_Draft.pdf (23 pages)

09:30 - 09:30 **4. ITEMS FOR BOARD ASSURANCE**

0 min

4.1. Financial Performance Month 11 2024/25

Executive Director of Finance, Capital and Support Services

- 📄 Board_4.1_Financial Performance Report Mth 11.pdf (20 pages)
- 📄 Board_4.1a_Finance MMR narrative.pdf (17 pages)

4.2. Integrated Quality and Performance Report 2024/25 Month 10

Executive Director of Planning, Performance and Commissioning

- 📄 Board_4.2_20250314_Month10_IQPR_Cover.pdf (8 pages)

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Board_4.2a_20250314_IPR_24-25_Month 10_Full Slides_Final.pdf (74 pages)

4.3. Annual Delivery Plan 2024/25 Quarter 3

Executive Director of Planning, Performance and Commissioning

Board_4.3_Integrated Plan Q3 Progress against Plan_Cover Paper.pdf (16 pages)

Board_4.3a_Integrated Plan Q3 Progress Report.pdf (60 pages)

4.4. Temporary Service Change update (Minor Injuries Units & Ready to Go Home Units)

Executive Medical Director

Board_4.4_TSC Assurance Paper March 2025.pdf (13 pages)

4.5. Corporate Risk Register

Director of Corporate Governance

Board_4.5_CRR Cover report 18 March 2025.pdf (8 pages)

Board_4.5a_CRR001 (Financial forecast).pdf (3 pages)

Board_4.5b_CRR002 (Financial Resources).pdf (3 pages)

Board_4.5c_CRR003 (Resource Allocation).pdf (4 pages)

Board_4.5d_CRR004 (Demand - provider).pdf (4 pages)

Board_4.5e_CRR005 (Demand - commissioner).pdf (7 pages)

Board_4.5f_CRR006 - (Workforce).pdf (5 pages)

Board_4.5g_CRR007 (Primary Care).pdf (7 pages)

Board_4.5h_CRR009 - (Estate).pdf (8 pages)

Board_4.5i_CRR010 - (Public Health).pdf (6 pages)

4.6. Report of the Regional Director of Llais

Regional Director of Llais

Board_4.6_RDs Report PtHB March 2025 Final.pdf (5 pages)

Board_4.6a_Insights from Emergency Care Project 2024 ATRTV.pdf (29 pages)

09:30 - 09:30 5. CONSENT AGENDA

0 min

5.1. Assurance Reports of the Board's Joint Committees

Chief Executive

Board_5.1_Joint Committee Reports_Mar25.pdf (2 pages)

Board_5.1a_App1_Highlight Report - JCC 21 January 2025 Final.pdf (7 pages)

5.2. Assurance Report of the Board's Partnership Arrangements

Chief Executive

Board_5.2_Summary of Partnership Board Activity Mar25.pdf (3 pages)

Board_5.2a_SSPC Assurance Report 03 February 2025 FINAL.pdf (6 pages)

5.3. Assurance Report of the Board's Advisory Groups

Executive Director of People and Culture

Board_5.3_Assurance Report of Boards Advisory Group Mar25.pdf (2 pages)

Board_5.3a_Chairs report_LPF_20JAN2025.pdf (3 pages)

5.4. Board Work Programme 2024/25

Director of Corporate Governance

Board_5.4_Work Programme 2024-25.pdf (3 pages)

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5.5. GLOSSARY

Director of Corporate Governance

 Board_5.5_PTHB Glossary.pdf (5 pages)

09:30 - 09:30 6. OTHER MATTERS

0 min

6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of the Next Meeting: 21 May 2025 Via Microsoft Teams

09:30 - 09:30 7. CONFIDENTIAL MATTERS

0 min

Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. Minutes from the In-Committee meetings held on 29 January and 06 March 2025 and Action Log

Chair

7.4. North Powys Wellbeing Programme

Chief Executive

7.5. CEO update

7.6. In-Committee Corporate Risk Register

Director of Corporate Governance

7.7. Any other urgent business

7.8. Close

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AGENDA

1: PRELIMINARY MATTERS

09.30	1.1	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
	1.4	Questions to Board from the public	Verbal	Director of Corporate Governance
09.35	1.5	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chief Executive
09.55	1.6	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive

2: CONSENT AGENDA BUSINESS

The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.

3: ITEMS FOR APPROVAL/RATIFICATION/DECISION

10.20	3.1	PTHB Annual Plan 2025/26	Attached	Executive Director of Planning, Performance and Commissioning
11.05	3.2	Capital Programme	Attached	Executive Director of Finance, Capital and Support Services
11.15	3.3	Director of Corporate Governance Report	Attached	Director of Corporate Governance
11.25	3.4	Standards of Behaviour Policy	Attached	Director of Corporate Governance
11.35	BREAK 15 minutes			
11.50	3.5	Risk Management Framework	Attached	Director of Corporate Governance
12.05	3.6	Minutes of Previous Meeting held on 29 January 2025.	Attached	Chair

4: ITEMS FOR BOARD ASSURANCE

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12.10	4.1	Financial Performance: Month 11 - 2024/25	Attached	Executive Director of Finance, Capital and Support Services
12.30	4.2	Integrated Quality and Performance Report 2024/25 month 10	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
13.00	13.00 LUNCH - 45 mins			
13.45	4.3	Annual Delivery Plan 2024/25 Quarter 3	Attached	Executive Director of Planning, Performance and Commissioning
14.00	4.4	Temporary Service Change update (Minor Injuries Units & Ready to Go Home Units)	Attached	Executive Medical Director
14.10	4.5	Corporate Risk Register	Attached	Director of Corporate Governance
14.15	4.6	Report of the Chief Officer of Llais	Attached	Llais Regional Director
5: CONSENT AGENDA				
	5.1	Assurance Report of the Board's Joint Committees Purpose: Assurance	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements Purpose: Assurance	Attached	Chief Executive
	5.3	Assurance Report of the Board's Local Partnership Forum (20 January 2025 - written) Purpose: Assurance	Attached	Executive Director of People and Culture
	5.4	Board Work Programme 2024/25	Attached	Director of Corporate Governance
	5.5	Glossary Purpose: For information	Attached	Director of Corporate Governance
6: OTHER MATTERS				
14.25	6.1	Any Other Urgent Business	Verbal	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: ▪ 21 May 2025 In person		
<p>7. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p>				

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

Time	Item	Title	Attached / Oral	Presenter
14.30	7.1	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 29 January and 06 March 2025 and In-Committee Action Log	Attached	Chair
14.35	7.4	North Powys Wellbeing Programme	Attached	Chief Executive
15.00	7.5	CEO update	Verbal	Chief Executive
15.10	7.6	In-Committee Corporate Risk Register	Attached	Director of Corporate Governance
	7.7	Any other urgent business	Verbal	Chair
15.20		Close		

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25								Updated: February 2025	
Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	Carl Cooper	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/02/2025	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2025	Ongoing	Stepdaughter's partner is a Pharmaceutical Control Analyst employed by Cardiff & Vale Health Board.	Nil		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidiory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	Rhoert Lewis	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSO	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	NIL	02/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Information and Technology)	Ian Phillips	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (finance)	Steve Elliot	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	Ronnie Alexander	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	Simon Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University- Various Healthcare Programmes	Salaried Employment		

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		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	08/07/2024	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	Jennifer Owen Adams	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
Independent Member (Local Authority)	Christopher Walsh	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner: CTW Genealogy Research and	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	Michael Giannai	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member	Ian Thomas	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Current	Family Fund Business Services (FFBS)	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	Hayley Thomas	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Planning, Performance & Commissioning	Stephen Powell	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Finance, Capital	Pete Hopgood	Personal	NIL	NIL	NIL	NIL	NIL		

and Support Services		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2024	
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	Kate Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	Debra Wood Lawson	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	Mererid Bowley	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Executive Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance/ Board Secretary	Helen Bushell	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Director and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	Wayne Tannahill	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic	Lucie Cornish								

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Improvement and Transformation		Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson From 07/10/24	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton From 30/09/2024	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil	17/10/2024	
				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum		

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Board Action Log											Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board
RAG Status:											
At risk	Red - action date passed or revised date needed										
On track	Yellow - action on target to be completed by agreed/revised date										
Completed	Green - action complete										
No longer needed	Blue - action to be removed and/or replaced by new action										
Transferred	Grey - Transferred to another group										

Board

OPEN ACTIONS - FOR REVIEW

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	<p>27.01.2025 update: This is on the agenda for February PEQS and March Board. Action not yet due to report to Board.</p> <p>26.03.25 update - PEQS considered an update in February, release of the national framework awaited, update will be provided to the Board in May following PEQS in April. Date change requested.</p>	Mar-25	May-25	At risk

**OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING - NONE FOR THIS MEETING (26 MARCH 2025)
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 26 MARCH 2025)**

29/01/2025	PTHB/24/167a	DPC	Anti-Racism Plan	Two incomplete actions in the action plan to be discussed at Workforce and Culture Committee	16.03.2025 update: This has been transferred to Workforce anc Culture Committee			Transferred
29/01/2025	PTHB/24/167b	DPC	Anti-Racism Plan	The action plan lacks a baseline or SMART objectives - to be discussed at Workforce and Culture Committee	16.03.2025 update: This has been transferred to Workforce anc Culture Committee			Transferred
29/01/2025	PTHB/24/167c	DPC	Anti-Racism Plan	The action plan includes two actions without a target date - to be discussed at Workforce and Culture Committee	16.03.2025 update: This has been transferred to Workforce anc Culture Committee			Transferred

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GIG
CYMRU
NHS
WALES

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Powys Teaching
Health Board

Agenda item: 1.6a

BOARD MEETING		DATE: 26 MARCH 2025
Subject:	CHAIR'S REPORT	
Approved and presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting January 2025.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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Chair's Report

CHAIR'S REPORT:

Board Membership

We continue to work with Welsh Government to determine the arrangements for the recruitment of a new Independent Member later this year. I am grateful to Mick Giannassi for his continued support as a directly appointed Independent Member.

Escalation, Assurance and Accountability

As reported in previous meetings, due to the increased risk associated with our financial position, we have been placed in Level 4 escalation for the domain of finance, strategy and planning. We are working closely with Welsh Government within the escalation arrangements of the NHS Wales Intervention and Escalation Framework.

As a Board we recognise, understand and own the situation in which we find ourselves. We also take seriously Welsh Government's consistent requirement that we approve a plan that meets our financial statutory duty. During this meeting we will consider the proposed Annual Plan 2025-2026. The Board has been fully involved in steering the direction and content of this plan. It contains difficult, mitigating actions that will improve our position. We have spent considerable time exploring in detail the options available to us, together with the risks associated with these options.

Our focus is not exclusively on the immediate situation. We have also been shaping and scrutinising the *Better Together* approach that will map our journey towards sustainable health services for the foreseeable future. We continue our relentless commitment to providing the best quality, safest, most timely health services as possible for our population.

It is also important to reiterate that we remain in routine monitoring (level 1) for all other domains of the NHS Wales Intervention and Escalation Framework Arrangements.

Listening and Learning

The Board continues to prioritise engaging with patients and staff members in order that we may hear directly about people's experiences. Alongside the data and information we receive in many reports, the lived experience of people helps to paint a holistic picture of reality within PTHB and Powys.

Each monthly Board development session includes an opportunity to engage with different, operational colleagues. Since the January 2025 Board meeting, we have spent time:

- Considering the implications of Compassionate Leadership for us as individual Board members, and as a team. Ultimately, we need to reflect, embed and incarnate the culture and behaviours we expect to see lived out across the organisation.

- Learning about the capabilities and benefits of the new Digiflo system. Digiflo enables the capture and analysis of patient data in order to care for people more effectively and, specifically, to expedite hospital discharges. A shared Digiflo dashboard is being developed in partnership with Powys County Council that will facilitate greater cooperation between our organisations and services.

The Vice Chair and my 'Out and About' programme of visits continues apace. I am particularly grateful to colleagues for the warm welcome and useful conversations we had on each of the visits, namely:

- Ready to Go Home Units in Llanidloes and Bronllys
It was good to receive positive feedback from staff colleagues and patients about the quality and timeliness of the care provided on the units. We look forward to receiving the evaluation report at the end of the temporary service change period in order to inform decisions about the future of these units.
- X-Ray Department, Welshpool
It was greatly encouraging to glimpse of the new, digital X-Ray equipment is providing a more effective and efficient service, improving patient experience and raising staff morale. There was an almost palpable enthusiasm within the team and department.
- PTHB Library
Within the depths of Bronllys Hospital corridors lies a crucial and often unsung service. It was enlightening to learn how this skilled, small team supports education and research, provides information access advice services to all staff members and helps people to operate effectively in an increasingly digital world.
- Commissioning and Performance Team
It is striking, again, how a small team produces impressive, essential information and services for the organisation. 40% of our budget is spent on what we commission, so this work is germane to our organisational performance and identity. We had useful conversations about opportunities to bring about greater efficiency through automisation, and how helpful or otherwise it is to dualise our organisational ontology through a commissioner-provider split lens.

Strategic Contacts and Involvement

- I was pleased to meet with Dr Gill Todd, former PTHB Medical Director, who now serves as a Church in Wales priest and hospital chaplain in Brecon. We discussed how chaplaincy operates within PTHB and opportunities to strengthen the provision.
The Chief Executive and I contributed to the work of the Ministerial Advisory Group that is reviewing productivity within NHS Wales bodies. The focus is exclusively on cancer, emergency care, diagnostics and planned care. It is

soon to produce its report, and we look forward to reading its findings and recommendations.

- It was good to have a one-to-one catch up with Katie Blackburn, the Llais Regional Director in Powys. It was an important opportunity to discuss issues of mutual importance and interest.
- Together with the CEO and other exec colleagues, I attended a conference organised by NHS Wales Confederation, *Shaping the Future of the NHS in Wales*. It is expected that a small number of suggestions will emerge that could help to focus future priorities.
- I met with Ian Green, Chair of the Joint Commissioning Committee. It was good to be able to acknowledge the ways in which he has led the fostering of closer, stronger working relationships between the JCC and individual Health Boards.
- The CEO and I met with Dafydd Llewellyn, Dyfed Powys Police and Crime Commissioner. We recognised the existing, important and positive working relationship between our respective organisations. This happens at many levels and in crucial areas such as mental health, community safety and safeguarding.



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Agenda item: 1.5b

BOARD		26 MARCH 2025
Subject:	Vice Chair's Report	
Approved and presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in January 2025.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES this report.		
Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

Quality and Safety

I attend our Safeguarding Strategic Group. There continues to be issues around take up of Level 3 training across all relevant staff groups which will continue to be monitored by the Patient Experience, Quality & Safety (PEQS) Committee. The meeting is well attended by managers across a number of service areas which is reassuring. Going forward Primary Care will also be represented which is a very welcome development.

Mental Health

I continue to meet regularly with staff managing mental health services to keep abreast of issues relating to adult mental health. The service continues to respond to high levels of demand and high levels of acuity.

I also met our Head of Psychology to reflect on our new referral and triage system in community mental health. From a staff perspective the system appears to be working well ensuring equity and consistency for patients and has been welcomed by GPs.

During this period the Power of Discharge Committee also met. Frustration was expressed by the Hospital Managers regarding the quality of social circumstances reports they receive. This matter is being pursued with colleagues internally and at Powys County Council.

Partnerships

I attended both the Start Well Board and the Live Well Mental Health Board. Each group continues to monitor the effectiveness of cross organisation working and the utilisation of RPB funds. What is particularly pleasing to note is the active participation of PTHB staff at the meetings and service user voice influencing and challenging service providers.

Listening to Staff and Patients

Visits provide a welcome opportunity to learn more about our services, but also directly hear from both PTHB staff and patients. Since my last report to the Board, I have undertaken a number of visits and received the following feedback:

Ready to Go Home Ward, Bronllys. Staff were very positive about the development of the new approach on the ward. They noted that in some cases patients were continuing to experience delays in getting home or to a permanent care setting. The patients I spoke to all spoke very highly of the care that they had received. Some were particularly complimentary of the activities that they had access to on the ward. All I spoke to were keen to return home as soon as possible.

I spent a day with our Speech and Language Therapy staff in a day care setting, a hospital ward and a home visit. The staff expressed positive views about their

job satisfaction and PTHB as an employer. All the patients I spoke to were appreciative of the care they were receiving. The parents of a child the team are supporting also reflected that the hospital staff at the tertiary centre, had been impressed by the proactive effort and determination that had been shown by PTHB staff in supporting the child to return to Powys as soon as possible.

I also spent a day at Ystradgynlais hospital, working alongside the catering team, preparing and serving lunch and the domestic team, cleaning a ward. These teams work incredibly hard and are a crucial component of patient safety and experience. Without their diligence, skill and attention to detail the wider healthcare teams could not operate. I am grateful to them for sharing their working day with me and for the opportunity to gain an insight into their experiences.

Finally I joined the Chair in meeting with the Performance and Commissioning Team. It was a very insightful conversation, reflecting on the challenges, constraints and opportunities to use these functions to drive improvements for patients and improve the operating efficiency of PTHB.

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Agenda item: 1.5c

BOARD MEETING		DATE: 26 March 2025
Subject:	CHIEF EXECUTIVE REPORT	
Approved and presented by:	Hayley Thomas, Chief Executive	
Prepared by:	Director of Corporate Governance with contribution from other colleagues	
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.	
PURPOSE:		
<p>This report is intended to keep the Board up to date with key developments at a national and local level.</p> <p>It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board or may not be directly reported to the Board through other Board reports.</p> <p>The report specifically covers:</p> <ul style="list-style-type: none"> • Health Protection – <ul style="list-style-type: none"> ○ Winter Respiratory Vaccination Programme ○ Respiratory Syncytial Virus RSV programme ○ Spring Covid-19 vaccination Campaign • NHS Wales Staff Survey • EMRTS Judicial Review • Charter for Families Bereaved by Public Tragedy 		
RECOMMENDATION(S):		
The Board is asked to RECEIVE the report and DISCUSS any key issues.		
Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The CEO report covers a board spectrum of updates that impact on a number, if not all wellbeing objectives.
2. Provide Early Help and Support	Y	

3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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CEO Report

CEO REPORT:

Health Protection

Winter Respiratory Vaccination Programme

The Winter Respiratory Vaccination Programme was implemented in line with national directives/guidance with the aim of:

- protecting those at greatest risk from respiratory viruses
- reducing the circulation in our communities
- supporting the resilience of the NHS and care system through the Winter period.

A blended delivery model was adopted involving GP, Pharmacies, vaccination service, school nursing, midwives and occupational health with the aim to increase accessibility.

Respiratory Syncytial Virus RSV programme

The roll-out of the new Respiratory Syncytial Virus (RSV) Programme introduced in the Autumn 2024 continues for the target groups of: older adults, as they turn 75 years old (routine programme) and pregnant women. The routine programme is being delivered through a blended model, of the vaccination service and 6 participating GP Practices; with pregnant women offered vaccination through the maternity service. In addition, a catch-up campaign for older adults targeting those individuals aged between 76 and 79 years (+364 days) old commenced mid-January for completion by August 2025.

Spring Covid-19 vaccination Campaign

The JCVI has published its guidance for the 2025 COVID-19 Spring vaccination programme which has been accepted by the Welsh Government, with subsequent Welsh Health Circular issued to Health Boards on 19 December 2024.

As Covid-19 becomes an endemic disease, the focus of the vaccination programme is shifting towards targeted vaccination of the oldest adults and individuals who are immunosuppressed. These are the two groups who continue to be at higher risk of severe illness, hospitalisation, and death. The eligible groups, as set out by the JCVI guidance is as follows:

- immunosuppressed persons aged 6 months and over
- care home residents
- adults 75 years and over on 30 June 2025

The COVID-19 Spring programme will run between 1 April 2025 and 30 June 2025, commencing with residents of care homes for older adults. The programme will then invite eligible Powys residents to vaccination appointments in priority group order with the deployment model planned to promote equity of uptake of vaccinations. A blended delivery model is being deployed for the Spring Covid-19 programme incorporating vaccination centres and

community/outreach clinics; housebound through District Nursing Teams and Inpatient teams. The Service has increased availability of clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will continue to be monitored throughout the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, and further 'pop-up' community clinics organised in targeted areas.

2023 NHS Wales Staff Survey

I am pleased to update the Board that 30% of our staff completed the 2023 NHS Wales Staff Survey. The all Wales average response rate was 21.9%. Our engagement index in Powys teaching Health Board continues to be the highest of all health boards at 75%.

The Workforce and Culture Committee have received an initial presentation of the survey content, an action plan will be developed which both builds on actions from previous years and responding to this years results. My thanks to all staff who contributed to this important survey, your views and contributions are invaluable.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) - Judicial Review update

As I have reported previously, a judicial review was granted in relation to EMRTS. A two day hearing took place in Cardiff Crown Court on the 22 and 23 January, a further day of the hearing took place on the 7 February 2025. The judgement is awaited, I will update the Board when the judgement has been received.

Charter for Families Bereaved by Public Tragedy

The Health Board has signed the Charter for Families Bereaved by Public Tragedy and the Executive Director of Public Health attended an all-Wales event for public services to publicly pledge its support on the 18th of March 2025. Following the Hillsborough disaster in 1989 and the work of the Hillsborough Independent Panel a Report was published outlining the experiences of the Families called "The Patronising Disposition of Unaccountable Power". It proposed a Charter for those Bereaved through Public Tragedy which puts the needs of the bereaved and survivors at the centre of any investigation or inquiry. The Charter aims to ensure that the pain and suffering of families affected by the Hillsborough tragedy is not repeated in future tragedies and promotes a culture of openness across public serving organisations.

For organisations, the Charter:

- Provides a framework to support bereaved families and communities in the aftermath of a major incident (humanitarian/human factors).

- Highlights the organisation's commitments to be more "people focussed" and providing the vital services that will meet the needs of people before, during and after an incident.
- Present 6 principles that the organisation would prioritise in the event of a major incident or public tragedy.

The Charter commitments are as follows:

Charter

1. In the event of a public tragedy, support the activation of emergency plans and deployment of resources to rescue victims, to support the bereaved and to protect the vulnerable.
2. Place the public interest above our own reputations.
3. Approach forms of public scrutiny – including public inquiries and inquests – with candour, in an open, honest and transparent way, making full disclosure of relevant documents, material and facts. Our objective is to assist the search for the truth. We accept that we should learn from the findings of external scrutiny and from past mistakes.
4. Avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.
5. Ensure all members of staff treat members of the public and each other with mutual respect and with courtesy. Where we fall short, we should apologise straightforwardly and genuinely.
6. Recognise that we are accountable and open to challenge. We will ensure that processes are in place to allow the public to hold us to account for the work we do and for the way in which we do it. We do not knowingly mislead the public or the media.



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Agenda item: 1.6

BOARD	DATE: 26 MARCH 2025
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Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:
The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):
The Board is asked to:

- **RECEIVE** the summary assurance reports appended to this covering paper taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Committee Chairs reports cover a range of areas across the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 11 March 2025 is attached at Appendix A.

Charitable Funds Committee

- The Committee Chair's report of the meetings held on 17 March 2025 is attached at Appendix B.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 05 December 2024 is attached at Appendix C.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 11 February 2025 is attached at Appendix D.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 04 February 2025 is attached at Appendix E.

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 13 March 2025 is attached at Appendix F.

Joint Meeting of the Planning Partnership and Public Health and Delivery and Performance Committees:

- The Committee Chair's report of the joint meeting held on 17 March 2025 is attached at Appendix G.

Executive Committee:

- The Committee Chair's report of the meetings held from 08 January 2025 – 05 March 2025 is attached at Appendix H.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees is outlined below to support the Board in keeping track of these items. Whilst items are reported to the Board at each meeting, the table below includes the latest update for ease of reference. Historic updates are included as

Appendix One.

Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	July 2023	For Board awareness, no specific action requested	PEQS 11 February 2025: This work is tied to the imminently expected publication of the Wales Patient Experience Framework. Item remains escalated to Board.
	Infection Prevention and Control	July 2023 (In-Committee)	For Board awareness, no specific action requested	PEQS 11 February 2025: Majority of actions completed or completion is imminent. Expect to receive a report recommending de-escalation to April meeting of PEQS Item remains escalated to Board.
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	PEQS 11 February 2025: Received the action plan and a progress report – took assurance that the IQPF escalation mechanism is providing robust oversight Item remains escalated to Board.
W&C	Availability of Regional Investment Funding	Mar 2025	For Board awareness	W&C 13 Mar 2025: RIF funding currently supports a number of work streams across

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				<p>Powys is subject to review by the Regional Partnership Board (RPB). Should funding be discontinued there would be implications for the deliverability of Better Together Agenda.</p> <p>W&C to monitor and alert Board of any fundamental changes.</p>
D&P	Organisational Status	Feb 2025	For Board awareness	<p>D&P 06 March 2025: Monitoring report received and assurance taken that PTHB continues to report as required in relation to its organisational escalation status</p>

NEXT STEPS:
Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 January 2025.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT
This section must be completed for all strategic organisational decisions including approval of health board policies.

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Appendix One – reporting history to the Board

Meeting	Escalated matter	Update
<p>PEQS 25 April 2023</p>	<p>Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience</p>	<p>PEQS 24 Oct 2023:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair’s Report to Board) <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. <p>PEQS 16 April 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> A presentation on the ‘Peoples Experience Framework’ was brought to Committee. The Draft People’s Experience Framework will be brought to PEQS in February 2025.

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<p>PEQS 4 July 2023</p>	<p>Infection Prevention and Control (Reported to Board IC July 2023)</p>	<p>PEQS 24 Oct 2023:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and agreed the Board level statement on Infection Prevention and Control (see PEQS Chair’s Report to Board) <p>PEQS 23 Jan 2024:</p> <ul style="list-style-type: none"> received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee <p>PEQS 16 April 2024: Action plan is nearing completion and all actions are on track</p> <p>PEQS 30 July 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board) but this matter remains escalated to Board. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> Progress has been made (see PEQS Chair’s Report to Board).
<p>Delivery and Performance Committee (22 October 2024)</p>	<p>Neurodiversity Services</p>	<p>D&P 22 Oct 2024:</p> <ul style="list-style-type: none"> This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance. <p>PEQS 07 Nov 2024:</p> <ul style="list-style-type: none"> PEQS received this item noting the recent local escalation recognising the change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting.

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Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Stephen Elliot
Date of last meeting:	11 March 2025
Paper prepared by:	Deputy Board Secretary

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report has been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee (ARAC) at its meeting on 11 March 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the ARAC Committee is set out in Schedule 4 (pages 3 – 14) of [Standing Orders](#).

3. HIGHLIGHT REPORT

Links to agenda and reports: [Agenda and Papers ARAC 11March 2025](#)

Alert / Escalate	Nothing to report from this meeting
Advise	<p>INTERNAL AUDIT PLAN 2025/26</p> <p>The Committee welcomed the plan and:</p> <ul style="list-style-type: none"> • APPROVED the Internal Audit Plan for 2025/26; • APPROVED the Internal Audit Mandate and Charter; and • NOTED the associated Internal Audit resource requirements and Key Performance Indicators. <p>REVIEW OF STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS</p> <p>The Committee REVIEWED the paper, RECOMMENDED the identified changes to the Board for approval and NOTED recommended changes to the Standing Financial Instructions and Executive Scheme of Delegation were likely to be recommended in 2025.</p>

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	<p>AUDIT HANDBOOK The Committee APPROVED the Audit Process and Reporting Handbook and took ASSURANCE that the organisation has a system in place to equip colleagues with the necessary information should they be involved in an internal or external audit within the Health Board.</p> <p>RISK MANAGEMENT FRAMEWORK The Committee welcomed the update and RECOMMENDED the revised Risk Management Framework to the Board for approval.</p> <p>COUNTER FRAUD WORK PLAN 2025/26 The Committee RECEIVED and APPROVED the Counter Fraud Work Plan 2025/26.</p>
<p>Assure</p>	<p>EXTERNAL AUDIT PROGRESS REPORT The Committee RECEIVED the report.</p> <p>EXTERNAL AUDIT ANNUAL PLAN 2025/26 The Committee RECEIVED the External Audit Plan.</p> <p>INTERNAL AUDIT PLAN PROGRESS REPORT The Committee NOTED the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports and APPROVED the proposed adjustment to the 2024/25 plan.</p> <p>INTERNAL AUDIT REPORTS</p> <ul style="list-style-type: none"> ○ Community Cardiology Service (Reasonable Assurance) ○ Additional Learning Needs Legislation (Reasonable Assurance) ○ Patient Flow and Discharge Management (Reasonable Assurance) <p>The Committee RECEIVED the findings and conclusions from the finalised audit reports.</p> <p>AUDIT RECOMMENDATIONS TRACKER The Committee CONSIDERED the current position of outstanding Audit Recommendations and took ASSURANCE</p>

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	<p>that the organisation has an appropriate system for tracking and responding to audit recommendations.</p> <p>FINANCIAL CONTROLS 2024/25 The Committee RECEIVED the paper and took ASSURANCE that appropriate controls are in place across the Health Board.</p> <p>COUNTER FRAUD UPDATE The Committee RECEIVED the update report and took ASSURANCE that appropriate counter fraud systems are in place.</p> <p>SINGLE TENDER WAIVERS (INCLUDING EXTENSIONS TO CONTRACTS) The Committee NOTED that there has been one Single Tender Waiver request in the reporting period and took ASSURANCE that the organisation has appropriate monitoring in place for single tender waivers.</p> <p>INFORMATION GOVERNANCE REPORT The Committee RECEIVED the report, took ASSURANCE on areas of good compliance, acknowledging efforts and successes, NOTED areas of poor or non-compliance and took ASSURANCE a programme of work is in place to improve compliance.</p>
Inform	<p>The Approach to Annual Accounts was shared for information.</p> <p>The Declarations of Interest and Register of Gifts and Hospitality was shared for information.</p> <p>The March 2025 Committee Work Programme was received.</p>
Appendices	None
NEXT MEETING: 13 May 2025	

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Reporting Committee:	Charitable Funds Committee
Committee Chair	Carl Cooper
Date of meeting:	17 March 2025
Paper prepared by:	Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to NOTE the following matters were considered at the Charitable Funds Committee (CFC) on 17 March 2025. The papers from this meeting can be accessed at: [Charitable Funds Committee - Powys Teaching Health Board \(nhs.wales\)](https://nhs.wales/charitable-funds-committee-powys-teaching-health-board)

- Powys General Purposes and Local Funds Bids
- Expenditure approved under delegated authority
- Proposed Chairty Team Operational Budget
- Charity Dashboard
- Charitable Funds Committee Effectiveness Review
- Expenditure strategy session discussion outcomes
- Charity Manager Update
- May’s Miles update
- Communications and website

A full update will be shared with Board in May 2025

DATE OF NEXT COMMITTEE MEETING

16 June 2025

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Reporting Committee:	Delivery and Performance Committee
Committee Chair	Rhobert Lewis in absence of Ronnie Alexander
Date of last meetings:	06 February 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Delivery and Performance Committee meeting on 06 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Delivery and Performance Committee is set out in Schedule 4 (pages 42 – 52) of [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to agenda and reports: [Delivery and Performance Committee](#))

Alert / Escalate	<p>ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT</p> <p>Powys had been placed in escalation status Level 4 of the framework (targeted intervention) for Strategy, Planning and Finance.</p> <p>Concern was raised regarding the timeframe that it had taken to receive confirmation from Welsh Government for a formal meeting to take place, given that Powys had been placed in level 4 targeted intervention for several months. Additional support was welcomed to enable Powys to satisfy Welsh Government concerns regarding performance across Finance and Planning.</p> <p>The Committee RECEIVED the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also NOTED the latest position on organisational escalation status for PTHB.</p>
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Advise	Nothing to report from this meeting.
Assure	<p>FINANCE PERFORMANCE REPORT MONTH 09</p> <p>An overview of the month 09 report was provided and the following key areas were highlighted:</p> <ul style="list-style-type: none"> • Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit plan which had been revised from £22.948m to £15.770m; • At month 9, there is a £18.333m overspend against the revised planned year to date deficit of £11.828m giving the Health Board an operational overspend of £6.504m; • The year end forecast remains in line with the adjusted plan at £15.770m, but given the current overspend surpasses this figure, significant remedial actions of over £9m, as discussed by the Board, would be required to achieve the Plan; • The Month 10 position is being assessed to understand the anticipated year-end position and to assess the additional actions approved by the Board; • Additional funding had been received to support the longest waiting times across Powys. The assessment had been completed and would be incorporated into the Month 10 report to Welsh Government. <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Financial Month 09 Report, • Took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place and; • NOTED the current increased risk of achieving the projected in year forecast for 2024/25. <p>INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 09 SCORECARD</p> <p>The report provided an update on the latest performance position by exception against the NHS Wales Performance Framework 2024/25.</p> <p>The following updates were agreed to be incorporated into future Performance reporting:</p> <ul style="list-style-type: none"> • Amber 1 calls: to confirm data for patients who travel longer distances to Stroke Centres. • A&E departments: to confirm the total patient wait time from the emergency call to the hospital which excludes time that patients are waiting within an ambulance.

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The Committee:

- DISCUSSED the report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
- SUPPORTED that an update report would be brought back to committee for discussion.

Q3 ANNUAL DELIVERY PROGRESS REPORT

Members were provided with an update of the progress made against the Integrated Plan for the Q3 period 2024/25. Good progress had been made with delivery of the actions and priorities in the Plan as reported at Q3. The Progress report scheduled at the next meeting in May 2025 would provide the year-end position, the team would draw out the achievements and changes for the Powys population and patients in addition to the Delivery plan for 2025/26.

The Committee were ASSURED that there is a process in place for monitoring progress against the plan and SUPPORTED the report for onward submission to PTHB Board.

PRIMARY CARE: OUT OF HOURS (OOH)

The current Shropdoc contract terminates on 31st March 2025. A new short-term contract is being progressed to be in place from 01 April 2025, with advice from NHS Wales Shared Services Legal and Risk to secure OOH services with Shropdoc.

Members raised concern that no formal contract is in place and the lack of patient data available for the residents in Ystradgynlais. It was agreed that further work would be progressed around contract negotiations, data source and provision to provide assurance around OOH provision in line with Shropdoc changes in Ystradgynlais. A report would be brought back to committee for endorsement.

The Committee RECEIVED the update and took ASSURANCE that the OOH Commissioning Assurance Framework monitoring process is providing assurance to PTHB on OOH contract management and;

SIX MONTHLY REPORT ON CONTINUING HEALTH CARE COSTS

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21/02/2025 15:58:39



A systematic approach is being taken to address some of the challenges and has established a working group to review the improvement required. A meeting has been setup for 19 February and feedback would be provided to the committee following this.

The Committee REVIEWED and DISCUSSED the report and NOTED the actions in place to manage service demand, improve performance and control spending.

SIX MONTHLY REPORT ON CATERING SERVICES

Members received the report which provided an overview of the current compliance levels of food safety in relation to statutory regulations, guidelines and best practices.

The Committee RECEIVED the report and were ASSURED that appropriate quality control measures are in place.

DIGITAL FIRST ASSURANCE REPORT (MID-YEAR)

Members were provided with an overview of the progress, challenges and areas that require improvement across Digital.

The Committee were ASSURED that work had progressed and delivery against the Digital Strategic Framework, to embed a clinically led digitally enabled service in support of Digital First as a Strategic enabler for transformation, improvement, quality, safety and efficiency. Members NOTED the key achievement and NOTED the challenges.

APPROACH TO ANNUAL ACCOUNTS

The Performance element of the Annual Report would be shared with Delivery and Performance members prior to the 01 May meeting for comments.

The following key dates were noted:

- 09 May 2025 – Draft submission of Annual Accounts and Annual Report submission to Audit Wales and Welsh Government.
- A series of Committees of the Board would then receive the Annual Accounts and Annual Report for consideration and scrutiny.
- PTHB Board 25 June 2025 – Receive Final Annual Account and Annual Report.

Falmerston, Liz
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	<ul style="list-style-type: none"> • 30 June 2025 – Final submission to Audit Wales and Welsh Government. • 30 July 2025 – Final submission to PTHB Annual General Meeting (AGM) <p>The Committee RECEIVED the update on the Approach to Annual Accounts.</p> <p>CAPITAL AND ESTATES COMPLIANCE REPORT Members received an overview on the Capital and Estates compliance. The following key changes were highlighted:</p> <ul style="list-style-type: none"> • Environmental Financial Advisory Board (EFAB) have changed to Targeted Estates funding with £40M of funding available to Powys in recognition of the maintenance backlog. • Welsh Government have increased Powys discretionary Capital allocation from £1.431M to 2.7M recurring. <p>The Committee RECEIVED the report and were ASSURED that the organisation has appropriate systems in place to monitor capital and estates compliance.</p> <p>COMMITTEE RISK REGISTER Members received the Committee Risk Register and were reminded that at a meeting on 29 January, the Board supported the increase in score against CRR 001 from 16 to 20 which related to the in-year financial projections. This change had been reflected within the Corporate Risk Register.</p> <p>Members observed Risk CRR 003 around the longer-term financial sustainability allocation of resources and how this aligns to the Transformation and Better Together Programme. It was acknowledged that the Board Assurance Framework (BAF) is inclusive of the wider health board challenges and highlighted that the Transformation team are undertaking a review of the resources required across specific areas.</p> <p>The Committee RECEIVED and DISCUSSED the Corporate Risks within the Committees remit and took ASSURANCE that the risks are being managed in line with the Risk Management Framework.</p>
Inform	ENDOSCOPY UPDATE TO INCLUDE JAG ACCREDITATION

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It was recognised that Delivery and Performance members shared a specific interest in Endoscopy and therefore was shared with members for their information. It was noted that the PPPH Committee would continue to receive progress reports for Endoscopy and JAG Accreditation.

The Committee NOTED the Endoscopy Update and JAG Accreditation.

The Committee RECEIVED the following Internal Audit Reports for ASSURANCE.

- Core Financial Systems – Treasury Management (*Substantial Assurance*)
- Board & Committee Structure / Effectiveness (*Substantial Assurance*)
- Capital Systems (*Reasonable Assurance*)
- Energy Management (*Reasonable Assurance*)

The Committee RECEIVED the Committee Work Programme for 2024/2025.

The Committee RECEIVED the PTHB Glossary for Information.

NEXT MEETING: 01 May 2025 via Microsoft Teams

Patterson, Liz
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Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	11 February 2025
Paper prepared by:	Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Patient Experience, Quality and Safety Committee (PEQS) at its meeting on 11 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the PEQS Committee is set out in Schedule 4 (pages 15 – 30) of [Standing Orders](#).

3. HIGHLIGHT REPORT

Links to agenda and reports: [11 February 2025 - Powys Teaching Health Board](#)

Alert / Escalate	<ul style="list-style-type: none"> • Mental Health Services – was entered into local escalation earlier in 2024, Executive Committee de-escalated the service from local escalation on 16 October 2024 from which PEQS took assurance. An assurance report on implementation of the improvement plan was received where it was confirmed that the service had been removed from local escalation comparatively quickly as the team had successfully mitigated the issues identified. However, substantive staffing arrangements would need to be put in place to ensure sustained improvement. This matter remains escalated to Board and PEQS will continue to provide updates • Neurodiversity Services – this item has been transferred to PEQS from the Delivery and Performance
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	<p>Committee to enable a focus on quality in addition to performance. This service was placed under local escalation (level 3) by Executive Committee on 02 October 2024. PEQS received an update on actions taken to address the issues that had led to escalation and were advised that whilst good progress was being made the position remains challenging.</p> <p>This matter is escalated to Board and PEQS will continue to provide updates</p> <ul style="list-style-type: none"> • Civica – patient experience system – PEQS received a presentation on the renamed 'People's Experience Framework' which is in development alongside national work on People's Experience. The Draft Framework had been expected to be brought to the February 2025 meeting, however, instead an update was provided advising that the Wales Peoples Experience Framework was expected imminently and an assessment of the data held against the data required would take place in March 2025. <p>This matter remains escalated to Board and PEQS will continue to provide updates</p> <ul style="list-style-type: none"> • Infection Prevention and Control – PEQS heard that in the second year of the improvement journey 24 of actions have been completed with 1 action expected to be completed in February 2025 and 1 action expected to be completed within the planned timeframe. PEQS expect to receive a report to the next meeting outlining this matter can now be de-escalated from Board. <p>This matter remains escalated to Board and PEQS will continue to provide updates</p>
Advise	<p>Members raised the number of actions that had been transferred from other Committees to PEQS for monitoring. The Director of Corporate Governance confirmed this would be reviewed by the Joint Chair's Forum when considering the 2025/26 Work Programme</p>
Assure	<ul style="list-style-type: none"> • Integrated Quality Report <p>The Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting</p> <ul style="list-style-type: none"> • Maternity Services Assurance Report

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	<p>The Committee RECEIVED the report and took ASSURANCE about the quality and safety governance mechanisms in place within maternity services.</p> <ul style="list-style-type: none"> • Mental Health Power of Discharge Annual Report including compliance with legislaton The Committee RECEIVED the report and took ASSURANCE that the performance of the service in relation to the administration of the Mental Health Act 1983 has been compliant with legislation. • Medicines Management Annual Report The Committee RECEIVED the report and took ASSURANCE that the necessary responsibilities in relation to Medicine Management are being met. • Annual Report of Accountable Officer for Controlled Drugs The Committee RECOGNISED the progress that has been made during the last 12 months NOTING that there is further work required to strengthen some arrangements across the health board and through collaborative working with partners, as outlined in the report, and took ASSURANCE that future actions have been identified to address the further work. • Transition of Care Annual Report 2023/24 The Committee expressed disappointment for the late receipt of this report and expected the 2024/25 Annual Report to be presented to the Committee in a timely manner. The Committee RECEIVED and took ASSURANCE against the progress being made across the Health Board in relation to Welsh Government Transition and Handover Guidance (2022). • Committee Risk Register – the Committee received the two items on the Corporate Risk Register that related to PEQS which had been presented to November 2024 Board The Committee RECEIVED and DISCUSSED the corporate risks within the Committee’s remit and any relevant issues, and TOOK ASSURANCE that risks are being managed in line with the Risk Management Framework.
Inform	<ul style="list-style-type: none"> • The Deprivation of Liberty Safeguards Internal Audit Report was shared for information having previously been reported at the Audit, Risk and Assurance Committee (ARAC) in January 2025. PEQS are requested by ARAC to monitor implementation of management action plan

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	<ul style="list-style-type: none"> The Board and Committee Effectiveness Internal Audit Report was shared for information having previously been reported at the ARAC in January 2025. The November 2024 PEQS Work Programme was received
Appendices	None
NEXT MEETING: 29 April 2025	

Patterson, Liz
21/03/2025 15:58:39



Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meetings:	04 February 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Planning, Partnerships and Population Health Committee meeting on 04 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Planning, Partnerships and Population Health Committee is set out in Schedule 4 (pages 53 – 62) of [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to agenda and reports: [Planning, Partnerships and Population Health Committee - Powys Teaching Health Board](#))

Alert / Escalate	Nothing to report from this meeting
Advise	Nothing to report from this meeting.
Assure	<p>STRATEGIC CHANGE REPORT An update was provided against the stocktake of Strategic Change programmes which may impact on Powys patients and services. Attention was drawn to the reports format change which highlighted a list of escalation status for all Wales Health Boards. The Committee was particularly focussed on the changes in Stroke Provision by Cwm Taff Morgannwg Health Board (CTMUB).</p> <p>Service Change Engagement Report An overview was provided of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services.</p>

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The Committee NOTED the report and took ASSURANCE that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

REGIONAL PARTNERSHIP BOARD (RPB) APPROACH TO THE DELIVERY PLAN 2025/26

Members received an overview of the development work undertaken across the RPB Evaluation, Prioritisation and Assurance (EPA) Framework, to strengthen decision making for the future Regional Investment Fund (RIF) funding programme into 2025/26.

Members acknowledged the recommendations, and the process presented to the RPB Board on 31 January 2025 was endorsed.

Members recognised the challenges and the availability of resources to support the framework. Members noted the need to focus on exit strategies should projects be transferred and the need to capture learning for integrated into future programmes.

The Committee RECEIVED the Regional Partnership Board Update for information noting the annual plan would be provided at the appropriate time.

TRANSFORMATION PROGRAMME: BETTER TOGETHER

A new version of the report which Committee members would receive going forward as a result of the establishment of the Transformation and Improvement Directorate. The most significant risk identified for the present phase is the capacity across the organisation and partner organisations to deliver the Better Together portfolio, affected by a number of operational pressures, delivery of Temporary Service Changes and other monitoring and reporting requirements against the clinical model.

Members recognised the difficult decisions that the Board would need to consider based on the financial position together with the transformation agenda offering opportunity to alleviate system pressures. Members acknowledged and welcomed the collaboration of work undertaken under one governance model.

The Committee took ASSURANCE on the progress made in relation to the Better Together Portfolio/Route Map to Sustainability, NOTED the planned forward activity and the risks identified in relation to organisational capacity to deliver

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the Portfolio and actions in place to support assessment and NOTED further actions to be taken in relation to future reporting arrangements.

ADDITIONAL LEARNING NEEDS (ALN) UPDATE

Members received the report which detailed activity had progressed to support the collaboration between the Health Board and PCC in line with legislation. Significant activity had progressed to ensure that relevant operational services have a clear understanding of the Health Education processes and mechanisms to ensure that these are correctly followed. Challenges with access to the ALN App and the development of dashboards had been delayed and the development of robust data validation processes implemented.

It was noted that validated compliance data is not currently available, this would be available from April 2025 as a result of key changes in development. An update would be provided to the committee when available. Members discussed the importance of connecting services across Education, Social Services, Family Support and the Health Board to support individual assessments and child requirements.

The Committee RECEIVED the report and accepted it as an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act, NOTED an internal audit is underway reviewing the structures and processes in place to ensure compliance with the requirements of the ALN Act- an update would be provided to members when available and took ASSURANCE of the activity to date and plans moving forward to meet the requirements of the ALN Act. Members recognised that relevant data is not available to comply with Statutory Obligations and a further update would be received in due course.

NORTH POWYS WELLBEING PROGRAMME

An update was provided on the North Powys Wellbeing Programme, the key activity undertaken to date and a look forward of the programme including decisions pending from Welsh Government (WG) on Capital funding for the Integrated Wellbeing Hub.

It was recognised that since the inception of the North Powys Wellbeing programme a lot had changed, and it would be important to align work across organisations and their new strategies. It was noted establishment of the new Improvement and Transformation Directorate would provide opportunity to

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take stock and determine priorities for the future of the North Powys Wellbeing programme.

The Committee NOTED progress on the programme, the commitment of the partners to the whole campus and original strategy but acknowledgment of the decision to a phased approach due change in funding strategy from Welsh Government (WG) due to availability of funding; and took ASSURANCE that robust programme management is being applied and that the Partnership has processes in place to determine the future strategy for delivery of the Campus.

SUMMARY OF SCREENING PROGRAMMES

The Committee received the report which focused on Adult screening uptake across Powys. There is geographical variation in uptake and Powys are generally higher compared to the average for Wales. Breast screening was noted to be the only programme where uptake is slightly below the national average. Members recognised the progress undertaken to date and suggested in future reporting to include a wider comparison in data from other regions beyond Wales.

The Committee took ASSURANCE from the actions being undertaken to maintain and increase further uptake and reduce inequity.

HEALTH PROTECTION SUMMARY REPORT

Members received a summary of health protection incidents and outbreaks responded to during the last 12 months and updated on some of the proactive health protection work undertaken to respond to wider health protection threats.

Health boards have been allocated health protection funding to transition and develop an agile, integrated team with the ability to maintain ongoing response to the pandemic/post emergency pandemic phase and prepare for future health protection threats.

The Committee RECEIVED the contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months, took ASSURANCE that a process is in place to collect and report relevant data and NOTED the proactive work undertaken to respond to wider health protection threats.

ENDOSCOPY SERVICES UPDATE

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	<p>Members received an update on the Powys Endoscopy Service JAG site reaccreditation assessment undertaken in March 2024 and progress undertaken to date against the required actions.</p> <p>Members raised the following observations:</p> <ul style="list-style-type: none"> • The accreditation loss is a disappointing loss for staff and the importance to ensure that the team continue to be supported in their strength of work of achievement is acknowledged. • To consider making contact with the medical assessor prior to the next assessment in November 2025 to gain assurance on the progress being made on medical in-reach services is coherent and robust. <p>The Committee RECEIVED the report and took ASSURANCE that actions are in place in readiness JAG reaccreditation later in 2025.</p> <p>COMMITTEE RISK REGISTER (CRR)</p> <p>The Committee RECEIVED and DISCUSSED the corporate risks within the Committees remit. Attention was drawn to Risk 007 – Primary Care Services. It was noted that following a procurement process for General Practice Out of Hours service by Shropshire, Telford and Wrekin Integrated Care Board, it had been confirmed that the contract for Shropshire, Telford and Wrekin was due to be awarded to MEDVIVO. Work is being undertaken to understand any potential impact in relation to Powys. An update would be provided on next steps at the relevant time.</p> <p>It was noted that Committee has a key role to consider the relevant risks and took ASSURANCE that the risks are being managed in line with the Risk Management Framework.</p>
Inform	<p>The Committee RECEIVED the Committee Work Programme for 2024/2025.</p> <p>Members RECEIVED the Internal Audit Reports of the Board and Committee Structure/Effectiveness.</p> <p>The Committee RECEIVED the NHS Wales Shared Services Partnership (NWSSP) Performance Report.</p>
NEXT MEETING: 19 May 2025 via Microsoft Teams	

Patterson, Liz
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Reporting Committee:	Workforce and Culture Committee
Committee Chair	Jennifer Owen-Adams
Date of last meeting:	13 March 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** that the following matters were discussed at the meeting held on 13 March 2025. A full report will be available at the Board meeting in May 2025.

- Workforce Performance Report
- NHS Staff Survey
- Executive Director of People and Culture Report (including Staff Bank Service update and Theme 2: A Great Place to Work)
- Theme 4: Welsh Language, Equality, Diversity and Inclusion
- Committee Risk Register
- Annual Assessment of Committee Effectiveness
- Review Terms of Reference
- Internal Audit Reports:
 - a) Staff Retention (*Reasonable Assurance*)
 - b) Board & Committee Structure / Effectiveness (*Substantial Assurance*)
- Work Programme
- PTHB Glossary

The papers from this meeting can be accessed at: [Workforce and Culture Committee - Powys Teaching Health Board](#).

Alert	External Funding – The RIF funding which currently supports a number of work streams across Powys is subject to review by the Regional Partnership Board (RPB). Should funding be discontinued there would be implications for the deliverability of the Transformation Better Together Agenda. The Workforce and Culture Committee agreed to monitor this closely and will alert the Board of any fundamental changes that arise.
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Advise	Progress of work across Workforce and Culture Committee – Committee members recognised the very good work being undertaken across the Health Board in terms of progress and positive direction of travel in relation to Workforce performance across a number of services.
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DATE OF NEXT COMMITTEE MEETING

03 June 2025 at 10:00 via Microsoft Teams.

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21/03/2025 15:58:39



Reporting Committee:	Joint Delivery and Performance and Planning, Partnerships and Population Health In-Committee
Committee Chair	Rhobert Lewis
Date of last meetings:	17 March 2025
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Joint Delivery and Performance and Planning, Partnerships and Population Health In-Committee meeting on 17 March 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the joint In-Committee Meeting was to allow the Committees to assure the PTHB Annual Plan 2025/26 against alignment with the Health Board’s Strategy, the NHS Wales Planning Framework and Draft Level 4 De-Escalation criteria; and to scrutinise the performance and financial assessments and plans. The final draft plan is due to be submitted to the Board for consideration and approval at its meeting on 26 March 2025. Following the Board meeting it would be submitted to Welsh Government at the end of March 2025 in line with the national deadlines

3. HIGHLIGHT REPORT

Alert / Escalate	Nothing to report from this meeting.
Advise	Nothing to report from this meeting.
Assure	<p>DRAFT ANNUAL PLAN 2025/26</p> <p>The Committee received and scrutinised the plan, key areas of discussion included:</p> <ul style="list-style-type: none"> • Strategic Commissioning • The Women’s Health Plan • Neurodevelopmental services for children and young people • Actions to achieve the Health Board’s Target Control Total and financial plans • Working in partnership, and

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	<ul style="list-style-type: none"> The importance of clear timescales and delivery confidence outlined within the plan. <p>The Committee were:</p> <ul style="list-style-type: none"> ASSURED that the plan had been developed in line with the Powys Health and Care Strategy 'A Healthy Caring Powys' and the NHS Wales Planning Framework 2025-28 and was aligned to the draft Level 4 De-escalation Criteria, REVIEWED and SCRUTINISED the PTHB provider and commissioner performance assessment and draft plans, REVIEWED and SCRUTINISED the 2025/26 financial assessment and draft annual plan.
Inform	Nothing to report from this meeting.
NEXT MEETING: None	

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GIG
CYMRU
NHS
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	5 March 2025
Paper prepared by:	Director of Corporate Governance and Corporate Business Manager
KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Executive Committee is chaired by the Chief Executive with all members of the Executive team acting as members of the Committee. The Committee meets within In-Committee sessions due to the practical nature of the day-to-day management and operations of the organisation.</p> <p>I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 8 January, 15 January, 22 January, 5 February, 19 February and 5 March 2025. Meetings following these dates will be reported to the Board in May 2025.</p>	

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Report of the Executive Committee Chair

Board Meeting
26 March 2025
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Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	Nothing to report.				
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Finance Report (Month 08)	Assurance	The Committee RECEIVED and CONSIDERED the financial report.	D&P Committee; Board	08.01.2025
	Integrated Plan touchpoint	Assurance	The Committee NOTED the progress update and further work needed.	Board	08.01.2025
	Future Provision of General Medical Services at Rhayader Medical Practice	Recommendation to Board	The Committee DISCUSSED the content of the report and agreed with the recommendation proposed for onward agreement by the Board.	Board	15.01.2025
	Annual Report of Accountable Officer for Controlled Drugs	Assurance	The Committee received the Annual Report and RECOGNISED that progress had been made during the last 12 months recognising further work to be done to strengthen governance arrangements across the health board and through collaborative working with partners.	PEQS Committee	15.01.2025
	Finance Report (Month 09)	Assurance	The Executive Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. The Committee RECOGNISED that, given the current overspend and underlying trends, remedial actions with	Board	22.01.2025

Report of the Executive Committee Chair

Board Meeting
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			an impact of £9.4M are necessary to achieve the financial plan.		
	Continuing Health Care (CHC) Savings	Assurance	The Executive Committee REVIEWED and DISCUSSED the content of the report and NOTED the actions in place to manage service demand, improve performance and control spending.	D&P Committee	22.01.2025
	Integrated Quality & Performance Report (Month 08)	Assurance	The Committee DISCUSSED the content of this report; and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	D&P Committee and Board	22.01.2025
	Integrated Quality Report	Assurance	The Executive Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported; that continued actions are in place to further develop quality and safety monitoring and reporting.	PEQS Committee	22.01.2025
	Integrated Plan Q3 Progress Report	Assurance	The committee received an update on progress made against the Integrated Plan for quarter 3. The Executive Committee CONSIDERED the report ahead of submission to D&P Committee and took ASSURANCE that there is a process in place for monitoring progress against plan. The Committee APPROVED the change requests that have been submitted by leads as part of the Quarter 3 process.	D&P Committee	22.01.2025
	Strategic Change Report	Assurance	The Committee NOTED the report and DISCUSSED the content, providing any further updates that colleagues are aware of that may not yet be captured. The Committee took ASSURANCE that the organisation has appropriate mechanisms to capture and monitor strategic change.	D&P Committee and Board	22.01.2025

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Report of the Executive Committee Chair

Board Meeting
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	Maternity Assurance Paper	Assurance	The Committee received a progress update in maternity services, on the continued work undertaken within the service to maintain safety. The Committee NOTED the report.	PEQS Committee	22.01.2025
	Transition of Care Annual Report	Assurance	The Executive Committee RECEIVED the summary of progress to date, challenges and risks and NOTED the establishment of a Transition of Care and Handover Oversight Group to replace the Implementation group.	PEQS Committee	22.01.2025
	Nurse Staffing Act Report	Assurance	The Executive Committee RECEIVED the report as assurance that the Health Board meets its statutory requirements under Section 25A of "The Act", noting the most recent review of Section 25A wards. The Committee NOTED the plan to undertake an annual review in 2024-25 and NOTED the information received in ensuring Powys Teaching Health Board (PTHB) is meeting its requirement to consider outcomes for Powys patients receiving care from other providers, which may be affected by nurse staffing levels in commissioned services.	Board	22.01.2025
	Temporary Service Change (MIU and R2GHUs)	Assurance	The Executive Committee received the report which was providing assurance in relation to the evaluation and monitoring of the temporary service changes and updates against the mitigation plan for Temporary Service Changes as agreed at Board.	Board	22.01.2025
	ALN Update	Assurance	The Executive Committee DISCUSSED the report and accepted this was an accurate overview of activity from the health board. The Committee took ASSURANCE regarding activity to date and plans moving forward to the meet the full requirements of the ALN Act.	PPPH Committee	22.01.2025
	Corporate Risk Register	Assurance	The Executive Committee REVIEWED the January 2025 Corporate Risk Register update, included at Appendix 1, ensuring that it is a complete and a true reflection of the	Board	22.01.2025

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			Health Board's current high-level risks. The Committee CONSIDERED the increased risk score of CRR001 (financial forecast) from 16 to 20 and RECOMMENDED the change to the Board.		
	Neurodevelopment Services Escalation Oversight Update	Assurance	The Executive Committee took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken with the service. The Committee noted that a lot of work within the service is being undertaken, and escalation and issues are complex.	PEQS Committee	05.02.2025
	Audit Recommendation Tracker	Assurance	The Committee received an overview of the position relating to the implementation of audit recommendations. The Committee CONSIDERED the current position of outstanding audit recommendations and took ASSURANCE that the organisation has an appropriate system for tracking and responding to audit recommendations.	ARAC Committee	05.02.2025
	Digital First Assurance Report	Assurance	The Committee received the Digital First update and assurance report. The Committee took ASSURANCE that work is progressing and delivering against the Digital Strategic Framework and NOTED the key achievements and challenges.	D&P Committee	05.02.2025
	Financial Performance Report (Month 10)	Assurance	The Executive Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place; and NOTED that it is forecast that the Health Board will achieve the financial plan of a £15.8m deficit. However, the underlying deficit is assessed as £30.6m.	Board	19.02.2025
	Cross Border – Monthly Update	Assurance	The Executive Committee RECEIVED the update taking ASSURANCE that appropriate monitoring and actions are in place. It was AGREED that monthly updates were		19.02.2025

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			no longer required, unless there is a specific issue requiring escalation.		
	Better Together (Transformation)	Assurance	The Executive Committee APPROVED the Portfolio Execution Plan and took ASSURANCE from the February Portfolio Highlight report.		05.03.2025
	Discretionary Capital Programme 2024/25 and 2025/26	Assurance	The Executive Committee received an update on the general capital funding status including risks and opportunities. The Executive Committee RATIFIED the programme and agreed next steps for review.	Board	05.03.2025
	Risk Management Framework	Assurance	The Executive Committee ENDORSED the revised framework and took ASSURANCE that an effective framework is in place to support risk management arrangements. The framework proposed key changes for the Corporate Risk Register to be replaced with a Strategic Risk Register, with an organisational risk register focussing on significant cross-organisation operational risk.	ARAC Committee & Board	05.03.2025
Inform	Better Together update	For noting	The Committee RECEIVED a verbal update on the Better Together portfolio where work was underway on the first draft of the Case for Change and a number of workshops planned for January.	Board Development, PPPH Committee and Joint Leadership Team	08.01.2025
	North Powys Wellbeing Programme	Information	The Committee NOTED the progress on the programme and DISCUSSED the Welsh Government letter.	PPPH Committee and Joint Leadership Team	08.01.2025

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	Organisation Admin Review	Information	The Committee NOTED the findings of the work to date and ENDORSED the next steps.	Local Partnership Forum	08.01.2025
	Workforce Policies	Approval	The Committee APPROVED the policies listed: <ul style="list-style-type: none"> • HR025 Adverse Weather and Major Travel Disruption Policy and Procedure • HR009 All Wales Respect & Resolution Policy • HR112 All Wales Flexible Pensions Policy • HR113 All Wales Pregnancy Loss Support Policy • HR061 Engagement of Medical and Dental Locums and Agency Locums 		08.01.2025
	Specialist Adult Mental Health Triage and Assessment Investment Benefit Business Case	Approval	It was agreed to continually monitor outcomes and evaluation and to have a discussion on how to bring this into the financial plan for 2025/26 (the need to accrue the associated savings in order to demonstrate to Board the sound rationale for decision making.		08.01.2025
	SBAR: Uplift to Current GMS Local Supplementary Services and National Supplementary Services	Approval	The Committee were SUPPORTIVE of the recommendation (which was requesting to uplift supplementary services in GMS by 6%).		08.01.2025
	Proposed reconfiguration of reablement and Home First Services	Approval	The Committee DISCUSSED and APPROVED the proposed plan and next steps, with updates on continued way of working to be considered at this Committee.	Joint Leadership Team	15.01.2025

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Better Together Update	For noting	The Executive Committee received an update on progress made in relation to the portfolio and NOTED the progress made in relation to the Better Together Portfolio/Route Map to Sustainability; NOTED the planned forward activity; NOTED the risk identified in relation to organisational capacity to deliver the Portfolio and actions in place to support assessment of this and DISCUSSED future reporting arrangements.	PPPH Committee and Joint Leadership Team	22.01.2025
Integrated Plan 2025/26	For noting	Brief discussion took place around deadline for contributions and changes and a moderation session was scheduled for early February. The Executive Committee NOTED the recommendations that will be included in the version of this report will be submitted to the Board.	Board	22.01.2025 05.03.2025
Annual Review of PTHB Severe Arrangements	Approval	The Executive Committee APPROVED changes to the Severe Weather arrangements following its annual review.		22.01.2025
SBAR: Assurance of Physician Associate Role supporting GP Practices	Approval	The Executive Committee SUPPORTED the recommendations.		05.02.2025
Capital and Estates Compliance report	Approval	The Executive Committee took ASSURANCE from the report	D&P Committee	19.02.2025
Internal Audit Plan	Review	The Committee REVIEWED and PRIORITISED the content of the report.	ARAC Committee	19.02.2025

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Implementatio n of a Digital Maternity Cymru System	Approval	The Executive Committee DISCUSSED and APPROVED the case for change to implement a Digital Maternity Cymru System.		19.02.2025
Standards of Behaviour Framework Policy & Processes	Endorsemen t	The Executive Committee ENDORSED the proposed amendments to the Standards of Behaviour Policy for onward submission to the Board and if approved, implementation across the organisation.	Board	19.02.2025
On Call Arrangements	Discussion & Approval	The Executive Committee discussed and APPROVED recommendations to approve Silver on call rota members; to finalise and approve a Standard Operating Procedure for on call to provide clarity and assurance and to structure a system of on call education, training and refresher courses for staff.		19.02.2025
Counter Fraud Annual Plan	For noting	The Executive Committee NOTED the report for awareness and to provide comment ahead of ratification.	ARAC Committee	19.02.2025
Workforce Performance report	For noting	The Executive Committee NOTED the report for information.	W&C Committee	05.03.2025
2025/26 Savings	Approval	The Committee received a report detailing the need to achieve savings of £10.980M in 2025/26. The Executive Committee SUPPORTED IN PRINCIPLE the 2025/26 financial savings with further discussions required and final approval at this committee.	Board	05.03.2025
Implementatio n of Welsh Health Circulars	For noting	Following discussion, the Executive Committee NOTED the current position and that further work on the report is required ahead of consideration at Audit, Risk and Assurance Committee.	ARAC Committee	05.03.2025

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ITEMS TO BE ESCALATED TO THE BOARD

A large number of topics from this report are reported either to the full Board or one of its other Committees.

There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.

NEXT MEETING

The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

PTHB Board		26 March 2025
Subject:	Final Annual Plan 2025/26	
Approved and presented by:	Executive Director of Planning, Performance & Commissioning Executive Director of Finance, Capital and Support Services	
Prepared by:	Assistant Director of Planning Deputy Director of Finance	
Other Committees and meetings considered at:	Board set the approach and direction in November 2024; progress update and components of the Plan have been considered at Board Development Sessions and respective Committees. The Draft Plan was assured and performance and finance assessments were scrutinised at the Joint session of the Planning, Partnership and Population Health Committee and Delivery and Performance Committee on 17 th March 2025.	
PURPOSE:		
<p>The purpose of this paper is to recommend the Final PTHB Annual Plan 2025/26 to the Board for approval.</p> <p>Following the Board meeting it will be submitted to Welsh Government by the 31 March 2025 in line with the national deadlines.</p>		
RECOMMENDATION(S):		
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • RECOGNISE that, as supported at the Board’s In-Committee meeting in January 2025, the Accountable Officer informed Welsh Government of the Board's inability, at this time, to develop a three-year plan that meets the statutory break-even duty and, therefore, an Annual Plan has been developed for 2025/26 in line with the NHS Wales Planning Framework. • RECOGNISE the plan seeks to balance all statutory and other duties placed on the Board to deliver health services and improve the health and wellbeing of our local population and reduce health inequalities. 		

- **TAKE ASSURANCE** that the Annual Plan delivers the Health Board’s agreed Strategy ‘A Healthy, Caring Powys’, complies with the NHS Wales Planning Framework and meets the draft Level 4 Welsh Government Escalation and Intervention Framework De-Escalation Criteria.
- **NOTE** that the Annual Plan includes the financial plan and options to achieve an end of year forecast nearer to the Target Control Total, which involve a number of areas including provider and commissioner performance.
- **RECOGNISE** that further work will continue, both locally and nationally, on options to improve the financial plan position;
- **RECOGNISE** that, in approving the plan, there are aspects that are subject to further discussion and decision, for example the possible 4% increase for the Joint Commissioning Committee. An oral update will be given during the Board meeting.
- **APPROVE** the Annual Plan 2025/26 and its associated deficit financial plan, **NOTING** the plan's underlying deficit of £38.4m with agreed actions identified to reduce this deficit to a potential £16m for submission to Welsh Government in line with the national deadline of 31 March 2025.
- **DELEGATE** the final sign off of the plan to the CEO and Chair acknowledging that minor amendments will be made prior to submission to Welsh Government.

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	This paper is a Strategic Paper and shows alignment across all the Health Boards wellbeing Objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The purpose of this paper is to recommend the Final PTHB Annual Plan 2025/26 to the Board for approval.

The paper outlines the Board oversight and direction of the planning process, the alignment with the Health Board’s Strategy, the NHS Wales Planning and performance Frameworks and the draft De-Escalation Criteria. Options and choices to deliver the health board’s strategic priorities and manage the key strategic, quality and performance risks in alignment with the development of the Better Together portfolio to move towards sustainability are included. These underpin the financial options for

improvement on the baseline financial assessment in line with Welsh Government's direction for all health boards to meet their Target Control Total in 2025/26.

Following the Board meeting, the Plan will be submitted to Welsh Government by the end of March 2025 in line with the national deadlines.

BACKGROUND

Following discussion at the In-Committee Board meeting in January 2025, an Accountable Officer (AO) letter was provided to Welsh Government on 14 February 2025 with notification that the Health Board would not be able to submit a plan that meets the statutory duty for to financially breakeven over a three year period (and therefore not able to submit an Integrated Medium Term Plan for 2025 – 2028). A response was received from Welsh Government confirming the requirement for the Health Board to submit an Annual Plan for 2025/26.

The Annual Plan 2025/26 (attached at Appendix 1, paper 3.1a) has been developed in order to ensure the Board can meet its remit to set the Strategy and underpinning strategic plans for the organisation and to scrutinise and assure its performance. The Plan responds to the strategic and tactical priorities of the organisation, acknowledging that the Health Board is in Level 4 escalation within Welsh Government's Oversight and Escalation Framework for NHS Wales. The Plan also responds to the NHS Wales Planning and Performance Frameworks 2025/26 and Allocation Letters received in December 2024 and January 2025.

The Board has had ongoing oversight and given direction to the development of the Plan throughout the process, including discussion and advice on the choices and options as the health board seeks to deliver its strategic priorities, manage the key strategic risks, develop a Plan to meet its Target Control Total and develop the Better Together portfolio to move towards sustainability.

Delivering the Strategy and NHS Wales Planning Framework 2025-28

The Board agreed the approach and timeline for developing the Plan in November 2024, as well as approving the refreshed Strategic Priorities for 2025/26 in order to ensure that the Plan continues to deliver the agreed joint **Health and Care Strategy for Powys** (a visual summary is included at Appendix 2).

Board oversight and direction:

The Board has had oversight and given direction on the development of the Plan, key elements are noted below:

- Board approval of the approach set the foundations for the development of the Annual Plan and included early consideration of the strategic context, strategic priorities and baseline Planning Maturity Matrix in November 2024.
- A continuous assessment and gap analysis against the **NHS Wales Planning Framework** has been carried out since its release at the end of December 2024 (a summary is provided at Appendix 3) and similarly for the **NHS Wales Performance Framework** released in January 2025. This has been reflected

in in the development of the Strategic Priorities and 'critical actions' in the Plan as well as the updates and discussions at Board Development sessions. The Strategic Priorities reflect the new areas of the Planning Framework, such as the Women's Health Plan for Wales, and the strengthened performance measures, such as the focus on tackling Diabetes and the Enabling Actions for efficiency and productivity.

- The Annual Plan outlines the deliverables across the whole breadth of our organisational responsibilities in line with the Planning Framework; and it also describes the 'critical actions' that address the themes of **Risk, Recovery and Sustainability** as developed with the Board. The 'Risk' theme ensures that the Board continues to deliver safe, timely, effective, efficient, equitable and person-centred care that meets the needs of the population of Powys. The drivers of the financial deficit are addressed through the 'Recovery' theme, with key choices and options included in the Plan to improve the financial position. The longer-term programme of work to change our service models to enable the Board to become sustainable in the longer term, through the Better Together portfolio (as described in the section below) is also important.
- **Board Development sessions** have been undertaken each month between December and March with discussion on the development of the Plan at considerable depth and breadth, building on the good practice noted by Internal Auditors in their IMTP Audit 2024/25. These have proven essential in developing a shared understanding of the risks and deliverability of choices and options, in tandem with the formal decision-making through the Committee and Board process, as well as providing the informal opportunity to discuss and advise on the emerging **Better Together** portfolio including engagement and consultation timelines.
- A progress update was presented in the public Board in January as well as consideration of the ability to submit an approvable Plan at the In-Committee Board meeting which informed the subsequent **AO letter** of 14 February which outlined that the health board is unable to meet the statutory financial planning duty to break even in year and would be submitting an Annual Plan for 2025/26.
- In response to the AO letter a **Welsh Government Scrutiny** meeting was held with the health board on 10 March. A letter summarising the discussion has since been received which acknowledges the work the health board has done to develop the Plan in response to the Planning Framework and to review all options for improvement. It reiterates the requirement to achieve Target Control Total, including the need for the health board to commission within resources.
- A joint meeting of the Delivery and Performance Committee and Planning, Partnerships and Population Health Committee was held on 17 March which provided assurance that the Plan responded to the health board's agreed **Strategy**, the NHS Wales Planning Framework and the draft De-Escalation

Criteria; and provided scrutiny of the performance and finance assessments and plans. The Committee also recognised that the Annual Plan does not meet Welsh Governments requirement to achieve the Target Control Total of £12m, although the options considered support significant improvement towards it.

Internal and Partnership processes and engagement:

As evidenced in the Internal Audit report in 2024 there are good and well-established internal and partnership processes that the health board uses to develop the Plan.

- An internal Core Group was established to support alignment across key technical assumptions, analysis and trajectories and carry out a **Baseline Assessment**, with outputs considered at Board Development sessions, to inform discussion of strategic and tactical choices.
- **Significant engagement** across Directorates and Teams, including Pop Up sessions to draft, refine and align Delivery Plans, supported by Lead Executive oversight and sign off. Awareness of the plan development and opportunities to participate have been promoted via the PTHB staff communication channels and the Local Partnership Forum.
- Similarly, **engagement with partners** has been achieved through communication via both formal and informal mechanisms, including those with Llais, PAVO and Powys County Council, regional planning forums, commissioning arrangements with individual neighbouring organisations and the NHS Wales Joint Commissioning Committee, and peer networks including the Directors of Planning and Directors of Finance (NHS Wales).
- The Plan similarly builds on extensive **public and community engagement** including that carried out for the Health and Care Strategy and Area Plan, Population and Wellbeing Assessments, insights from Llais engagement, North Powys Wellbeing Programme, Accelerated Sustainable Model and Better Together. There has also been joint engagement with the County Council at locality sessions in 2024 which provided an opportunity to discuss both the Local Authorities choices relating to 'Sustainable Powys' and emerging areas of transformation under the 'Better Together' portfolio.
- Given the Escalation Status of the health board, there are **formal and informal touchpoints** with Welsh Government, through the mechanisms of IQPD (Integrated Quality, Performance and Delivery meetings) and JET (Joint Executive Team) and more recently, the first Scrutiny session on the Plan which was held on 10 March 2025.
- **Transformation & Value Workshops** were held at the end of January 2025 to assess key transformative actions and impacts to be delivered through the **Better Together** portfolio and include these in the Plan; further work being carried out in the week commencing 10 March to finalise the phasing. Collective consideration at Executive Committee has also been important to fully appraise the organisation's positions and choices. These have included

regular updates and considerations of the **commissioning approach** for 2025/26, **performance trajectories and options and choices**.

- An Executive Team Timeout session was held on 05 February for collective alignment and prioritisation; this enabled the identification of **Critical Actions** to address '**Risk, Recovery and Sustainability**' with consideration of **Quality** as a thread throughout delivery in the plan. These are summarised in the 'Logic Map' included in the document.
- Work during February and March has focused on the **Delivery plans** for each Strategic Priority, with SMART (specific, measurable, achievable, realistic and timely) Deliverables and Milestones which assist in aligning activities and resources to work of greatest impact and value.
- **Technical work** carried out in parallel with the strategic plan development, on the nationally mandated Minimum Data Set and Ministerial Templates. These technical appendices set out the financial, performance, operational delivery and workforce plans in detail.
- Rigorous appraisal of the **financial position**, in line with the NHS Wales Allocation Letter issued in December 2024 has been included throughout the Executive Team and Board Development sessions noted above. These have paid particular attention to the drivers of the health board's financial position and deficit and the options and choices in response.
- The above mechanisms have been important in informing communication with Welsh Government, including the formal **Accountable Officer correspondences** which have pre-dated Plan submission in February 2025 and the Scrutiny session held on 10 March 2025.

Alignment with Draft Level 4 De-escalation Criteria

The health board was placed in Level 4 escalation for strategy, planning and finance under the Welsh Government Escalation Framework in December 2024. The first escalation meeting to formally agree the de-escalation criteria has not yet taken place however the planning processes and the critical actions of the Plan itself have been aligned to the draft criteria and can be used to provide evidence against the criteria as shown in Appendix 4.

Better Together

In line with the health board's need to set out a route map to a sustainable future, aligned the draft De-escalation Criteria to develop a Clinical Services Plan that is suitable for Powys, during 2024/25 the 'Better Together' portfolio has been established with clear governance and oversight through a Portfolio Board reporting to the Executive Committee.

The Better Together team will support change and improvement across a number of key areas of the delivery plan. Building on our extensive engagement work to date,

the timeline to develop the exciting future vision for sustainable Community and Frailty and Mental Health and Learning Disabilities Models, in collaboration with our communities, is also set out in this Plan. The new models will inform the development and delivery of our Plans for 2026/27 and beyond.

Performance Assessment and Plans 2025/26

As reported to the Delivery and Performance Committee and the Board in 2024/25, and the Joint session of the Planning, Partnership and Population Health Committee and Delivery and Performance Committee on 17 March 2025, the health board’s provider performance is largely good, whilst there is considerable variation in commissioned performance; particularly between providers in NHS Wales and NHS England.

This is reflected in the assessment of the performance for 2025/26 and the choices and options that the Board and Joint Committee has considered in February and March 2025.

PTHB provider performance 2025/26

The Health Board has reviewed the Ministerial Measures for 2025/26 and undertaken a delivery confidence assessment for each of the measures as shown below.

As a provider the health board has high or reasonable confidence of delivering the majority of the key Ministerial Measures during 2025/26, with the use of insourcing support for the whole of 2025/26, at a cost of £400k. The exception in this assessment of performance for next year is neurodevelopmental services for children and young people as shown below.

Performance Assessment 2025/26 – PTHB Provider

Ministerial Measure 2025/26	Target	Notes	Delivery Confidence
No of patients waiting > 52 weeks for new outpatient appointment	Zero	Performance reliant on continued use of inreach and insourced provision.	HIGH
No of patients waiting > 104 weeks for referral to treatment	Zero		
No of patients waiting for follow up outpatient delayed by over 100%	Reduction to same month previous year	Forecast based on historic total activity which achieved target reduction in 2024/25.	HIGH
No of patients waiting > 8 weeks for specified diagnostic	Zero	Modelling based on continued insourcing. Risk linked to fragile in-reach service provision.	REASONABLE
No of patients waiting > 14 weeks for specified therapy	Zero	Therapies currently meeting target within capacity.	HIGH
No of adults waiting > 14 weeks for all audiology pathways	Month on month reduction	New measure for 2025/26 Modelling work being undertaken.	
No of children waiting > 6 weeks for all audiology pathways	Month on month reduction		
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people <18	80%	Historically have met target. For 25/26 based on historic delivered assessments, forecast target to be achieved within existing capacity.	HIGH
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people < 18 years.	80%		HIGH
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people >18	80%	Forecast based on historic delivered assessments adjusted to meet the minimum target 80% and that service will meet trajectory within existing capacity.	REASONABLE
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people > 18 years.	80%	Forecast based on historic total delivered interventions but adjusted to meet the minimum target 80% and that service will meet target from within existing capacity.	HIGH
% of young people waiting less than 26 weeks to start ADHD or ASD neurodevelopment assessment.	80%	Insufficient capacity to deliver target.	LOW
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	80%	Currently not delivering to target, however forecast to deliver target in 2025/26.	REASONABLE
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged < 18.	90%	Service is already robustly compliant on this measure within current capacity.	HIGH
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged > 18	90%	Service is currently not compliant. Modelling being undertaken to understand capacity requirements to ensure compliance.	REASONABLE

With regard to neurodevelopmental services for Children and Young People, the service remains in internal escalation but has delivered a substantial improvement in waiting times in 2024/5, being on-track to have 0 patients waiting over 104 weeks by the end of March 2025. Following the demand and capacity assessments that have been undertaken as part of the escalation process, the Plan includes the intention to maintain the 104 week wait for 2025/26, with further improvement dependent on additional funding from Welsh Government if this should become available.

PTHB commissioner performance 2025/26

As reported at each Board meeting through the financial report, the cost of commissioned services for the Powys population is a major driver of the health board's financial deficit; with nearly 40% of the total budget being spent to support patients to access services outside the health board's borders in NHS Wales and NHS England.

As shown in Appendix 5 the performance measures in NHS Wales and NHS England are different and, as outlined to the papers to the Board meetings in January 2025, and the Joint Session of the Committees in March 2025, the rate of elective recovery is continuing to accelerate in NHS England.

In the context of the financial plan, three scenarios were developed and have been discussed with the Board and Welsh Government as shown in Appendix 6. Following discussion with the Board and Welsh Government on the additional choices and options required to deliver improvement of the financial plan Scenario 1 is the preferred option; that in the context of setting the Long Term Agreements for 2025/26, negotiations are opened with all providers are commission to deliver NHS Wales waiting times.

Financial Assessment and Plan 2025/26

The financial plan has been developed based on confirmed Welsh Government funding allocations, risk assessed cost pressures and a realistic, but challenging view of cost saving potential.

The health board is forecasting that it will achieve its financial plan in 2024/25 of a £15.8m deficit. Once the impact of non-recurrent items and the full year impact of recurrent pressures have been considered the health board is assessed as having an underlying deficit of £30.6m. This would be £35.6m, without £5.0m of conditionally recurrent funding from Welsh Government.

Adding to the underlying deficit of £30.6m, is the assessment of:

- cost pressures of £13.4m for secondary and specialist healthcare providers for inflation and increased activity;
- other cost pressures of £11.4m – including £6.3m for continuing healthcare and £1.9m for prescribing drugs in primary care; and

- an increase in funding reduced by the net effect of some allocation adjustments £(6.0)m.

These costs will be partially offset by a series of mitigating actions, evaluated as having a £11.0m impact in 2025/26:

- reducing expenditure on agency staff and medicines;
- the impact of transformational change; and
- working actively with teams to identify mitigating actions to contain cost pressures.

The impact of each of these components is set out in the table below. It shows that the health board has a financial plan starting position of a £38.4m deficit in 2024/25. There are also some areas to be finalised, such as progressing discussions with providers in NHS England.

	(£m)
Underlying deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effect of allocation adjustments	(6.0)
Mitigating actions	(11.0)
TOTAL	38.4
Conditional funding	5.0
TOTAL without conditional funding	43.4

The emerging savings and opportunities assumptions and pipelines are included at Appendix 7.

There are risks to the financial plan, such as:

- the impact of NHS England planning guidance issued 30 January 2025. Further reductions in RTT access times in NHS England, could add up to £8m further costs.
- the current version of the JCC's plan assumes that growth in activity in 2024/25 by Welsh providers will continue, but for English providers will revert back to 2023/24 levels. This is £650k.

Following an extensive series of workshops and Board discussions, the Health Board has agreed further options and actions to reduce the financial deficit further towards Target Control Total of £12m deficit. These options have an impact on key objectives and duties of the Health Board. including the duty of quality and financial duties and, as outlined above. The financial impact of these options for 2025/26 will need to be worked through as clarity on the operationalisation of the actions is obtained.

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Financial Plan Summary 2025/26 Including identified option action areas - HIGH LEVEL INDICATIVE ESTIMATED COSTS	2025/26 (£m)	2025/26 (£m)
Financial assessment including risks relating to NHSE Performance Targets	47.00	47.00
Remove risk in relation to NHS E and JCC re Performance Targets	(8.60)	(8.60)
Financial Plan Starting Position before additional actions	38.40	38.40
Further Option Action Areas		
Reprioritise the use of available funding (including RIF) to support the cost of the mitigating actions in relation to Social Care related DTOC	(3.00)	35.40
Commission activity for all providers to deliver NHS Wales Performance Targets	(16.40)	19.00
Increase focus and action with partners to improve the system pressure position in relation to DTOC and to reduce the costs of social care delays	(2.00)	17.00
Continue action with JCC to deliver plan within the allocated 1.77% uplift.	(1.00)	16.00
Potential Financial Plan		16.00

The financial impact of the actions taken in relation to the areas in the table above will be closely monitored to inform the Health Board financial position and year end forecast position as part of the regular reporting to Welsh government.

Workforce Position

National workforce shortages, especially for clinical and specialist roles, continue to impact on recruitment for the Health Board. This is further compounded by our rurality, the working age population (within our communities) and our aging workforce profile which are also contributing factors to our levels of workforce turnover.

The impact of these workforce challenges is having a significant impact on not only our capacity, but our over reliance on agency workers to support service delivery.

The focus therefore remains on improving our workforce sustainability by building on the successes of our Aspiring Clinician programmes as part of a strategy of 'growing our own', as well as accelerating our Internationally Trained Clinicians programmes.

Allied to this will be ensuring that the health board is seen to be a great place to work for our existing staff, as well as an attractive employer for new recruits.

Working in partnership with our staff and Trade Unions, the emerging workforce plans to support the Better Together programme of Accelerated Sustainable Models

(ASM) will require innovative approaches to workforce models, roles and deployment options on a more integrated approach across the whole health and care system

A strong commitment to local partnership working with Powys County Council, the third sector and other partners continues to be in place.

These partnership arrangements include working on a regional level to widen employment access through pioneering education pathways, enhancing service delivery through new models of working, increased opportunities for volunteering, the digital learning experience to reduce the carbon footprint and a range of wellbeing initiatives for the people who contribute to the delivery of health and care services.

Governance and Risk Management

There are continued significant and complex challenges and opportunities to be managed in the year ahead, as the Plan sets out in some detail. These have been carefully considered by the Board during the production of the Plan.

The organisation will continue to require robust corporate and partnership governance to be able to optimise delivery and support transformation in the year ahead, given significant and complex system pressures.

Governance and assurance arrangements are well established, with a track record of positive Structured Assessments from Audit Wales, in the 2023 report Audit Wales note that “the Health Board has generally good governance arrangements in place”. This statement is repeated in the recently received draft Structured Assessment report for 2024. An Internal Audit was undertaken on planning processes in 2024 which also noted that the Health Board has good processes in place for monitoring and reporting on the delivery of the Plan to the Board on a quarterly basis, with the reports also being submitted to Welsh Government in line with national guidance.

The Board has undertaken a thorough consideration of risk management including setting and reflecting on its risk appetite throughout the 2024/25 year. The Corporate/Strategic Risk Register will continue to be developed in line with the new Integrated Plan Strategic Priorities.

The Board Assurance Framework will continue to be embedded in the year ahead, ensuring the Board has a robust and comprehensive view of the required assurances on the Plan and Strategic Priorities, supporting the Board to fulfil its responsibilities.

Conclusion

The paper outlines the Board oversight and direction of the planning process, the alignment with the Health Board’s Strategy, the NHS Wales Planning and Performance Frameworks and the draft De-Escalation Criteria. The Plan includes the health board’s delivery and improvement actions across the full breadth of the organisational responsibilities, with particular focus on the critical actions to address the key themes of Risk, Recovery and Sustainability.

Options and choices to deliver the health board's strategic priorities and manage the key strategic, quality and performance risks in alignment with the development of the Better Together portfolio to move towards sustainability are included. These underpin the financial options for improvement on the baseline financial assessment working towards meeting Welsh Government's direction for all health boards to meet their Target Control Total in 2025/26. The Plan has been discussed with Welsh Government, most recently through the formal Scrutiny meeting, and there will be ongoing dialogue and scrutiny to support delivery of the Plan, including through the Joint Executive Team (JET) and Level 4 Escalation meetings in 2025/26.

APPENDICES:

The following appendices are included / attached to the paper:

- Appendix 1 – PTHB Annual Plan 2025/265 - attached as paper 3.1a.
- Appendix 2 – visual summary Health and Care Strategy for Powys (within cover paper)
- Appendix 3 - NHS Wales Planning Framework (within cover paper)
- Appendix 4 - Alignment with Draft Level 4 De-escalation Criteria (within cover paper)
- Appendix 5 – Performance Measures in NHSD Wales and NHS- England (within cover paper)
- Appendix 6 – Commissioner performance scenarios attached as paper 3.1b.
- Appendix 7 – Savings and Opportunities (within cover paper)

NEXT STEPS:

- Submission of the Final Annual Plan 2025 – 2026 to Welsh Government by end of March 2025 in line with national timescale.
- Publication of the PTHB Annual Plan.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both
Safe				
Timely				
Effective				
Efficient				
Equitable				
Person Centred				
Workforce				
Leadership				
Culture				
Information				
Learn, Improve, Research				
Whole Systems Approach				

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision-making process.

EQUALITY:

	No impact	Negative	Positive	Both
Age				
Disability				
Gender reassignment				
Marriage / civil partnership				
Pregnancy / maternity				
Race				
Religion or Belief				
Gender				
Sexual Orientation				
Welsh Language				
Socio-economic status				
Social exclusion				
Carers				

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision-making process.

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical				
Financial				
Corporate				
Operational				
Reputational				

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

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Appendix 1

Annual Plan 2025 - 2026

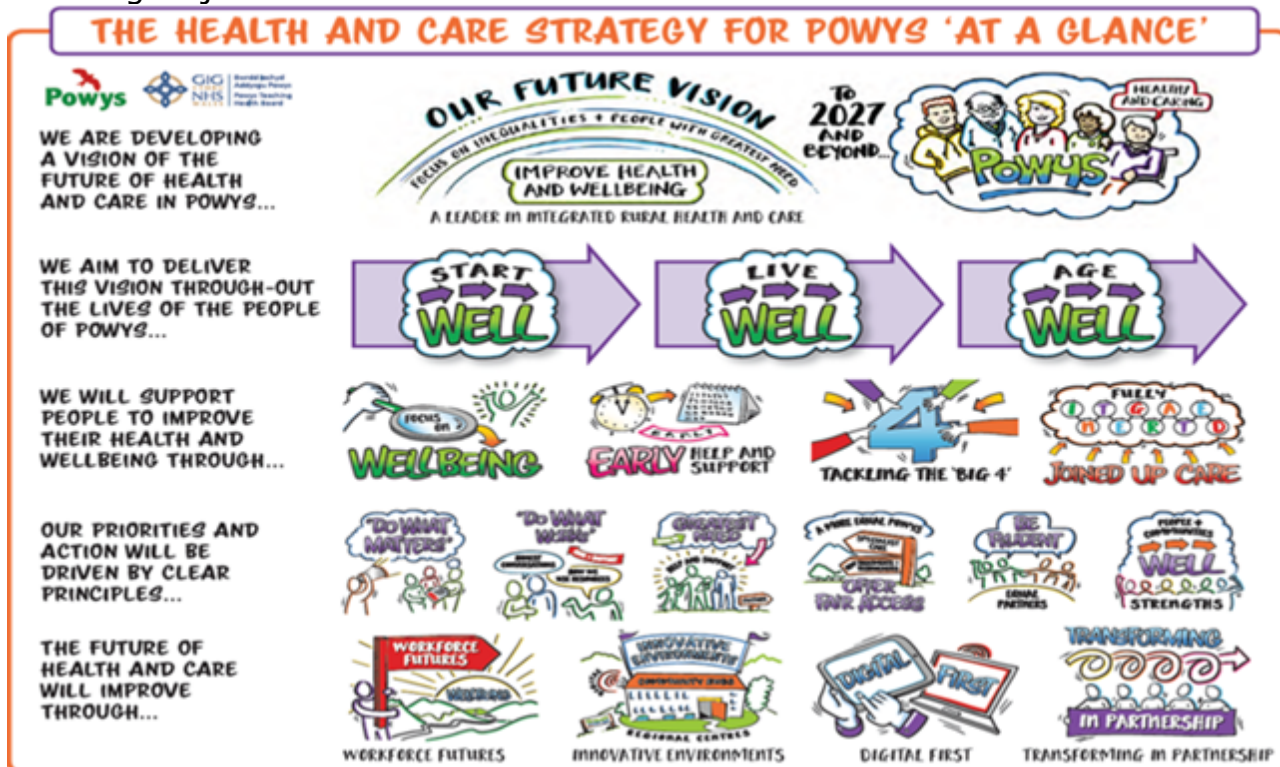
Attached as paper 3.1a.

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Appendix 2

Summary of Health and Care Strategy / Partnership Context

The visual below provides an 'At A Glance' summary of the Health and Care Strategy for Powys, including the Vision, Principles, Wellbeing Objectives and Enabling Objectives:



The health and care strategy forms the basis for the Powys Area Plan, the PTHB Integrated Plan and the Cluster Plans for North, Mid and South Powys. This spans the period 2017- 2027 and will be revisited in 2026.

The Strategy is based on comprehensive population needs and wellbeing assessments which have been refreshed in recent years. Further national work adds to the insights including the Science Evidence Advice publication on the 'NHS in 10 Years' which set out projected impacts of long-term conditions and risk factors in Wales. This was captured in the context and horizon scanning in the PTHB five year plan and refreshed in the Autumn / Winter 2024 using the 'PESTLE' approach via Executive Team, PPPH Committee and Board Development (PESTLE is an assessment of Political, Economic, Social, Technological, Legislative and Environmental factors).

A similar redevelopment of the Powys Wellbeing Plan has taken place, as reported previously to Board, led by the Public Services Board. This sets the longer term 'inter-generational' strategy for wellbeing in the County.

Further work has also been undertaken through additional involvement and engagement with our localities to develop intelligence. This has deepened the understanding of the opportunities and challenges through the 'Better Together' Portfolio and the Council's work on 'A Sustainable Powys'.

Appendix 3

Summary of the NHS Wales Planning Framework 2025 – 2028

The [NHS Wales Planning Framework 2025-2028](#) sets out the strategic priorities and areas of focus required by the Cabinet Secretary for Health and Social Care:

- **Timely Access to Care**
[Key Delivery expectations \(Metrics\):](#)
 - Ambulance handovers
 - Time spent in Emergency Care
 - Referral to treatment (104 weeks)
 - First definitive cancer treatment
 - Diagnostics (8 weeks)
- **Population Health and Prevention**
[Key Delivery expectations \(Metrics\)](#)
 - Diabetes (8 NICE processes)
 - Vaccinations targets
- **Building Community Capacity**
[Key Delivery expectations \(Metrics\)](#)
 - Delayed Pathways of Care
 - GMS National Access Standards
 - Access to Pharmacist Independent Prescribing
 - Access to Dental Care
 - Community / Palliative Nursing (Weekend)
 - Enhanced Community Care capacity
- **Mental Health access**
[Key Delivery expectations \(Metrics\)](#)
 - Assessments (28 days)
 - Therapeutic Interventions (28 days)
- **Women's Health**
[Key Delivery Expectation -Women's Health Hub](#)

The Framework also set out 'Enabling Actions' to 'adopt or justify', for Operational Productivity and Efficiency:

- Urgent and Emergency Care
 - 6 Goals Programme Falls, Remote Clinical Assessment, Acute Frailty at Front Door, Ambulance Handovers Guidance, Optimum Hospital Flow Framework
 - 50 Day Challenge consistent delivery at minimal additional resource
- Planned Care National Guidelines/ Thresholds by Clinical Implementation Network inc. Outpatients PIFU, SO, DNA/CNA and overbooking, Follow Up criteria; Cataract direct listing, protection and utilisation of inpatient/daycase/theatre capacity, High Volume Low Capacity and day surgery increases, validation and reporting
- Workforce Variable Pay and Agency Control Framework and Targets; Job Planning Policy; Sickness Absence reduction
- Value for Money Value and Sustainability Board recommendations for Non Pay, Medicines, Continuing Healthcare; Estate utilisation
- Outcomes and Variation Cancer Recovery pathways, Straight to Test, Value & Sustainability Board pathways (Diabetes, Bone Health, Arthroplasty), National digital Priorities (Maternity, NHS Wales App, systems and devices, cyber response); Interventions Not Normally Undertaken Phase 1; referral management and rapid adoption of 282 Health Pathways

The [NHS Wales Planning Framework 2025-2028](#)

The Cabinet Secretary's letter also notes:

- Health boards will need to make choices in other areas, to improve the health of their populations and meet strategic objectives of A Healthier Wales, within available resources, with greater flexibility
- Dialogue to continue on areas for de-prioritisation or stoppage if there is evidence of waste, harm or variation with no/ low clinical value or effectiveness
- Quality, Safety and improvement of outcomes must be at the forefront of all the choices and decisions
- Delivery needs to draw on innovative, as well as familiar, approaches
- Further exploration to take place on streamlining data reporting, accountability and other systems
- Delivering financial improvement and sustainable financial positions, maximising use of resources and increasing productivity and efficiency, is critical
- Further work will be required to respond to Ministerial Advisory Group on Performance and Productivity
- Principle of Adapt, Adopt or Justify to be applied, including rapid digital innovation and transformation
- Regional opportunities to be grasped to deliver what cannot be done by one organisation alone
- Enabling plans for capital, digital, collaborative working and NHS workforce expected
- Social Partnership, Compassionate Leadership and a Safe, Inclusive Culture continue to be a focus
- Balance long term with here and now issues

A Letter from Director General, Health, Social Care and Early Years Group/ NHS Wales Chief Executive provides the [Supporting Governance Arrangements](#):

- Actions from 'A Healthier Wales' to be reflected
- Wellbeing of Future Generations Act sets the context
- Statutory Duty to produce IMTP with compliance against break-even duty over rolling three years
- Also plan for longer term including clinical services / organisational plans and strategies
- Firm, Indicative, Outline approach over 3 Years
- Set out what delivered/ progressed / not delivered
- Year 1 milestones, actions, projections for delivery with financial sustainability, risks and mitigations
- Submissions to include: Narrative Plan, Ministerial Templates, Minimum Data Set (MDS)
- Cabinet Secretary priorities do not exclude wider range of services for population
- Also noted are Quality, Safety, health inequalities, Anti-Racism Plans, Health and Care Standards
- Cluster / Regional delivery commitments expected
- Financial improvements and sustainability is a priority, with scrutiny and risk management, and maximising transformation and efficiency
- Accountable Officer letter by 14 February (if required)
- Escalation status and criteria to be reflected in plans

[Additional technical guidance](#) also issued, setting out the full range of legislative and policy requirements.

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Appendix 4

Level 4 Intervention – De-escalation Criteria






















Draft De-escalation Criteria	Evidence in the Planning process / Plan 2025/26
Finance	
1. The health board must demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised.	<ul style="list-style-type: none"> • Delivery of deficit plan in 2024/25. • Evidence of grip and control throughout Delivery Plan actions.
2. Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation’s understanding of the existing deficit and key drivers and development and realisation of opportunities.	<ul style="list-style-type: none"> • Level 4 Action Plan to be received in first TI meeting (developed by WG). • Drivers of deficit well understood – Plan responds in the ‘Recovery’ theme and critical actions • Savings and Opportunities pipeline included in Appendix 6 and will be included in the final Plan.
3. Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	<ul style="list-style-type: none"> • Formally notified WG in AO letter of February that developing an Annual Plan. • Substantial improvement trajectory developed with Board support including unpalatable options which enable improvement on the plan to close to TCT.
Strategy and Planning	
1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.	<ul style="list-style-type: none"> • See item 3 in Finance section. • WG to advise what ‘acceptable’ is but there is evidence that the Plan responds to the Planning Framework, delivers good provider performance and all options have been considered to enable improvement of the plan to close to TCT.
2. Board clarity on the strategic vision for the organisation	<ul style="list-style-type: none"> • As evidenced in this paper and through all Board papers on the Plan since November 2024, the










	<p>Board has had clear oversight and direction of the development of the Plan.</p> <ul style="list-style-type: none"> The Plan responds to the agreed Strategy, the financial challenge and the Level 4 escalation status through the themes of 'Risk, Recovery and Sustainability' and the critical actions.
3. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	<ul style="list-style-type: none"> Actions to be delivered through the Transformation and Value portfolio are threaded through the Delivery Plan. Timeline for engagement and consultation of the Community and Frailty Model will be included in the Final Draft Plan for Board approval.
4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix	<ul style="list-style-type: none"> JET and IQPD meetings are evidence of the health board's delivery of the Plan for 2024/25. Quarterly reports to Board (which are then submitted to WG) show good delivery confidence. Baseline Planning Maturity Matrix approved by Board in December 2024 and submitted to Welsh Government. Feedback awaited at first TI meeting.
5. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.	<ul style="list-style-type: none"> See point 4 above. Delivery of the performance and finance commitments will be reported to the DPC and to Board via the finance report and IQPR. Quarterly reports on the progress against the Delivery Plan will be submitted to PPPH and Board and thereafter to WG.




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Appendix 5

Tables showing Performance of Welsh and English Providers

Welsh Providers	Jan-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
Aneurin Bevan Local Health Board	62.1%	760		426		45		2810
Betsi Cadwaladr University Local Health Board	47.6%	268		175		38		678
Cardiff & Vale University Local Health Board	43.3%	169		107		11		388
Cwm Taf Morgannwg University Local Health Board	51.6%	305		160		8		841
Hywel Dda Local Health Board	56.6%	466		242		38		1485
Swansea Bay University Local Health Board	55.1%	634		348		15		1958
Total	56.2%	2602		1458		155		8160

English Providers	Jan-25	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	69.1%	49		18		0		291
Robert Jones & Agnes Hunt Orthopaedic & District Trust	50.6%	1240		658		42		3566
Wye Valley Trust	67.4%	581		94		0		3370
Total	59.2%	1870		770		42		7227

English Providers	Nov-24	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
Shrewsbury & Telford Hospital NHS Trust	55.5%	1380		499		0		5021

Provider	Patients waiting > 104 weeks (January 2025)
ABUHB	45 (30 T&O, 13 Ophthalmology, 2 General Surgery)
BCUHB	38 (3 General Surgery, 9 Gynaecology, 2 Ophthalmology, 8 ENT, 6 Oral Surgery, 3 Orthodontics, 3 Dermatology, 1 Urology and 3 Pain Management)
C&VUHB	11 (2 T&O, 2 Gynaecology, 1 Clinical Immunology and Allergy, 1 Urology and 4 Ophthalmology and 1 General Surgery)
STMUHB	8 (2 T&O, 2 Ophthalmology, 1 Oral Surgery, 1 General Surgery, 1 Restorative Dentistry and 1 Gynaecology)
HDUHB	38 (19 T&O, 15 Ophthalmology, 3 Urology, 1 ENT)
SBUHB	15 (6 Gynaecology, 2 plastic surgery, 6 general surgery, 1 ENT)

Appendix 6

Commissioner performance scenarios

Attached as paper 3.1b.

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Appendix 7 Savings and Opportunities

Savings Programme

Expectation of 2% recurrent saving across all areas in line with WG expectation, plus a further non-recurrent 1%

Ministerial Enabling Actions

Value & Sustainability Board

Transformation actions and site reconfiguration to achieve Commissioning savings of 2%

Enhanced monitoring arrangements to drive achievement

Savings Programme

Target Areas	Recurrent (£m)	Non-recurrent (£m)	Total (£m)
Using HCHS Allocation of £366m as the denominator	2%	1%	3%
Premium pay expenditure	3,400	0	3,400
Continuing Healthcare	0	500	500
Commissioning	1,420	1,660	3,080
Slippage on programmes	0	1,000	1,000
Medicines Management	1,500	0	1,500
All other areas 3% saving	1,000	500	1,500
TOTAL	7,230	3,660	10,980

Currently - £4.5m schemes rated as green and amber

Pipeline of opportunities for improvement

Opportunities

There is a pipeline of opportunities as targeted in the Savings Programme:

- Ministerial Enabling Actions – especially related to agency and locum expenditure
- Value & Sustainability Board – particularly medicines management and CHC
- Review of administration and opportunities arising from digital technology
- Site reconfiguration and consolidation of services
- Impact of transformational changes, e.g. referral arrangements for MKS in place now working on ophthalmology

Strategic Priority #	Deliverable	Pipeline opportunity
SP4	Develop and implement a new Enhanced Community Care model incorporating Virtual Ward and Hospital @ Home in a Powys context	Implementation Q3
SP4	Develop and implement the next phase of an integrated community model with partners ensure high quality, connected community based care	Implementation Q4
SP4	Improve coordination of the Last Year of Life for Powys patients	Implementation Q4
SP4	Fracture Liaison Service	Business Case Q1-2
SP5	Implement clinically led referral optimisation (Ophthalmology and Orthopaedics)	Delivery Q1-3
SP5	Outpatients - To develop a single management system and oversight of outpatient booking	Delivery Q4
SP7	Pilot remote clinical monitoring of clinically appropriate Powys patients with respiratory conditions	Q1-4
SP9	Community Hospital Model - opportunities for site reconfiguration	TBC
SP10	Six Goals work linked to flow hub and digiflo system	



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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Foreword

We are pleased to present this Annual Plan 2025/26 for Powys Teaching Health Board (PTHB), building on the progress of delivering the health board's previous five-year Integrated Plan for 2024-29. Under the strong, stable leadership of the Board, during 2024/25, the health board has delivered good quality and performance in our directly-provided services. Through our expert teams the board has started to modernise our service models with the agreement of temporary changes to the Ready to Go Home Units and Minor Injuries Services, which will be evaluated and formally considered by the Board in 2025/26.

Internally, the health board has tightened financial grip and control and implemented urgent actions to ensure that the challenging financial deficit was managed and minimised. As a result, and with some Welsh Government support, the health board has delivered its financial plan, but the organisation has further to go to fully achieve sustainability and the severe financial challenges remain. As a result, PTHB was escalated to level 4 of the Welsh Government's Escalation Framework in late 2024 for strategy, planning and finance, and is unable to put forward a Plan that meets the statutory break-even duty within 2025/26.

The Board has had clear oversight and direction of the development of this Plan and it sets out work of the health board to create 'A Healthy, Caring Powys', the shared long-term health and care strategy for the County up to 2027. It responds to the NHS Wales Planning Framework 2025-28, covering the health board's whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. However, due to the board's escalation status, a set of 'critical actions' has been agreed to focus on maintaining grip and control, addressing the known drivers of our financial deficit, and effectively prioritising our resources to address them.

Due to these challenges this Plan has the themes of Risk, Recovery and Sustainability; with the Risk theme ensuring that the board continues to deliver safe, timely, effective, efficient, equitable and person-centred care that meets the needs of the population of Powys. The drivers of the financial deficit are addressed through the Recovery theme, with key choices and options included in the Plan to improve the financial position.

The longer-term programme of work to change our service models to enable the board to become sustainable in the longer term, in line with agreed Strategy, is also important.

During 2024/25 the Better Together portfolio has been established and will support change and improvement across a number of key areas of the delivery plan.

Building on our extensive engagement work to date, the timeline to develop the exciting future vision for sustainable Community and Frailty and Mental Health and Learning Disabilities Models, in collaboration with our communities, is also set out in this Plan.

The Board look forward to leading this work in the Summer and Autumn of 2025, and the new models will inform the development and delivery of our Plans for 2026/27 and beyond.



A handwritten signature in black ink that reads "Carl Cooper".

Dr Carl Cooper,
Chair



A handwritten signature in black ink that reads "Hayley Thomas".

Hayley Thomas,
Chief Executive
Officer

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Introduction

'A Healthy, Caring Powys' is the shared vision in the long term Health and Care Strategy for the County 2017 – 2027. This aligns strongly with the recently refreshed vision and goals for 'A Healthier Wales'.

An ambitious five year plan for the period 2024 – 2029 was developed and agreed by Powys Teaching Health Board last year. This set out the work in the short, medium and longer term, to deliver against the long term strategy.

This Annual Plan therefore starts in Year Two of the five year plan, spanning April 2025 to March 2026. It is themed around Risk, Recovery and Sustainability, and accelerates action on immediate challenges and a sustainable model of care. This is in recognition of a challenging financial position and the associated escalation of PTHB's intervention status to 'Level 4' for strategy, planning and finance (formerly Targeted Intervention) by Welsh Government.

This plan also responds to the requirements in the NHS Wales Planning Framework and the areas of focus set out as Strategic Priorities by the Cabinet Secretary for Health and Social Care. The flexibility noted in this year's framework is welcomed and will be drawn upon this year and going forward, as we develop and engage on 'Better Together' which will set out a Routemap to Sustainability for health and care in the Powys region.

The emphasis on collaboration is also welcome, given the strong partnerships locally, including the Regional Partnership Board and the Mid Wales Joint Committee for Health and Social Care.

The plan sets out an approach that is firm in detail in 2025/26, ensuring the grip and control that will be needed to respond to immediate pressures on healthcare and associated finances. There is also some agility in the plan, to test and co-produce future solutions, learning and seizing opportunities as they arise. Some important and potentially difficult decisions lie ahead, to move from health services designed in the past, to those fit for the population now and in the future.

This plan sets out the steps we will take as part of the Better Together Portfolio to engage with communities and stakeholders to shape and deliver the future vision of 'A Healthy Caring Powys'.



Strategic Context

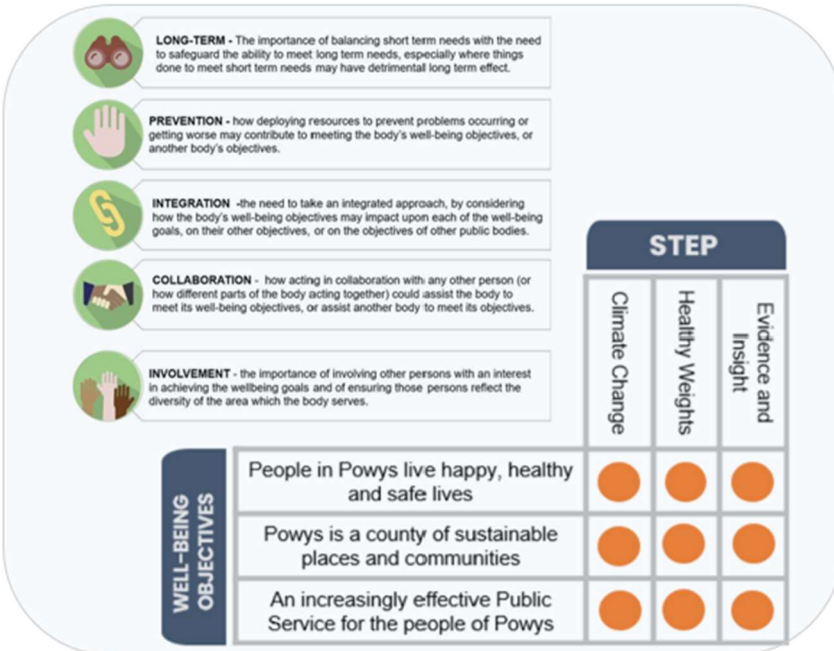
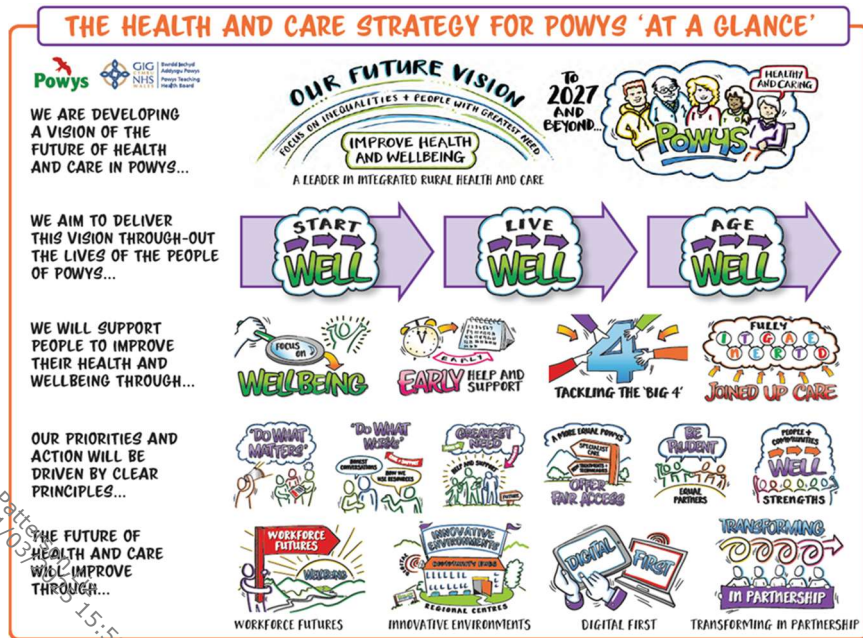
Strategic Framework

All partners have recommitted to “A Healthy Caring Powys”, the long term shared Health and Care Strategy and basis for the refreshed Powys Area Plan. This is overseen by the Regional Partnership Board, which also acts as the Pan Cluster Planning Group. The strategy spans 2017 – 2027, it will be refreshed it with partners in 2026.

The ‘Better Together’ Portfolio in the health board delivers against this long term strategy (further detail is provided to follow).

There is strong alignment with the recently refreshed national goal of ‘A Healthier Wales’ and the drivers for healthcare to respond to changing population need and demand, set out in the ‘NHS in 10+ Years’ report published by Welsh Government in 2023 (known as the Orford Report).

A similar refresh of the [Powys Wellbeing Plan](#) has been led by the Public Services Board, all parties agreed longer term objectives and steps for wellbeing in the County. This incorporates local steps consistent with the ‘sustainable development’ principle in the Future Generations Act and the [Five Ways of Working](#):



Strategic Context

This Annual Plan is based on a comprehensive assessment of the Powys population, as set out in:

- The Powys Population Needs Assessment www.powysrpb.org
- The Powys Wellbeing Needs Assessment <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>
- The Better Together 'Case for Change' submitted alongside this Plan to Welsh Government

Life expectancy for men and women is higher in Powys than for Wales, and people live longer in good health than the rest of Wales and the UK. There is a strong sense of community and surveys often show high levels of people feeling happy and in good health. There is an increasingly thriving Welsh culture with 19% able to speak Welsh in Powys.

However there are inequalities in groups and geographies. **28% of the population is over the age of 65.** This increases needs for health and care, including cancer, respiratory and circulatory conditions, frailty and dementia. **12% of the population are unpaid carers** and this will also increase over time. A high proportion of Powys residents live alone. However there is a strong sense of community and a vibrant community and voluntary sector providing networks of support.

Powys has **9 areas in the top 30% most deprived in Wales**, and this correlates with greater health needs, including for the most vulnerable. The average household income is lower in Powys compared to the rest of Wales and 4,088 families live in absolute poverty. A third of households are single occupants; predicted to rise by 4.2% over ten years.

People are waiting for treatment and staying in hospital longer than they should. Too many people are spending the last days of their lives in District General Hospitals rather than their own homes. The complexity of need is intensifying, across physical and mental health. Immediate pressures including delays in care, lead to high costs for poorer outcomes.

Demand for mental health services is **projected to increase by up to 33%** over the next 10 years.

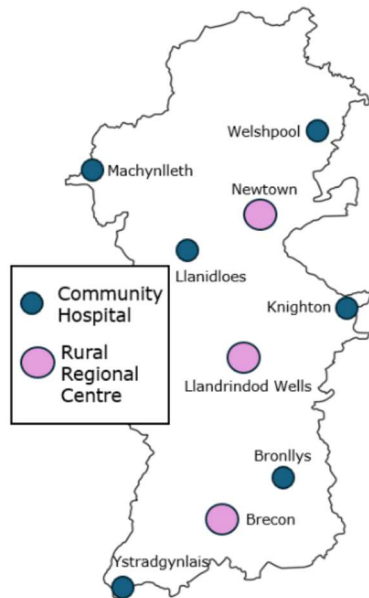
There has **been a 49% increase for Child and Adolescent Mental Health Services** over 4 years.

There has been **a 39% increase in outpatient appointments** between 2014 and 2024.

This means that looking longer term and taking an inter-generational and holistic view of healthcare is important, to build a sustainable approach for Powys.

The Plan also takes into account the current pattern of provided and commissioned services including the locations and associated estates factors. These are summarised to follow.

Strategic Context



The health board directly provides services across a wide range of sites in the county which includes nine community hospital sites.

Three are designated as Rural Regional Centres. Breconshire War Memorial Hospital and Llandrindod Wells County Memorial Hospital both provide a range of enhanced services such as day surgery.

The North Powys Wellbeing Programme aims to expand future services in Newtown through a new campus and Regional Rural Centre.

In addition to these hospital sites, PTHB services are provided in a range of community clinics and centres and facilities such as GP practices, pharmacies, dental surgeries and optometrists in towns across Powys.

Many of the buildings pre-date the establishment of the NHS in 1948. PTHB has the oldest built estate of all health boards in Wales. Over a third (36%) of the buildings were built before 1948, compared with the Wales average of 12%. Only 8% of the buildings have been built since 2005, (compared with the Wales average of 23%).

Based on a condition survey undertaken in 2017, the total cost of repairs to bring the estate into a 'satisfactory condition' was around £70 million. Whilst there has been investment to improve the patient and staff environment and to reduce backlog maintenance on some sites, there remain significant challenges to bring the overall estate to modern standards.

Additionally, digital infrastructure on these sites, and more widely across the county in people's homes can affect the ability to support virtual appointments, to share patient information across primary and secondary care, and to access high quality information and advice for self-care.

Whilst the pandemic was a period of significant challenge for society and for the NHS, it did stimulate digital developments, which are significant, alongside other technological developments such as Artificial Intelligence. These are reflected in the Digital Strategic Framework set out later in this plan.

Similarly, there are challenges and opportunities for the workforce across health and care including the community and voluntary sector. There are shortages leading to reliance on agency staffing, which is higher in PTHB than the Wales average due to the sparse, rural geography, older age profile and outward migration of the younger workforce. It accounts for 9.5% of the total pay budget compared with the Wales average of 2.8%.

Strategic Context

More positively, there is a passionate and committed workforce who deliver high standards of care in the rural context. There have been important steps forward strengthening the nursing, midwifery and allied health professional workforce. This includes the Aspiring Nurse programme, overseas recruitment and 'grow our own workforce' initiative. The Workforce Futures section later in this Plan both responds to the challenges and reflects the opportunities to transform.

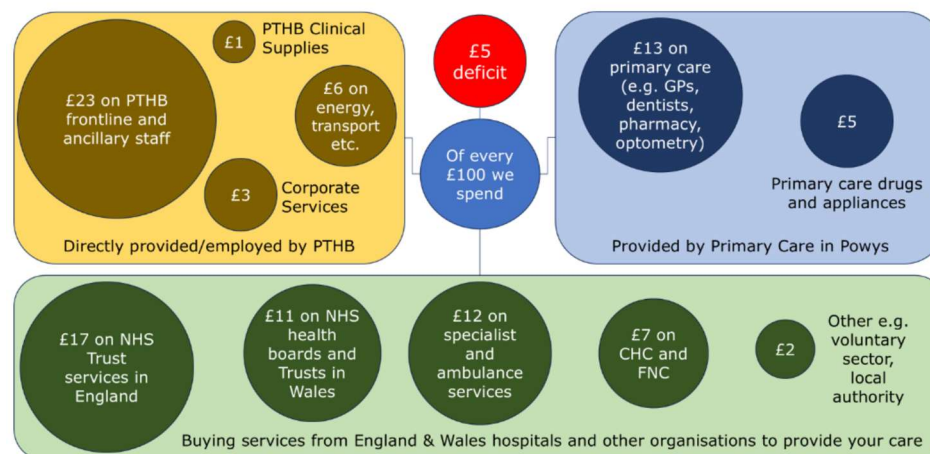
The geographical spread and the rural nature of Powys means it has a unique pattern of directly provided and commissioned services, with District General Hospital and specialised services purchased for Powys residents from neighbouring providers in Wales and NHS Trusts in England.

This creates a complex and intricate network of services and 'pathways' of care, for all ages and genders, across physical and mental health and all population groups and characteristics. Some elements are provided locally where it is safe and viable to do so, such as outpatient clinics, some diagnostics and some day surgery. This is often provided by 'in-reach' from neighbouring providers who themselves are experiencing challenges that can make sustaining these arrangements more difficult.

PTHB receives funding of over £400 million per year. The infographic shows how the funding is spent on different services. Currently, for every £100 there is an overspend by around £5.

How we spend the money we receive

Each year we spend around £440m to provide and commission health and healthcare for the people of Powys.



Given the increasing demand and complexity, PTHB, like many other Health Boards, is facing increased financial pressure and a financial deficit. This Plan must therefore respond to the urgent need for a more sustainable model of delivery within the resources available.

*Progress is being made via the **Better Together** Portfolio, building on the North Powys Wellbeing Programme and Accelerated Sustainable Model work, as described in the Five Year Plan.*

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Strategic Context

Strategic Risks

The Health Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The Board is committed to having a risk management culture that underpins and supports the business of the Health Board; providing and securing high quality care in a safe environment, that is compliant with legal and regulatory requirements; meeting objectives; and, promoting its values.

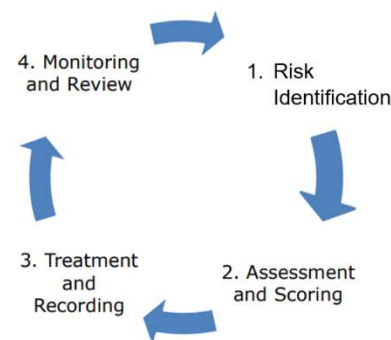
The Risk Management Framework sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities. Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk. The risk management framework is available here - pthb.nhs.wales/about-us/the-board/1/risk-management-framework/. The Board is due to consider a revised Risk Management Framework at its meeting in March 2025.

The Board reviewed and approved its revised risk appetite statement in May 2024, the statement is available here -

[PTHB Risk Appetite Statement May24](#).

The Board operates a risk register which identifies those risks that represent a threat to achieving the Health Board's strategic objectives, a copy of the risk register is available here - [CORPORATE Risk Dashboard Jan 2025](#).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



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The aim of the Better Together Portfolio is to improve quality and outcomes for the population by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of rural Powys.

A 'Value Based Healthcare' approach underpins this work, to assess and develop future patterns of service delivery and commissioning. Alongside the longer-term planning, there is a focus on development and delivery of short and medium term opportunities which support recovery, improve quality and make best use of resources. Key to this will be:

- Meeting the needs of Powys over the next 10 to 25 years, to support people to stay well
- Responding to changes in illnesses and treatments, including finding the right ways to focus more resources on prevention
- Planning workforce supply and reducing reliance on agency staff
- Dealing with the issues with the health board estate, to support future service requirements
- Achieving this in a way that recognises the legal Duty of Quality
- Developing future options the country can afford
- Building on the learning and talent in Powys

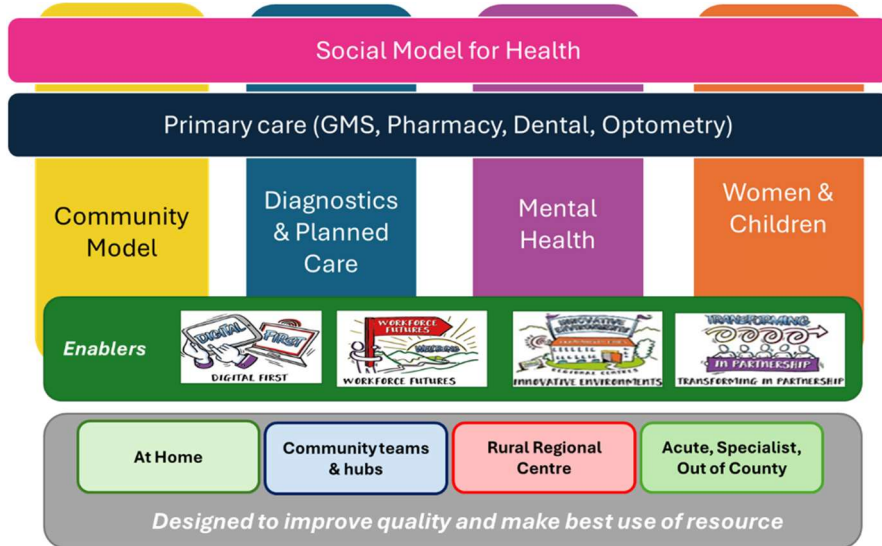
Better Together will harness the skills and talents of the people of Powys, by making best use of the resources and assets in the NHS and across local organisations and communities, and by responding to the challenges and the opportunities, to improve quality and outcomes. This includes a commitment to working with patients, communities, NHS staff, and partner organisations.

There are excellent foundations to build on – including the ambitions and principles set out in the Health and Care Strategy, this is a journey that will take several months to design, and may take several years to fully deliver. The first part of this journey is a shared understanding of the problems to solve, and why “no change” is not an option.

A Case for Change has been drafted and is being used to test the understanding of the 'issues' and 'potential emerging solutions' with staff, Primary Care and key health and care partnerships (Regional Partnership Board, Powys County Council and Powys Association of Voluntary Organisations). This will be shared with wider stakeholders including patients, communities, political representatives and partner organisations during late Spring 2025.



The Better Together Portfolio design approach has been established as below to support this:



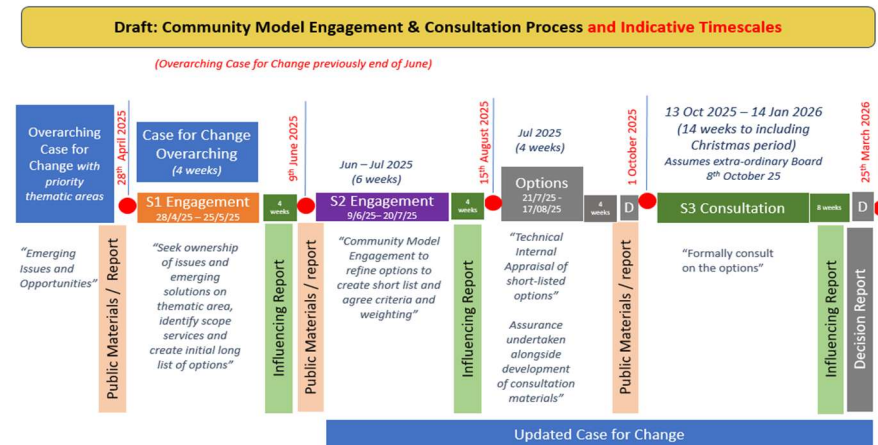
This will be managed via the Better Together Portfolio Board, established to ensure oversight and delivery across the organisation on Improvement & Transformation. There is a focus on impact and benefits, to enable delivery of the route map to sustainability in line with the Powys Health & Care Strategy (see appendix).

The key deliverables within the portfolio are cross-referenced throughout the Delivery Plan.

The Portfolio Board reports to the Executive Committee with reporting arrangements including Programme Boards in place with designated Executive Director Lead and Senior Responsible Officer.

Workstreams are in place to support the Portfolio which include the Clinical Reference Group, Enabling Group; Commissioning for Value; Organisational Development, Communications & Engagement and Value Based Health Care Steering Group.

The delivery of Better Together will be phased with the Community Model and key interdependencies being first. The timeline for development of the Community Model is detailed below:



Duty of Quality



Quality is the 'golden thread' that runs through planning and delivery within the health board. Central to this are the six domains of Safe, Timely, Effective, Efficient, Equitable, Person-centred care standards, with the enablers of Information, Learning, Improvement and Research, Leadership, Workforce and Culture.

There is a whole systems approach and during 2024/25 the focus has been on a total quality management system, ensuring that Quality Planning, Quality Control and Quality Improvement are fundamental. This has included maturing the Integrated Quality and Performance Framework to include a clearly articulated internal escalation framework to support quality control mechanisms. Having a mechanism for internal escalation has enabled the delivery of improvements for services in local escalation.

Between January and October 2024 this was applied within mental health services, with robust Executive oversight, within a culture of psychological safety that promotes and enables learning and improvement. It is now being applied to Neurodevelopment services for children and young people. This is reflected as a critical action in this plan.

The Incident Management Framework is in place to support a responsive and transparent approach to the management of patient safety and Nationally Reportable Incidents. There have been demonstrable improvements in timely management through routine reporting and commitment to a learning culture.

Similarly, the approach to learning and improvement has enabled the conclusion of 46 of the 48 actions in the PTHB Infection Prevention and Control Improvement Plan. This includes the Antimicrobial Stewardship Pharmacist appointment, to progress the reduction of Healthcare Acquired infections.

External reviews also inform improvements, including those made for Safeguarding, following the outcome of the Joint Inspection of Child Protection Arrangements inspection.

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Strategic Context

PTHB is a listening organisation, aiming to respond positively to any concerns that are raised. In 2024/25 to date over 80% of formal concerns were responded to in 30 working days, putting timely responses at the heart of engagement with patients and families.

Journey of Engagement

Central to the Duty of Quality is listening and engaging with people and communities who use services. The health board has had an ongoing conversation with communities and stakeholders over ten years, to inform the long term strategy,

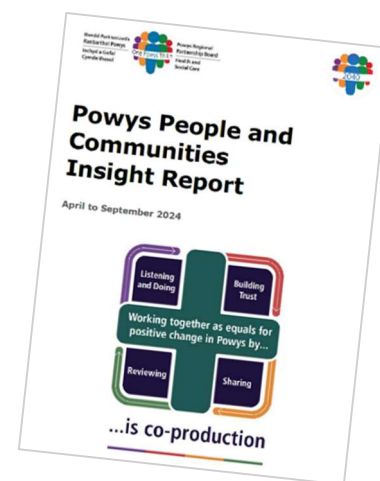
A Healthy Caring Powys:

- Extensive engagement on the North Powys Wellbeing Programme, including agreement of an Integrated Model of Care and Wellbeing in 2021
- Engagement on service developments such as Dementia Home Treatment and recent temporary changes to minor injuries and inpatient care
- Engagement with localities in Powys to shape the 'Better Together' Portfolio, including participation at sessions organised by Powys County Council on their thinking for a 'Sustainable Powys'

Continuous feedback is also gathered across Regional Partnership Board and Public Service Board partners, Llais and others, to inform insights

There is significant further engagement planned to shape the delivery and commissioning of services through the **Better Together** Portfolio.

Further work is also planned in 2025/26 to strengthen the patient and citizen voice, including alignment with the National People's Experience Framework. This will support existing partnership working with Llais and third sector organisations, enriching the continuous feedback that enables person centred health and care.



Engagement 2024 - Key Themes

Bevan Commission

1. Prevention, Early Intervention and Lifestyle
2. Shared Responsibility
3. Wider Determinants of Health
4. Communication
5. Services and Support
6. Workforce
7. Demographic

Background:

In autumn 2023, the Bevan Commission hosted a series of conversations – one in each Health Board area – to discuss the challenges facing the Welsh health and social care sector.

Seventeen people attended the Powys event in Brecon on 3 October 2023, and around 100 Powys residents completed an online survey.

Analysis of the key factors affecting the health and wellbeing of people and communities across the Powys locality were listed under seven themes.

Better Together

1. Access to services/Coordination of care
2. Communication/ Education/Information
3. Current/Future Services
4. Data/Evidence/ Research
5. Mental Health
6. Our ageing population
7. Relationships/ Partnerships
8. The prevention agenda
9. The role our communities play in supporting health and well-being
10. Workforce
11. Travel and transport in our rural county

Temporary Service Change

1. Travel and transport in our rural county
2. Communication/ Education/Information
3. Workforce
4. Access to services/coordination of care
5. Current/Future services (downgrading)
6. Workforce
7. Mental health (impact of changes on patients)
8. Civic pride in local community hospitals
9. Equality and wellbeing impacts
10. Engagement and Listening

Wider Issues (TSC survey)

1. Travel and transport in our rural county
2. Access to services/coordination of care
3. Our ageing population
4. The prevention agenda
5. Workforce
6. Relationships/ Partnerships
7. Communications/ Education/Information
8. Engagement and Listening
9. The Bigger Picture
10. Care Closer to home
11. Collaboration
12. Equity of Care for all

Llais Local Engagement

1. Access to services/ coordination of care
2. Travel and transport in our rural county
3. Communication/ Information/Education
4. Mental Health
5. Primary care
6. Current/Future services
7. Our Ageing Population
8. Civic pride in our local community hospitals
9. Praise for PTHB
10. The Bigger Picture

- Llais Powys has 3 Priorities**
- Care and support closer to home
 - Getting good care wherever you live in Powys
 - Supporting carers

Llais Powys Region has launched a programme of locality-based engagement across the county, visiting each of the 13 Powys localities in turn to gather insights from citizens' experience of health and care.

PAVO Locality Networks

- Transport to health & social opportunities
- Access to Primary health services
- Access to Dental
- Lack of Day Opportunities
- Social Isolation & Loneliness
- Financial concerns for individuals
- Changes to benefits for the elderly
- Access to appropriate housing
- Cross Border health access
- Financial concerns for 3rd sector due to lack of access to core funding and increase in NI contributions
- Lack of volunteers available

PAVO hosts 13 locality networks capturing views from the voluntary sector. They seek views on gaps which feed into the Social Value Forum and funding.

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Planning Baseline and Assumptions

The Five Year Plan agreed last year set out a number of baseline assumptions. These have been subject to robust monitoring and further appraisal for the purpose of development of this Annual Plan. Notable areas of consideration are summarised below and the detailed outputs are set out in the Technical appendices: 'Minimum Data Set' (MDS) and Ministerial Templates.

An important component of the health board's grip and control is the well-established performance management regime, which has received substantial assurance in the most recent Internal Audit.

The tracking of progress against the plan, together with key measures of performance and quality are particularly relevant in the context of the Health Board's escalation status of 'targeted intervention' for strategy, finance and planning. The health board is not in escalation for any areas of performance or quality.

Improvements have been made continuously to the monitoring and reporting mechanisms to enable sufficiently detailed yet concise reporting for management information and for Committee and Board scrutiny and assurance purposes.

These mechanisms are also important in relation to external assurances and dialogue with Welsh Government, ensuring all options to accelerate improvement are considered both internally and with NHS Wales and NHS England partners.

Financial Position and Plan

This is central to addressing the fundamental challenge facing the health board, in relation to its financial position and deficit.

This is a critical driver for this plan, recognising the urgency and importance of driving forward actions that will materially impact on risk, recovery and long term sustainability.

Therefore, for the first time, in this plan, a set of 'Critical Actions' have been identified and are clearly threaded throughout (these are set out at the end of this section of the Plan).

There reflect opportunities in the medium to longer term, to mitigate growth and cost through transformation, applying high impact, evidence based approaches to build sustainability.

They also reflect short term action in the period of this plan, to ensure efficiency and productivity and to maintain grip and control.

A summary of the Financial Plan is provided at the end of this Plan and the detail is set out in the MDS.

Achievements and Progress

In relation to Progress against the current plan, each of the 27 Strategic Priorities are reviewed quarterly and the position at the time of publication of this Plan (up to the end of Quarter 3 of 2024/25) shows a good level of delivery across each of the areas (the full detail at [Board Meetings - Powys Teaching Health Board](#)).

Some highlights include:

- Enhanced coordination for those in Powys who are most frail, or at risk of frailty. There has been an enhanced focus on the end of life, with improved end-of-life care planning and streamlined clinical pathways for example those for the management of Cellulitis and Urinary Tract Infections.
- Referral management for those with musculoskeletal conditions, enhancing patient care and service efficiency. This initiative is implementing evidence and value-based interventions including clinical review and triage, specialised leadership for Orthopaedics, and the joint appointment of an Orthopaedic Consultant for Upper Limb services.
- Major investment in modernising diagnostic services and enhancing patient care, through the X-Ray replacement programme. Welshpool, Llandrindod Wells and Ystradgynlais have successfully re-opened with state-of-the-art equipment.

- Successful implementation of the Single Point of Access for Mental Health as part of '111 Press 2'. This marks a major achievement in improving access to care and is a transformative step in enhancing mental health support and access.
- The Children and Adolescent Mental Health Services Crisis Hub is now fully operational, providing a dedicated, purpose-built sanctuary for children and young people experiencing mental health distress. The alignment of Rapid Response and Outreach with Crisis Response has also improved out-of-hours support.
- Powys is the first region in Wales to establish a pathway integrating a jointly operated Integrated Autism Service (IAS) alongside a newly developed Attention Deficit Hyperactivity Disorder (ADHD) service. Further work is also in train to address long waits in neurodevelopment services following a comprehensive appraisal of the challenges and opportunities.
- The successful Phase 1 implementation of Powys 'DigiFLO' is a major advancement in digital patient flow management across Powys community hospitals.
- A focus on delays in pathways of care has seen a 13% decrease in the last quarter, reflecting improvements in tracking and co-ordinating responses to patient flow.

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Baseline Assessment

- The Dental Access Portal (piloted in Powys) has now been rolled out across Wales. It provides a central platform for Health Board's to allocate places for routine dental treatment. The new portal reduces the need for patients to call dental practices seeking an NHS dentist.

In relation to Performance against key measures, overall performance is improving in line with national goals as a provider, and the health board is not in escalation for any areas of performance. Highlights at the time of publication are below (the full detail at [Board Meetings - Powys Teaching Health Board](#)).

Planned Care and Cancer:

- There is good compliance with Referral to treatment (RTT) performance in PTHB provided services with zero waiting longer than 104 weeks for treatment and zero waiting longer than 52 weeks for outpatients. There was an increase in waits over 52 weeks for treatment (19 in December compared to 14 in November).
- Diagnostic wait breaches in PTHB services slightly increased in December and some challenges remain with in-reach capacity and complex diagnostic delays (Ophthalmology, Ear, Nose and Throat, and Orthopaedics).

- Long waits remain a challenge across commissioned planned care provision. There is progress on recovering access however demand and total waiting lists in Wales are growing.
- The acceleration of elective recovery in NHS England is driving forward a faster pace of activity, with increased capacity and an associated increased cost for the commissioners.
- Therapy wait times for PTHB services remain strong, 99.6% of under-18s seen within 14 weeks and no adult breaches.
- Cancer pathway performance for outpatients and diagnostics in PTHB services remains strong. Insourced capacity continues to support urgent and cancer pathways.
- Performance against the 62-day target for cancer treatment remains poor in both English and Welsh services due to diagnostic delays, outpatient issues, and limited treatment capacity. Wye Valley NHS Trust (WVT) is however consistently improving, above the All-England average.

Mental Health:

- Compliance achieved for assessments, interventions, and Care and Treatment Plans for those aged under 18 years.

Baseline Assessment

- Adult assessments and interventions have improved, with recruitment of key posts expected to further boost performance.
- Improvement is expected in relation to the decline seen in year in relation to compliance with Care and Treatment Plans, as this was due to temporary staffing shortfalls which have been addressed.
- Similarly targeted work with Community Mental Health Teams is expected to deliver sustainable improvements.
- Psychological therapy waiting times worsened in 2024 due to the impact of delays in recruitment but actions are in place to improve this with positive impact to be seen during the period of the Annual Plan 2025/26.
- As noted earlier, there are challenges in the performance of neurodiversity services for children and young people and an improvement plan is in place. Procurement has commenced for additional capacity to further improve performance.

Emergency Care:

- Powys Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 5 minutes for senior clinician assessment.

- No commissioned service meets the national 4 or 12 hour targets for Accident and Emergency Care.
- Welsh Emergency Departments perform better for Powys residents than English ones, but delays, especially in ambulance handovers, remain significant.
- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor, reporting 45.2% in December.

The current and predicted quality and performance positions noted above have informed the trajectories in this Annual Plan (set out in summary at the conclusion of this Plan and in detail in the Minimum Dataset).

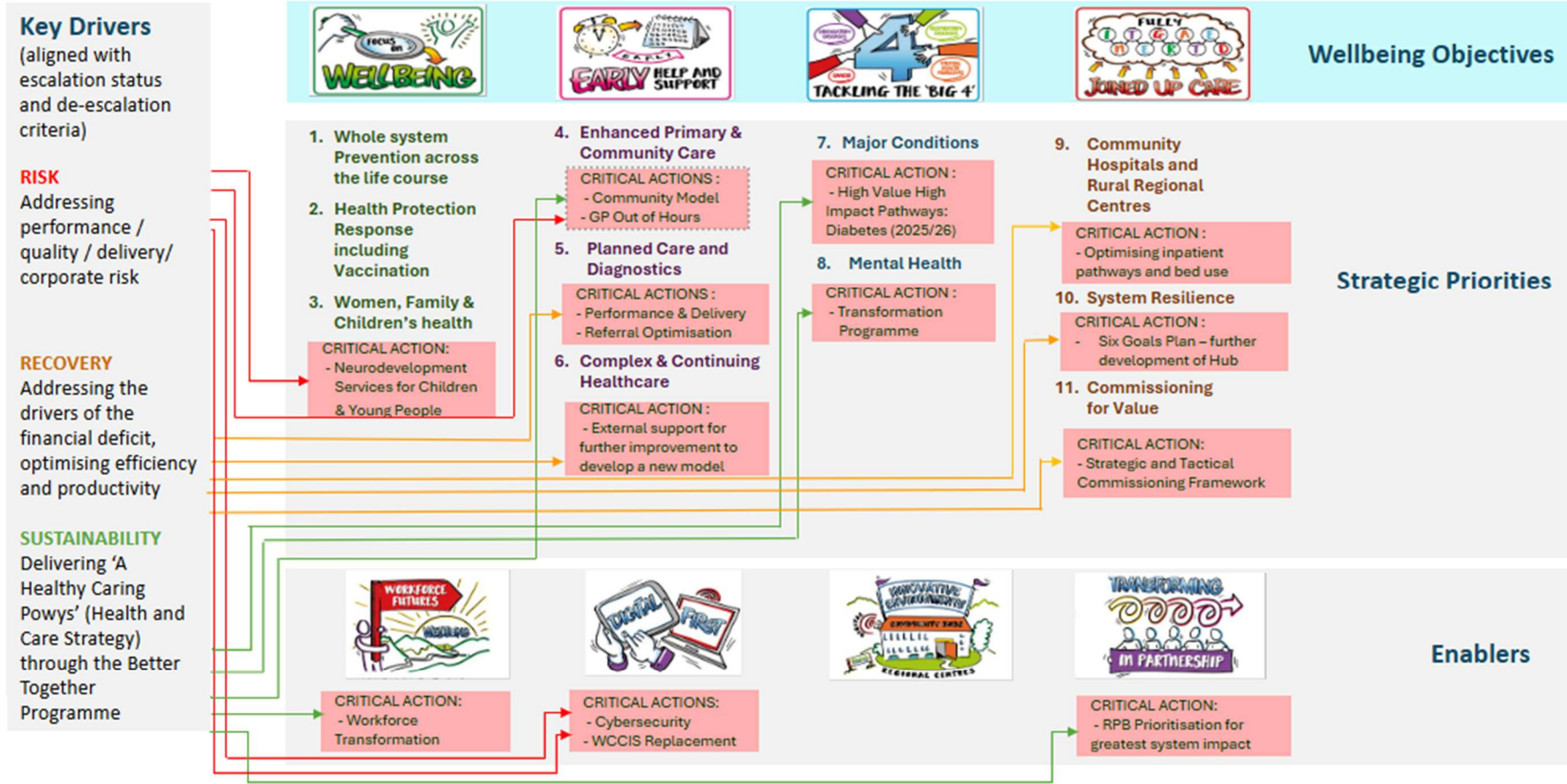
These form part of the overall core planning assumptions for 2025/26 alongside an appraisal of the associated financial, activity and workforce requirements.

The baseline assessment has enabled a clear line of sight between the key drivers, objectives and priorities for the Annual Plan. A set of **critical actions** were identified within this, as part of further prioritisation of those activities that will be of material importance in 2025/2026. The critical actions respond to immediate Risks, and ensure a focus on Recovery to address the underlying drivers of the financial position and move towards Sustainability.

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Critical Actions in response to Baseline Assessment

'Logic Map' showing the link between Key Drivers, Objectives, Priorities and Critical Actions



Critical Actions are those that are assessed to have greatest impact next year and are therefore material to delivery in 2025/26, these are key points of focus in the Delivery Plan in 2025 – 2026 (which follows overleaf)

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DELIVERY PLAN

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Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEP)

- Strategic Priority 1: Whole system Prevention across the life course
- Strategic Priority 2: Health Protection Response including Vaccination
- Strategic Priority 3: Women, Family and Children's health

- Strategic Priority 4: Enhanced Primary & Community Care
- Strategic Priority 5: Planned Care and Diagnostics
- Strategic Priority 6: Complex and Continuing Healthcare

- Strategic Priority 7: Major Conditions
- Strategic Priority 8: Mental Health

- Strategic Priority 9: Community Hospital and Rural Regional Centres
- Strategic Priority 10: System Resilience
- Strategic Priority 11: Commissioning for Value



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STRATEGIC PRIORITY 1: Whole System Prevention across the Life Course

'A Healthy Caring Powys' set out the intent for a shift to prevention, as the foundation for a Focus on Wellbeing, across the life course.

Population Health and Prevention is one of the Strategic Priorities set out by the Cabinet Secretary for Health and Social Care. There is a strong evidence base, including the 'Orford Report' which noted that prevention is often more cost effective than treatment. It is key to a sustainable approach to healthcare.

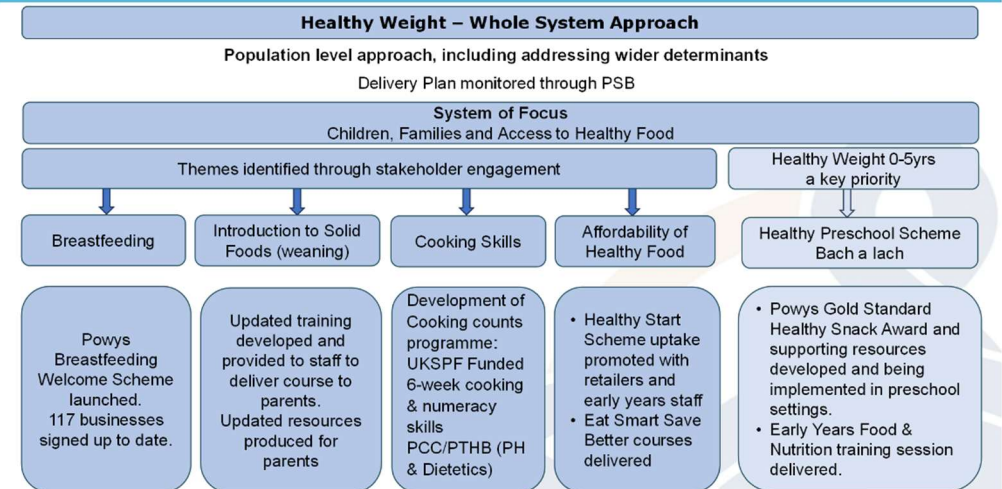
The health board has worked with the Public Services Board and the Regional Partnership Board, to develop a whole system plan, building an understanding of 'primary' prevention as the removal of the causes of poor health and inequalities, rather than the consequences.

Key to this is identifying the modifiable risk factors and tackling obesity will address other challenges such as diabetes. Prevention for diabetes will also impact other major conditions such as cancer, cardiac conditions, stroke, dementia and respiratory illness.

Key interventions include immunisation, being smoke free and physically active, having a healthy weight, controlled blood pressure, and not misusing alcohol and substances.

In 2025/26 further efforts will be undertaken to build a population health approach, based on the framework agreed at the Powys Regional Partnership Board, with a focus on obesity, but with broader potential application and adoption:

Primary prevention - Population health and obesity



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Focus on Wellbeing

Strategic Priority 1: Whole system Prevention across the life course Executive Director of Public Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR (TIMED)
Work with partners to develop and commence implementation of a population health strategic framework for Powys (subject to funding)	• 1.1) Commence implementation of a whole system population-level prevention framework (subject to funding)	Q4
	• 1.2) Population Health Strategic Framework presented and discussed at PTHB Board	Q1
	• 1.3) Framework consultation activities held with PTHB stakeholders to co-produce and prioritise areas of focus	Q2
	• 1.4) Framework governance and funding arrangements agreed	Q3
	• 1.5) Review of new return on investment publications to be undertaken	Q3
Delivery of health board-led population level health improvement programmes, ensuring an equity focus	• 1.6) Implement the Powys Whole System Approach to Healthy Weights action plan	Q1-Q4
	• 1.7) Develop and implement a proactive promotion and engagement plan, to support smokers to quit through accessible and equitable services in the community	Q1-Q4
	• 1.8) Work with partners to prepare for pending legislation on tobacco and vaping	Q3
	• 1.9) Refresh and update the Powys Tobacco Control Delivery Plan to align with national plan (when published)	Q4
	• 1.10) Deliver Making Every Contact Count training	Q1

Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary priority for Population Health and Prevention

- A joined-up preventative approach, helping to create conditions to be well and healthier for longer, addressing health inequalities
- Reducing preventable mortality and ill health
- Contribute to preventing a rise in childhood (under 5s) obesity rates by 2030

Quality and Performance

- Delivery against National programme requirements for smoking cessation and healthy weights
- Delivery against NHS Wales Performance Framework for health improvement related measures

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.

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STRATEGIC PRIORITY 2: Health Protection Response including Vaccination

Vaccination is a key delivery expectation set out as part of the strategic priority for Population Health and Prevention by the Cabinet Secretary for Health and Social Care.

It is a vital tool in helping to mitigate the effects of respiratory viruses, protecting the vulnerable and supporting the resilience of the NHS and care systems. Delivery of other vaccinations across the life course is also key to protecting the population from other infections.

A blended delivery model and agile deployment has been implemented to date for covid, flu and respiratory health. This provides vaccines to eligible population groups as quickly as possible in line with Welsh Government guidance, including the National Immunisation Programmes. Deployment in Powys spans vaccination centres, some GP Practices, community hospital clinics, mobile teams, District Nursing teams, midwifery and community pharmacies for the flu vaccination.

There is a specific focus on promoting equity in the uptake of vaccinations, with increased availability of clinics in communities in Powys to improve accessibility and reduce travel distances.

It is guided by the latest clinical and scientific evidence and the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI).

This is underpinned by the key principles of:

- Protecting those at greatest risk
- Protecting children and young people
- Protecting frontline health and social care workers
- Protecting the NHS

The blended model of delivery has proven successful in managing the complex logistics of the Winter Respiratory Vaccination Programme and therefore will continue to be used to ensure efficient and adaptable protection for the population.

Equity of uptake will remain a key focus and will be monitored, including uptake between the most and least deprived areas of the County. This will inform the planning of service delivery.

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Focus on Wellbeing

Strategic Priority 2: Health Protection Response including Vaccination Executive Director of Public Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	<ul style="list-style-type: none"> 2.1) Review of civil contingency response plans - including participation in training and exercises 	Q1-Q4
Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	<ul style="list-style-type: none"> 2.2) Deliver proactive and reactive health protection to protect the population and vulnerable groups from communicable disease 	Q1-Q4
Implement respiratory vaccination programme in line with Welsh Government directives, narrowing inequities and maximising uptake in all groups	<ul style="list-style-type: none"> 2.3) Plan and deliver annual respiratory vaccination programmes 	Q1, Q3, Q4
	<ul style="list-style-type: none"> 2.4) Plan and deliver central contracting of Influenza vaccine 	Q3
Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars, narrowing inequities and maximising uptake in all groups	<ul style="list-style-type: none"> 2.5) Plan and deliver vaccination programmes 	Q1-Q4
	<ul style="list-style-type: none"> 2.6) Plan for changes to childhood routine immunisation schedule (MMR2) 	Q4
Promote uptake of national screening programmes in partnership with Welsh Government and Public Health Wales	<ul style="list-style-type: none"> 2.7) Deliver Making Every Contact Count training (includes screening) 	Q1
	<ul style="list-style-type: none"> 2.8) Ensure PTHB is represented in planning for proposed lung cancer screening in Wales 	Q1-Q4
	<ul style="list-style-type: none"> 2.9) Annual assurance update to committee regarding adult screening programme performance in Powys delivered by Public Health Wales 	Q4

Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): contributes to the Cabinet Secretary priority for Population Health and Prevention

- Reducing preventable mortality and ill health, contributing to addressing health inequalities
- Preventing infections and avoidable harm including responding to incidents/outbreaks
- System impacts include prevention of avoidable healthcare utilisation and treatments including hospital admissions and GP consultations

Quality and Performance

- Delivery against national frameworks and requirements for vaccination, immunisation and screening, inequities in uptake are narrowed
- Wider impacts on decreasing GP consultations, treatment and hospital admissions and incidents/outbreaks

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.

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STRATEGIC PRIORITY 3: Women, Family and Children's Health

Since the greatest gains for population health are to be achieved by supporting health in the early years, there is a greater focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in an increasingly integrated way. There is also evidence of a significant impact on health and wellbeing for the most vulnerable children, young people and their families following the pandemic.

[Women's Health is a Strategic Priority for the Cabinet Secretary for Health and Social Care](#) and the new National Women's Health Plan marks an important milestone in recognising challenges for women. These include cardiovascular disease, cancers, dementia, gynaecological conditions, endometriosis and menopause. Women also report particular issues with access to healthcare for themselves, their children and families. A Powys Women's Health Plan will be developed to ensure appropriate local adaptation and adoption of the priorities set out in the national plan. As a rural health economy this will be assessed in partnership with Primary Care and neighbouring NHS organisations in England and Wales, in line with the Commissioning for Value approach.

The Women and Children's teams in the health board have a key role in partnership work particularly

through the Regional Partnership Board 'Start Well' programme board and in supporting organisational developments such as universal access to childhood screening, immunisation and vaccination.

The health board has an ambition to become a UNICEF Baby Friendly organisation and complete Stage 1 of the accreditation process in 2025, reflecting the need to build wellbeing from the very first years of life.

The development of a Children's focus for Continuing Health Care will also be a focus in 2025, ensuring that those children with particularly complex needs are receiving a service that responds to those needs.

The provision of a Neurodiversity service is also a focus, building on work to date to understand the challenges facing this population group. The growth in demand in this area will require a robust, efficient and effective response and an internal escalation plan will guide the necessary work, to improve resilience and delivery of this service. This will ensure that those with the greatest need are receiving the support that is required, working with partners across the public, third and independent sectors.

Improvement in Neurodevelopment services for children and young people has been identified as a **critical action** for delivery in 2025/2026.

Focus on Wellbeing

Strategic Priority 3: Women, Family and Children’s health Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Develop, design and implement a Children’s Neurodevelopment (ND) service that is family and child centred in line with national standards CRITICAL ACTION	• 3.1) Embed and sustain improvements in the Children’s ND Improvement Plan	Q1
	• 3.2) Ensure a clear delivery model is in place aligned to demand and capacity modelling along with population need and mapping for future prevalence	Q2
	• 3.3) Ensure a robust workforce model is in place	Q2
Implementation of Welsh Government Strategy for Women’s Health	• 3.4) Develop, design and commence implementation of the Powys Women’s Health Plan, including scoping the Women’s Health Hub model for Powys (dependent on Welsh Government funding) informed by the All-Wales Strategy and Plan for Women’s Health	Q1-Q4
Implement a robust and safe Children’s Continuing Health Care (CHC) service	• 3.5) Implement PTHB Children’s Continuing Health Care service with a robust workforce plan	Q1-Q3
Commence intention to become a UNICEF Baby Friendly Organisation	• 3.6) Undertake commitment of intent with UNICEF Baby Friendly Initiative UK	Q1
	• 3.7) Completion of Stage 1 Accreditation	Q3

Intended Outcome – what difference will this make?

Population and system outcomes: This delivers against the Cabinet Secretary priority for Women’s Health and the National Strategy

- Improved outcomes for children, young people, women and families through holistic care tailored to their needs and earlier targeted interventions for those in need of support, with equitable access to services and improved citizen experience
- Contributing to addressing health inequalities

Quality and Performance

- Delivery against NHS Wales Performance Framework – in particular improvement in access to Neurodevelopment services for children and young people

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.

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Strategic Priority 4: Enhanced Primary and Community Care

Building Community Capacity is a Strategic Priority set out by the Cabinet Secretary for Health and Social Care, as well as a key local priority. This includes stable Primary Care, increased community resilience, quality Out of Hours care and directly accessed services as part of the Primary Care Model for Wales.

The health board has a unique opportunity as mainly a provider of primary and community healthcare to shift to a sustainable model of care that provides early help and support. The Better Together Portfolio is taking forward significant transformation work, noted in this section, building on work to date to build a sustainable community model including care for those who are frail or vulnerable. Engagement is planned in 2025 to share the recently developed 'Case for Change' and to design the pattern of future services.

The Enhanced Community Model has been identified as a **critical action** for delivery in 2025/2026.

Significant progress has been made with professional collaboratives across Powys Clusters, and this will be rolled out further to Nursing, Dental and Optometry.

In relation to access to General Medical Services, plans include a Quality Improvement Framework, a review of Practice Sustainability, scoping of alternative models of patient access where there is fragility and an audit of Supplementary Services.

There are plans in place across Dentistry, Community Pharmacy and Optometry to track provision and improve access in line with identified population need, with pathway developments and targeted capacity in particular geographies or areas of specialised needs.

The Primary and Community Care Academy will offer support and development to Nursing and Allied Health Professionals and non-clinical staff, to advance and extend practice and skills.

Work is also planned in relation to GP Out of Hours provision, to respond to changes in contracting by the commissioners in Shropshire and Telford NHS Trust and the potential impact for provision in Powys.

GP Out of Hours provision is therefore a **critical action** for delivery in 2025/2026.

Early Help and Support

Strategic Priority 4: Enhanced Primary & Community Care Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Enhanced Community Care Model Develop and implement a new Enhanced Community Care model incorporating Frailty, Virtual Ward and Hospital @ Home in a Powys context and the development of Integrated Community Teams CRITICAL ACTION	<ul style="list-style-type: none"> 4.1) Carry out a strategic assessment of community provision including delivery of MDTs, Community Resource Team/Virtual Ward, Directed Supplementary Service (DSS), outcomes, variation, best practice and opportunities 	Q1
	<ul style="list-style-type: none"> 4.2) Complete a strategic assessment of the existing community based MDTs in Powys to learn from existing good practice and identify opportunities (linked to similar work in Mental Health) 	Q1
	<ul style="list-style-type: none"> 4.3) Design a new model for Enhanced Community Care with stakeholders 	Q1
	<ul style="list-style-type: none"> 4.4) Develop and agree with partners (primary care, social care and third sector) the workforce scope and geographical structure 	Q1
	<ul style="list-style-type: none"> 4.5) Check, challenge and test the proposed model through engagement with staff, stakeholders and partners 	Q2
	<ul style="list-style-type: none"> 4.6) Commence implementation of the integrated community model across all localities in Powys 	Q4
GP Out of Hours (OOH) CRITICAL ACTION	<ul style="list-style-type: none"> 4.7) Extend the Shropdoc contract to sustain existing services subject to the assessment of delivery 	Q1
	<ul style="list-style-type: none"> 4.8) Re-tender for an Out Of Hours service provision 	Q2-Q3
	<ul style="list-style-type: none"> 4.9) Resolve and commission SBUHB to deliver for Ystradgynlais 	Q1
Last Year of Life Improve coordination for Powys patients	<ul style="list-style-type: none"> 4.10) Finalise the model to improve the coordination of the Last Year of Life 	Q1-Q2
	<ul style="list-style-type: none"> 4.11) Implement the new model through a phased approach with partners 	Q3-Q4
Fracture Liaison Improve access to Fracture Liaison Services for Powys patients	<ul style="list-style-type: none"> 4.12) Subject to approval, recruit to new posts to better coordinate access to Fracture Liaison Services for Powys patients 	Q1-Q2
	<ul style="list-style-type: none"> 4.13) Work with partners in primary care and acute care to improve the performance of the core Fracture Liaison Service 	Q3-Q4

KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Falls Response Design and deliver a community-based falls response service in a Powys context	<ul style="list-style-type: none"> 4.14) Scope and design a community-based falls response service with partners that meets the needs of a rural population 	Q1-Q2
	<ul style="list-style-type: none"> 4.15) Implement the phased delivery of the community-based falls response service 	Q3-Q4
Cluster Development Develop a robust planning and delivery framework at a cluster and collaborative level, capable to deliver at scale for the population	<ul style="list-style-type: none"> 4.16) Cluster and Collaborative Lead engagement and maturity development 	Q1-Q4
	<ul style="list-style-type: none"> 4.17) Develop Powys-wide Cluster reporting, governance and engagement with Regional Partnership Board Executive 	Q1-Q4
	<ul style="list-style-type: none"> 4.18) Implementation of Dental Collaborative (pending national negotiation outcome) 	Q2-Q4
	<ul style="list-style-type: none"> 4.19) Develop the Professional Nursing Collaborative 	Q2-Q4
	<ul style="list-style-type: none"> 4.20) Develop the Optometry Collaborative 	Q1-Q4
	<ul style="list-style-type: none"> 4.21) Continue to identify services best delivered at cluster or pan-cluster level 	Q1-Q4
	<ul style="list-style-type: none"> 4.22) Develop Accelerated Cluster Development delivery programme with focus on streamlining, outcomes and benefits realisation to support 'shift left' 	Q1
General Medical Services (GMS) Ensure an equitable, robust and sustainable model of core GMS across Powys to enable broader primary and community development	<ul style="list-style-type: none"> 4.23) GMS Practice Sustainability analysis, review, and action planning 	Q2
	<ul style="list-style-type: none"> 4.24) Monitor GMS provision in mid cluster, and if appropriate scope alternative models to support patient access 	Q1-Q4
	<ul style="list-style-type: none"> 4.25) Access Standards analysis, review and action planning 	Q1
	<ul style="list-style-type: none"> 4.26) Unified Contract Assurance Framework assurance and outcome management 	Q2-Q4
	<ul style="list-style-type: none"> 4.27) Quality Improvement Framework – project analysis and action planning 	Q1-Q2
	<ul style="list-style-type: none"> 4.28) Supplementary Service audit review, analysis and feedback 	Q2-Q3
Optometry Ensure continued growth of community optometric services to enable a wider range of eye care services to be delivered within Powys	<ul style="list-style-type: none"> 4.29) Systematic tracking of core hour provision 	Q2
	<ul style="list-style-type: none"> 4.30) Support and track access in relation to IPOS (Independent Prescribing Optometrists) 	Q1
	<ul style="list-style-type: none"> 4.31) Implement Special School Primary Eyecare (SPECS) pathway following national agreement 	Q3
	<ul style="list-style-type: none"> 4.32) Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways 	Q1-Q2

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	<ul style="list-style-type: none"> 4.33) Support and track access to specialist services in relation to Welsh Government Optometry Services (WGOS4) (Medical Retina and Glaucoma) and WGOS 5 	Q1-Q4
KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Dental Services Grow capacity and sustainability of dental, orthodontic and special care dentistry services across Powys	<ul style="list-style-type: none"> 4.34) Maintain urgent access in General and Community Dental Service to balance demand and capacity 	Q1
	<ul style="list-style-type: none"> 4.35) Welsh Enhanced Recruitment Offer enhanced offer for Dental Foundation dentists 	Q1-Q4
	<ul style="list-style-type: none"> 4.36) Continue to transfer patients from the Dental Access Portal to salaried General Dental Practitioner (GDP) in line with contract reform 	Q1
	<ul style="list-style-type: none"> 4.37) Development of remote specialist in special care post 	Q1-Q4
	<ul style="list-style-type: none"> 4.38) Develop IV sedation service in the Community Dental Service 	Q4
	<ul style="list-style-type: none"> 4.39) Enhance specialist services within Community Dental Service by developing consultant led restorative and paediatrics 	Q4
	<ul style="list-style-type: none"> 4.40) Utilization of digital technology to improve efficiency and patient experience 	Q4
	<ul style="list-style-type: none"> 4.41) Formalise special care dentistry pathways with external providers for special care patients who are unable to be treated safely in Powys 	Q4
Primary & Community Care Academy Develop educational offer across primary and community services to ensure improving leadership, collaborative, administrative and clinical skills	<ul style="list-style-type: none"> 4.42) Systematic review and contractual change to enhance capacity for dental & orthodontic care 	Q1-Q4
	<ul style="list-style-type: none"> 4.43) Continue to support the new to General Practice Nursing foundation programme 	Q1-Q4
	<ul style="list-style-type: none"> 4.44) Develop workshops to support Primary Care Nursing & Allied Health Professionals to access advanced and extended practice skills 	Q1 & Q4
	<ul style="list-style-type: none"> 4.45) Deliver scenario-based training for non-clinical staff in primary care 	Q2-Q4
	<ul style="list-style-type: none"> 4.56) Develop cluster & collaborate lead workshops 	Q2
	<ul style="list-style-type: none"> 4.57) Provide a range of training for Practice Managers to upskill and improve sustainability and business continuity 	Q1-Q4
<ul style="list-style-type: none"> 4.58) Expand range of training for clinical support workers in primary care 	Q1-Q4	

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KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Medicines Management/Pharmacy: Optimising Medicines Use	• 4.59) Improve Prescribing Efficiency: Implement the 10 Medicines priorities identified by Value and Sustainability Board	Q1-Q4
	• 4.60) Implement the roll out of Bluteq	Q1-Q4
	• 4.61) Support Deprescribing: working with frailty teams, promote polypharmacy reviews, develop deprescribing pathways for patients on unnecessary or potentially harmful medications, particularly in elderly and multimorbid patients	Q1-Q4
Enhancing Patient Safety & Medicines Governance	• 4.62) Improve Medicines Safety Culture: Promote reporting and learning from medication incidents to reduce avoidable harm	Q1-Q4
	• 4.63) Deliver improvement in antimicrobial prescribing	Q1-Q4
	• 4.64) Deliver improvement in opiate prescribing	Q1-Q4
	• 4.65) Deliver improvement in gabapentin prescribing	Q1-Q4
	• 4.66) Provision of pharmacy professional support for Mental Health wards and service	Q2-Q4
Expanding Community Pharmacy & Primary Care Integration	• 4.67) Develop Community Pharmacy Services: Expand services including needle and syringe exchange, blood borne virus testing, minor ailment consultations	Q1-Q4
	• 4.68) Implement Electronic Prescribing and Medicines Administration (ePMA)	Q2 – Q4
	• 4.69) Implement Electronic Prescribing System	Q1-Q4
Workforce Development & Sustainability	• 4.70) Increase pharmacy work based training places to support new schools of pharmacy and collaboration with HEIW	Q2
	• 4.71) Support for development of portfolio roles	Q1-Q4
	• 4.72) Support Continuing Professional Development (CPD): Focus on supporting development of Independent Prescribers	Q1-Q4
Public Health & Preventative Medicine	• 4.73) Expand Vaccination & Public Health Roles: Strengthen pharmacy-led vaccination programmes, smoking cessation, and weight management	Q1-Q4
	• 4.74) Support for roll out of self-administration of medicines	Q1-Q4

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Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for Population Health and Prevention

- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to the enhanced community care developments
- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities

Quality and Performance

- This will deliver against the Cabinet Secretary priority for 'Building Community Capacity' and the associated metrics for General Medical Services (GMS), Pharmacy, Dental, Community and Palliative Care Nursing, Enhanced Community Care Capacity and Delayed Pathways of Care
- It also contributes to the Cabinet Secretary priority for 'Timely Access' and the associated metrics (detailed in SP5)
- Delivery against NHS Wales Performance Framework for measures relating to community and primary care
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience
- Ensures implementation of the WG Hospital Pharmacy review recommendations

It also delivers specific improvements in services and pathways including:

- Those relating to the community model i.e. Integrated Community Teams
- GP Out of Hours service provision
- Co-ordination of the last year of life
- Coherent and engaged cluster groups across Powys working together to provide quality and timely services for patients closer to home
- Committed primary care workforce working to top of competencies leading to resilient sustainable and engaged primary care services
- Primary care services operating in line with contracts and regulations with focus on clinical activity

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.

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Strategic Priority 5: Planned Care and Diagnostics

Planned Care remains a priority, continuing with Year Two of the work set out across the PTHB Five Year Plan. **Timely Access is a Cabinet Secretary priority, with NHS Wales metrics for Referral to Treatment within 104 weeks and Diagnostics within 8 weeks.**

The health board as a provider continues to perform comparatively well against the key performance targets and Five Goals for Planned Care set out by Welsh Government. The position for commissioned services is more complex due to the pattern of access to services in England and Wales.

The key activities for 2025 include transformational work being led through the 'Better Together Portfolio' and actions of high value and impact, including those aligned to the National Programme for Planned Care and GIRFT (Getting It Right First Time) recommendations.

The focus of work for 2025/26 has therefore been determined based on national directives and enabling actions in the NHS Wales Planning Framework, with adaptation to ensure the most appropriate fit for Powys as both a provider and commissioner. This has included an appraisal of those areas of provision that offer the greatest opportunity for improvement from a performance, quality and financial perspective.

The Powys Clusters have all similarly identify planned care and diagnostics as priorities in their plans, enabling further local adaptation and development.

Plans to enhance Point of Care Testing in Powys are also included in this section of the Plan.

Performance and Delivery is identified as an area for **critical action** in this Annual Plan, and specifically, the work on Referral Optimisation.



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Early Help and Support

Strategic Priority 5: Planned Care and Diagnostics Executive Lead - Executive Director of Primary Care, Community and Mental Health/ Executive Director of Allied Health Professions, Health Sciences and Digital

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Delivery of prioritised strategic planned care improvements	<ul style="list-style-type: none"> 5.1) Implementation of Clinically led referral optimisation model for Planned Care (Ophthalmology and Orthopaedics) – joint work across Transformation, Operational teams, Commissioning and Digital CRITICAL ACTION 	Q1 – Q3
	<ul style="list-style-type: none"> 5.2) Strategic assessment of provided and commissioned planned care 	Q4
	<ul style="list-style-type: none"> 5.3) Development and delivery of consolidated priority speciality delivery plan 	Q2 - Q4
	<ul style="list-style-type: none"> 5.4) Review and implementation of plan for in-reach provision 	Q3
	<ul style="list-style-type: none"> 5.5) Continued development of Planned Care Quality & Safety Framework 	Q1-Q4
	<ul style="list-style-type: none"> 5.6) Development of 3Ps Waiting Well Service, business case for recurrent funding 	Q1 – Q4
	<ul style="list-style-type: none"> 5.7) Continued participation and response to National Planned Care Programme 	Q1 - Q4
Pathway Development	<ul style="list-style-type: none"> 5.8) Implementation of MSK/orthopaedic pathways transformation business case, service development in line with Orthopaedic Optimisation Framework 	Q1-Q4
Muscular Skeletal / Orthopaedics	<ul style="list-style-type: none"> 5.9) Develop business case for ophthalmology pathway transformation 	Q1-Q4
Eyecare (ophthalmology)	<ul style="list-style-type: none"> 5.10) Service development in line with Ophthalmology Optimisation Framework 	Q1 – Q4
	<ul style="list-style-type: none"> 5.11) Scope opportunity for eyecare surgical hub in Powys 	Q1-Q4
Continue the development/transformation of Endoscopy/Colorectal pathways in Powys	<ul style="list-style-type: none"> 5.12) Cost plan for appointment of lead via SLA or speciality sessions pan Powys 	Q2
	<ul style="list-style-type: none"> 5.13) Development of Endoscopy service in line with National Plan including work to maintain and scope opportunity to improve against JAG standards 	Q1-Q4
Develop pre-operative pathways of care	<ul style="list-style-type: none"> 5.14) Development of environment at Brecon Hospital for preoperative assessment 	Q3
	<ul style="list-style-type: none"> 5.15) Plan for collaboration with Primary Care to enable whole system approach 	Q2
	<ul style="list-style-type: none"> 5.16) Development of specialist workforce to deliver peri operative care 	Q4

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KEY AREAS OF DELIVERY (Continued)		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Theatres: Development of key day case pathways	• 5.17) Development of theatre dashboard in line with national programme	Q3
	• 5.18) Implementation of all day lists ophthalmology/orthopaedics 2025/26	Q4
	• 5.19) Anaesthetics specialty lead for PTHB resourced from SLA underperformance	Q2
	• 5.20) Digitalisation – costed proposal for theatre management system	Q1
	• 5.21) Review of day case procedures to identify opportunities for repatriation	Q2
Outpatients: Develop a single management system and oversight	• 5.22) Development of Outpatients in core specialities aligned to Planned Care optimisation frameworks with focus on discharge pathways SOS/PIFU, digital and MDT development	Q1 – Q4
	• 5.23) Develop business case and delivery model for clinical room booking system	Q1 – Q4
Diagnostics transformation	• 5.24) Strategic assessment and implementation of plan for diagnostics	Q2 - Q4
Point of Care Testing (POCT) Improved assurance and governance	• 5.25) Add all connectable devices to WPOCT	Q1-Q2
	• 5.26) Expand POCT in support of clinical pathway development and governance	Q1-Q4
	• 5.27) Monitor Internal Quality Control (IQC) & External Quality Assurance (EQA)	Q2-Q3
	• 5.28) Establish model for working with Primary Care	Q1-Q2
	• 5.29) Review and develop existing POCT provision and governance: Develop QA Compliance framework including audits and KPIs for ALL devices in use	Q2
	• 5.30) Monitor training and develop collaborative model with Suppliers and Clinical Education teams for all POCT devices currently in use	Q1-Q4
	• 5.31) Identify further opportunities for POCT within PTHB	Q2-Q4
	• 5.32) Identify opportunities in primary & community care	Q2
Intended Outcome – what difference will this make?		
<p>Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for Population Health and Prevention</p> <ul style="list-style-type: none"> • Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to planned care • Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes • Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities 		

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Quality and Performance

- This will deliver against the Cabinet Secretary priorities for 'Timely Access to Care' and associated metrics and the enabling actions for efficiency and productivity
- Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics
- Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience

It also delivers specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Facilitate coordination of services across sectors to deliver more holistic and joined up pathways of care.
- Delivery of outcomes in line with GIRFT recommendations
- Recovery of access times and waiting lists
- Reduction in RTT waiting times for patients requiring planned surgery or diagnostic tests
- Delivery of service closer to patients home reducing unnecessary travel and number of appointments

Cross Reference to: Trajectories in the MDS and the Ministerial Templates.

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Strategic Priority 6: Complex and Continuing Healthcare

Complex and Continuing Healthcare provides care for those in the population with a primary healthcare need, who require intensive support. There is a National Framework and Code of Practice for Continuing Healthcare which guides decision making and implementation.

Within the health board, this is delivered through the General Nursing Complex Care Team, and Complex Care and Placements teams for those with complex mental health and learning disabilities. The aim is to facilitate the best outcomes for the most vulnerable patients throughout a whole lifespan including the end of life, whilst ensuring clarity of process, consistency and accountability.

Continuous improvements have been made to drive efficiency and value, through consideration of sufficiency of care proportionate to need; safety; quality; affordability; reliability and exceptionality where expertise is required to meet patient need.

There is growing demand in this area of provision both locally and nationally, with system pressures, delays in pathways of care and a complex independent residential and domiciliary care market.

A clear governance process is in place to ensure consistency and appropriateness of assessment.

A national workstream is in place as part of the NHS Wales Value and Sustainability Board, which has explored the above issues and opportunities. There are a set of recommendations in place to drive whole system improvements.

These are taken into account in the delivery of complex and continuing healthcare in Powys, alongside the local circumstances, notably those relating to the rurality of the county.

Improvements have been made in a number of areas to date, to drive process efficiency and assurance and to address local market factors with targeted efforts with care homes in particular to build sustainability.

Nonetheless, the growth in costs in this area remains significant, with particular issues noted in out of county and high cost placements. Complex and Continuing Healthcare is therefore identified as one of the most significant drivers of the health board's financial deficit position.

The commissioning of external expertise to fully appraise improvement opportunities is identified as a **critical action** for delivery in 2025/2026.

Early Help and Support

Strategic Priority 6: Complex and Continuing Healthcare Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):
 Risk Recovery Sustainability

KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
External expertise will be commissioned to fully appraise any further improvements and develop a new model CRITICAL ACTION	• 6.1) Expertise commissioned and appraisal completed	Q1-Q2
	• 6.2) Outputs of appraisal used to inform further improvement plan	Q2
Systematic review of high growth commissioned activity – cost and volume, to determine further improvement activity	• 6.3) Review of private providers, specifically for adult mental health needs	Q1
	• 6.4) Review of high growth activity – specifically Learning Disability and Elderly Mentally Infirm (EMI)	Q1-Q2
	• 6.5) Design of alternative opportunities for care provision which offers sustainability, value and experience	Q3-Q4
Improve Health Board processes to support effective and efficient commissioning	• 6.6) Process scrutiny of diverse funding applications - Number of Continuing Healthcare (CHC) & Funded Healthcare (FNC) applications approved at Panel	Q1-Q4
	• 6.7) Chase details of individual patients to evidence eligibility for care - Number of Fast Track and Joint/Section 117 applications approved at Panel	Q1-Q4
	• 6.8) Progress patient flow from hospital - Number of Reviews undertaken on time	Q1-Q4
	• 6.9) Monitor care setting availability daily to secure care provision and match with patient need - Patient need is matched with care setting availability in the community	Q1-Q4
Develop robust mechanism for capturing data and processing information in order to support better commissioning and care	• 6.10) Maintaining over 85% of reviews within time	Q1-Q4
	• 6.11) Clear analysis of changes and trends which supports planning for Years 3-5	Q3-Q4

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KEY AREAS OF DELIVERY (Continued)

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Progress Retrospective CHC Claims	<ul style="list-style-type: none"> 6.12) Complete Retrospective Claims within mandatory timescale to divert from interest on payments 	Q1-Q4
Enhance complex care commissioning against regional and national standards	<ul style="list-style-type: none"> 6.13) NHS Executive work with Hywel Dda UHB - To benchmark and gain understanding of trends within PTHB 	Q1
	<ul style="list-style-type: none"> 6.14) Work with Public Health - Learn from the outcomes of public health demographics 	Q1
	<ul style="list-style-type: none"> 6.15) Internal Audit Action Plan - Implement Internal Audit Action Plan responses 	Q1-Q2
	<ul style="list-style-type: none"> 6.16) Value & sustainability – to ensure learning and delivery against the 7 national recommendations 	Q1-Q4

Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts):

- Delivery of, and compliance with, the National Framework for NHS Continuing Healthcare
- Clear arrangements in place with other NHS organisations, independent or voluntary sector partners to ensure effective operation of the Framework
- Implement improvements recommended by external support including finance, audit and national targets

Quality and Performance

- Delivery against National Framework for NHS Continuing Healthcare

It also delivers specific improvements in services and pathways including:

- Improved process for CHC applications and understanding of trends within PTHB through work with NHS Executive
- Governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages
- System in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages
- Implementing and maintaining good practice; ensuring that quality standards are met and sustained

Cross Reference to: Trajectories in the MDS.

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Strategic Priority 7: Major Conditions

The 'Big Four' are those areas of greatest impact to health and wellbeing in Powys – Cancer, Respiratory and Circulatory conditions and Mental Health. **Timely Access is also a Cabinet Secretary priority with an associated metric for first definitive treatment of cancer.**

The extent to which people are living with multiple conditions is changing rapidly. 1 in 3 patients admitted to hospital as an emergency has 5 or more conditions, up from 1 in 10 patients a decade ago.

As Powys is at the forefront of an ageing population these changes will have a significant impact. There will be more people living longer with multiple conditions and associated issues of reduced mobility, and chronic pain. This potentially has further impacts on mental and social wellbeing and quality of life.

Evidence shows the importance of "whole person" and psychosocial approaches that promote independence and well-being and which bring services together.

There is a need to develop holistic approaches; reduce the treatment burden (multiple appointments, assessments, tests, admissions and reviews) through improved co-ordination and information sharing.

The plan for next year is focusing on taking a holistic approach to **Diabetes, which is a Cabinet Secretary priority**, recognising that improvements in prevention and care for this condition have wider benefits across multiple major conditions.

Diabetes is identified as a **critical action** for delivery in 2025/2026.

In relation to Cancer, delivery will continue against the Cancer Improvement Plan and Improving Cancer Journey programme. Work with commissioned services will be progressed related to those elements of care provided out of county, including any improvements on the suspected cancer delivery.

In relation to respiratory and cardiac, the capacity available for in-reach services from neighbouring providers will be appraised to determine the scope of alternative options and improvements.

Commissioned services are also a key focus in relation to stroke and clinical engagement on the National Stroke Programme will be key.

Tackling the Big Four

Strategic Priority 7: Major conditions (Cancer, Respiratory, Circulatory, Cardiac, Stroke, Diabetes)

Executive Lead - Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital/ Executive Director of Nursing, Quality, Women and Family Health/ Executive Director of Planning, Performance and Commissioning

Will this contribute to (tick all that apply):

Risk

Recovery

Sustainability



KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Deliver improvements in High Value High Impact pathways (Diabetes) CRITICAL ACTION	• 7.1) Implement improvements in the High Value High Impact pathways aligned to Value & Sustainability Board priorities - Diabetes	Q1-Q4
	• 7.2) Review the outcomes in Powys of existing Diabetes care and pathways	Q1
	• 7.3) Scope the potential to provide elements of the hybrid closed loop pathway closer to home	Q1-Q2
	• 7.4) Further Faster review in reach general medical endocrinology (Links to eye care referral management diabetic retinopathy pathway)	Q2
	• 7.5) Develop cluster model to enhance the 8 care process outcomes	Q2-Q3
	• 7.6) Implement changes to the hybrid closed loop pathway	Q3-Q4
	• 7.7) Implement enhanced primary & community Diabetes pathway	Q4
Cancer	• 7.8) Delivery against Cancer Improvement plan	Q1-Q4
	• 7.9) Continue to work with Commissioned Service Providers to identify areas of the suspected Cancer pathway which could be improved	Q1-Q4
	• 7.10) Work with the Cancer Network to implement innovations to support earlier diagnosis and reduce waiting times	Q1-Q4
	• 7.11) Continue the Improving the Cancer Journey Programme Phase 2	Q1-Q4
	• 7.12) Annual review of the PTHB Cancer Improvement Plan	Q1-Q4
Respiratory	• 7.13) Further Faster review of in reach respiratory provision	Q2
	• 7.14) Pilot remote monitoring of clinically appropriate Powys patients with respiratory conditions	Q1-Q4
	• 7.15) Evaluate the impact of the remote monitoring of Powys patients with respiratory conditions and confirm the next steps	Q4

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KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Cardiac	<ul style="list-style-type: none"> 7.16) Further Faster review of in reach cardiology consultants 	Q2
	<ul style="list-style-type: none"> 7.17) Develop sustainable solutions and county wide options for echocardiology & baseline against standards 	Q3
	<ul style="list-style-type: none"> 7.18) Rheumatology – scope opportunities for Multi-Disciplinary Team (MDT) different approach with medicines management 	Q4
Stroke	<ul style="list-style-type: none"> 7.19) Continue to work with commissioned service providers to ensure neighbouring Health Board and NHS Trust plans appropriately reflect provider responsibilities to Powys residents (including Hereford and Worcestershire Stroke Service Changes) 	Q1-Q4
	<ul style="list-style-type: none"> 7.20) Ensure clinical engagement on the National Stroke Programme (including future option for current temporary changes in place at Cwm Taf Morgannwg University Health Board) 	Q1 - Q4
<p>Intended Outcome – what difference will this make?</p> <p>Population and system outcomes (longer term impacts): This delivers against Cabinet Secretary priority for 'Prevention and Population Health'</p> <ul style="list-style-type: none"> A shift to prevention of major conditions, contributing to addressing health inequalities and equity of access Improved support for those living with major conditions and associated with that, more effective and higher value use of healthcare <p>Quality and Performance</p> <ul style="list-style-type: none"> This delivers against Cabinet Secretary priority for 'Timely Access to Care' & 'Population Health and Prevention' and metrics for Diabetes & Cancer Delivery against NHS Wales Performance Framework including access measures for Referral to Treatment (RTT) and Diagnostics Delivery against People's Experience Framework in relation to patient and carer reported outcomes and experience Delivery of outcomes in line with condition specific requirements i.e. single cancer pathway, quality statements, GIRFT recommendations <p>Service and Pathway improvements:</p> <ul style="list-style-type: none"> Delivery of principles of prehabilitation to rehabilitation Enhanced coordination of services across sectors to deliver more holistic care for people living with major conditions in Powys Improved resilience and utilisation of provider services capacity where appropriate Improved value based evidence (outcomes, variation, cost, programme budgeting and high cost user data) to guide pathway improvements, to drive system efficiency and improve clinical outcomes and patient experience <p>Cross Reference to: Trajectories in the MDS</p>		

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Strategic Priority 8: Mental Health

In the PTHB Five Year Plan agreed last year, a long term goal for Mental Health was set out, to offer a range of support which can be accessed in a straightforward and timely way, close to home, based on need. This would improve the join up across physical and Mental Health and lead to greater consistency of delivery and quality of care. This work aligns to the National strategy 'Together for Mental Health'. [Mental Health is also a Cabinet Secretary priority, with associated metrics relating to Assessment and Therapeutic Intervention.](#)

This Annual Plan sets out Year 2 of this work, notably the transformation plan that is now being developed as part of the Better Together Portfolio, to ensure it is a core component of a sustainable model of care in Powys.

The approach taken by the health board is person centred, recognising that the person is the best guardian of their own lives, including their physical and mental wellbeing. There is a strong track record of working in partnership in Powys and engaging with those who use services. This will be important to co-produce the future model of Mental Health care.

Evidence highlights the need for personalised support, improved physical health care and a healthy lifestyle, addressing multiple conditions and support throughout

the whole pathway of care from first point of access, community support and if appropriate, inpatient care.

There is work planned in relation to both the design of community services and inpatient care. This is responding to changing and increasing demand, which underpins the need for a holistic approach, building on progress made to date, for example the Single Point of Access through NHS 111 'Press 2'.

For older adults, this includes accessible integrated teams, including building on Phase 1 of the Dementia Home Treatment approach, in line with requirements in Dementia Standards.

Transformation work includes optimising the configuration of services to meet changing demand and provide value-based, fit for purpose, therapeutic environments focusing on patient safety and experience. This is [linked to Strategic Priority 9](#), the community hospital model and next phase of development of Rural Regional Centres. This includes engagement with service users and stakeholders on the development of a sustainable future model.

Mental Health Transformation is identified as a **critical action** for delivery in 2025/2026.

Tackling the Big Four

Strategic Priority 8: Mental Health Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply): Risk Recovery Sustainability

KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
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Delivery of **Critical Actions** in 2025/2026 to drive Transformation noted throughout this section

Mental Health Transformation Programme	Community Model Re-Design for Mental Health Services	
	• 8.1) Complete strategic assessment of community based MDTs and identify opportunities	Q1
	• 8.2) Continue transformation of front door building on Single Point of Access aligned to 111(2)	Q1-Q4
	• 8.3) Implement electronic GP referral to SPOA	Q2
	• 8.4) Undertake demand and capacity modelling (health and care)	Q1-Q2
	• 8.5) Redefine core offer / care and treatment pathways with new recovery focused model	Q3-Q4
	• 8.6) Design community model to deliver core offer, aligned to wider community model	Q3-Q4
	• 8.7) Develop phased implementation plan	Q4
	• 8.8) Rescope Sanctuary model in above context, in North Powys	Q2-Q3
	• 8.9) Align teams to address co-morbidities and complex needs across health and care	Q3
	• 8.10) Align specialist teams (including Complex Emotional Needs service) Pan Powys	Q3-Q4
	• 8.11) Leverage digital opportunities e.g. access to information, virtual appointments, data collection and reporting	Q1-Q4
	Acute Inpatient Model of Care	
	• 8.12) Further planning and design following recommendations of Supportive Assessment by NHS Executive in March 2025	Q1
• 8.13) Consideration of optimum bed / ward configuration in line with Strategic Priority 9 (which includes period of engagement for any proposed redesign and service change)	Q1 - Q4	
Older Adult Mental Health Services		
• 8.14) Clinical review of existing model and demand / capacity analysis (linked to work above)	Q1	

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	<ul style="list-style-type: none"> 8.15) Service improvement learning from Phase 1 Dementia Home Treatment Team (Design / implementation of model part of wider work noted above) 	Q1 - Q2
Suicide and Self Harm Prevention & Postvention	<ul style="list-style-type: none"> 8.16) Deliver the Suicide and Self Harm Prevention Strategy 2024-2034 with particular focus on: <ul style="list-style-type: none"> Developing the pathways for people who self-harm Further aligning crisis support with the Single Point of Access Promoting the provision of specialist postvention support Ongoing suicide surveillance and rapid response to suspected suicides Work with partners to implement strategy, building resilience of communities and responding to learning 	Q1- Q4

Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary Priority for Mental Health

- Longer term, this will create a value based approach across all services, optimising use of resources for greatest impact and outcomes
- Improving equity of access and supporting the shift to a preventive approach, contributing to addressing health inequalities
- Improved join up across physical and mental health

Quality and Performance

- This delivers against the Cabinet Secretary priority metrics for Assessment and Therapeutic Intervention
- Improved patient and carer experience
- Delivery against People’s Experience Framework in relation to patient and carer reported outcomes and experience

It also delivers specific improvements in services and pathways including:

- Increased efficiency and integration of the duty and assessment model
- To improve sustainability, navigation and alignment of access and referral points
- Reduce inappropriate urgent and emergency attendances and referrals for children and adults
- Reduction in waiting time and revised neurodiversity pathway
- Redesign of Adult Community Service including Single Point of Access
- Improved inpatient model that provides service resilience, sustainability and offers quality evidence-based care and treatment
- Improved Older Adult Services and compliance with Dementia Standards

Cross Reference to: Trajectories in the MDS and Ministerial Templates

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Strategic Priority 9: Community Hospital Model and Rural Regional Centres

The Powys Regional Partnership Board set out a vision for 'A Healthy Caring Powys' as part of the development of a long term shared strategy for health and care in the county. There has been extensive engagement to shape services in Powys, and the strategy set out the blueprint of Rural Regional Centres and community wellbeing hubs.

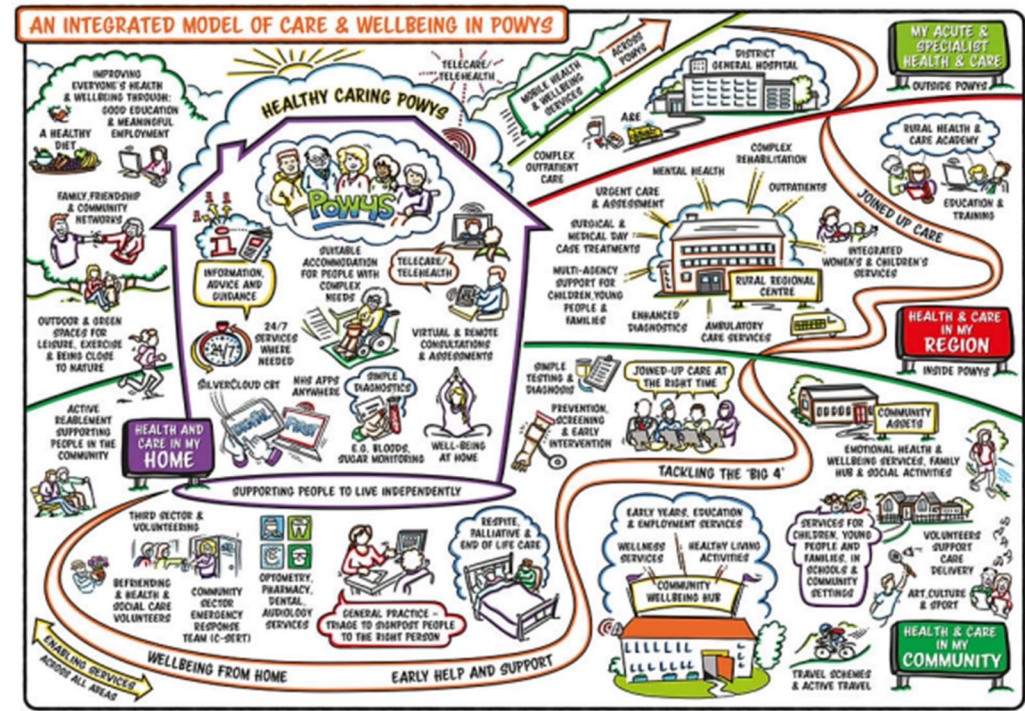
The North Powys Wellbeing Programme was established to deliver against the long term strategy and has helped to define the opportunities for care that can be delivered closer to home, services needed pan Powys and those that are more effectively provided by neighbouring NHS organisations.

Temporary changes were also made at the end of 2024, to improve the efficiency and effectiveness of inpatient care and promote better outcomes for patients. These involved the co-location of patients according to their clinical need, enabling clinical care to be tailored at each location and improving the alignment of workforce skills. An evaluation of these changes will be carried out in Q1 of this Annual Plan, to inform the next stage of development.

The Better Together Portfolio of work has been established within the health board to drive forward this next stage of transformational work.

A 'Case for Change' report has been produced which will be shared to gather the views, experiences and ideas of staff, public, communities and partners. This will build on and deepen engagement on future configuration options.

Optimising inpatient pathways and bed utilisation is identified as a **critical action** for delivery in 2025/2026.



Joined Up Care

Strategic Priority 9: Community Hospital Model and Rural Regional Centres Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):	Risk		Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Optimising inpatient care and bed utilisation CRITICAL ACTION	Colocation by clinical need <ul style="list-style-type: none"> 9.1) Complete the evaluation of Temporary Service Changes (Ready to Go Home Units and Rehabilitation Units) with learning to be considered in developing future models of care (as part of SP4 Community Model) 	Q1
	<ul style="list-style-type: none"> 9.2) Implement recommendations including any rostering improvements (reflected in Workforce Futures and as part of SP4 Community Model) 	Q2 – Q4
Review and develop the Community Hospital, Community Wellbeing Hub and Rural Regional Centre model across all service groups including ongoing development of the North Powys Wellbeing Programme	<ul style="list-style-type: none"> 9.3) Develop and engage with public, staff and stakeholders on the Case for Change and emerging solutions to respond to the issues identified including development of the SOC/ OBC for Phase 1 for the North Powys Wellbeing Programme 	Q1
	<ul style="list-style-type: none"> 9.4) Engage with public, staff and stakeholders on the development of options to improve quality of services and make better use of resource 	Q2
	<ul style="list-style-type: none"> 9.5) Commence formal consultation on the options (if required) 	Q3
	<ul style="list-style-type: none"> 9.6) Confirm the new model 	Q4

Intended Outcome – what difference will this make?

Population and system outcomes (longer term impacts): This contributes towards the Cabinet Secretary priority for 'Population Health and Prevention'

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- Work in this area will contribute to the development of a sustainable model of care longer term, particularly in relation to infrastructure
 - Longer term, this will create a value based approach across the use of the estate, optimising use of resources for greatest impact and outcomes
 - Improving equity of access and supporting the shift to a use of resource for the greatest impact, contributing to addressing health inequalities
- More specifically, in the period of the Annual Plan – it is intended that this work will:

- Improve stakeholder understanding of the challenges and changes needed in the system as a result of continued engagement
- Lead to greater co-production of the design and delivery of the model of care
- Enable risk stratification and improved intelligence about population need

Quality and Performance

- This will contribute towards delivery across all Cabinet Secretary priorities particularly ‘Building Community Capacity’ and associated metrics
- Supporting delivery across the NHS Wales Performance Framework
- Environments in which care is delivered are also important for delivery against the People’s Experience Framework/ patient and carer reported outcomes and experience / quality of care across all six domains of the framework

It also delivers specific improvements in services and pathways including:

- Improved resilience and utilisation of provider services capacity where appropriate
- Enabling progression against the local Health and Care Strategy and Cabinet Secretary priority to further enhance community capacity
- Improved patient flow, reduction in delayed transfers and reduced length of stay
- Reduction in emergency activity / admission avoidance where appropriate
- Increased activity in relation to preventative and wellbeing interventions
- Optimised utilisation of community based care
- Improved co-ordination of care including end / last year of life
- Improved join up of physical and cognitive frailty approach
- Prevention of deconditioning

Cross Reference to: Trajectories in the MDS and Ministerial Templates

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Strategic Priority 10: System Resilience

Powys residents access urgent and emergency care from a network of providers in England and Wales and the health board has a pivotal role in supporting resilience across multiple healthcare systems.

Powys Teaching Health Board directly manages Minor Injury Units (MIUs) in Llandrindod Wells, Welshpool, Ystradgynlais and Brecon. There are also Minor Injury services delivered within Primary Care settings.

There are important points of connection with the 'Six Goals for Urgent and Emergency Care', NHS Wales Joint Commissioning Committee in relation to Emergency Ambulances Services and the Welsh Ambulance Services NHS Trust (WAST). [Timely Access is also a Cabinet Secretary priority with associated metrics relating to Ambulance Handovers and time spent in Emergency Care.](#)

Powys County Council has commissioned Newton Europe as a strategic partner to undertake a diagnostic on adult social care and make recommendations for improvement and transformation. The health board is fully engaged and there are opportunities relating to the scale of social care delays currently experienced in our provider and commissioned services; and for our future Better Together Community and Frailty Model.

An update was made to the national 'Six Goals' programme for Urgent and Emergency Care for 2025/2026 following the issue of Cabinet Secretary Priorities.

This has been taken into account in the PTHB Six Goals plan, building on local priorities and progress to date. Key areas of revision in the updated national plan and PTHB plan:

- 1: Implement effective Community Based Falls Response Services– reflected in Strategic Priority 4 of this Annual Plan
- 2: Implement a robust 'Single Point of Access' (SPOA) for Urgent and Emergency Care - reflected in the action overleaf relating to the Integrated Flow Hub
- 3 and 4: Acute Front Door Frailty Service and Ambulance Handover Guidance – not directly applicable to PTHB as a provider, this will be reflected in the plans of hospital providers and Welsh Ambulance Services University NHS Trust; this forms part of partnership and commissioning arrangements
- 5: Implement actions described in the Optimal Hospital Flow Framework (with reduction in Pathways of Care Delays) – reflected in the actions overleaf

Delivery of the PTHB Six Goals Plan is identified as a **critical action** for delivery in 2025/2026.

Joined Up Care

Strategic Priority 10: System Resilience Executive Lead - Executive Director of Primary Care, Community and Mental Health

Will this contribute to (tick all that apply):

Risk



Recovery



Sustainability



KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Refine the Integrated Flow Hub to develop a sustainable model that enhances system-wide coordination and patient flow CRITICAL ACTION	• 10.1) Scope and define the role and priorities of the Integrated Flow Hub, including the development of a resource plan	Q1
	• 10.2) Subject to scoping, secure necessary resourcing including workforce and digital technologies for effective and sustainable implementation	Q2
	• 10.3) Implement a revised approach to the Integrated Flow Hub, ensuring alignment with identified role and priorities	Q3
	• 10.4) Assess the effectiveness and impact of the revised Integrated Flow Hub, identifying lessons learned and opportunities to support long-term sustainability	Q4
Improved approach to Pathways of Care Delays (POCD) through escalation and tracking and working in partnership to deliver the recommendations of the Newton Europe diagnostic report.	• 10.5) Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking	Q1-Q4
	• 10.6) Reduce the number of super-stranded patients through escalation and tracking	Q1-Q4
	• 10.7) Work in partnership with PCC to improve social care delays through the recommendations of the Newton Europe diagnostic report	Q1-Q4
	• 10.8) Reduce the total number of days delayed due to Pathways of Care delays	Q1-Q4
Evaluation and Next Step relating to Temporary Service Changes	• 10.9) Evaluate temporary service changes for Minor Injury Units	Q1
	• 10.10) Based on evaluation, recommendation to be made to PTHB Board meeting in July regarding next steps for Minor Injury Units	Q2
Enhance the provision of PTHB Urgent Care Services	• 10.11) Conduct a review of current clinical practices and processes to establish key insights to inform the transformation of Urgent Care services	Q2

	<ul style="list-style-type: none"> 10.12) Establish a clear framework and criteria to optimise access and streamline processes 	Q3
	<ul style="list-style-type: none"> 10.13) Review and scope key clinical pathways to improve the delivery of Urgent Care and inform future service design 	Q3
	<ul style="list-style-type: none"> 10.14) Advance pathway development - define vision for the future service 	Q4
Further develop PTHB's utilisation of the Optimal Hospital Flow Framework and associated tools, with a focus on D2RA and Red2Green	<ul style="list-style-type: none"> 10.15) Develop R2G and D2RA Information and Performance dashboards 	Q1
	<ul style="list-style-type: none"> 10.16) Monitor and review data outputs and identify barriers 	Q2
	<ul style="list-style-type: none"> 10.17) Scope and assess means to address identified barriers 	Q3
	<ul style="list-style-type: none"> 10.18) Develop targeted action plan to address identified barriers 	Q4
KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Further strengthening the approach to Trusted Assessment	<ul style="list-style-type: none"> 10.18) Pilot of Trusted Assessment approach 	Q1
	<ul style="list-style-type: none"> 10.19) Review outcomes of the pilot 	Q2
	<ul style="list-style-type: none"> 10.20) Scoping of next steps 	Q3
	<ul style="list-style-type: none"> 10.21) Implementation of Trusted Assessment 	Q4
Enhance and expand the use of the Digital Patient Flow System: Powys DigiFLO	<ul style="list-style-type: none"> 10.22) Scope the expansion of Powys DigiFLO onto Mental Health Wards 	Q1
	<ul style="list-style-type: none"> 10.23) Rollout of Powys DigiFLO to Mental Health Wards 	Q2
	<ul style="list-style-type: none"> 10.24) Embed Powys DigiFLO into standard practice for Mental Health 	Q3
	<ul style="list-style-type: none"> 10.25) Refine based on lessons learned from Mental Health implementation 	Q4
	<ul style="list-style-type: none"> 10.26) Embed all DigiFLO processes into Business as Usual 	Q4
<p>Intended Outcome – what difference will this make?</p> <p>Population and system outcomes (longer term impacts): This delivers against the Cabinet Secretary priority for Population Health and Prevention</p> <ul style="list-style-type: none"> System resilience is a key priority given the challenges and constraints placed on the health board by system pressures – the PTHB Six Goals plan is a component of delivery to improve system efficiency and flow (locally and in neighbouring systems) Improving system effectiveness and efficiency (locally and across all neighbouring systems) is key to achieving the longer term shift to a prevention based model of care and associated shift to value based use of resources for population health The PTHB Six Goals plan is part of the Better Together Portfolio which also aims for greater co-production of the future model of care, greater risk stratification and improved intelligence about population need <p>Quality and Performance</p> <ul style="list-style-type: none"> This will deliver against the Cabinet Secretary priority for 'Timely Access to Care' and 'Building Community Capacity' 		

- There are also links to the delivery against 'Building Community Capacity' which are found in Strategic Priority 4 and 5 in this plan
- PTHB is not an acute hospital provider so does not directly deliver against the Cabinet Secretary priority metrics for 'Urgent and Emergency Care' (Ambulance Handovers, Time spent in Emergency Departments) but these are part of the plans of commissioned providers for the Powys population
- PTHB has a key role in supporting patient flow across all of the health systems used by Powys residents
- Supporting delivery across the NHS Wales People's Experience Framework and Six Domains of Quality

It also delivers specific improvements in services and pathways including:

- Delivery against National Six Goals Urgent and Emergency Care Programme requirements
- As a provider, continued excellence in performance of urgent care services (i.e. Minor injuries measures)
- Improved patient flow, reduction in delayed transfers and reduced length of stay as a provider and in relation to PTHB role in wider systems
- Improvements in performance in key areas of high impact and value – notably Discharge to Recover and Assess
- Reduction in emergency activity / admission avoidance where appropriate
- Increased efficiency of bed base utilisation – greater value based approach to care to improve outcomes and experience

Cross Reference to: Trajectories in the MDS and Ministerial Templates

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Strategic Priority 11: Commissioning for Value

The Health and Care Strategy for Powys set out the ambition to improve commissioning, delivering more services in county and greater continuity of care. This was implicit in the Five Year plan agreed by the health board last year but has been made even more explicit in this Annual Plan.

Improving the output and outcomes of care being provided and commissioned, to achieve greater value in the short through medium term, and a more sustainable offer longer term, remains fundamental as set out in the Five Year plan.

40% of the health board's budget is spent on commissioned secondary (acute and planned / elective care) and tertiary (specialised) services with commissioned care being extremely important to meet the health needs of the Powys population.

The Health Board's commissioning arrangements are extremely complex and include bi-lateral agreements with around 14 health providers in both Wales and England. The health board participates in the arrangements for the commissioning of specialised services, Ambulance Services and 111 through the Joint Commissioning Committee, which is one of the fastest growth areas with associated increased cost.

This spend across all commissioned services has grown by £37million over the last four years and

continues to grow. It is a major contributor to the health board's deficit financial position.

The health board aims to become a more strategic commissioner to drive value, based on analysis carried out in Year 1 of the plan to understand the commissioning position including drivers and variation in cost, equity, and outcomes for the population.

A Strategic Commissioning Plan is being developed to drive population health and value, form the framework for the tactical commissioning and contracting workplan for 2025/26. This will include

- Reviewing options for commissioning activity within available resources
- Align with level 4 de-escalation criteria of developing an 'acceptable plan'
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation
- Robust contract monitoring process with focus on access, quality and patient experience, finance and workforce which will inform provision of quarterly commissioned services performance report.

- Long Term Agreements (LTAs) have been agreed in principle with all 6 NHS Wales Health Boards and Velindre NHS Trust and the health board is continuing to work closely with the JCC to agree the foundational annual plan for 2025/26.

The initial focus will be in relation to the 'Risk' and 'Recovery' priorities, with support to 'Sustainability' alongside this, to ensure that longer term planning is balancing the response to here and now issues.

An analysis undertaken within the Health Board has informed the Strategic Priority 4 Enhanced Primary and Community Care; and Strategic Priority 5 Planned Care and Diagnostics and the Commissioning for Value priorities including pathway redesign, admission avoidance, timely discharge and end of life care.

An annual review of the Integrated Quality and Performance Framework (IQPF) has also been undertaken, which provides continuous oversight on the delivery of quality, patient centred services for PTHB both as a provider and commissioner.

The updated IQPF continues to reflect the core measures to provide assurance:

- On timely and appropriate access to care to reflect the best health outcomes within agreed targets.

- Against national and local quality measures of care.
- That services are adopting a value based health care approach to improving efficiency and productivity, and that financial plans are being delivered.
- Review of motivated and sustainable workforce that is appropriately trained.

Strategic and Tactical Commissioning has been identified as a **critical action** for delivery in 2025/2026.

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Joined Up Care			
Strategic Priority 11: Commissioning for Value Executive Lead - Executive Director of Planning, Performance and Commissioning			
Will this contribute to (tick all that apply):	Risk	✓	Recovery
			✓
			Sustainability
			✓
KEY AREAS OF DELIVERY			
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')	
Commissioning development Framework CRITICAL ACTION	<ul style="list-style-type: none"> 11.1) Develop Strategic Commissioning Framework for tactical commissioning and contracting for 2025/26 based on population health and evidence based practice to improve outcomes and value for population, in context of escalation and plan status. Includes underpinning work on reducing variation and implementing national INNU policies and supporting referral optimisation and coordination of Last year of Life 	Q1	
Pathway development/redesign Through the application of the PTHB commissioning cycle, Identify and redesign/recommission 2 pathways through clinically led Commissioning Approach; including gynaecology and General Medicine	<ul style="list-style-type: none"> 11.2) Establish and secure clinical leadership 	Q1	
	<ul style="list-style-type: none"> 11.3) Review of population need, current and intended outcomes 	Q2	
	<ul style="list-style-type: none"> 11.4) Review existing service provision, undertake gap analysis in context of identified need and relevant national benchmarking data (including evidence base) 	Q2	
	<ul style="list-style-type: none"> 11.5) Determine current provider/commissioner budget, performance and contract frameworks for each pathway 	Q2	
	<ul style="list-style-type: none"> 11.6) Develop proposed service specifications 	Q2	
	<ul style="list-style-type: none"> 11.7) Detail proposed clinical pathways and models of care based on the service specifications 	Q3	
	<ul style="list-style-type: none"> 11.8) Translate clinical pathways and models of care into final specification (including tender documentation if service to be procured) 	Q3	
	<ul style="list-style-type: none"> 11.9) Plan demand and capacity requirements to ensure timely, effective and equitable delivery of the pathway 	Q3	
	<ul style="list-style-type: none"> 11.10) Develop pathway implementation plans 	Q4	
	<ul style="list-style-type: none"> 11.11) Develop performance monitoring and assurance framework 	Q4	
	Specialised services Work with JCC as a preferred partner to: analyse and scope opportunities	<ul style="list-style-type: none"> 11.12) Establish with JCC preferred partner arrangement 	Q1
<ul style="list-style-type: none"> 11.13) Scope opportunities for pathway and referral optimisation (linking to the Critical action set out in SP5) 		Subject to JCC timeframes	

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to improve value; take forward JCC Transformation priorities 2025-26	<ul style="list-style-type: none"> 11.14) Develop implementation plan for identified options 	
KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Develop Fragile Service Risk Assessment methodology to guide strategic commissioning of in reach	<ul style="list-style-type: none"> 11.15) Using national work, agreed methodology to review existing in-reach services and determine options for future commissioning arrangements 	Q1
Strengthen Integrated Quality and Performance Framework for PTHB as both provider and commissioner	<ul style="list-style-type: none"> 11.16) Revised IQPF reflects NHS Wales Planning and Performance Frameworks for 2025-26; revised PTHB internal performance monitoring structure; and revised commissioned service quality and performance review mechanisms 	Q1
Agree first phase outcomes of Third Sector Review, focussing on admission avoidance, timely discharge and end of life care	<ul style="list-style-type: none"> 11.17) Establish review group, clinical and managerial leadership 	Q2
	<ul style="list-style-type: none"> 11.18) Updated service specifications and agreement of SLAS with providers 	Q2-Q3
	<ul style="list-style-type: none"> 11.19) Develop KPI's and agree new reporting metrics 	Q2
	<ul style="list-style-type: none"> 11.20) Review of Provider Selection Regime and National Commissioning Framework for Hospices, Mental Health and other third sector services in support of future commissioning approach 	Q4
	<ul style="list-style-type: none"> 11.21) Review opportunities for reallocation of funding streams 	Q2-Q3
<p>Intended Outcome – what difference will this make?</p> <p>The Commissioning for Value work programme aims to review services PTHB provides and those services it commissions to ensure that:</p> <ul style="list-style-type: none"> • PTHB resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population. • We understand what matters to the population, with an evidence-base for effective interventions, unwarranted variation, outcomes, costs and value. • Focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact. • Discharge commissioning within available resources considering need; resource allocation; service review and gap analysis; demand and capacity. • Achieve NHS Wales enabling actions including productivity and efficiency measures, and evidence base compliance. • Robust service specifications underpinning contracted activity levels. • There is focus on resource allocation and management to have the greatest positive impact and on the systems in processes to deliver value. • There is a citizen centred approach, putting patients, safety, outcomes and experience as well as safeguarding above all other considerations. • The development of an annual commissioning and contracting work programme which will support PTHB sustainability and recovery. • Supporting and driving forward the Better Together Portfolio and sustainable model of care, including Planned Care and Community Model. • Integrated approach to performance, commissioning and contracting and business intelligence for secondary and specialised services. • Ensuring local commissioning takes into account NHS Wales and NHS England performance and outcomes frameworks/ productivity and efficiency 		

- Responding to PTHB accountability conditions and escalation status of Level Four, delivering against associated action plan.
- Working closely with NHS England Integrated Care Boards to align commissioning approaches and reviewing contract design.
- Working with the Joint Commissioning Committee (JCC) as a preferred partner to assess options for pathway and referral optimisation

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ENABLING PLANS

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Workforce Futures 2025/26

The workforce is the most critical asset of the health board. All aspects of the employee experience, values, wellbeing and careers are important. The local approach takes into account national policy and frameworks including the NHS People Strategy, National Workforce Implementation Plan/Retention Plan and Strategic Workforce Plans.

There are opportunities for the future workforce to develop in new and innovative ways, linked to transformational work on Better Together. There are also challenges, with an ageing population and difficulties in recruitment and workforce supply. The latest workforce projection data shows that:

- There is an improving picture for the Nursing workforce, as a result of investment and pipelines such as Aspiring Nurses and international recruitment.
- For the Allied Health Professional workforce, there is an improving picture but focused activity is needed in Radiography, Occupational Therapy and Psychology.
- The medical workforce is similar, requiring continued efforts for a sustainable pipeline.

- The Health Board needs to review how and where services are provided to make best use of the available workforce supply.
- The demographics of the current workforce remain a challenge with over 45% of the total workforce being over the age of 50 (and 31% of the total workforce being over the age of 56).
- If we do nothing, demand and capacity modelling indicates in 10 years' time, there will be an even greater demand on services.

All current and ongoing vacancies are reviewed by the responsible Executive Director along with enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay. Service leads with high consistent staff unavailability, will need to develop recovery plans to minimise the reliance on agency staff.

If PTHB does not change the way care is provided this will impact on quality and safety. Therefore innovative solutions must be found which do not exist within single organisations, therefore there is a need to work with and across partners to deliver transformational change through the Workforce Futures programme.

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It will also be essential to recognise the vital contribution of volunteers and unpaid carers, whose role is particularly critical in a rural county.

A reshaped Workforce Futures Programme will provide targeted and dedicated support where required to support transformational change, especially where the solutions to health and care issues lie in cohesive partnership working.

There will be a focus on activity required to enable successful transformation which includes enabling the workforce to be fully cognisant of the need for change through workforce engagement and consultation along with ensuring that there are multi-disciplinary teams with the skills and capacity to deliver transformation.

Key areas of delivery will be:

Transform and Sustain the Workforce:

- Enhance candidate attraction, engagement, and retention
- Promote rural health and care careers via the ACEES schools' program and volunteering
- Continue successful overseas recruitment, providing pastoral care for new Adult and Mental Health Nurses, and medical staff recruitment
- Further develop Aspiring Nurses, facilitating access for Powys pre-registered students to the Dispersed Learning Nurse Degree Programme

- Targeted recruitment including Healthcare Support Workers, aiming for zero agency spend in these roles by September 2025 and 30% reduction on overall agency spend by the end of the financial year
- Deliver sustainable, blended nursing degrees in partnership with Health Education Improvement Wales (HEIW) and higher education
- Offer apprenticeships and placements for school leavers and further education students

Workforce Transformation has been identified as a **critical action** for delivery in 2025/2026

Cultivate a Great Place to Work:

- Develop a People Strategy outlining structure and culture for current and prospective employees
- Conduct regular 'temperature checks' and surveys, including the National Staff Survey
- Implement staff engagement initiatives including Chat2Change and Wellbeing Roadshows
- Collaboration to enhance nurse retention
- Workforce performance dashboards on surveys, occupational health referrals, cultural metrics
- Clinical Leadership Immersive Programs across staff bands to boost leadership effectiveness
- Embed a Compassionate Leadership approach
- Promote 'OUR VOICE' portal, to safely raise concerns and support psychological safety.

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- Integrate newly created Managers Charter
- Enhance support for working carers

Prioritise Employee Health and Wellbeing:

- Gap assess the Wellbeing Plan against HEIW's Staff Health and Wellbeing Framework
- Regularly gauge workforce sentiment, providing targeted support such as financial wellbeing
- Host wellbeing and engagement roadshows across the county and in community sites
- Re-tender the Occupational Health Employee Assistance Program (EAP) platform
- Develop consistent Occupational Health services aiming for Safe Effective Quality Occupational Health Service Accreditation
- Enhance attendance management to support staff in returning to or remaining at work
- Pilot and evaluate mindfulness and wellbeing programs to aid staff retention and return-to-work efforts
- Promote Employee Assistance Programme offerings, including menopause support and GP referrals
- Continue rolling out Compassionate Leadership programs to underpin staff wellbeing

Transformation Skills and Development:

- Focus on targeted support towards identified transformation initiatives. Including the need to

develop leadership capability, sustaining and supporting people through change, transformation training needs and developing the capability to adapt to and embed the new ways of working

Advance Equalities and Welsh Language:

- Implement objectives from the Strategic Equality Plan 2024-27, aligning with national strategies and action plans
- Monitor use of online translation services and explore sign language support in primary care
- Expand gender awareness training
- Develop policies addressing workplace sexual safety, aligning with national initiatives
- Finalise and implement updated Anti-Racism Plan, incorporating recommendations from the Workforce Race Equality Standard (WRES)
- Create guidance and passport system for reasonable adjustments to support staff with disabilities
- Explore certification and accreditation, such as Diverse Cymru Competence Scheme and the Hate Crime Charter
- Evaluate effectiveness of Welsh Language Assessment Tool to enhance services for Welsh-speaking patients and staff

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Workforce Futures

Strategic Priority: Transformation and Sustainability Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk		Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Transformation skills and development Focused on targeted support for transformation, including leadership, change management, training and capability for transformation and new ways of working Critical Actions	<ul style="list-style-type: none"> 12.1) Working with the Transformation and Improvement team, assess and prioritise the development of transformation and improvement training, skills and capacity at all levels of the organisation 	Q1 - Q4
Variable pay: On board a further 3 cohorts of internationally trained Adult Nurses, Mental Health Nurses and 2 Medics	<ul style="list-style-type: none"> 12.2) Successful on-boarding of cohorts of Internationally Educated Nurses (IENs) and Medics 	Q1-Q4
	<ul style="list-style-type: none"> 12.3) Advertise, recruit and onboard 15 aspiring nurses 	Q1-Q3
Undertake targeted recruitment to Bank, prioritising services with variable pay spend	<ul style="list-style-type: none"> 12.4) Increased recruitment to Bank 	Q4
Introduce arrangements to temporarily realign establishments to remove the use of Healthcare Support Workers (HCSW) agency staff	<ul style="list-style-type: none"> 12.5) Increase in temporary/fixed term HCSWs to remove HCSW agency use 	Q2
	<ul style="list-style-type: none"> 12.6) Cease Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary agency use by September 2025 	Q2
Ensure Executive approval to enhance vacancy controls	<ul style="list-style-type: none"> 12.7) All vacancies are reviewed by Executives to support in year savings through delayed recruitment 	Q1-Q4
Enhanced monitoring of clinical vacancies to ensure timely advertising of posts that would otherwise attract variable pay	<ul style="list-style-type: none"> 12.8) All clinical vacancies attracting variable pay are advertised 	Q1-Q4
Work with clinical and operational directorates, ensure staffing models are reviewed where appropriate to recognise ongoing national work relating to health care support worker roles and the Nurse Associate role	<ul style="list-style-type: none"> 12.9) Schedule of reviews operationalised 	Q1-Q4

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles	<ul style="list-style-type: none"> 12.10) Develop a timetable of activity to ensure that local job descriptions are reviewed in line with changes to the national agenda for change profiles 	Q1-Q4
Pipeline: Launch the third cohort of the Aspiring Nurse Programme with HEIW and University partners	<ul style="list-style-type: none"> 12.11) Evaluate impact and Return on Investment (ROI) of pipeline workforce 	Q2-Q4
Continue to deliver and evaluate the Academy Career and Education Enterprise Scheme (ACEES) with Powys County Council Education service	<ul style="list-style-type: none"> 12.12) Provide an ACEES offer to schools 	Q2-Q4
	<ul style="list-style-type: none"> 12.13) Evaluate impact of programme 2024/25 	Q1
Students: Train registered Nursing staff as Practice Assessors and Supervisors to support Students on placement	<ul style="list-style-type: none"> 12.14) Number of registered nurses that have received the Practice Assessors/ Practice Supervisors training 	Q1-Q4
Train eligible registered nurses in restorative supervision	<ul style="list-style-type: none"> 12.15) Number of registered nurses trained in restorative supervision 	Q1-Q4
<p>Intended Outcome – what difference will this make?</p> <ul style="list-style-type: none"> Meeting Welsh Government 30% agency reduction spend target Zero agency spend on Agency Healthcare Support Worker, Admin & Clerical, and Estates & Ancillaries Reduction in Whole Time Equivalent vacancies Increase workforce pipeline routes Restorative supervision Trained clinical managers Sustainable workforce model with associated reduction in vacancies, agency usage and a greater pipeline of potential recruits Home grown capability in rural healthcare, with associated improvements in patient care and experience 		

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Strategic Priority: A Great Place to Work Executive Lead – Executive Director of People and Culture						
Will this contribute to (tick all that apply):	Risk	✓	Recovery		Sustainability	✓
KEY AREAS OF DELIVERY						
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')				QTR ('TIMED')	
Continue to address actions within the HEIW Nurse Retention Plan	• 13.1) Pilot 'Stay Conversations' template				Q2	
	• 13.2) Develop a leavers toolkit, to include exit interview guidance				Q3	
Embed Speaking up Safely framework	• 13.3) Promote the SUS routes; quarterly SUS steering group to monitor impact				Q1&Q4	
	• 13.4) Evaluate Vivup SUS offer				Q2	
Promote the findings and themes emerging from the 2024 NHS staff survey	• 13.5) Communicate 2024 findings and themes - “you said we have/ did” model				Q1-Q2	
Undertake 2025 NHS staff survey	• 13.6) Promote 2025 NHS staff survey retaining a 30% or higher return				Q3	
Development: Deliver B6 and 7 (expanding to 8A) Clinical Leadership Immersive Programme (CLIP)	• 13.7) Run monthly CLIP programmes				Q1-Q4	
Develop a one-day CLIP for B5's	• 13.8) Pilot and then implement a 1 day CLIP programme				Q1-Q4	
Support HEIW to Scale up PTHBs CLIP programme pan Wales	• 13.9) Run monthly CLIP sessions for HEIW ** subject to RIF funding				Q1&Q2	
Integrate the Managers Charter within the existing managers programme	• 13.10) Number of Managers programmes held /participants				Q1-Q2	
Evaluate the Reverse mentoring pilot	• 13.11) Evaluate the first reverse mentoring cohort and promote 2 nd round				Q1-Q2	
Develop a People strategy	• 13.12) Create a people strategy with feedback from staff that describes structures, systems, skills, behaviour, leadership, and culture				Q4	
Intended Outcome – what difference will this make?						
<ul style="list-style-type: none"> • Turnover percentage in terms of retention • A great place to work, with positive organisational and team climates, high levels of staff satisfaction, engagement and wellbeing • Associated improvements in recruitment and retention and reductions in workplace absences • Staff are able to raise concerns and speak up safely 						

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Strategic Priority: Employee Health and Wellbeing Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Provide access to a range of wellbeing initiatives which support the health of the workforce	• 14.1) Deliver wellbeing roadshows across the county ** subject to RIF funding	Q1-Q4
	• 14.2) Promote the Employee assistance platform offers	Q1-Q4
	• 14.3) Develop and promote the offer for working carers	Q1-Q4
Continue to deliver the Compassionate Leadership model to underpin approach to staff wellbeing	• 14.4) Deliver monthly Compassionate leadership intro sessions for both Health and Care staff ** subject to RIF funding	Q1-Q4
Provide a range of offers that deliver on the HEIW Staff Health and Wellbeing Framework (SHWF)	• 14.5) Complete Match and Gap of PTHBS Wellbeing plan/ staff experience framework against HEIW's SHWF	Q1
	• 14.6) Develop plan and implementation for addressing the gaps	Q1-Q2
Targeted Support for managers to reduce short term absence through Managing attendance at work policy	• 14.7) Pilot and evaluate a mindfulness / wellbeing programme of offers to support return to work /stay in work ** subject to RIF funding	Q1
Introduce regular case reviews for all long-term absentees	• 14.8) Rolling programme of case reviews in place	Q4
Develop capability of managers on Managing Attendance	• 14.9) Rolling programme of capability improvement	Q4
Re- tender Occupational Health Employee Assistance Platform (EAP)	• 14.10) Write tender specification and go out to the market	Q1-Q2
	• 14.11) Award and implement EAP	Q2-Q3

Intended Outcome – what difference will this make?

- Reduction in sickness absence, whole time equivalent turnover and recruitment & retentions / grievances, self and Management Occupational Health referrals relating to Sickness, Depression, and Anxiety (SAD)
- Staff report positively about their health and wellbeing at work, feel supported and have access to wellbeing initiatives that meet their needs
Managers are able to utilise workforce policy, guidance and wellbeing initiatives to support staff to remain in/return to work

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Strategic Priority: Equalities and Welsh Language Executive Lead – Executive Director of People and Culture

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Continue the implementation of the objectives set out in the Strategic Equality Plan (SEP)	<ul style="list-style-type: none"> 15.1) Achievements set out with the SEP are met 	Q4
Explore certification / kite mark schemes and accreditation e.g. Diverse Cymru Competence scheme; hate crime charter	<ul style="list-style-type: none"> 15.2) Exploration completed and implemented plan in place 	Q3
Develop and implement policy and approach to sexual safety in the workplace, linking with National programmes	<ul style="list-style-type: none"> 15.3) Policy implemented and promoted, monitoring in place 	Q1
Implement updated Anti racism plan which includes actions relating to recommendations arising from the WRES report	<ul style="list-style-type: none"> 15.4) Achievements set out within the Plan are met 	Q1-Q4
	<ul style="list-style-type: none"> 15.5) Half yearly updates against the Anti Racism action Plan 	Q2 & Q4
Continue to rollout the Gender awareness training	<ul style="list-style-type: none"> 15.6) Number of cohorts and participants 	Q2 & Q4
Development of a reasonable adjustment guidance for staff and a reasonable adjustment passport	<ul style="list-style-type: none"> 15.7) Guidance issued and passport in place 	Q4
Monitor and evaluate the usage and impact of the Welsh Language Vacancy Assessment Tool	<ul style="list-style-type: none"> 15.8) Review compliance of use of tool. Consider improvement target if required 	Q2 & Q4
Monitor the use and uptake of Online translation, including exploration of sign live within primary care services	<ul style="list-style-type: none"> 15.9) Sign live introduced within Primary Care settings 	Q4
	<ul style="list-style-type: none"> 15.10) Continued utilisation of online translation 	Q1-Q4

Intended Outcome – what difference will this make?

- Performance – Strategic Equality Plan/ Workforce Race Equality Standard plan
- The health board is dynamic in promoting and achieving equality as an employer and employees report positive experiences and support

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- The health board takes a pro-active wider role as an anchor institution, leveraging its importance in the Foundational Economy
- There is an 'Equality Friendly' culture with a well-trained workforce and effective utilisation of assistive technology, translation and interpretation

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Digital First

A Strategic Framework is in place to drive forward the 'Digital First' approach. There are five strategic themes, which guide efforts to improve patient care, streamline operations and foster innovation, aligned with Better Together and the national Digital Health and Care Strategy.

- *Leadership, Partnership and Alliances*
- *Enabling Efficiency and Effectiveness*
- *Citizen Centred Care and Support*
- *Infrastructure and Security*
- *Big Data and Artificial Intelligence*

By leveraging digital technologies with training, culture, and behaviours, the aim is to create a more efficient, effective, and patient-centred healthcare system for Powys. This includes the review of advanced digital tools and platforms to enhance patient engagement, improve clinical outcomes, and support healthcare professionals in delivering high-quality and safe care.

A key aspect of the strategic framework is the collaboration in clinical informatics. This involves working closely with clinical informatics team to ensure that data-driven and experience-driven insights are integrated into decision-making processes.

This collaboration will enable the development and utilisation of data dashboards and experience that provide real-time information on key performance indicators, patient outcomes, and operational efficiency. These dashboards and collaborative working will be instrumental in identifying areas for improvement, tracking progress, and ensuring accountability across the organisation.

Embedding accountable digital leadership across the organisation will take place with the objectives to improve quality and safety of care and pathway redesign to reduce variation.

A sustainable resilient healthcare system will be built that meets the needs of transformation and business efficiencies programmes, staff, community, supporting the health and wellbeing of the people of Powys.

Additionally, achieving efficiencies and embedding benefits realisation to ensure value in digital investment is maximised.

Cybersecurity and the replacement of the Community Care information System (WCCIS) have been identified as **critical actions** for delivery in 2025/2026.

Digital First

Strategic Priority: Leadership and Planning for Digital Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<p><i>DSF Strategic Theme - Leadership, Partnership and Alliances</i></p> <p>Schedule Board Development sessions to embed digital thinking at the leadership level, to be well-prepared to navigate the digital landscape</p>	<ul style="list-style-type: none"> 16.1) To ensure digital transformation is a continuous focus at the highest levels of leadership plan two Digital Board Awareness Sessions in year 	Q1
	<ul style="list-style-type: none"> 16.2) Schedule and present a Cyber/Information Governance Awareness Board Session 	Q2
	<ul style="list-style-type: none"> 16.3) Schedule and present a Big Data Management Awareness Board Session 	Q4
<p><i>DSF Strategic Theme - Enabling Efficiency and Effectiveness</i></p> <p>Embed Accountable Digital Clinical Leadership to improve quality and safety of care, and efficiency of Health Board assets, monitoring attendance by stakeholders at the Digital Clinical Transformation Board and assesses the increase in the use of digital adoption. This ensures that digital transformation is continuously promoted and adopted across the organisation</p>	<ul style="list-style-type: none"> 16.4) Embed accountable Digital Clinical Leadership to improve quality and safety of care, & efficiency of Health Board information and assets 	Q1-Q4
	<ul style="list-style-type: none"> 16.5) Monitor attendance by stakeholders at the Digital Clinical Transformation Board and assess for increase in use of digital adoption 	Q1-Q4
	<ul style="list-style-type: none"> 16.6) In collaboration with services, create and implement dashboards to track efficiency metrics such as unused licenses, highest printing and franking users. This will optimise resources and reduce waste. 	Q2
	<ul style="list-style-type: none"> 16.7) Collect patient feedback on the access to digital tools and services 	Q3
	<ul style="list-style-type: none"> 16.8) Increasing use of Virtual Consultations for Follow Ups by 10% to improve accessibility and convenience with more flexible care options 	Q4

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KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<p><i>DSF Strategic Theme - Citizen Centred Care and Support</i></p> <p>Patient Health Care Pathway Mapping and encouraged use of the NHS Wales App, to encourage behaviours that will transform communities to manage and monitor their health.</p>	<ul style="list-style-type: none"> 16.9) Identify two priority pathways that must improve current waiting times, reduce duplication and inefficiency in administrative tasks in line with the Business Efficiencies priorities 	Q2
	<ul style="list-style-type: none"> 16.10) Collaborate across identified services to map those pathways identified and identify any gaps in the NHS Wales App and NHS App that will impact patients 	Q3
	<ul style="list-style-type: none"> 16.11) Create an improvement plan in collaboration with services with a view to standardising processes and documentation, reduce data collection and input duplication and support the design of new requirements 	Q4
	<ul style="list-style-type: none"> 16.12) Aim to achieve a reduction in referral processing times, within 12 months through an integrated digital referral system for identified priority services 	Q4
<p><i>DSF Strategic Theme - Leadership, Partnership and Alliances</i></p> <p>System Integration with providers and commissioners in NHS Wales and NHS England, with robust Data Sharing Agreements. To facilitate seamless information sharing and standardisation across pathways, enhancing collaboration and overall healthcare delivery.</p>	<ul style="list-style-type: none"> 16.13) Information Sharing agreements in place across providers and commissioners 	Q3
	<ul style="list-style-type: none"> 16.14) Collectively continue to deliver digital transformation to support sharing of information and standardisation across pathways, with cross border providers 	Q1-Q4

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KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<p><i>DSF Strategic Theme - Leadership, Partnership and Alliances</i></p> <p>Develop a Supportive and Inclusive Digital Training Function to improve Digital Skills and Confidence for staff and patients to adopt technology and use systems effectively. This will enhance digital competence and foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation.</p>	<ul style="list-style-type: none"> 16.15) To support all staff to adopt technology and use systems effectively create a business case to support Digital Skills and Confidence training which must include patient engagement, and supporting partners such as Workforce and Development, Health Education in Wales 	Q2
	<ul style="list-style-type: none"> 16.16) Increase the number of Clinical Safety Officer Training sessions and increase digital confidence 	Q4
<p><i>DSF Strategic Theme - Enabling Efficiency and Effectiveness</i></p> <p>Workforce Planning for Digital and Clinical Informatics services through a Demand and Capacity exercise to support Digital Transformation across the organisation</p>	<ul style="list-style-type: none"> 16.17) Conduct a Demand and Capacity exercise to identify workforce needs for Digital Transformation and Enablement, considering current and future business as usual activities and prioritising programmes to support transformation, efficiency, safety, and quality 	Q1-Q2
<p><i>DSF Strategic Theme - Infrastructure and Security</i></p> <p>CRITICAL ACTION</p> <p>Cyber and Infrastructure</p>	<ul style="list-style-type: none"> 16.18) Complete the Cyber Assurance Framework (CAF) and establish a process for reducing the cyber risk and managing the incidents in a timely manner 	Q1-Q4
<p><i>DSF Strategic Theme - Big Data and Artificial Intelligence</i></p> <p>Put the use of data, insight and analytics, used safely and securely, at the core of the health and care system to deliver improved health and wellbeing outcomes.</p>	<ul style="list-style-type: none"> 16.19) Creation of clear project plans and actions to adopt innovative approaches to improving patient care and reducing waiting times or improving administrative processes using Artificial Intelligence and Robotic Process Automation technology, prioritising technologies that have undergone successful assessments by partners (robust case studies) 	Q1-Q4

KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
<p><i>Strategic Theme - Leadership, Partnership and Alliances</i></p> <p><i>DSF National Programme Alignment</i></p> <p><i>Electronic Prescribing</i></p> <p><i>Maternity system and app</i></p> <p><i>Radiology Information System</i></p> <p><i>Connected Care (WCCIS), Mental Health and Community Health Solution replacement connected to Primary Care</i> CRITICAL ACTION</p> <p>Deploy with industry partners, proven clinical systems such as for Maternity, Mental Health and Community Health Systems, electronic care records and medical technologies to deliver greater standardisation of care pathways, improved productivity and support clinicals and professionals in decision making and enable wider population management</p>	<ul style="list-style-type: none"> 16.20) Commence the implementation of Electronic Prescribing Medicines Management to meet the Welsh Gov Milestone Funding agreement 	Q2
	<ul style="list-style-type: none"> 16.21) Submit the Digital Maternity Solution Business Case for internal Approval 	Q1
	<ul style="list-style-type: none"> 16.22) Radiology Information System Programme Upgrade Go Live 	Q4
	<ul style="list-style-type: none"> 16.23) Draft the Community Care solution replacement (WCCIS) Business Case, ready for submission for internal approval 	Q3
	<ul style="list-style-type: none"> 16.24) Collaborate with Betsi Cadwaladr University Health Board on the specification requirements for procuring a new Mental Health Solution 	Q3
	<ul style="list-style-type: none"> 16.25) Complete a full WPAS review to evidence Data Quality, duplication and gaps in functionality, as part of the whole system review 	Q4
<ul style="list-style-type: none"> 16.26) Commence a Referral Management System review in collaboration with Primary Care and Services from a System application perspective i.e. findings to evidence if referrals are made electronically and consistently 	Q4	
<p>Intended Outcome – what difference will this make?</p> <p>The intended outcomes of the Digital First Plan is aimed at enhancing digital competence, compliance, improving care quality and safety, increasing efficiency, and fostering innovation:</p> <ul style="list-style-type: none"> Enhanced Digital Competence and Compliance: By developing a supportive and inclusive digital training function, staff and patients will improve their digital skills and confidence, enabling them to adopt technology and use systems effectively. This will foster a culture of continuous learning and adaptation, which is crucial for successful digital transformation. 		

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- **Improved Care Quality and Safety:** Embedding accountable digital clinical leadership will ensure that digital initiatives are aligned with clinical priorities and that there is accountability for the outcomes of these initiatives. This approach will improve the quality and safety of care. Implementing AI-driven clinical decision support systems will assist healthcare providers in diagnosing and treating patients, leading to better clinical outcomes.
- **Increased Efficiency:** The creation and implementation of dashboards to track efficiency metrics will support the Business Efficiencies programme to reduce waste. This initiative will provide real-time insights into various operational metrics, enabling the organisation to identify inefficiencies and areas for improvement quickly. Increasing the use of virtual consultations across services for follow-ups by 10% will significantly improve accessibility and convenience for patients, reducing the need for in-person visits and allowing for more flexible care options as we redesign the digital model of care.
- **Fostering Innovation:** Developing predictive analytics models will help anticipate patient needs and optimise resource allocation. This could involve using historical data to predict patient admissions, identify high-risk patients, and improve care management. Expanding the use of natural language processing (NLP) will extract valuable insights from unstructured data, such as clinical notes and patient feedback. This can help identify trends, improve patient care, and streamline administrative processes

Overall, these efforts will lead to a more digitally competent workforce, improved care quality and safety, increased operational efficiency, and a culture of innovation within the organisation.

Digital First is an enabler and these activities are carefully planned not to be specific about technology but focus on understanding the problems with measurable improvements to achieve the wider finance, performance, quality and safety outcome indicators through collaboration and support across all the Strategic Priorities. Digital First Strategic priorities are tracked through delivery of the Digital Strategic Framework and through quarterly engagement and communication delivery and assurance reporting.

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Innovative Environments

The importance of innovative environments to improve the quality of care and the outcomes and experience of patients and staff was set out in the PTHB Five Year Plan, with these key aims:

- Implementation of environments which improve access, coordination, and integration of services, especially for remote, rural, or underserved populations
- Patients being more involved, informed, and empowered in their own health and care, through co-design, feedback, and education
- Receiving faster, more accurate, and more personalised diagnosis and treatment options, thanks to new technologies and health facilities
- Adopting best practices from other sectors or regions that can improve efficiency, productivity, and sustainability
- Closer integration of teams and services to streamline throughput of the healthcare system

The challenges were also noted, with the health board having the oldest built estate in Wales, with 38% of buildings predating 1948 (significantly higher than Wales average of 12%). There is a backlog cost of £70 million required to bring the estate to a 'satisfactory' standard, in the context of a similar picture nationally and finite capital resources.

It is therefore crucial to identify and harness innovative and collaborative approaches. The agreement of a Strategic Capital Plan across the Powys Regional Partnership Board marks an important milestone, enabling partners to prioritise for A Healthy Caring Powys – the long term shared Health and Care Strategy. This therefore sets the context for year two of the Five Year Plan.

Welsh Government continue to support a very active and increasing capital investment programme for the Health Board with 55 projects delivered in 2024/2025 and an associated spend of circa £13M. Following the Welsh Government Capital Prioritisation Process review the progression of significant business case developments for North Powys and Llandrindod will enable significant service transformation supporting a fit for purpose estate, subject to final funding approvals.

The health board has legislative responsibilities under the Future Generations (Wales) Act (2015) and Environment (Wales) Act (2016) and has made a commitment to support the Senedd's declaration of a Climate Change and Nature Emergency. There are local actions set out in response to the national NHS Wales Decarbonisation and Biodiversity Plans, in addition to maintaining ISO14001 certification. Climate Strategy is also a key goal in the Public

Services Board Wellbeing Strategy, to leverage collective efforts and expertise from partners.

The health board is piloting agile and collaborative working to maximise space utilisation and reduce the footprint of public sector premises across Wales.

The Estates and Facilities functions have been brought together, and the integrated approach will identify synergies and opportunities for efficiencies in service delivery. The Estates focus on statutory compliance for the aging estate has provided good assurance in terms of the safety of the built environment, whilst also recognising the importance of continuing to

deliver against the now well established improvement programmes of activity. The Facilities service will be better positioned to drive forward service improvements, sustainability initiatives, and innovative working practices that align with the strategic vision.

Partnership will be key in this context to realising the ambition in A Healthy Caring Powys for Rural Regional Centres across Powys, including the multi-agency campus development which is part of the North Powys Wellbeing Programme.

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Innovative Environments

Strategic Priority: Strategic Capital Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
North Powys Wellbeing Programme	<ul style="list-style-type: none"> 17.1) Develop Strategic Outline Case / Outline Business Case for funding in support of an integrated health, care and wellbeing hub (phase 1) 	Q3
Llandrindod Wells Rural Regional Centre	<ul style="list-style-type: none"> 17.2) Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case 	Q3
Discretionary Capital Programme including Targeted Estates Funding (TEF) etc	<ul style="list-style-type: none"> 17.3) Discretionary Capital Programme (circa 25 projects) 	Q1-Q4
	<ul style="list-style-type: none"> 17.4) Secure funding and deliver projects within TEF categories; Decarbonisation, Infrastructure, Fire, Decontamination, Infection Prevention Control & Mental Health 	Q4
Development of RPB Strategic Capital Plan, project pipeline	<ul style="list-style-type: none"> 17.5) Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme 	Q1
Llanfair Caereinion GP Practice and community hub	<ul style="list-style-type: none"> 17.6) Identify project delivery and procurement pathway, secure funding and site and progress development of the project with commencement of construction phase 	Q1-Q4

Intended Outcome – what difference will this make?

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together and Routemap to Sustainability change programmes
- Capital delivery is monitored against time, cost and quality for each project
- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environmental benefits for patients, staff and visitors

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Innovative Environments

Strategic Priority: Environmental Management and Decarbonisation Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Environmental Management System accreditation	<ul style="list-style-type: none"> 18.1) Maintain external accreditation to ISO14001 standards 	Q2
Decarbonisation	<ul style="list-style-type: none"> 18.2) Decarbonisation Strategic Delivery Plan – actions as set out by WG for 2025/2026 	Q1-Q4
Biodiversity	<ul style="list-style-type: none"> 18.3) Enhancement and protection of biodiversity including community group engagement. Publication of statutory 3-yr Biodiversity Report. Development of Biodiversity Plan 	Q4
Energy Efficiency	<ul style="list-style-type: none"> 18.4) Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save 	Q2

Intended Outcome – what difference will this make?

- Delivery of Capital Programme enhancements to the estate including compliance improvements
- Strategic Capital Programme progressed to support delivery of 'A Healthy Caring Powys' and PTHB Integrated Plan / Strategic Priorities
- Programme of works to address urgent compliance risks and infrastructure improvements
- Underpinning Better Together Portfolio
- Creating enhancements to workplace making working environments more comfortable
- Supporting workforces transition to low carbon solutions
- Green space management and biodiversity plans will deliver on social and green prescribing to help delivery of care
- Public Service Board coordination of response to climate change and development of climate adaptation.
- 12.6% scope 1 & 2 carbon emissions reduction
- 24.5% electricity reduction across the programme
- 6.3% gas reduction across the programme
- £416k revenue savings from reduced energy consumption (revenue available direct to health board post 'invest to save' payback)
- Improved air quality and energy network capacity from reduced consumption

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Innovative Environments

Strategic Priority: Estates and Facilities Executive Lead - Associate Director of Estates, Facilities and Support Services

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Develop synergies between Estates and Facilities work streams	<ul style="list-style-type: none"> 19.1) Identify and develop joint working synergies and efficiencies for Estates and Facilities department 	Q4
Facilities to implement the Symbiotix system for auditing and monitoring of assurance for catering and cleaning	<ul style="list-style-type: none"> 19.2) Improved Assurance and the monitoring of quality 	Q3
	<ul style="list-style-type: none"> 19.3) Improve data collection for cleaning and catering standards 	Q3
Implementation of all Wales Cleaning Standards	<ul style="list-style-type: none"> 19.4) Improved cleaning standards which are measured and matched across Wales 	Q3

Intended Outcome – what difference will this make?

- Fit for purpose estate – reduces backlog maintenance and improves building energy performance
- Improved environments benefits patients, staff and visitors
- Identify and explore any potential savings on revenue and productivity
- Investigate collaborative working options
- Reduce revenue spend
- Improve service delivery
- Upskill existing workforce
- Improve productivity
- Ensure a more streamlined self-sufficient service
- Enhance cost effectiveness and resilience, reduce reliance on contractors and outside providers. Look at upskilling of existing staff to improve cross over work streams and joint working

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Transforming in Partnership

Commitments have been refreshed across partners to progress the long term Health and Care Strategy, [A Healthy Caring Powys 2017 – 2027](#). This forms the basis for the Regional Partnership Board (RPB) Area Plan, with connectivity to the Public Services Board (PSB) Wellbeing Plan. These are informed by the Powys Population Assessment, Wellbeing Assessment and Market Stability Assessment.

A Pan Cluster Planning Group is in place as part of the Regional Partnership Board Executive Group. This ensures prioritisation is fed by the experience and assessment of needs at the local cluster level, and that Cluster Plans are similarly reflective of the shared long term strategy for Powys.

Working with the Regional Partnership Board to prioritise investment and effort to the areas of greatest system pressures, including the impact of delays in care, is a **critical action** for delivery in 2025/2026.

At an organisational level, the work being led by the health board on Better Together links to wider public sector work led by Powys County Council for a 'Sustainable Powys'.

Due to the challenges in providing sustainable adult social care in the rural setting the Council has commissioned Newton Europe to undertake a

diagnostic report to make recommendations for improvement and transformation. The health board is fully engaged as a key partner in this work and there are opportunities to address the scale of social care delays in provider and commissioned services, which is key driver of the health board's financial deficit, as well as improve quality and patient experience. The transformation recommendations and further planning will also be aligned with the work to develop the Better Together Community and Frailty Model.

The health board's plan also responds to its escalation to Level 4 as determined by Welsh Government and includes action to ensure robust assessment and monitoring against this.

Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with clinical leadership through the Clinical Advisory Group. The health board is also participating in the new Marches Forward Partnership.

There are multiple strategic programmes at regional and national levels (in England and Wales) that relate to health and care provision for residents of Powys reflected throughout this plan and the overarching process of 'stocktake' of these changes is now well embedded and will continue into the coming year.

This section also reflects the cross cutting enabling plans of Governance and Communications and

Engagement, which are important in ensuring that there are robust organisational system and processes, which support inward and outward insight, to guide delivery of this plan and mitigation of risk.

The financial plan is then summarised at the end of this section and brings into one place the cumulative drivers and actions and their associated material impact on the financial position of the organisation.

A summary of the NHS Planning Framework is also provided at the end of this document. This is the key guiding document which is used in the development of this plan and all partner NHS organisations in Wales.

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Transforming in Partnership

Strategic Priority: Partnership Development Executive Lead- Executive Director of Planning, Performance and Commissioning / Director of Strategic Improvement and Transformation

Will this contribute to (tick all that apply):	Risk		Recovery		Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Work with the Regional Partnership Board to prioritise the greatest system issues and impacts i.e. pathways of care delays and prevention of inappropriate admission to hospital, using the recommendations of the Newton Europe diagnostic report CRITICAL ACTION	<ul style="list-style-type: none"> 20.1) Strengthened prioritisation and utilisation of RIF funded delivery to target greatest system pressures 	Q4
	<ul style="list-style-type: none"> 20.2) Agreement on RPB support for Ready to Go Home Units subject to the PTHB Board decision in July 2025 	Q2
Work with the Regional Partnership Board (RPB) to develop, agree and implement a shared approach to partnership development	<ul style="list-style-type: none"> 20.3) Work with the Regional Partnership Board to develop and agree a framework for partnership development 	Q1
	<ul style="list-style-type: none"> 20.4) Work with the Regional Partnership Board to implement the agreed partnership development framework 	Q4
Work with the RPB to implement the findings and learning from the Evaluation, Prioritisation and Assurance Framework and agree the arrangements for the next round	<ul style="list-style-type: none"> 20.5) Work with the Regional Partnership Board to ensure strengthened implementation plans, risk management plans and exit plans for the time-limited Regional Integration Fund (fund ending 2027) 	Q1
	<ul style="list-style-type: none"> 20.6) Work with the Regional Partnership Board to ensure the Evaluation, Prioritisation and Assurance approach is applied to new proposals and planning for the subsequent financial year (2026/27) 	Q4
Work with the PSB to implement the PSB Wellbeing Plan	<ul style="list-style-type: none"> 20.7) Lead the Powys Healthy Weights Strategic Steering Group to implement the Powys whole system approach to healthy weights action plan 	Q1-Q4

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KEY AREAS OF DELIVERY		
Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Align partnership planning across the Powys region for health and wellbeing, via development and delivery of PSB Wellbeing Plan, RPB Area Plan (Health and Care Strategy) and Mid Wales Joint committee work programme	<ul style="list-style-type: none"> 20.8) Annual cycle of delivery via respective Partnership arrangements 	Q1 - Q4
Work with the Marches Forward Partnership to develop and implement a plan to address shared priorities	<ul style="list-style-type: none"> 20.9) Work with the health group to influence other Marches Forward Partnership programmes to implement a population health and preventative approach -including within external funding bids 	Q4
	<ul style="list-style-type: none"> 20.10) Work with the Marches Forward Partnership and key decision makers to assess the viability of a prevention at scale proposal involving external funding and to agree the way forward. 	Q1
Systematic tracking and surveillance of external Strategic Change programmes and developments with a potential impact on healthcare for Powys residents, to identify and target clinical and professional inputs to regional work	<ul style="list-style-type: none"> 20.11) Annual cycle with quarterly production of Stocktakes 	Q1 - Q4
Embed Research & Innovation as a key enabler of change across the organisation	<ul style="list-style-type: none"> 20.12) Delivery of RIC Hub workplan in partnership through the RPB with a focus on supporting and enabling progress of Better Together including the Business Efficiencies programme. 	Q1-Q4
<p>Intended Outcome – what difference will this make?</p> <p>These activities support the achievement of elements of the strategic plan which are not possible to deliver by one organisation working alone, but require collaboration and alignment across partners both in the Powys region and wider regional and national footprints:</p> <ul style="list-style-type: none"> Specifically, the work with the RPB and PSB are important in the longer term work to deliver against the vision of A Healthy Caring Powys Collaboration across partners in Powys is central to delivery of a whole system approach to prevention for the population of Powys The RPB is key to addressing system pressures and delays and improving system resilience The work on a wider Mid Wales basis and other regional / national footprints have the potential to leverage improvement at greater scale and value The surveillance of Strategic Changes within and outside Powys provides intelligence which assists with the appraisal of risk and opportunity 		

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Transforming in Partnership

Strategic Priority: Governance incorporating Corporate Business, Information Governance & Records Management Executive Lead - Director of Corporate Governance / Board Secretary

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Further develop and implement the Board Assurance Framework	<ul style="list-style-type: none"> 21.1) Board Assurance Framework (BAF) is an integrated part of every Board meeting and informing the Boards (and Committees) work programme 	Q1-Q4
Design Board and Committee work plans ensuring alignment to the organisational strategic plan, Board Assurance Framework and Corporate Risk Register	<ul style="list-style-type: none"> 21.2) Board and Committee work plans are agreed (Q1), delivered (Q4) and evaluated (Q4 into 2026/27 Q1) 	Q1-Q4
Design & deliver a Board Development programme that supports the Board in fulfilling its role	<ul style="list-style-type: none"> 21.3) Board development programme x10 sessions; board briefings x12 sessions reflecting the needs of the Board 	Q1-Q4
Review the Boards Risk Management Framework further embedding effective risk management	<ul style="list-style-type: none"> 21.4) Risk management framework reviewed (Q1) and fully implemented (Q4) 	Q1-Q4
Ensure corporate business systems maximising efficiency and effectiveness	<ul style="list-style-type: none"> 21.5) High quality corporate business systems and support in place across all corporate portfolios 	Q1-Q4
Information Governance and Records Management Strategy	<ul style="list-style-type: none"> 21.6) Finalise strategy including improvement plan 	Q1-Q2
Develop the PTHB elements of the NHS Wales Information Governance Toolkit – Improvement Plan 2025/26	<ul style="list-style-type: none"> 21.7) Engagement with Service leads to progress identified actions to improve compliance in readiness for next submission 	Q1-Q4
Develop a communications/awareness plan	<ul style="list-style-type: none"> 21.8) Develop and deliver a plan that co-ordinates the communication/training and awareness plan which includes a review of effectiveness 	Q1-Q4
Records Management – Align and strengthen the Storage of Archive Health Records against legislation	<ul style="list-style-type: none"> 21.9) Identify the resourcing strategy to support the effective on-going management to store archive health records over 4 designated facilities 	Q1-Q4

Ensure effective Information Governance and Records Management systems and processes are implemented to maintain and improve legislative compliance	<ul style="list-style-type: none"> 21.10) Reduction in number of data and Information Governance breaches 	Q1-Q4
	<ul style="list-style-type: none"> 21.11) Successful completion of regulatory audits with no major non compliance issues 	Q1-Q4

Intended Outcome – what difference will this make?

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board’s Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised) Specifically:

- Critical contribution to effective organisational governance; decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support
- Regulatory compliance - Provide pro-active assurance to the Board and key stakeholders of on-going alignment with relevant legislation and legislation; ensuring all staff have sufficient knowledge and training to comply with governance and data protection legislation
- Ensure consistent awareness and education communications deliver a single corporate message around information governance and records management issues
- Effective engagement to aid in implementation of robust measures to protect digital data and ensure up to date protections and compliance with data protection legislation, contribute to the transition from paper based to electronic management systems
- A streamlined records management system that ensures proper creation, storage, retention and disposal of both digital and paper health records
- Increased trust and confidence form stakeholders, including clients, partners and regulatory bodies in the health board’s governance and data handling practices
- Efficient and effective corporate business systems and processes
- Effective collaboration with key stakeholders to facilitate secure and compliant information sharing
- Contribution to staff engagement, great place to work, recruitment and retention

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Transforming in Partnership

Strategic Priority: Engagement, Communication and Corporate Affairs Executive Lead - Director of Corporate Governance / Board Secretary

Will this contribute to (tick all that apply):	Risk	✓	Recovery	✓	Sustainability	✓
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KEY AREAS OF DELIVERY

Key Activities ('SPECIFIC')	Key Deliverables ('MEASURABLE')	QTR ('TIMED')
Design and delivery of a programme of marketing and communication	<ul style="list-style-type: none"> 22.1) Design and deliver annual programme of communication and marketing activity focusing on those issues offering greatest strategic benefit and/or management of principal risks 	Q1-Q4
Design and delivery of a programme of continuous engagement	<ul style="list-style-type: none"> 22.2) Design and deliver compliant programmes of continuous engagement as well as targeted engagement and/or consultation reflecting the strategic requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioned service changes) and national programmes (e.g. all Wales, specialised services) 	Q1-Q4
Delivery of shared PSB/RPB Engagement and Participation Plan priorities	<ul style="list-style-type: none"> 22.3) Continue to embed shared approach to coproduction across RPB and PSB partners including through the development and implementation of the Coproduction Journey Tracker 	Q1-Q4
Ensure effective corporate affairs systems and processes that support the organisation to achieve its goals	<ul style="list-style-type: none"> 22.4) Undertake quarterly review and update of principal stakeholder map, including specifically readiness for Senedd Reform 2026 	Q1-Q4
Ensure effective and appropriate contribution to COVID learning through the UK COVID Inquiry and Senedd Special Purpose Committee	<ul style="list-style-type: none"> 22.5) Continue organisational learning including proactive and reactive engagement with the UK COVID Inquiry and the Senedd Special Purpose Committee 	Q1-Q4
Development and delivery of the Powys Health Charity strategy	<ul style="list-style-type: none"> 22.6) Conclude delivery of current Powys Health Charity Strategy and develop and agree Powys Health Charity Strategy 2026-29 	Q1-Q4

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Intended Outcome – what difference will this make?

As an enabling function, these activities support the achievement of wider finance, performance, quality and population outcome indicators through support across the organisations Strategic Priorities. Contribution to the achievement of the health board’s Strategic Priorities is tracked through the quarterly engagement and communication delivery and assurance report.

Enabling contribution across all health board outcomes (as agreed/prioritised).

Specifically:

- Better informed public and stakeholders that helps to “Promote a collective responsibility to maintain good health for individuals, communities and the health and social care system with a focus on preventing the onset of poor health and disease and on identifying and intervening early where disease occurs” (A Healthier Wales Refresh, December 2024)
- Better engagement and alignment between organisational goals and wider community/economy assets and skills
- Compliance with key legislation and guidance relation to communication, engagement, service change, accessibility, Welsh Language etc.
- Help to “Ensure the people of Wales have a strong voice to inform the ongoing development of an effective, joined up health and social care system” (A Healthier Wales Refresh, December 2024)
- Effective stakeholder relations and corporate affairs both to inform and to supportive achievement of organisational goals on behalf of the people of Powys
- Effective and compliant operation of the Powys Health Charity in line with agreed strategy

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Financial Position and Plan

This Integrated Plan responds to one of the most challenging periods in the history of the NHS in Powys. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. It sets out how we will work with communities and stakeholders to build a financially sustainable approach in Powys.

There are continued significant inflationary and demand growth pressures on healthcare, arising from a combined and complex set of challenges that are recognised in the NHS Wales Planning Framework and explored in detail in the strategic context of this plan.

These include the impact of the pandemic on access to healthcare; significant backlogs in treatment; cyclical system pressures and growth in demand and difficulties recruiting and retaining the workforce needed across health and care.

Demographic changes which have been noted nationally are particularly acute in the rural county of Powys, which is at the forefront of the ageing population, with evidence of a growing burden of ill health and increases in those facing multiple health challenges.

These challenges are impacting on the ability of the health board to achieve a financial breakeven plan and it has been determined by the Board that it is not possible to do so in 2024/25.

There has been a serious and significant interrogation of the drivers of the financial position in this context, to agree a position which represents an acceptable balance of risk. The position is subject to continuous focus and action by the Board and strong proactive management of the risks and opportunities.

There has been a thorough and lengthy appraisal to ensure the Plan is setting the necessary level of delivery to meet the immediate healthcare needs of the population of Powys, whilst driving forward transformation to build a more sustainable approach.

The health board is working to allocate the available resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost. Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable the health board to increase value.

The 2025/26 Financial Plan is designed to deploy resources effectively to deliver improved outcomes and meet the needs of the resident population, in line with the long term Health and Care Strategy 'A Healthy Caring Powys'. It is a significant driver of the value-based healthcare approach, which is being embedded in the organisation supported by a core and expert team focused on transformation.

The plan aims to maximise the use of the Health Board allocated resources and strive to deliver safe, timely, effective, efficient, equitable and person

centred care that meets the needs of the population of Powys whilst meeting the challenge of delivering a financial plan that is as close to the Target Control Total as set by Welsh Government of £12m deficit.

Financial Plan for 2025/26

The financial plan has been developed based on confirmed Welsh Government funding allocations, risk assessed cost pressures and a realistic, but challenging view of cost saving potential.

The health board faces a significant financial challenge, as noted throughout this plan, due to a combination of pressures that are not unique to Powys or the health board.

Key financial assumptions

A detailed appraisal of the key financial assumptions in relation to the health board's financial position has been made during the six month period of Plan Development, working closely with the Financial Planning and Delivery Directorate within the NHS Wales Executive.

This appraisal process has included a series of 8 Board Development sessions (from September 2024 up to March 2025) at which the financial drivers, notably the key inflationary pressures and areas of demand and service growth, have been appraised.

Key areas of this appraisal have included:

- Inflationary pressures in relation to pay growth including agency uplifts

- NHS Wales and NHS England Provider and Commissioner uplift arrangements
- Inflationary growth in relation to Continuing Healthcare and Funded Nursing Care provision
- Other non-pay inflation considerations impacting on PTHB Provider and Commissioned Services (utilising Consumer Price Indices intelligence)
- Inflation in relation to Prescribing and High Cost Drugs (utilising All Wales Prescribing Audit Report)
- Changes in energy pricing / supply and provision (including the impact of global conflicts on this area of inflation)
- The income assumptions are based on a Health & Social Care budget 1.77% core allocation uplift in funding in 2025/26, additional funding for any pay awards and the impact of National Insurance changes

There has been a capped approach to cost pressures based on expenditure trends and this will be continually reviewed. Internal investments will be limited to those unavoidable items to address sustainability and safety issues.

Baseline and Forecast Position

The health board is forecasting a £15.8m deficit at the end of 2024/25. Once the impact of non-recurrent items and the full year impact of recurrent pressures have been considered the health board is assessed as having an underlying deficit of £30.6m. This would be

£35.6m, without £5.0m of conditionally recurrent funding from Welsh Government.

The underlying deficit has developed over time largely driven by a growth in people requiring continuing healthcare and the commissioning of secondary care, alongside workforce pressures.

Area	Underlying deficit (£m)
Provided Services	6.9
Continuing Health Care	10.8
Commissioned Services	12.8
TOTAL	30.6

Adding to the underlying deficit of £30.6m, is the assessment of:

- cost pressures of £13.4m for secondary and specialist healthcare providers for inflation and increased activity;
- other cost pressures of £11.4m – including £6.3m for continuing healthcare and £1.9m for prescribing drugs in primary care; and
- an increase in funding reduced by the net effect of some allocation adjustments £(6.0)m.

These costs will be partially offset by a series of mitigating actions, evaluated as having a £11.0m impact in 2025/26:

- reducing expenditure on agency staff and medicines;
- the impact of transformational change; and

- working actively with teams to identify mitigating actions to contain cost pressures.

The impact of each of these components is set out in the table below. It shows that the health board has a financial plan starting position of £38.4m deficit in 2024/25.

	(£m)
Underlying deficit	30.6
Cost pressures in secondary care	13.4
Other cost pressures	11.4
Net effect of allocation adjustments	(6.0)
Mitigating actions	(11.0)
TOTAL	38.4
Conditional funding	5.0
TOTAL without conditional funding	43.4

There are risks to the financial plan, such as:

- the impact of NHS England planning guidance issued 30 January 2025. Further reductions in RTT access times in NHS England, could add up to £8m further costs.
- the current version of the JCC’s plan assumes that growth in activity in 2024/25 by Welsh providers will continue, but for English providers will revert back to 2023/24 levels. This is £650k.

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The Health Board has agreed further options and action areas to reduce the financial deficit to deliver a position as close to the £12m deficit Target Control Total as possible. The action areas are detailed in the following table. The financial benefit against these action areas are based on calculated estimates and the actual benefit delivered in year will be dependent on start dates and agreements with partner organisations.

	2025/26	2025/26
Financial Plan Summary 2025/26 Including identified option action areas - HIGH LEVEL INDICATIVE ESTIMATED COSTS	(£m)	(£m)
Financial assessment including risks relating to NHSE Performance Targets	47.00	47.00
Remove risk in relation to NHS E and JCC re Performance Targets	(8.60)	(8.60)
Financial Plan Starting Position before additional actions	38.40	38.40
Further Option Action Areas		
Reprioritise the use of available funding (including RIF) to support the cost of the mitigating actions in relation to Social Care related DTOC	(3.00)	35.40
Commission activity for all providers to deliver NHS Wales Performance Targets	(16.40)	19.00
Increase focus and action with partners to improve the system pressure position in relation to DTOC and to reduce the costs of social care delays	(2.00)	17.00
Continue action with JCC to deliver plan within the allocated 1.77% uplift.	(1.00)	16.00
Potential Financial Plan		16.00

The financial impact of the actions taken in relation to the areas in the table above will be closely monitored to inform the Health Board financial position and year end forecast position as part of the regular reporting to Welsh government.

The figures in the table below give an indication of how the planned expenditure for 2025/26, excluding the impact of pay awards, compares to the forecast

expenditure in 2024/25 and the actual costs in previous years.

	£m									
	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Forecast	2025/26 Plan	
05 - Primary Care - (excluding Drugs)	35	38	39	41	43	43	45	45	47	
06 - Primary care - Drugs & Appliances	30	29	30	32	31	33	35	36	35	
07 - Provided services - Pay	69	72	79	90	96	103	114	117	111	
08 - Provided Services - Non Pay	24	15	16	25	27	16	21	25	29	
09 - Secondary care - Drugs	1	1	1	1	1	1	1	1	1	
10 - Healthcare Services - Other NHS Bodies	121	126	133	141	149	157	169	184	192	
12 - Continuing Care and FNC	15	14	15	16	22	27	31	35	40	
13 - Other Private & Voluntary Sector	4	3	3	3	3	3	4	6	7	
Powys Total	298	297	315	348	373	384	421	449	462	
Annual Growth		-0.1%	6.1%	10.5%	7.0%	3.1%	9.5%	6.7%	4.9%	

Financial Risks

The health board is facing a number of financial risks at this stage of the financial planning process and is taking action to ensure these are appropriately managed and mitigated. The key risks and assumptions are set out below:

- Delivery in an environment of high demand and operational pressures; a dynamic environment across health and social care with considerable uncertainty that impacts planning commitments
- Achievement of mitigating actions to meet the savings target; concerted attention will be required with savings plans and further cost avoidance actions in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities
- Cost Pressures due to inflation and growth; there are a series of assumptions underpinning

these assessed costs. It is identified as a key risk area to be managed

- Pay award 2025/26 and impact of NI changes are excluded as assuming additional funding on an actual basis
- Delivery of the further option action areas.
- *A detailed Financial Plan is submitted as part of the Technical template (Minimum Data Set MDS) which is returned to Welsh Government as part of the Plan Submission at the end of March 2025.*

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Conclusion

The health board has developed an Annual Plan for 2025/26 due to the challenges the health board is facing, which are reflected in Level 4 Escalation Status for strategy, planning and finance. The Plan sets out the critical actions under the themes of 'Risk, Recovery and Sustainability, to address these.

By the end of 2025/26, through the Better Together portfolio, the health board will have published the plans to enhance and modernise Community and Frailty Services as well as elements of Mental Health and Learning Disabilities services.

As shown on the next page the health board will continue to meet the majority of the Ministerial Measures, including the good performance on immunisations and vaccinations, and will have maintained the reduction in waiting times for Neurodevelopmental Services for Children and Young People that has been achieved in 2024/25.

The health board's expert teams will have supported improvement in line with National Strategic programmes across Planned Care, Diagnostics and Major Health Conditions and there will have been further planning in line with Women's Health Plan to scope a Women's Health Hub for our rural population.

Under the stable leadership of the Board we will have been continuing grip and control on all drivers of the financial deficit, with particular focus on commissioning for value, Complex and Continuing Healthcare, flow, agency and recruitment.

Transformational work will also have been delivered to achieve a more stable workforce with enhanced wellbeing, to effectively manage the estate and physical assets that the health board manages and to rollout the benefits of digitalisation to the benefit of patients and staff. The work with our partners to manage the complex interdependencies across the public sector for the Powys population will continue and this will include new approaches to reduce the length of stay in hospital for older people.

The financial plan is based on current planning assumptions and known allocations. Although it necessarily focuses upon 2025/26, the health board has an ambition to recover its financial sustainability in as short a timescale as is practically possible.

The health board will continue to work closely with Welsh Government and the Financial Planning and Delivery Directorate of the NHS Executive in ongoing assurances on delivery and maximising opportunities to improve quality, service and financial performance.

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Key Performance Trajectories (refer to the Minimum Dataset for further detail)

Performance Assessment 2025/26 – PTHB Provider			
Ministerial Measure 2025/26	Target	Notes	Delivery Confidence
No of patients waiting > 52 weeks for new outpatient appointment	Zero	Performance reliant on continued use of inreach and insourced provision.	HIGH
No of patients waiting > 104 weeks for referral to treatment	Zero		
No of patients waiting for follow up outpatient delayed by over 100%	Reduction to same month previous year	Forecast based on historic total activity which achieved target reduction in 2024/25.	HIGH
No of patients waiting > 8 weeks for specified diagnostic	Zero	Modelling based on continued insourcing. Risk linked to fragile in-reach service provision.	REASONABLE
No of patients waiting > 14 weeks for specified therapy	Zero	Therapies currently meeting target within capacity.	HIGH
No of adults waiting > 14 weeks for all audiology pathways	Month on month reduction	New measure for 2025/26 Modelling work being undertaken.	
No of children waiting > 6 weeks for all audiology pathways	Month on month reduction		
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people <18	80%	Historically have met target. For 25/26 based on historic delivered assessments, forecast target to be achieved within existing capacity.	HIGH
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people < 18 years.	80%		HIGH
% of LPMHSS assessments undertaken within (up to and including) 28 days from date of receipt of referral for people >18	80%	Forecast based on historic delivered assessments adjusted to meet the minimum target 80% and that service will meet trajectory within existing capacity.	REASONABLE
% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people > 18 years.	80%	Forecast based on historic total delivered interventions but adjusted to meet the minimum target 80% and that service will meet target from within existing capacity.	HIGH
% of young people waiting less than 26 weeks to start ADHD or ASD neurodevelopment assessment.	80%	Insufficient capacity to deliver target.	LOW
% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.	80%	Currently not delivering to target, however forecast to deliver target in 2025/26.	REASONABLE
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged < 18.	90%	Service is already robustly compliant on this measure within current capacity.	HIGH
% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged > 18	90%	Service is currently not compliant. Modelling being undertaken to understand capacity requirements to ensure compliance.	REASONABLE

APPENDICES

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The [NHS Wales Planning Framework 2025-2028](#) sets out the strategic priorities and areas of focus required by the Cabinet Secretary for Health and Social Care:

➤ **Timely Access to Care**

[Key Delivery expectations \(Metrics\):](#)

- Ambulance handovers
- Time spent in Emergency Care
- Referral to treatment (104 weeks)
- First definitive cancer treatment
- Diagnostics (8 weeks)

➤ **Population Health and Prevention**

[Key Delivery expectations \(Metrics\)](#)

- Diabetes (8 NICE processes)
- Vaccinations targets

➤ **Building Community Capacity**

[Key Delivery expectations \(Metrics\)](#)

- Delayed Pathways of Care
- GMS National Access Standards
- Access to Pharmacist Independent Prescribing
- Access to Dental Care
- Community / Palliative Nursing (Weekend)
- Enhanced Community Care capacity

➤ **Mental Health access**

[Key Delivery expectations \(Metrics\)](#)

- Assessments (28 days)
- Therapeutic Interventions (28 days)

➤ **Women's Health**

Key Delivery Expectation -Women's Health Hub

The Framework also set out 'Enabling Actions' to 'adopt or justify', for Operational Productivity and Efficiency:

- Urgent and Emergency Care
 - 6 Goals Programme Falls, Remote Clinical Assessment, Acute Frailty at Front Door, Ambulance Handovers Guidance, Optimum Hospital Flow Framework
 - 50 Day Challenge consistent delivery at minimal additional resource
- Planned Care National Guidelines/ Thresholds by Clinical Implementation Network inc. Outpatients PIFU, SO, DNA/CNA and overbooking, Follow Up criteria; Cataract direct listing, protection and utilisation of inpatient/daycase/theatre capacity, High Volume Low Capacity and day surgery increases, validation and reporting
- Workforce Variable Pay and Agency Control Framework and Targets; Job Planning Policy; Sickness Absence reduction
- Value for Money Value and Sustainability Board recommendations for Non Pay, Medicines, Continuing Healthcare; Estate utilisation
- Outcomes and Variation Cancer Recovery pathways, Straight to Test, Value & Sustainability Board pathways (Diabetes, Bone Health, Arthroplasty), National digital Priorities (Maternity, NHS Wales App, systems and devices, cyber response); Interventions Not Normally Undertaken Phase 1; referral management and rapid adoption of 282 Health Pathways

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The NHS Wales Planning Framework 2025-2028

The Cabinet Secretary's letter also notes:

- Health boards will need to make choices in other areas, to improve the health of their populations and meet strategic objectives of A Healthier Wales, within available resources, with greater flexibility
- Dialogue to continue on areas for de-prioritisation or stoppage if there is evidence of waste, harm or variation with no/ low clinical value or effectiveness
- Quality, Safety and improvement of outcomes must be at the forefront of all the choices and decisions
- Delivery needs to draw on innovative, as well as familiar, approaches
- Further exploration to take place on streamlining data reporting, accountability and other systems
- Delivering financial improvement and sustainable financial positions, maximising use of resources and increasing productivity and efficiency, is critical
- Further work will be required to respond to Ministerial Advisory Group on Performance and Productivity
- Principle of Adapt, Adopt or Justify to be applied, including rapid digital innovation and transformation
- Regional opportunities to be grasped to deliver what cannot be done by one organisation alone
- Enabling plans for capital, digital, collaborative working and NHS workforce expected
- Social Partnership, Compassionate Leadership and a Safe, Inclusive Culture continue to be a focus
- Balance long term with here and now issues

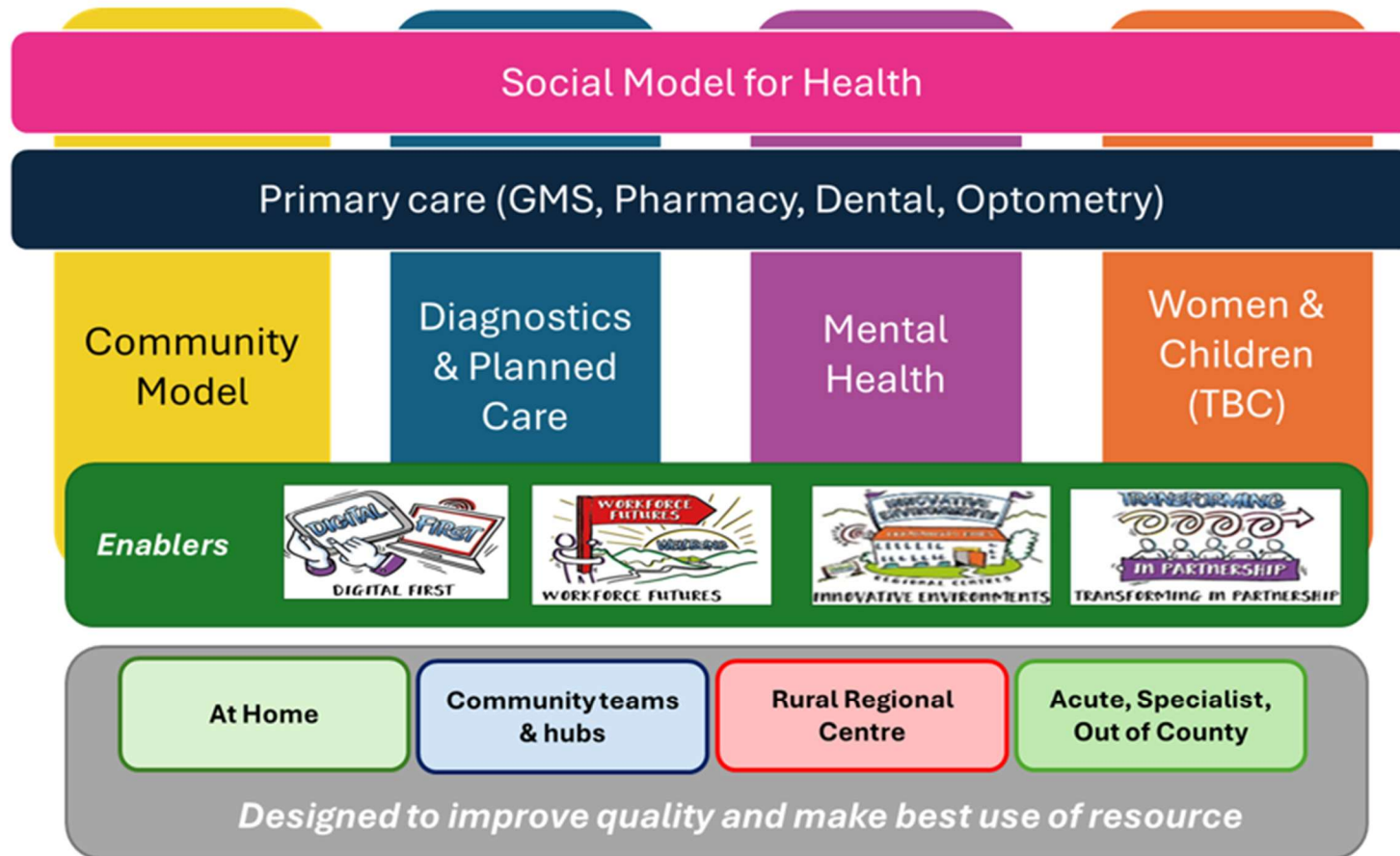
A Letter from Director General, Health, Social Care and Early Years Group/ NHS Wales Chief Executive provides the Supporting Governance Arrangements:

- Actions from 'A Healthier Wales' to be reflected
- Wellbeing of Future Generations Act sets the context
- Statutory Duty to produce IMTP with compliance against break-even duty over rolling three years
- Also plan for longer term including clinical services / organisational plans and strategies
- Firm, Indicative, Outline approach over 3 Years
- Set out what delivered/ progressed / not delivered
- Year 1 milestones, actions, projections for delivery with financial sustainability, risks and mitigations
- Submissions to include: Narrative Plan, Ministerial Templates, Minimum Data Set (MDS)
- Cabinet Secretary priorities do not exclude wider range of services for population
- Also noted are Quality, Safety, health inequalities, Anti-Racism Plans, Health and Care Standards
- Cluster / Regional delivery commitments expected
- Financial improvements and sustainability is a priority, with scrutiny and risk management, and maximising transformation and efficiency
- Accountable Officer letter by 14 February (if required)
- Escalation status and criteria to be reflected in plans

Additional technical guidance also issued, setting out the full range of legislative and policy requirements.

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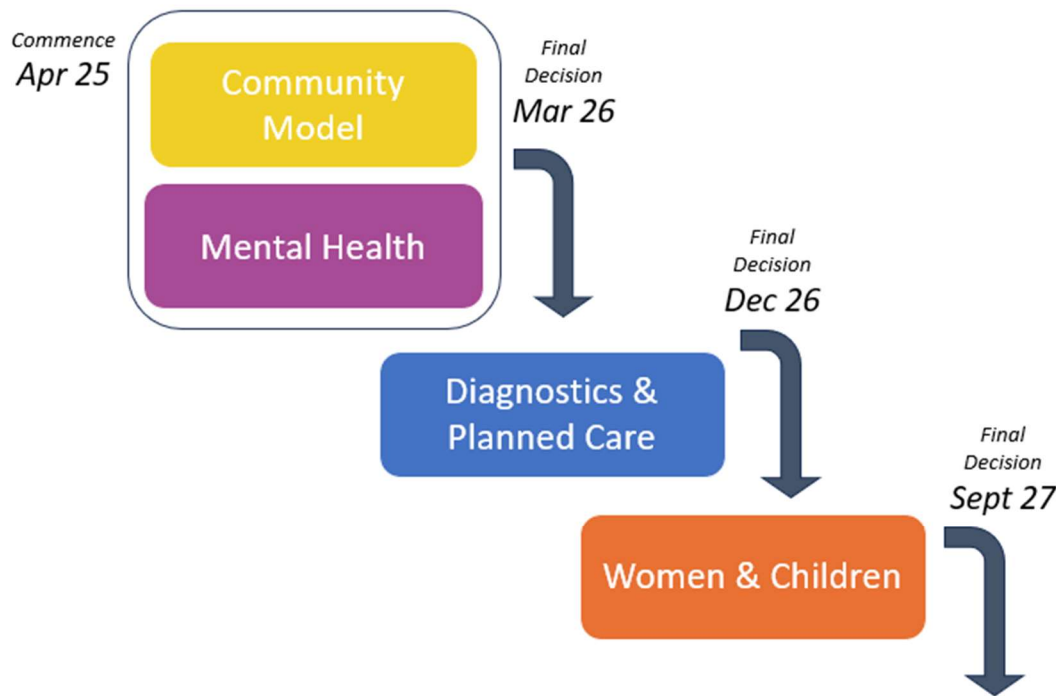
Better Together Models of Care Design Approach for Powys



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Phased Thematic Approach to Portfolio Engagement & Consultation

Overarching Case for Change

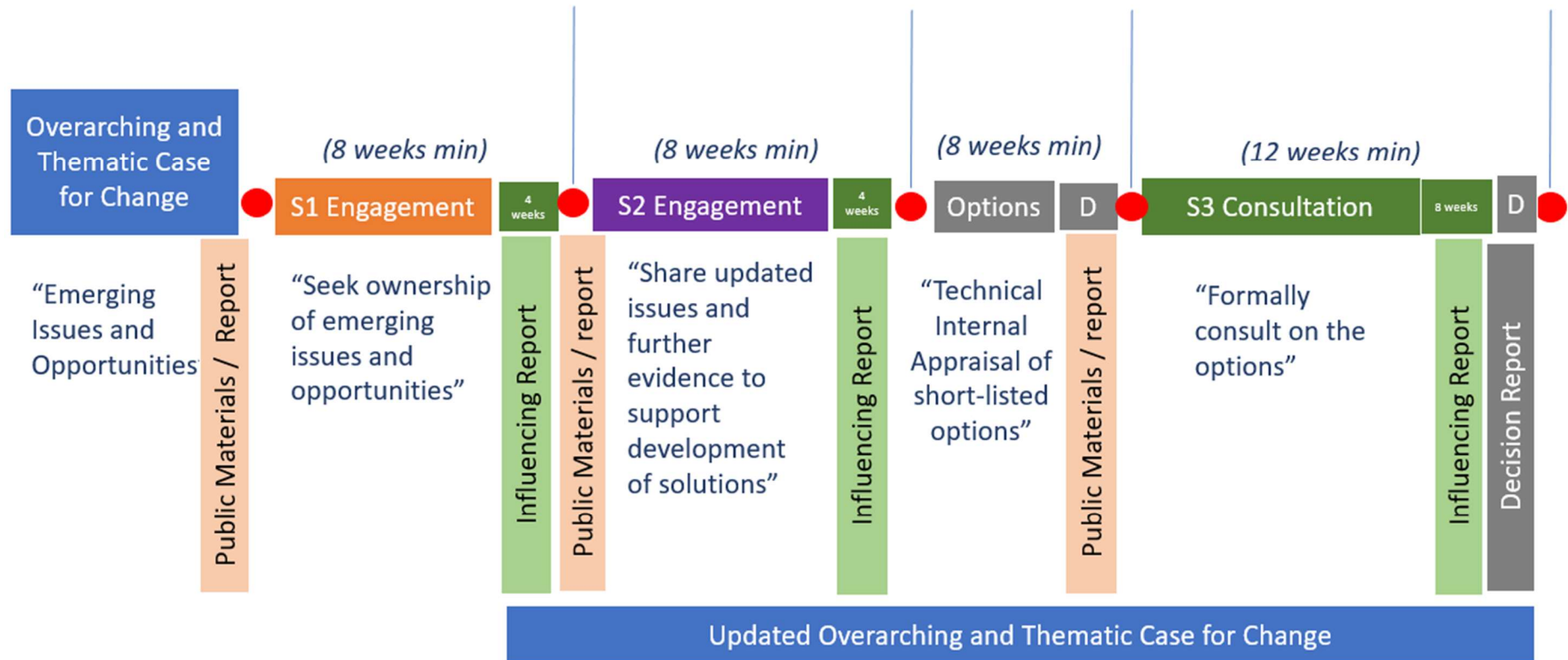


- Indicative timescales based on 3 month overlap of thematic phasing - subject to resource
- Assumes 52 weeks indicative timescales per themes
- Inter-dependencies between thematic areas need to be further assessed i.e. diagnostics and community model
- Assumes Mental Health Older Adults / Inpatients accelerated to align with Community Model and there is no further consultation required
- Parallel working may elongate phases – subject to available capacity

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Indicative Timescales for Thematic Engagement & Consultation

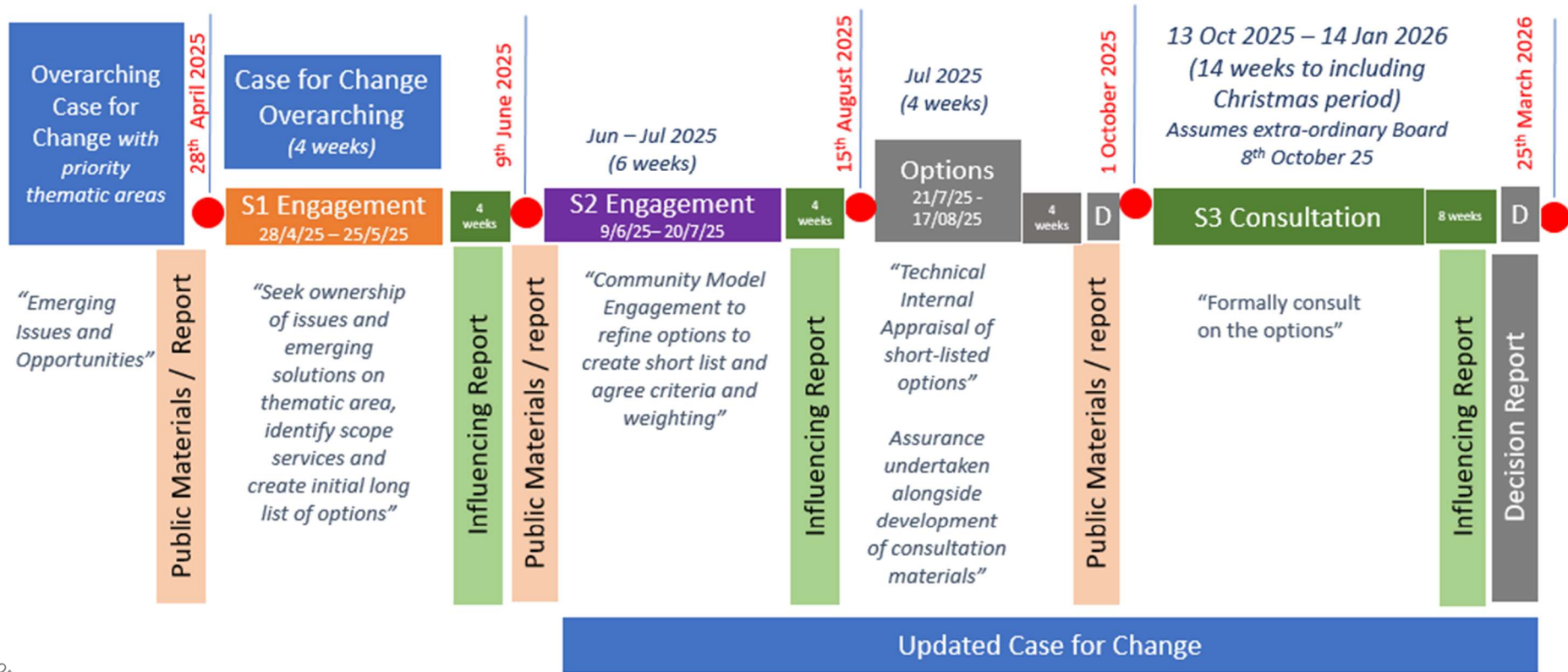
Each Thematic Area would require - 52 weeks minimum period



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Draft: Community Model Engagement & Consultation Process and Indicative Timescales

(Overarching Case for Change previously end of June)



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If you would like further information about this plan please email Planning.Powys@wales.nhs.uk

Tactical Commissioning Options 2025-26

Scenario 1

All commissioned service providers required to deliver to NHS Wales waiting times targets for 2025/26.

- No patients waiting > 52 weeks for new outpatient appointments.
- No patients waiting > 104 weeks for RTT.
- Focus on routine elective, **exclude urgent and cancer care**.
- Costs below do include O/P and treatment costs. Do not include estimated costs for diagnostics, devices, high-cost drugs etc. - at this stage.

	All Providers		England		Wales	
	Patients	Cost	Patients	Cost	Patients	Cost
Cessation of all Annual Activity:	-119,924	£34,179,336	-79,723	£22,446,851	-40,201	£11,732,485
Urgent and Children:	35,977	£10,253,801	23,917	£6,734,055	12,060	£3,519,745
Activity to meet Waiting Time Target:	13,049	£7,386,690	7,963	£3,549,148	5,086	£3,837,542
(Conversions):	341	£623,046	194	£436,562	147	£186,483
Maximum Net 2025/26 Deferment:	-70,557	£15,915,799	-47,649	£11,727,085	-22,908	£4,188,714
	Maginal Cost impact (estimate): -£1,675,486					

- Annual Planned Care (APC) activity across our main Commissioned providers is circa 120k contacts (Outpatients, Daycase and Elective), at a cost of £34m.
- It is estimated 30% of APC is urgent Cancer and Child related care which would continue (36k contacts @ £10m.)
- Every single other patient would **not be treated** other than those patients currently on the waiting list who would otherwise breach these targets. (13k contacts @ £7.4m). An element of outstanding outpatient appointments would convert and require treatment (341 contacts £0.6m).
- This base scenario would require deferment of 70,557 contacts (59% of all activity) at a tariff cost of £15.9m into 2026/27.
 - 22,908 deferred contacts in Wales and a tariff cost of £4.1m, which at crude marginal rates under current contracting arrangements would defer £1.7m.
 - 47,649 deferred contacts in England at a deferred cost of £11.7m.

Scenario 2

NHS Wales commissioned service providers required to deliver to NHS Wales waiting times targets for 2025/26. NHS England commissioned service providers required to deliver to NHS England waiting times targets for 2025/26.

- No patients waiting > 52 weeks for new outpatient appointment.
- No of patients waiting > 104 weeks for RTT.
- NHSE - 65% of patients waiting < 18 weeks.
- Costs below do include O/P and treatment costs. Do not include estimated costs for diagnostics, devices, high-cost drugs etc. - at this stage.

	All Providers		England		Wales	
	Patients	Cost	Patients	Cost	Patients	Cost
Cessation of all Annual Activity:	-119,924	£34,179,336	-79,723	£22,446,851	-40,201	£11,732,485
and Children + ALL ENGLISH ACTIVITY:	91,783	£25,966,596	79,723	£22,446,851	12,060	£3,519,745
Activity to meet Waiting Time Target:	12,698	£9,219,003	7,612	£5,381,461	5,086	£3,837,542
(Conversions):	585	£1,171,415	439	£984,931	147	£186,483
Maximum Net 2025/26 Deferment:	-14,858	£2,177,678	8,051	£6,366,392	-22,908	£4,188,714
	Maginal Cost impact (estimate): -£1,675,486					

- Annual Planned Care activity across our main Commissioned providers is circa 120k contacts (Outpatients, Daycase and Elective), at a cost of £34m.
- It is estimated that 30% of this is for urgent Cancer and Child related care . All English activity would also need to continue at current levels under this scenario (together these represent 92k contacts – @ £26m).
- Every single other patient would not be treated other than those patients currently on the waiting list who would otherwise breach these targets. (12.7k contacts @ £9.2m). An element of outstanding outpatient appointments would convert and require treatment (585 contacts £1.2m).
- This base scenario would require deferment of 14,858 contacts (12% of all activity) at an in year additional tariff cost of £2.2m.
 - 22,908 deferred contacts in Wales and a tariff cost of £4.1m, marginal rate of £1.7m deferring to 26/27. This is identical to Scenario 1.
 - The ambitious targets being set in England would require our providers to see/treat an additional 8,051 patients at an estimated in year cost of £6.4m (further costs to be estimated) for the 3 main providers. This represents a risk to the HB's Financial plan for 2025/26.

All figures are indicative and subject to refinement as well as agreement with providers.

Tactical Commissioning Options 2025-26 – Scenario 3: Commission ‘what we can afford’

Assumption: ‘What we can afford’ means to deliver the £12m control target for 2025/26.

- Options for consideration: £20m remove from commissioning budget.
- Assumption cover routine elective. Does not cover urgent, emergency and cancer.
- Cabinet Secretary Enabling Actions 2025/26 (right).
- Further modelling required to understand impact on LTA activity levels and waiting times.
- Provider acceptability, delivery confidence, political support.
- Integrated Impact Assessment: The Health Board has a legal duty to pay due regard to the equality and quality impact of its decisions. A detailed Integrated Impact Assessment would need to be completed to give due consideration to the legal, policy and ethical context of the potential commissioning scenarios for 2025/26.

Thematic Area	Objective	Enabling Actions
Operational Productivity - Planned Care Improving timely access to care, reducing unwarranted variation in clinical productivity	Operational Productivity - Planned Care Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. Delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026. Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on: - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2; - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2; - Deliver improvements in day surgery rates, with an expectation to achieving a BADS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025.
Maximise Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value. Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions) CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.
Improving Value, Optimising Outcomes, Minimising Variation	Support improvements in outcomes, effectiveness, value through optimising how resources are utilised.	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26

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Agenda item: 3.2

BOARD **26 March 2025**

Subject:	DISCRETIONARY CAPITAL PROGRAMME 2024/25 AND 2025/26
Approved and presented by:	Pete Hopgood, Director Finance, Capital and Support Services
Prepared by:	Wayne Tannahill, Associate Director Capital, Estates and Facilities / Louise Morris, Head of Capital
Other Committees and meetings considered at:	Capital Control Group: 05 February 2025 Innovative Environments Group: 18 February 2025 Executive Committee: 05 March 2025

PURPOSE:

To support the approval process for the Discretionary Capital Programme 2025-27 and provide an update on the general Capital funding status including risks and opportunities.

The position on All Wales Capital Funding (AWCF) and its impact on the project programme of activity is provided for **information** along with a general update on the funding streams available and associated capital delivery risks for the Health Board.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Discretionary Capital Programme, 2025/2026–2026/27.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Alignment	Notes
1. Focus on Wellbeing	N	The Capital Programme underpins the work needed to ensure a fit-for-purpose environment is provided from which to deliver healthcare services.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	

5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

DISCRETIONARY CAPITAL: The proposed capital pipeline 2025-27 has been developed by the Capital Control Group to reflect the current and projected allocation of Welsh Government (WG) Discretionary Capital funding; from 2025/26 this has been uplifted from £1.431M to £2.7M.

Re:fit: Welsh Government is supporting public sector bodies in Wales to make their buildings and assets more energy efficient. Re:fit Cymru enables the Welsh public sector to secure guaranteed savings and reduce carbon impacts. £3.6M was invested in 2024/25 to undertake energy saving measures across the estate, with a further £0.64M of works to be undertaken in 2025/26

Targeted Estates Funding (TEF): Welsh government have announced £40M of ringfenced funding per annum in 2025/26 and 2026/27 to address estates related risks across 6 compliance areas: 17 bids have been submitted with a combined value of £3.525M.

All Wales Capital Funding (AWCF): The Welsh Government Capital Prioritisation Process was introduced in early 2024 in recognition of the pressure on NHS Capital. WG have now indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital and are supporting a bid to the Health and Social Care Integrated and Rebalancing Capital Fund (IRCF).

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): An application has been submitted for circa £1m to develop a combined SOC/OBC for the Integrated Health, Care and Wellbeing campus in Newtown (total project value £30M). The feedback from the IRCF Scrutiny Panel on 19 February has been positive. In addition, works are underway to develop a multi-agency hub based at Spa Road in Llandrindod Wells and Llanfair Caereinion Health Hub.

The anticipated overarching capital funding position for 2025-27 is summarised below:

Capital / Revenue Category	2024/25 £M	2025/26 £M	Comments
Discretionary	2.7	2.7	Increase from £1.431M to 2.7M
TEF (Discretionary PTHB Contribution)	(0.584)	(0.454)	30% contribution of overall TEF to be made from Discretionary

			Capital. Total value of bids £3.525M
TEF Funding (WG contribution)	1.17	0.91	17 schemes in total have been bid for across the 6 compliance areas.
Llanfair Caereinion health hub	0.5	5.5	Anticipated programme subject to business case approval
Llandrindod Phase 2	3.0	5.0	Overall Programme Business Case endorsement for £11-14M over 3+ years
North Powys Integrated Health, Care & Wellbeing hub	1.251	15.52	IRCF bid submitted and subject to business case approval
Re:fit (Revenue)	0.643	0	Energy and Decarbonisation: Invest to Save
Capital Slippage	TBC	TBC	Indicatively, £1.028 M in 2024/25
TOTAL (indicative)	8.578	28.854	

Capital funding is a key enabler for transformational change to the Health Board estate in support of 'Better Together' as the outputs of this work emerge. The backdrop to this is the current condition of the aging estate with an Internal Audit finding presented to Audit, Risk and Assurance Committee in 2024 for Estates Condition with a Limited Assurance finding indicating the disparity between capital availability across NHS Wales and the investment required to address backlog maintenance and meet the strategic need for change for the built environment.

This has been taken into account when developing the proposed Discretionary Capital pipeline 2025-27 which is presented at [APPENDIX A](#) for Innovative Environments Group endorsement.

DETAILED BACKGROUND AND ASSESSMENT:

BACKGROUND:

PTHB has the oldest built estate with 38% predating 1948 (compared to the Wales average of 12%) as well as the 'least new' estate with only 5% being built post 2005 (compared to the Wales average of 23%). This means that the Health Board has some significant challenges in terms of maintaining building stock with £69M of Backlog Maintenance and many competing priorities for a limited amount of Discretionary Capital.

The overall capital position needs to be understood in a dynamic and changing situation, where early decision making enables focus on design and tender activity to deliver projects on the ground within financial year constraints. It is, therefore,

essential that the pipeline remains agile with a number of reserve schemes ready to progress should the situation or funding availability change, with sufficient contingency maintained to address emerging issues and priorities.

CAPITAL FUNDING AVAILABILITY:

Discretionary Capital 2025/26 onwards: Welsh Government has announced an increase to PTHB’s Discretionary Capital allowance from £1.431M to £2.7M per annum. This provides the Health Board with more certainty on the ‘baseline’ funding which is particularly beneficial for forward planning and resourcing the capital team which is funded through Capital funds. This will not only contribute to an increase in the number of discretionary capital schemes but will also allow the health board to deal with larger issues which were previously not possible due to the low level of available discretionary funding.

Re:fit: A key decarbonisation programme to meet Welsh Government net zero targets and reduce the impact on the environment from the Health Board’s estate. The revenue funding supporting the work to improve energy efficiency and decarbonisation is held centrally by WG and allocated as part of an Invest to Save scheme. £3.6M investment was made in 2024/25 with a further £643k to be spent in 2025/26.



Targeted Estates Fund (TEF): Welsh Government has announced £40M of funding per annum will be available in 2025/26 and 2026/27. The Targeted Estates Funding programme or TEF (previously known as EFAB) is intended to focus investment on key estates related risk issues for NHS organisations in Wales. The categories are outlined below. Health Boards were asked to submit their bids by the end of January 2025.

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Category		2025-26 £m	2026-27 £m
1	Infrastructure – All risks	18	18
2	Fire Safety	5	5
3	Mental Health	5	5
4	Decarbonisation	6	6
5	Infection Prevention Control	3	3
6	Decontamination	3	3
	Total	40	40

As in previous years a 30% health board contribution will be required from Discretionary Capital against each successful bid with 70% being provided by WG. As an example of expectation, WG use the population percentage as a rule of thumb for funding allocation, and PTHB could, therefore, expect circa £1.5M per annum which would require a proportional discretionary capital contribution.

PTHB TEF bids 2025-27 below:

Category	Scheme Description	Value over 2 years
Infrastructure	Bronllys Sewage Treatment Works remedials	£350K
	Knighton Roof replacement	£625K
	Welshpool Lift replacement	£275K
	Machynlleth Generator replacement	£140K
	Windermere bungalow Bronllys refurbishment	£375K
Fire	Brecon emergency lighting and detectors replacement	£220K
	Llanidloes fire compartmentation	£400K
	Fire detector head replacement programme pan Powys	£100K
Mental Health	Ligature Improvement plan pan Powys	£200K
	Dementia Friendly environments	£80K
Decarbonisation	Thermostatic Radiator Valves, Spa Road Llandrindod	£45K
	Heat efficiency measures – HydroMx Spa Road	£55K
	Window Replacement Pain Management Bronllys	£140K
Infection Prevention Control	Flooring replacement, Epynt Ward, Brecon hospital	£180K
	Ward Kitchen refurbishment programme	£90K
	Door and wall protection, Ystradgynlais hospital	£200K
Decontamination	Endoscopy drying/storage cabinet replacement	£50K
TOTAL		£3.525M

This funding stream helps to alleviate pre-existing compliance related pressures on the discretionary pipeline as well as enabling PTHB to undertake larger elements of work, such as fire precautions improvements, which would otherwise not have been possible within the normal, Discretionary Capital allowance.

All Wales Capital Funding: the Welsh Government Capital Prioritisation Process was introduced in early 2024 in recognition of the pressure on NHS Capital with the 10-year spend profile seeing Health Boards anticipating future bids to be in the order of circa £6.7Bn, which is recognised as unaffordable in relation to the recurring £400M annual allocation. WG have now indicated that they can support the continuation of business case progression for two of the PTHB hospitals from core NHS Capital and are supporting a bid to Health and Social Care Integrated and Rebalancing Capital Fund (IRCF).

Llandrindod Phase 2: Following on from the successful investment to upgrade services at the front of the hospital, a Programme Business Case (PBC) has been endorsed by Welsh Government for a second phase of works to improve and reconfigure the remainder of the hospital. £3M was awarded in 2024/25 to address the most essential infrastructure improvements on the site including replacement windows, roofs and external access providing a solid foundation for future developments. WG have now requested a scoping meeting to discuss a further business case to support the back of the hospital.

Health and Social Care Integrated and Rebalancing Capital Fund (IRCF): encourages bids for Priority 1 – Development of integrated health and social care hubs and centres and Priority 2 – Rebalancing the residential care market, Housing with Care Fund (HCF). Bids are currently being developed to support a multi-agency hub based at Spa Road in Llandrindod Wells and Llanfair Caereinion Health Hub. An application has also been submitted for circa £1m to develop a combined SOC/OBC for the Integrated Health, Care and Wellbeing campus in Newtown (total project value £30M). The IRCF Scrutiny Panel on 19 February has provided positive feedback on the bid for business case fees and Cabinet Secretary approval/otherwise is awaited.

DISCRETIONARY CAPITAL PROGRAMME:

Principles applied to programme prioritisation: The proposed programme of works, which relates to the £2.7M capital allocation, has been developed and reviewed by Capital Control Group (CCG). It is important to note that a 30% contribution will need to be made for any successful TEF bids. The annual programme includes four generic elements, namely;

- General schemes: wider business needs identified by the organisation and considered and prioritised by the Capital Control Group which has representation from across the organisation. These schemes are prioritised from a ringfenced total of £1.89M.

- Estates Compliance: projects within a ringfenced value of £810K. These are prioritised using a risk-based approach by specialist compliance subgroups under the overarching direction of the CCG.
- Equipment: this includes medical devices and other items such as catering equipment, vehicles, etc. with individual values over £5K. The annual allocation has been increased from £50K to £100k per annum.
- ICT: annual allocation has been increased from £50K to £100k per annum.

In relation to the 2025/26 and 2026/27 Discretionary Programme, the following approach has been adopted:

- Prioritisation: schemes have been listed in priority order based on a number of factors including; business continuity/criticality, health and safety, statutory compliance, audit and service delivery/development. It is important to remain agile to respond to changes in priority or opportunities such as alternative funding streams. A well established and audited (NWSSP Audit – Reasonable Assurance) Capital Control Group process is in place, with representation from Estates, Health and Safety, Finance, staff side, medical devices, operational teams including Mental Health, Women and Children’s, Community Services, etc. Due to the funding increase the 2-year pipeline currently includes all schemes which have scored a 7 or above at CCG. It is important to note that during the year if a project scores a higher priority score lower priority schemes may be subject to deferral. It is also recognised that a level of funding may need to be ringfenced to support transformation work ‘Better Together’.
- Compliance: schemes have been prioritised on a risk-based approach and is compiled by taking the top risks from each of the key compliance areas. Previously, larger value schemes have not been able to be supported from discretionary due to limited funding availability. The increase in overall discretionary funding from £1.431M to £2.7M has allowed these schemes (such as the Bronllys sewage treatment works and Knighton roof) to be included on the pipeline, however, they have also been included as TEF bids. A reserve list of schemes is being developed should any of these projects be supported via alternative funding routes.
- Carry-over scheme commitments: the pipeline often includes programmes of work planned across several years or individual financial year ‘cross over’ schemes where project parameters do not coincide with a March completion.
- Equipment and IT allocations: in order to alleviate the immediate pressures on the pipeline, ringfenced funding for ‘equipment’ and ‘IT’ for the 2022/23 period was paused. From 2023/24 a total of £100K has been ringfenced annually in order to sustain focus on project spend. Furthermore, equipment is an accepted means by which ‘slippage’ monies from WG can be spent that the end of the financial year cycle. Any emergency requests in the meantime, could be funded from contingency. Similarly, ICT services attract

significant additional WG funding to support Digital, with £1.369M allocated in early 2024.

- Contingency: it has been usual to retain a contingency for unforeseen or priority works that emerge during a financial year as a prudent approach. In the proposed capital pipeline, the overall contingency is circa £200K. This will undoubtedly come under pressure during the financial year cycle as unforeseen risks associated with the estate, services, equipment and ICT emerge.

The **Proposed Discretionary Capital Programme 2025/2026-2026/27** is presented at **Appendix A**.

RISKS:

- Project Prioritisation: as funding is secured or priorities change rapidly due to emerging operational risks (boiler failures, roof leaks, etc.), or respond to the requirements of Transformation activity, the capital programme needs to continue to be flexible in terms of prioritisation and reassessment / re-prioritisation as need demands, whilst also maintaining a suitable governance approach. Currently, visibility is via the Innovative Environments Group.
- Capital Resource: In 2024/25 the Capital team had over 50 schemes to deliver with a team of 5 (total team structure 8 – 3 current vacancies). Many projects were as a result of slippage putting increased pressure on the second part of the year.
- Capital carries a risk burden for any cost overrun implications from major project activity – this risk increases in proportion to the increasing value of AWCF based on business case submissions. In partial mitigation NWSSP-SES and WG acknowledge the risk and the uncertainty in relation to refurbishment style project activity on older buildings and, where possible, reflect this in the level of Contingency included in the approved bids.
- Estates Compliance: failure to undertake remedial actions for high level risks, carries a risk at organisational level. Backlog Maintenance levels in NHS Wales now exceed £1Bn and circa £69M in PTHB. This is acknowledged by Corporate Risk Register entry 009 related to a 'fit for purpose' estate – a risk-based approach has been adopted to address any high or immediate risks. Capital investment is critical in addressing the deficiencies across the estate.
- IT funding: the digital agenda is vitally important and whilst funding from the core discretionary capital is very limited, funding via 'capital slippage' at the end of the financial year cycle has been generous, with circa £1.3M made available in 2023/24. This, however, does not provide any certainty for forward planning and further work is needed to continue to develop an IT pipeline.

- Medical Devices: potential pressures on equipment including, for example, the decommissioning and replacement of automatic external defibrillators due to unavailability of replacement parts – cost circa £100K.

Opportunities: It is important to develop schemes in readiness to take advantage of any slippage/further funding opportunities as they arise. Capital investments need to consider schemes which can contribute to revenue savings and agile working related initiatives in the non-clinical office space must be developed wherever possible to support estates rationalisation.

NEXT STEPS:

- Subject to Board approval, initiate preparation to deliver the Discretionary Capital Programme for 2025/2026-2026/27
- Monitor and manage the discretionary contingency allowance to respond to emerging requirements for capital investment
- Maintain close communication with WG in relation to any changes and opportunities for further capital funding: develop 'on the shelf' projects in readiness to take advantage of any additional capital in latter part of the financial year.
- Maintain dialogue with transformation 'Better Together' activity to identify capital opportunities to enable change
- Monitor, review and update the Corporate Risk Register item 009 (capital and estates related)
- Maintain an agile approach to the capital programme in 2025 – 2027
- Continue to report on and escalate compliance and operational risks as they emerge.

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IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both
Safe	X			
Timely	X			
Effective	X			
Efficient	X			
Equitable	X			
Person Centred	X			
Workforce	X			
Leadership	X			
Culture	X			
Information	X			
Learn, Improve, Research	X			
Whole Systems Approach	X			

The Capital Programme underpins the work needed to ensure a fit-for-purpose environment is provided from which to deliver healthcare services. Each individual project impact would be assessed on its merits.

EQUALITY:

	No impact	Negative	Positive	Both
Age	x			
Disability	x			
Gender reassignment	x			
Marriage / civil partnership	x			
Pregnancy / maternity	x			
Race	x			
Religion or Belief	x			
Gender	x			
Sexual Orientation	x			
Welsh Language	x			
Socio-economic status	x			
Social exclusion	x			
Carers	x			

The Capital Programme underpins the work needed to ensure a fit-for-purpose environment is provided from which to deliver healthcare services. Each individual project impact would be assessed on its merits.

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical		X		
Financial			X	
Corporate		X		
Operational			X	
Reputational		X		

Pressures are apparent on capital expenditure due to the aging estate, Health Board ambitions for transformational change and decarbonisation imperatives. Funding limitations could act to limit critical compliance improvement programmes and impact service improvement.

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APPENDIX A; PROPOSED DISCRETIONARY CAPITAL PROGRAMME 2025/2026 - 2026/27, budget £2.7M: Part 1: Discretionary Schemes

PROJECT DESCRIPTION:	2025/26	2026/27
Equipment budget	£100,000	£100,000
IT Budget	£100,000	£100,000
Car park resurfacing, Ty Illtyd	£80,000	
Adelina Patti ward improvements, Ystradgynlais	£20,000	
Mental Health Hub, Spa Rd, Llandrindod	£40,000	-
Twymyn Ward Improvements, Machynlleth	£20,000	-
Nurse call improvement programme (2 sites)	£70,000	£100,000
Office and group room improvements	£ 30,000	-
Llanidloes Outpatients Room Refurbishment	£ 30,000	-
Powys Living Well Service (Ty Cloc) - Replacement Windows	£ 150,000	-
Brecon reception upgrade	£ 45,000	-
Height and Weight Measurement Facility at Children's Centre	£ 35,000	-
MCI Audiology Waiting Room	£ 40,000	-
Ward/Reception Desk at Bryn Heulog Ward, Part A	£ 45,000	-
Autism service - Outdoor Client Group Area	£ 10,000	-
*IPC - Epynt Flooring	£ 90,000	£110,000
Main Hospital Entrance Door Knighton	TBC	-
Knighton Maternity Refurbishment	TBC	-
St Davids Entrance Door Replacement	-	£33,000
Project activity to support Transformation	TBC	-
Sub Total	£905,000	£443,000
Balance of funding to be allocated	£985,000	£1,447,000

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Agenda item: 3.3

BOARD **26 March 2025**

Subject:	Director of Corporate Governance Report
Approved and presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary
Other Committees and meetings considered at:	The changes to the PTHB Standing Orders were considered by the Audit and Risk Assurance Committee (11 March 2025) and recommended to the Board.

PURPOSE:

The paper provides a series of updates to the Board linked to:

- Board activity since the last meeting held on the 29 January 2025
- Application of the Common Seal
- The HealthCare Professional Forum Advisory Group
- The PTHB Standing Orders and Scheme of Delegation

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report.
- **RATIFY** the application of the Common Seal applied on one occasion since 29 January 2025 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **APPROVE** the changes to the PTHB Standing Orders;
- **APPROVE** the change to the Scheme of Delegation for the financial delegation in relation to Charitable Funds applications.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 29 January 2025.

In-Committee meetings

The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting.

The Board has met on one additional occasion for an In-Committee meeting since the last routine meeting of the Board on the 29 January 2025. The Board met to consider contract arrangements for GP Out of Hours provision, it met in-committee due to the commercial nature of the matter.

Additional In-Public Board meetings

The Board have not held any additional In-Public meetings since the last scheduled meeting on the 29 January 2025.

Board Development Sessions

The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 13 February and 9 March 2025.

Health Care Professionals Forum (Board Advisory Group)

Work is well underway to scope out the Health Care Professionals Forum. I anticipate providing the Terms of Reference to the Board in May 2025 for consideration with the group in operation in a similar timescale.

Application of the Common Seal

In accordance with Section 9 of the Standing Orders, the Powys Teaching Health Board Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive and is witnessed by the Director of Corporate Governance / Board Secretary.

Affixing of the Common Seal has taken place on one occasion since the last report to the Board. This was taken in accordance with Section 9 of the Standing Orders. The document has been authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not

signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

The affixing of the Common Seal has been applied on one occasion as follows:

Purpose	Document / Purpose
Lease agreement for office space for Powys County Council at Machynlleth Hospital	Lease agreement

Amendments to PTHB Standing Orders

The Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business.

The current Standing Orders are available using the link here - [Board Approved May 2024 LHB Model Standing Orders Reservation and Delegation of Powers](#)

Following a Welsh Government led review during 2024, following a period of engagement with NHS organisations, in January 2025, Welsh Government published the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 and the following changes are required to be made to the Health Boards Standing Orders:

Section	Description	Overview of change / recommendation
1.1.1	Membership of the Health Board	Officer Members to be 'appointed by Non-Executive Members of the Board and Chief Executive' rather than 'appointed by the Board'
1.1.3	Health Board Officer Members	Officer Members to be 'appointed in accordance with the Constitution, Membership and Procedural Regulations' rather than 'appointed by the Board'
1.1.4	Independent Members	The 'trade union official' now needs to be 'a nominated trade union official'
7.4.4	Meetings: Notifying and equipping Board Members	Agenda and supporting papers to be issued 'five clear days before a formal Board meeting' rather than '7 calendar days before a formal Board meeting'
7.4.8	Meetings: Notifying the public and others	Notification of a Board meeting is still required to be posted 10 calendar days before the meeting, but the public part of

		the agenda and papers supporting the public part of the agenda are no longer required to be posted 10 calendar days before the meeting (see below)
7.4.8	Meetings: Notifying the public and others	The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.

The Audit and Risk Assurance Committee considered the recommended changes at its meeting on the 11 March and endorse the changes to the Board.

Amendments to PTHB Scheme of Delegation (Financial Delegation Charitable Funds)

In the existing Scheme of Delegation (page 105 of the Model Standing Orders), the delegated authority for Charitable Fund applications was £5,000 with anything above this being subject to full Charitable Funds Committee approval.

Following review of this by the Charitable Funds Committee, the proposal is made to the Board to increase this level to £10,000 (non-contentious). Above which anything would be subject to full Charitable Funds Committee consideration.

The revised content of the Standing Orders would therefore be as highlighted in red:

Delegated authority	Approve expenditure from charitable funds
(i) Approval and setting up of designated fund signatories for new funds. (ii) Approval of changes to fund signatories	(i) Chief Executive/Director of Finance and IT (ii) Director of Finance and IT
All expenditure requests for Charitable funds	To be submitted to Head of Financial Services - for initial review
Up to £10,000 (non-contentious) *	Designated fund signatories subject to confirmation from the Charity that appropriate and sufficient funds are available
Over £10,000 (+ under £10,000 if deemed contentious)	Charitable Funds Committee

**The term "contentious" refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives and will be determined by the Head of Financial Services during initial review.*

The Charitable Funds Committee have considered and endorsed this change but for Board awareness, it has not been considered by the Audit and Risk Assurance Committee. This is not considered material.

The wider Standing Financial Instructions have been reviewed, and no changes are recommended at this time. It is anticipated some administration changes will be recommended during 2025/26; this is likely to include financial delegation levels of officers.

Future changes to Standing Orders and Supporting Documents/Schedules

The Board Committee Terms of Reference are currently under review by each Committee, a report will be produced summarising all recommended changes and presented to the Board in May 2025.

The Executive Scheme of Delegation was last reviewed in May 2024 when changes were made to Executive team portfolios. The Scheme of Delegation is currently being reviewed, and it is likely some minor changes will also be provided to the Board in May 2025.

NEXT STEPS:

The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

This section must be completed for all strategic organisational decisions including approval of health board policies.



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Agenda item: 3.4

PTHB Board		Date: 26 March 2025
Subject:	STANDARDS OF BEHAVIOUR FRAMEWORK POLICY AND PROCESSES	
Approved and presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary	
Prepared by:	Corporate Governance Officer	
Other Committees and meetings considered at:	Executive Committee - 19 February 2025 Audit, Risk and Assurance Committee - 11 March 2025 who endorsed the policy to the Board for approval.	
PURPOSE:		
The purpose of this report is to propose amendments to Powys Teaching Health Board's Standards of Behaviour Framework Policy. This will strengthen the mechanisms in place for the deployment of the Policy in relation to Declaration of Interests and Gifts and Hospitality.		
RECOMMENDATION(S):		
The Board are asked to APPROVE the proposed amendments to the Standards of Behaviour Policy and if approved, implementation across the organisation.		
Approve	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	X	The standards of behaviour framework underpins all the work of the Health Board.
2. Provide Early Help and Support	X	
3. Tackle the Big Four	X	
4. Enable Joined up Care	X	
5. Develop Workforce Futures	X	
6. Promote Innovative Environments	X	
7. Put Digital First	X	
8. Transforming in Partnership	X	

EXECUTIVE SUMMARY:
The Board approved its Standards of Behaviour Policy in July 2019 with a review scheduled for June 2022. The Standards of Behaviour Policy enables Powys Teaching Health Board (PTHB) to deploy robust mechanisms to ensure that its employees and

Independent Members practice the highest standards of conduct and behaviour, as described in the Standards of Behaviours Framework.

The Director of Corporate Governance, with the support of the Corporate Governance Team has undertaken an in-depth review of the policy and assessment against national guidance. As a result of the review, a number of amendments have been suggested to strengthen and streamline how Declarations of Interests are recorded across the organisation, aligned to best practice. It is suggested that all employees of Powys Teaching Health Board (PTHB) declare any conflicts of interest using the existing Electronic Staff Record (ESR) Management system in support of recording lifelong declarations, supported by a programme of communications to enhance staff awareness. Employees who do not access the ESR platform, an electronic form is available for completion and submission to the Corporate Governance Team

BACKGROUND:

The purpose of the Standards of Behaviour Framework Policy is to set out commitment to ensuring that its Employees and Independent Board Members practice the highest standards of conduct and behaviour. Powys Teaching Health Board is strongly committed to being value-driven, rooted in Nolan principles and high standards of public life and Behavior, including openness, diversity and engaged leadership. The policy emphasises the commitment of the health board to ensure that it operates to the highest standards, the roles, and responsibilities of those employed by the health board and the arrangements in place to ensure compliance.

The Board Secretary is responsible for the deployment of the Standards of Behaviour Policy and its supporting mechanisms. The Policy provides an overview of the way in which the health board manages:

- Declarations of Interest;
- Gifts and Hospitality, Honoraria and Sponsorship;
- Secondary Employment and Private Practice;
- Managing Relationships;
- Social Networking Sites; and
- Election Campaigns.

Declarations of Interest – summary of changes

A review of the Standards of Behaviour Policy and processes has been undertaken by the Corporate Governance team and as a result, a simplified mechanism for the way in which Declarations of Interest are recorded and managed by the health board has been included. Declarations of Interest and the subsequent reporting will be managed via the Electronic Staff Record (ESR) platform. ESR has been utilised by the health board for a number of years and provides an integrated hire to retire workforce management solution for the NHS in both England and Wales. A notification banner will be visible upon the ESR navigation homepage to prompt employees across the organisation to declare potential conflicts of interest.

The Corporate Governance Team will receive a monthly summary of the declarations made and/or updated within the organisation and will escalate any reported conflicts of interest to Supervisors and Managers for action as appropriate.

Some NHS organisations in Wales have adopted ESR as a mechanism, to collect data and we have engaged to learn from their experiences.

The Audit Wales 2024 draft Structured Assessment report suggested that the Health Board should expand the Register of Interests to include staff members with budget oversight and/or significant influence on commissioning or procurement arrangements. This has been incorporated as part of the Standards of Behaviour Policy review and would be inclusive within the Declaration of Interests Register going forwards.

The Audit, Risk and Assurance Committee will receive a quarterly update in relation Declarations of Interest, Gifts and Hospitality, which include a highlight report of any conflicts of interest declared, and the management actions undertaken to resolve them.

Guidance on how to record and manage Declarations of Interests via ESR is attached in **Appendix B**. The online form is available at: <https://forms.office.com/r/Na61Qjr3YJ>

Supervisors and Managers will receive a monthly summary for conflict-of-interest declarations made or updated by employees within their hierarchy. A Declaration of Interest banner will be alerted across the ESR homepage and will be visible to all employees across the Organisation as a prompt declare potential conflicts of interest.

The Standards of Behaviour Framework summary is attached at Appendix B, which provides greater clarity in relation to detail required through the declaration process. The Framework summary will be available for staff to access through the Corporate Governance SharePoint page and via the PTHB Intranet.

Gifts and Hospitality

As a result of the Covid-19 pandemic, NHS organisations have been offered unprecedented levels of donations and gifts. The support offered both nationally and by the local community in Powys had been outstanding and has been welcomed by the Health Board. However, all gifts and donations must be responsibly managed through the established process and used for the purpose for which they were intended.

It has been identified that there is a need to further strengthen the mechanisms for recording and reporting gifts, hospitality, and sponsorship as part of the annual governance review. The Corporate Governance Team have worked closely with Counter Fraud and the Charities Team to implement a streamlined approach to declaring gifts, hospitality, and sponsorship. In order to increase awareness of the requirements in relation to gifts, Hospitality, Honoria, or sponsorship a flowchart has been produced which is attached at **Appendix C**. This demonstrates the factors which should be given consideration prior to staff accepting any form of gift, hospitality or sponsorship; as well as the necessary reporting requirements. Gifts, Hospitality or Sponsorships are to be declared by completing the relevant form.

This would need to be reviewed by a senior manager or Director to ensure appropriately received and/or declined.

If approved, the new guidance and supporting information from the Policy will be published to the Corporate Governance SharePoint Intranet site and internal communications would be circulated via Powys Announcements and the PTHB Charities Newsletter.

The Standards of Behaviour Policy is amended to reflect the changes proposed as a result of the review and is attached at **Appendix A**.

No substantive changes have been proposed in relation to the management of Secondary Employment and Private Practice; Managing Relationships; Social Networking Sites or Election Campaigns as a result of the review.

NEXT STEPS:

Subject to approval of the Standards of Behaviour Policy and associated documentation by the Board, the new policy will be implemented with immediate effect. The new documentation and processes will go live, and a communications plan implemented to inform employees, Independent Members and General Practices of the new arrangements to declare conflicts of interest and register gifts, hospitality and sponsorship. Implementation and compliance with the Policy will be assessed annually to ensure that the Policy remains fit for purpose. Support will be available to managers to embed the new arrangements for staff at appointment, at annual appraisals, and at any other stage a declaration of interest or receipt of gifts and hospitality may be made.

The Framework summary, Declarations of Interest guidance and the summary of factors staff should consider when declaring all Gifts and hospitality forms, will be made available on the Powys SharePoint site and PTHB Internet site and promoted appropriately.

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IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both
Safe	x			
Timely	x			
Effective	x			
Efficient	x			
Equitable	x			
Person Centred	x			
Workforce			x	
Leadership	x			
Culture			x	
Information	x			
Learn, Improve, Research	x			
Whole Systems Approach			x	

EQUALITY:

	No impact	Negative	Positive	Both
Age			x	
Disability			x	
Gender reassignment			x	
Marriage / civil partnership			x	
Pregnancy / maternity			x	
Race			x	
Religion or Belief			x	
Gender			x	
Sexual Orientation			x	
Welsh Language			x	
Socio-economic status			x	
Social exclusion			x	
Carers			x	

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical	x			
Financial	x			
Corporate	x			
Operational	x			
Reputational	x			

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

STANDARDS OF BEHAVIOUR POLICY INCORPORATING DECLARATIONS OF INTEREST, GIFTS, HOSPITALITY AND SPONSORSHIP

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Approval Date:		
Document Type:	Policy	Non-clinical
Scope:	PTHB Staff and Independent Members	

The latest approved version of this document is online.
If the review date has passed, please contact the Author for advice.

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version	Summary of Changes/Amendments	Issue Date
1	New Policy	2015
2	<p>The Policy has been strengthened to ensure that processes are in place are aligned to best practice.</p> <ul style="list-style-type: none"> • With regard to Gifts from Service Users or their Relatives, the value of gift tokens for acceptance has been removed (from £25 to £0, in line with NHS England Guidance and NHS Wales) 	2019
3	<p>The Policy has been strengthened to ensure processes are in place aligned to best practice. Amendment of declaration process to complete any declaration of interests via the Electronic Staff Record (ESR) Management system in support of recording lifelong declarations. A new programme of communication to be implemented across the Organisation to strengthen awareness and to encourage employees to regularly update new or existing conflicts of interest.</p> <ul style="list-style-type: none"> • The Policy has been updated to ensure consistency across all NHS Wales. 	2024

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Director of Corporate Governance/Board Secretary
Corporate Governance Business Officer
Head of Local Counter Fraud Services

Circulated to the following for Consultation

Date	Role / Designation
	PTHB Employees and Independent Members
	Executive Committee
	Audit, Risk and Assurance Committee
	PTHB Board

Evidence Base
<ul style="list-style-type: none"> • Commercial Sponsorship - Ethical Standards for the NHS, Department of Health; • Code of Conduct and Accountability, Welsh Assembly Government, 2003; • WHC (2005) 016 The NHS & Sponsorship by the Pharmaceutical Industry; • WHC (2006) 090 The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006 • The health board Standing Orders & Standing Financial Instructions • Bribery Act 2010 • General Medical Council Good Medical Practice Guidance – Financial and Commercial Arrangements and Conflicts of Interest, 2013 • Nursing & Midwifery Council Gifts and Gratuities Guidance, September 2013 and The Code: Standards of Conduct, Performance & Ethics for Nurses & Midwives • Association of British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry 2016 • Overpayments Protocol (NHS Wales Shared Services Partnership) • All Wales Code of Conduct (Business) for NHS Staff • Prevention of Fraud, Bribery and Corruption • Commercial Sponsorship – Ethical Standards for the NHS • NHS England - Guidance on Managing Conflicts of Interest in the NHS

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IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
Age	x				PTHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees, reflects their individual needs and does not discriminate against individuals or groups.
Disability	x				
Gender reassignment	x				
Pregnancy and Maternity	x				
Race	x				
Religion or Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and Civil Partnership	x				
Welsh Language	x				

Risk Assessment Summary
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>The register of interests for Board Members will be available for public scrutiny and will be published on Powys teaching Health Board's (PTHB) website, in accordance with the General Data Protection Regulation (EU 2016/679) and data protection legislation.</p> <p>The register of interests for staff will contain personal identifiable information of not only staff members but also possibly members of their families and close relations. It will therefore be protected as rigorously as other staff information and will be treated confidentially. Staff should be aware that any such register might be the subject of a Freedom of Information request. This would be dealt with in accordance with the Act, policy and appropriate guidelines.</p>
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>There are no training implications arising from this Policy and the Standards of Behaviour Framework. However, awareness of the importance of compliance with both documents will require reference to them in induction programmes, during Individual Performance</p>

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Reviews/Appraisals and at times when Employees are invited to make declarations.

Directors and Managers need to be aware of their responsibilities for advising staff that are accountable to them, of their responsibilities in connection with this Policy and the Code and ensuring declarations are made.

PTHB Values and Behaviours Framework

The Values and Behaviour Framework is for **all** staff working within the health board. The behaviours underpin the values that we, as an organisation, want to portray and as such they outline the behaviours in our interactions with colleagues, patients, public and service users, partners and stakeholders. Our values and behaviours are key to making Powys a “great place to work”. They are the basis of all of our practices which will support a culture of continuous improvement and high performance. PTHB Values are:

- Working Together
- Trust
- Integrity
- Fairness and Equality
- Respect
- Kindness and Caring

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1 Policy Statement / Introduction

The Standards of Behaviour Policy enables Powys Teaching Health Board (PTHB) to ensure that its employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out the expectations required and provides supporting guidance so that all employees and Independent Members are supported in delivering that requirement.

Public service values and associated behaviours are and must be at the heart of the NHS in Wales.

The Welsh Government's Citizen-Centered Governance Principles apply to all public bodies in Wales. (Page 15) [Pocket Guide for NHS Wales Boards English.pdf](#). These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

The Board is strongly committed to the health board being value-driven, rooted in 'Nolan' principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

The 'Seven Principles of Public Life' (the 'Nolan Principles'), form the basis of the health board's Standards of Behaviour requirements for its employees and Independent Members. These are:

- **Selflessness**
- **Integrity**
- **Objectivity**
- **Accountability**
- **Openness**
- **Honesty**
- **Leadership**

The Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006 reinforce the seven principles of public life and focus on the crucial public service values which must underpin the work of the health service; these are available via the following link: (Page 11) [Pocket Guide for NHS Wales Boards English.pdf](#)

In support of these principles, employees and Independent Members must be impartial and honest in the way that they go about their day-to-day functions. They must remain beyond suspicion at all times. They can achieve the seven principles of public life by:

- Ensuring that the interests of service users remain paramount;
- Being impartial and honest in the conduct of their official business;
- Using public funds to the best advantage of the service and the service users, always seeking to ensure value for money;

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- Not abusing their official position for personal gain or to benefit family or friends;
- Not seeking advantage or to further private business or other interests in the course of their official duties; and
- Not seeking or knowingly accepting preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the health board.

This Standards of Behaviour Policy re-states and builds on the provisions of Section 7, Values and Standards of Behaviour, of the health board’s Standing Orders. It re-emphasises the commitment of the health board to ensure that it operates to the highest standards, the roles and responsibilities of those employed by the health board, and the arrangements for ensuring that declarations of interests, gifts, hospitality, honoraria and sponsorship can be made.

The policy is supported by a short guide on the Standards of Behaviour Framework (see **Appendix B**) that provides a summary of expected conduct and is intended to complement all applicable professional codes of conduct, including:

- Nursing and Midwifery Council: <https://www.nmc.org.uk/standards/code/>
- Health and Care Professions Council: <http://www.hcpc-uk.co.uk/>
- NHS Consultants and General Practitioners: <http://www.gmc-uk.org/guidance/index.asp>

1.1 Scope

This policy is applicable across the whole of the health board. It applies to all employees and Independent Members. The term ‘employees’ includes all those who have a contract of employment or honorary contract (including volunteers) with the health board, and bank workers. The policy also applies to trustees of the health board’s Charitable Funds.

2. Aims and Objectives

2.1 Aims

PTHB is committed to ensuring that all employees and Independent Members practice the highest standards of conduct and behaviour, based on the recognition that the needs of service users must come first.

The aim of this policy is to ensure that arrangements are in place to support employees and Independent Members to act in a manner that upholds the Standards of Behaviour Framework, as well as setting out the arrangements in place to manage declarations of interests, gifts,

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	<p>hospitality, honoraria and sponsorship. Declaring any conflicts or interests are required to be recorded via the Electronic Staff Record (ESR) system. All new staff who have joined the health board and yet have access to the ESR system, would be able to access an online form for onward submission to the Corporate Governance Team. The online form is available via the Corporate Governance SharePoint Page via the link below: https://forms.office.com/r/Na61Qjr3YJ</p> <p>The policy also aims to capture public acceptability of behaviours of those working in the public sector in order that the health board can be seen to have exemplary practice in this regard.</p> <p>The purpose of this policy is to set out the organisation’s expectations in relation to the standards of conduct expected of all employees and Independent Members and to provide guidance in order that all are supported in delivering these.</p>
2.2	Objectives <p>The objective of this policy is to clarify the relative responsibilities of employees and Independent Members in the discharging of this policy and adhering to the Standards of Behaviour Framework.</p> <p>The policy is designed to assist the health board and its employees and Independent Members in maintaining ethical standards in the conduct of NHS business. It sets out the principles the health board expects all employees to uphold, and the steps that the health board as an employer will take to safeguard the Organisation where conflicts of interest arise.</p> <p>A conflict of interest can be defined as ‘A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.’</p> <p>A conflict of interest may be:</p> <ul style="list-style-type: none">• actual - a material conflict between one or more interests• potential/perceived – the possibility of a material conflict between one or more interests in the future <p>All employees are expected to be familiar with the content of this policy, and line managers have a responsibility for bringing the policy to the attention of their staff.</p>
	3 Definitions <ul style="list-style-type: none">• PTHB – Powys Teaching Health Board

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<ul style="list-style-type: none"> • Staff/Employees - This policy is applicable across the whole of the health board. It applies to all employees and Independent Members. The term 'employees' or 'staff' includes all those who have a contract of employment or honorary contract (including volunteers) with the health board, and bank workers. The policy also applies to trustees of the health board's Charitable Funds. 	
<p>4 Responsibilities</p>	
<p>4.1</p>	<p>Chair</p> <p>The Chair has the responsibility for performance managing the Independent Members of the health board through the annual individual performance review process on behalf of the Minister for Health and Social Services and has the responsibility for holding the Chief Executive to account.</p>
<p>4.2</p>	<p>Chief Executive</p> <p>The Chief Executive is the 'Accountable Officer' with overall responsibility for ensuring that the health board operates efficiently, economically and with probity. The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.</p>
<p>4.3</p>	<p>Director of Corporate Governance/Board Secretary</p> <p>The Board Secretary has delegated responsibility for ensuring that the health board is provided with competent advice and support regarding the contents and application of this policy and the Standards of Behaviour Framework.</p> <p>The Board Secretary will ensure that:</p> <ul style="list-style-type: none"> • A Register of Interests is established and maintained as a formal record of interests declared by all Board and Independent Members, Deputy and Assistant Directors, Consultants and staff members with budget oversight and/or significant influence on commissioning arrangements. • The Register will include details of directorships, pecuniary (financial) and non-pecuniary interests in organisations that may have dealings with the NHS, and membership of professional committees and third sector bodies. Where relevant, it will also include details of interests of close family members (spouse, partner, civil partner, children, etc.). • Arrangements are in place to prompt all employees and Independent Members to declare their interests on initial employment with the health board, and at periodic intervals thereafter (It is the individual employee's or Independent Member's responsibility to make a declaration should their circumstances change within these timescales). • Scrutiny is applied to the declarations received to ensure appropriate declarations and acceptances have been made in compliance with the Standards of Behaviour Policy.

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	<ul style="list-style-type: none"> • A Register of Gifts, Hospitality, Honoraria and Sponsorship, whether accepted or declined, is maintained. • The Registers of Interests and Gifts, Hospitality, Honoraria and Sponsorship are published on the health board’s internet site in accordance with the requirements of the organisation’s Freedom of Information Act Publication Scheme. • Reports detailing the content of the Registers of Interests and Gifts, Hospitality, Honoraria and Sponsorship, and the effectiveness and adequacy of the arrangements in place, are provided to the Audit, Risk and Assurance Committee on an annual basis. • The process that employees and Independent Members should follow when making a declaration of interest is attached at Appendix A. When advising of gifts, hospitality, honoraria or sponsorship is accepted or declined, employees and Independent Member should complete the declaration form at Appendix C
<p>4.4</p>	<p>Executive and Assistant Directors Executive and Assistant Directors must ensure that:</p> <ul style="list-style-type: none"> • Employees are aware of the requirements contained within this policy and the Standards of Behaviour Framework. • They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality, honoraria or sponsorship. • Approve, or decline the acceptance of gifts, hospitality, honoraria and sponsorship that have been offered within their Directorate/Service prior to the event (and during periods of annual leave and prolonged absence, ensure that their responsibilities are delegated to their nominated deputy). • They review the contents of the Registers of Interests and Gifts, Hospitality, Honoraria and Sponsorship to assist with the verification of the accuracy of the information contained within it when alerted to do so by the Head of Corporate Governance on behalf of the Board Secretary. • They ensure any acceptances of gifts, hospitality, honoraria or sponsorship complies with the standards outlined within this policy.
<p>4.5</p>	<p>Departmental/Line Managers Departmental/Line Managers will:</p> <ul style="list-style-type: none"> • Ensure that this policy and the Standards of Behaviour Framework is brought to the attention of employees for whom they are responsible, and that they are aware of its implications for their work. • Actively seek declarations at regular intervals in respect of interests, secondary employment and gifts/hospitality from employees. This would include using opportunities such as discussions at Performance Appraisal Development Reviews,

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	<p>Consultant Appraisals and as part of the Consultant Job Plan Reviews, as appropriate.</p> <ul style="list-style-type: none">• Support their employees in the application of the policy and the Standards of Behaviour Framework, seeking advice from the Corporate Governance Manager or Board Secretary, where necessary.
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4.6 **Employees and Independent Members**

All employees and Independent Members must ensure that they:

- Understand this policy and the Standards of Behaviour Framework, consulting their line manager if they require clarification.
- Are not in a position where their private interests and NHS duties may conflict. Employees and Independent Members must declare all private interests that could potentially result in personal gain because of their position within the health board.
- Declare to the health board for recording in the Register of Interests any relevant interests at the commencement of employment; whenever a new interest arises; or if asked to do so at periodic intervals by the health board. Relevant interests (including those of close family members or associates) may include:
 - Directorships, including Non-Executive Directorships held in private companies or Public Limited Companies (PLCs), with the exception of dormant companies;
 - Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the health board. This includes shareholdings, debentures or rights where the total nominal value is £50,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;
 - Sponsorship or funding from a known NHS supplier or associated company/subsidiary;
 - A position of authority in a charity or voluntary body in the field of health and social care;
 - Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests;
 - Self-employment or employment by any other body. This includes the undertaking of agency working and private practice.
 - Research funding / grants that may be received by an individual or their department.
 - Any existing or new personal relationships which involve a professional colleague and which may give rise to an actual or potential conflict of interest, misuse of power or unfair bias.
- Inform service users and their relatives as appropriate, when referring them for treatment, investigation, or any aspect of their care if they have a material interest in an organisation to which they plan to refer a service user. The fact that the service user has been informed must be recorded appropriately.

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- Verbally declare any relevant interest when a potential for conflict arises e.g. at Board and Committee meetings, during procurement processes, and at other the health board / Directorate / Departmental meetings, as appropriate.
- Obtain permission from their Director / Assistant Director **prior to** accepting a gift, hospitality, honoraria or sponsorship which requires declaring and recording in the Register of Gifts, Hospitality, Honoraria and Sponsorship.
- Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of the health board.
- Where employees or Independent Members wish to engage in any outside employment, they must first discuss it with their Departmental/Line Manager. This will ensure that their position in the health board is not compromised. Agreement to such outside employment will not be unreasonably refused.

The onus regarding declaration will reside with the individual employee or Independent Member. It is recognised that a judgement may be required in individual circumstances regarding the appropriateness for a declaration to be made when, for example, there is a specific contractual situation, a set of circumstances, or series of specific circumstances or a close connection. Advice should be sought from the Head of Corporate Governance or the Board Secretary in this regard as such an interest may be deemed to be a potential conflict to the business of the health board. Where there is doubt, a declaration of interest should be made.

It is also important that all volunteers adhere to health board policies and procedures, and this Standards of Behaviour policy is consistent with the Wales Council for Voluntary Action Code of Practice for organisations involving volunteers, available via the following link: [Wales Council for Voluntary Action and Volunteering Wales: Code of Practice](#). Further information regarding Declarations of Interest for Volunteers has been integrated within the Volunteering Policy.

4.7 Procurement Department

If an Employee is requested to participate in the procurement process, they will be asked to reaffirm their interests and to confirm that there are no other relevant interests that should be declared. If they have not previously made a Declaration via the Electronic Staff Record (ESR) System, they will be asked to do so before participating in the procurement process.

The Procurement Lead will scrutinise such individual Declarations of Interest to ensure that there is no opportunity for any conflicts of interest.

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The NHS Wales Shared Services Partnership (NWSSP) will ensure that all procurement staff declare any Interests in line with their procedures. NWSSP will advise the health board, through the Head of Corporate Governance or the Board Secretary, of any such interests affecting health board services.

Whilst individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with which they have, or may have, official dealings with on behalf of the health board, this does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised staff interests on behalf of all staff, for example, NHS staff benefits schemes.

All staff in contact with suppliers and contractors, particularly if authorised to sign purchase orders or place contracts for goods, materials or services, shall adhere to accepted professional standards i.e. the NHS Wales Shared Services Partnership Procurement Policy and the Standing Orders and Standing Financial Instructions of the health board.

Contracts may be awarded to such businesses where they are won in fair competition against other tenderers, but care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

5 Register of Interests

The Corporate Governance Business Officer, on behalf of the Board Secretary, will maintain the Register of Interests. This [register](#) will be made available on PTHB's internet site.

A copy of the register will be retained by the Corporate Governance Department.

6 Declarations of Interests at Meetings

It is a requirement that at the beginning of every PTHB Board, Committee or decision-making meeting, members and those in attendance are invited to declare their interests in relation to any items on the agenda. Where a potential conflict is material or the individual has a financial/pecuniary interest in the matter under discussion, the individual shall withdraw from discussions pertaining to that agenda item and shall not vote upon it. Where necessary, at the discretion of the Chair, the individual may be asked to withdraw from the meeting itself until all business relating to the matter(s) in which they have declared an interest is concluded. The potential conflict and the action taken to avoid it will be recorded in the minutes of the meeting and the Register of Interests will be updated if required.

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Where it becomes evident part way through a meeting that there may be a potential conflict, the individual must declare their interest immediately.

Under certain circumstances, the Chair may choose to waive the need for the individual to leave the meeting. The advice of the Director of Corporate Governance/Board Secretary or the a member of the Corporate Governance team should always be sought prior to such a decision being made.

From time to time, employees and Independent Members may need to declare interests at other NHS organisations or partnership meetings. Such declarations will be recorded as if it were at the PTHB Board or Committee meeting and the individual will be asked to withdraw from discussions pertaining to that agenda item.

7 Gifts and Hospitality, Honoraria and Sponsorship

Employees and Independent Members have a personal responsibility to volunteer information regarding offers of gifts, hospitality, honoraria and sponsorship, including those offers that have been declined.

Employees should seek approval from their Executive/Assistant Director, prior to accepting any gifts, hospitality, honoraria or sponsorship. These details must be recorded on a Gifts, Hospitality, Honoraria and Sponsorship Form (Appendix C) and submitted to powysdirector@corporategovernance@wales.nhs.uk for inclusion on the register.

In determining whether to accept gifts, hospitality, honoraria and sponsorship, it is not always possible to make explicit a situation in which these may be considered acceptable as each offer should be considered independently. In determining whether any offer of a gift, hospitality, honoraria or sponsorship should be accepted, the following principles should be considered:

- **Openness:** It has been openly offered and the offer will not be construed as any form of inducement and will not put the individual under any obligation to those offering it;
- **Legitimate interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the health board i.e. further the aims of the Organisation;
- **Relationship:** Consideration should be given as to whether the health board is likely to enter into a contractual relationship with the organisation / individual making the offer;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g. diaries/ calendars, are more likely to be acceptable and can be distinguished from offers that are more substantial. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation;

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- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct;
- **Reputation:** If the body concerned is known to be under investigation by, or has been publicly criticised by, a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations. As such, it should always be declined.

Employees must be impartial and honest in the conduct of business and remain beyond suspicion. It is an offence under the Bribery Act 2010 for an employee to accept a bribe in his or her official capacity, or to corruptly show favour or disfavor in the handling of contracts or other business. Employees need to be aware that a breach of the provisions of this Bribery Act may render them liable to prosecution and disciplinary action.

The Bribery Act introduced a new criminal offence in 2011 where an individual or organisation offers or receives a bribe to bring about or reward the improper performance of a function or activity. Broadly, the Act defines bribery as 'Giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith.'

Bribery has the potential to impact upon an employees' or Independent Members' standard of behaviour, particularly in regard to the acceptance of gifts, hospitality, honoraria or sponsorship, although guidance on the Act indicates that only 'lavish' hospitality, or hospitality that is otherwise 'inappropriate' would normally fall under the bribery definition.

The Bribery Act also introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. This is not a standalone offence, but always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

However, an organisation can avoid conviction if it can show that it had procedures and protocols in place to prevent bribery. The provisions within this Standards of Behaviour Policy in terms of prohibiting the giving or acceptance of inappropriate gifts, hospitality, honoraria and sponsorship complies with the requirements of the Bribery Act and subsequent guidance.

Employees and Independent Members are therefore expected to:

- Report any issues relating to fraud, bribery or corruption to the Local Counter Fraud Specialist within the health board ;
- Declare any external interest which may result in the employee or persons known to the employee gaining direct or indirect financial advantage as a consequence of their work, which could influence any

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decisions made by the employee, or which could interfere with contractual obligations to the organisation;

- Ensure the interests of patients are paramount and that use or management of any public funds ensures value for money;
- Check each payslip as soon as possible following receipt to ensure that the amount paid is correct, with any queries raised with the line manager. If the employee believes that they have been overpaid, they must declare it immediately. Where employees do not understand their payslip, they should contact the Payroll Department.

The risks of breaching the Bribery Act include the following:

- Criminal justice sanctions against Board Members, Directors and other senior staff;
- Damage to the organisation's reputation;
- Conviction of bribery or corruption may lead to the organisation being precluded from future public procurement contracts;
- Potential diversion and/or loss of resources;
- Unforeseen and unbudgeted costs of investigations and/or defence of any legal action; and
- Negative impact on patient/stakeholder perceptions.

Guidance regarding the types of gifts, hospitality, honoraria and sponsorship which may or may not be acceptable is provided below:

7.1 Gifts

A gift is an item of personal value, given by a third party e.g. a patient or a supplier. The definition includes prizes in draws and raffles at sponsored events/conferences.

It is unacceptable to accept any money, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the health board. Such gifts should be refused and if they have already been received, they should be returned clearly advising why they cannot be accepted.

The appropriate Executive/Assistant Director and the Head of Corporate Governance, on behalf of the Board Secretary, should be advised immediately.

Any acceptance of a gift needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the gift likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of a gift will not be misconstrued.

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	<p>N.B. This Standards of Behaviour Policy excludes gifts between members of staff, for example birthday presents or leaving gifts.</p>
<p>7.2</p>	<p>Gifts from service Users or their Relatives</p> <p>Personal gifts from service users or their relatives are not acceptable. These may only be accepted as a donation to an appropriate Charitable Fund and recorded as such. PTHB’s Head of Financial Services can provide advice regarding the mechanism for appropriately receipting such items in accordance with the Institute of Fundraising Code. All gifts should be declared to the Corporate Governance Department should they be accepted or declined.</p> <p>A commonsense approach should be applied to the valuing of gifts using an actual amount if known, or an estimate that any reasonable person would make as to its value. Where gifts are provided to a group of staff, it is the responsibility of the Line Manager to declare the gift to the Corporate Governance Team if over the value of £25.</p>
<p>7.3</p>	<p>Gifts from Suppliers, Contractors and Commercial Organisations</p> <p>Low cost, branded or promotional gifts may be accepted where they are under the value of the common industry standard of £6 in total (selected with reference to existing industry guidance issued by the ABPI) and need not be declared. Any gifts outside this definition from suppliers, contractors and other commercial organisations doing business or likely to do business with the health board above this value, should be politely but firmly declined.</p> <p>Under some circumstances, suppliers may send gifts to all of its clients as custom and practice e.g. hampers at Christmas or chocolates at Easter. Whilst such practices should be discouraged and whilst it is not acceptable for staff to personally accept these gifts, following discussion with the supplier / contractor / commercial organisation and the appropriate Executive / Assistant Director, it may be considered appropriate to accept the gift and utilize it for the benefit of Charitable Funds. The health board’s Head of Financial Services can provide advice regarding the mechanism for appropriately receipting such items.</p> <p>Employees in contact with contractors should be on their guard against offers of gifts that might later be misconstrued as hampering their strict independence and impartiality. Where pressed to accept an offer, the employee to whom the offer has been made should seek further advice from their manager who may contact the Corporate Governance Manager or Board Secretary, where appropriate.</p>
<p>7.4</p>	<p>Gifts from Dignitaries/Overseas Organisations</p> <p>There may be occasions when visits are made by dignitaries or overseas organisations who consider it ‘culturally custom and practice’ to</p>

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	<p>exchange gifts. In such cases, employees should seek guidance from the Corporate Governance Manager or Board Secretary and declare these gifts on a Gifts, Hospitality, Honoraria and Sponsorship Form. A decision will then jointly be made as to the most appropriate way to manage the gift. This will depend on the nature of the 'gift culture' and may include decisions to 'keep and display in public', 'donate to an internal user group', 'auction for charity', etc.</p>
7.5	Bequests/Legacies/Wills Employees are not permitted to accept bequests left to them by a deceased patient who became known to them through providing care or treatment as part of their health board employment. Accepting a gift of this nature, particularly where a patient is considered vulnerable, could leave the staff member open to accusations of financial abuse, fraud (by abuse of position) or misconduct. If an employee is made aware that they may be a beneficiary in a patient's will, they must declare this, with any complex cases escalated to the Corporate Governance Manager or the Board Secretary.
8 Hospitality Hospitality is where there is an offer of food, drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours e.g. attendance at an awards ceremony, cheque presentations in respect of fundraising events, or tickets/seats for a show or sporting event. Employees and Independent Members should refuse hospitality which may compromise or may be seen to compromise their professional judgement or integrity, or which seeks to exert influence to obtain a preferential consideration. Employees in contact with contractors should be particularly mindful of accepting any offer of hospitality that might later be misconstrued as influencing strict independence and impartiality. Where pressed to accept an offer, the employee to whom the offer has been made should seek further advice from their manager who may contact the Corporate Governance Manager or Board Secretary, where appropriate. <i>Any acceptance of hospitality needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the hospitality likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of hospitality will not be misconstrued.</i> Hospitality must be authorised by an Executive/Assistant Director prior to their acceptance and a Gifts, Hospitality, Sponsorship and Honoraria form must be completed. The hospitality should be proportionate i.e. it should not be of	

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significant value and only the minimum number of members of staff to achieve the purpose of representing the organisation should attend.

Offers that go beyond modest or are of a type that the organisation itself might not usually offer, need approval from an Executive/Assistant Director, and should only be accepted in exceptional circumstances, and must be declared.

For example, employees may receive an offer of payment for their travel and accommodation, when invited to speak at an event or attend a meeting. Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared on a Gifts, Hospitality, Sponsorship and Honoraria form. However, where business class or first-class travel and accommodation (including domestic travel) or offers of foreign travel and accommodation are offered, a clear reason should be recorded on the declaration form as to why it is deemed permissible to accept travel and accommodation of this type.

8.1 Acceptable Hospitality

Employees and Independent Members may accept the occasional offer of hospitality, provided that it is 'modest and proportionate' and similar in scale to that offered by the NHS. For example, acceptance of food and non-alcoholic refreshments during the working day will generally be deemed acceptable and need not be declared.

Hospitality must be secondary to the purpose of a meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed the level that the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting.

Other hospitality may be accepted where it furthers the aims of the health board, provided it is normal and reasonable in the circumstances, for example lunches in the course of working visits. All gifts of hospitality should be declared to the Corporate Governance department.

Other hospitality that may be accepted but will need to be declared includes instances where:

- There is a genuine need to impart information, or represent the organisation at stakeholder community events e.g. Local Authority or charitable organisations which have an association with the health board;
- An employee has been invited to receive an award or prize in connection with the work of the organisation, or their role within it;

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	<ul style="list-style-type: none">• An employee is invited to a Society or Institute dinner or function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or the health board.• An event is clearly part of the life of the stakeholder community or where the organisation should be seen to be represented;• A function or event is hosted for both staff and non-staff, which adds benefit and value to the health board or the wider NHS;• A function or event is hosted externally for staff only for the purposes of training or organisational development. <p>These types of hospitality must be authorised prior to their acceptance by an Executive or Assistant Director and a Gifts, Hospitality, Honoraria and Sponsorship Form must be completed. The hospitality should be proportionate i.e. it should not be of significant value and only the minimum number of employees to achieve the purpose of representing the health board should attend.</p>
8.2	Unacceptable Hospitality Unacceptable hospitality includes the following examples as general guidance: <ul style="list-style-type: none">• A holiday or weekend/overnight break;• Offers of hotel accommodation when this is not associated with a sponsored course or conference (see below);• Use of a company flat or hotel suite;• Attendance at a function or event restricted to employees which is not for the purposes of training or organisational development;• Lunch or dinner provided by a private company or their representative which does not form part of a training or development event;• Entertainment and/or tickets/hospitality at sporting and other corporate entertainment events. <p>If employees are not clear whether an offer falls into one of these categories, advice should be sought from their line manager or the Head of Corporate Governance or Board Secretary.</p> <p>Employees should report any case where they have felt pressured into accepting an offer of hospitality that might be open to objection. They should also declare on the appropriate form any offers of hospitality that are declined.</p>
	9 Sponsorship Sponsorship is an offer of funding to an individual, team or to the health board from an external source, whether in cash, goods, services or benefits.

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Sponsorship is sometimes provided by organisations to allow employees to attend conferences. It may also include sponsorship of posts and research and development.

Employees may be offered sponsorship in the form of sponsored research, including publishing, an operational post, training, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

No sponsorship should be accepted without the prior agreement of the appropriate Executive or Assistant Director. A Gifts, Hospitality, Honoraria and Sponsorship Form should be completed prior to the acceptance of any sponsorship. If sponsorship is inappropriately offered and/or declined, this should also be declared. In cases of doubt, advice from the Head of Corporate Governance or the Board Secretary should be sought.

Any acceptance of sponsorship needs to be justified. Think about the context in which the offer has been made, and the effect on your position. For example, is the sponsorship likely, or could it be seen as likely, to influence you? The onus is on you to make sure that the acceptance of any sponsorship will not be misconstrued.

Some health-related companies provide commercial sponsorship to the NHS, including sponsoring equipment, employees and training events. All employees must consider fully the implications of a proposed sponsorship deal before entering into any arrangement. Only very senior managers with the necessary authority can sign up to, or enter into, any advertising contract or agreement with a company or its representatives. Employees must not allow unauthorised advertising on health board premises or documentation.

More detail is provided below regarding the many forms that sponsorship may take. This list is not exhaustive and offers of other sponsorship will need to be considered on a case-by-case basis.

<p>9.1</p>	<p>Commercial Sponsorship for Attendance at Courses/Conferences</p> <p>Employees may accept sponsorship for attendance at relevant conferences and courses, but only where attendance would further the aims of the health board and where the employee has obtained permission in advance from their Executive or Assistant Director and in line with the health board’s Study Leave Policy. The sponsorship should only be extended to the number of employees who would have normally attended if funded by the health board. The employee and the Executive or Assistant Director must be satisfied that acceptance will not compromise purchasing or any future decision-making in any way.</p>
<p>9.2</p>	<p>Commercial Sponsorship to attend Demonstrations/Technical Evaluations</p>

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	<p>Employees may be invited to view products or equipment at another location. There may be occasions, in-line with procurement standards, when it is appropriate as part of a procurement exercise to visit a suppliers' reference site to observe equipment in operation in a medical or laboratory setting. Such sponsorship is not usually considered appropriate, and the health board will normally meet the costs of such a visit to protect the integrity of subsequent purchasing decisions. The appropriate Executive or Assistant Director following consideration of the implications for the integrity of subsequent purchasing decisions must approve arrangements whereby the company meets all or part of the cost of such a visit.</p>
<p>9.3</p>	<p>Commercial Sponsorship – ‘Linked Deals’</p> <p>Pharmaceutical companies and other suppliers may offer to sponsor, wholly or partially, a post or equipment for the health board. PTHB will not enter into such arrangements, unless it has been made clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the health board.</p> <p>Linked deals must be approved and managed within an agreed process in order that appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by the sponsorship agreement. Under no circumstances may ‘linked deals’ be agreed, whereby sponsorship is linked to the purchase of particular products, or to supplies from particular sources.</p> <p>Sponsored posts are posts that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.</p> <p>The following should be considered when sponsored posts are offered:</p> <ul style="list-style-type: none">• External sponsorship of a post requires prior approval from the relevant Executive or Assistant Director.• Rolling sponsorship of posts should be avoided unless appropriate checks are put in place to review and withdraw if appropriate.• Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements should conflicts of interest that cannot be managed arise.

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- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

The relevant Executive or Assistant Director should declare any posts sponsored by external organisations on a Gifts, Hospitality, Sponsorship and Honoraria form and submit it to powysdirector@wales.nhs.uk on behalf of the Board Secretary for recording on the register.

9.4 Sponsorship of Events in the Context of Partnership Arrangements with the Pharmaceutical Industry or other Commercial Organisations

The pharmaceutical industry and allied commercial sector representatives may organise meetings, conferences, or an activity in support of specific functions or specialties within the healthcare sector. Under such arrangements, they are permitted to fund the hiring of accommodation, meet any reasonable actual costs that may have been incurred and to provide appropriate hospitality. If no hospitality is required, there is no obligation or right to provide it, or indeed any benefit of equivalent value.

The Pharmaceutical Industry is expected to adhere to the ABPI Code of Practice for the Pharmaceutical Industry which clearly specifies what is and what is not acceptable; this is available via the following link: [ABPI 2024 Code of Practice](#)

An example of hospitality that would not be acceptable under these circumstances is where a company takes the attendees, on the conclusion of a course, for a meal in a restaurant.

Where the health board receives or invites offers of sponsorship for events that are hosted wholly or partly by the health board, the relevant Executive or Assistant Director must consider whether it is appropriate to accept the offer. For all offers, whether accepted or declined, a Gifts, Hospitality, Sponsorship and Honoraria form must be completed and sent to: powysdirector@wales.nhs.uk on behalf of the Board Secretary for recording on the register.

The following guiding principles should apply:

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- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit for the health board and the NHS.
- During dealings with sponsors, there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information that is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Members of staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Members of staff arranging sponsored events must declare this to the organisation.

Whilst it is recognised that sponsorship can provide a useful source of funding for particular events or activities, it can also present risks and in considering whether to accept sponsorship, the following principles should be adhered to:

- Sponsorship should be sought in an open and even-handed manner with opportunities being offered as widely as possible;
- Benefits should be for the health board (not an individual) and should be proportionate;
- Arrangements must not compromise the standing or image of the health board ;
- Sponsorship should be for a specific activity or event and not a general endorsement of the health board ;
- The sponsorship must not imply the health board endorses particular products, services or companies and organisations;
- Sponsorship should not be accepted from inappropriate sources, such as companies with dubious or doubtful backgrounds or who have poor financial or business practices;
- Any arrangements that could bring adverse publicity to the event or the health board.

Particular care should be taken when considering sponsorship from companies or organisation for which the health board has, or could

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	<p>have, contractual business arrangements. The above principles should be adhered to and a renewal or an award of a contract should not be influenced by any sponsorship arrangements.</p> <p>A sponsor would normally expect to receive a reciprocal benefit that may be beyond a modest acknowledgement, and companies may seek sponsorship for a number of legitimate business reasons. These include:</p> <ul style="list-style-type: none">• To raise the company's image and profile;• To improve public / community relations;• To generate public exposure and media coverage;• To differentiate the company from its competitors;• To increase profit/market share. <p>Careful consideration should always be given to understanding what a sponsor might gain from the arrangement and these should be in keeping with the principles listed above.</p> <p>Employees and Independent Members may, on occasion, be asked to provide an endorsement of an event, conference or training course that they have attended which was organised by a third party. Caution should be exercised in these circumstances, as it may not be appropriate to cite such an endorsement. It is also important to consider any potential future conflict for example, where the third party may be in the process of re-tendering for the work or be seeking commercial gain from the endorsement.</p> <p>The health board may also receive unsolicited proposals for sponsorship that are not in response to any action that the health board has taken. The health board should carefully consider such offers and ensure that the proposal meets the health board's requirements, standards and principals. The health board will need to ensure there are no conflicts of interest or that better value for money cannot be obtained by testing wider market interest.</p> <p>All sponsorship arrangements should be approved by the appropriate Director or Assistant Director.</p>
<p>Patterson, Liz 21/03/2025 15:58:39</p>	<p>9.5 Honoraria/Miscellaneous Payments</p> <p>An honorarium is an ex-gratia payment i.e. one which would not usually be expected to be provided.</p> <p>Employees may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one-off payment or honoraria is offered. If this activity is to be undertaken during hours when the employee is contracted to work for the health</p>

board, the payment should be made to the health board. Individuals may accept payment for activities that they undertake in their own time, subject to the provisions regarding outside employment contained within the various employee Contracts and Terms of Service.

No payment or honoraria should be accepted without the prior agreement of the appropriate Executive or Assistant Director. A Gifts, Hospitality, Honoraria and Sponsorship Form should be completed prior to the acceptance of any payment/honoraria.

N.B There are tax and national insurance contribution implications relating to honoraria that should be borne in mind as set out below:

- **Honoraria received for work undertaken during PTHB hours** - when appropriate authorisation has been granted to permit an employee to be involved in activity outside their normal contracted PTHB hours, any honoraria paid must be received back to the health board's revenue budget to reimburse the health board for the employee's time.

To ensure good governance, the honoraria must be paid into a revenue budget that is **not** managed by the employee who has provided their services during health board time.

To avoid personal tax implications, the employee is strongly advised to request the honoraria is paid directly to the health board. This is then seen as reimbursement to the health board to cover the loss of employee time, and not honoraria. This money will then be transferred into the health board's revenue budget. The employee who has undertaken the work must **not** be the budget holder for the budget receiving the funds in lieu of the honorarium to avoid any conflict of interest.

Where the employee receives the honoraria directly and then reimburses the health board, the employee remains liable for the payment of both tax and National Insurance Contributions (NIC), regardless of the final destination of the honoraria.

- **Honoraria received for work undertaken in an individual's own time (out of normal working hours or on authorised annual leave)** - individuals are personally liable for the payment of both tax and NICs on any honoraria payments received for work undertaken in their own time.

Where an employee wishes, a donation may be made to the health board's Charitable Funds in lieu of an honorarium. This must be received into the Charity's general fund. It is then for the Charity's

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trustees to determine how the donated funds should be used, with the principle being that the employee giving their own time should have no influence over how the donation is then used, to lessen the risk of this being interpreted as being of any benefit to them as 'income' in any sense.

In cases of doubt, employees should seek advice from the Head of Corporate Governance or the Board Secretary and should report any case where an offer of sponsorship or honoraria is pressed which might be open to objection. Instances where honoraria has been offered and declined should be declared on the Gifts, Hospitality, Honoraria and Sponsorship Declaration Form.

10 Use of the PTHB Logo

Permission needs to be obtained from the Director of Corporate Governance/Board Secretary or the Assistant Director of Communications and Engagement on all occasions where approaches are made by an outside organisation seeking to use the health board's logo in connection with an event or function. Any member of staff wishing to use the logo in connection with any non-health board related matter / event should also seek permission.

11 Research and Development

All research and development sponsored by commercial companies, including those sponsored by the pharmaceutical industry, must be approved by the appropriate mechanism, and governed by the specific policies and procedures. The Research and Development Department should be contacted in these circumstances to offer advice and support in this area.

12 Charitable Funds

There may be occasions when commercial organisations offer to pay monies into Charitable Funds as a way of funding attendances at courses or conferences. Monies paid into charitable funds from commercial companies must only be accepted as donations or for sponsorship. Where sponsorship is received, it should only be used to fund expenditure that is in line with the terms of the charitable fund's use. Such sponsorship should be declared on the Gifts, Hospitality, Honoraria and Sponsorship Form.

Expenditure from Charitable Funds and charitable fundraising within the workplace does not fall within the remit of this policy; however, there may be a close association. Further guidance is available from the health board's Head of Financial Services.

13 Secondary Employment and Private Practice

13.1 Secondary Employment (Paid, Unpaid or Self-Employed)

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PTHB's Secondary Employment Policy provides a framework for all employees who wish to undertake work for another employer alongside their PTHB role.

Employees should inform their line manager of any secondary employment (this includes paid, unpaid or self-employment) and ensure that this does not affect their health board employment. Declarations should be made via the Electronic Staff Record (ESR) system. There should be no conflict with their normal contractual employment obligations to the health board, and such work should not involve the use of any confidential or commercial information obtained in the course of their employment with the health board.

Failure to notify their line manager of secondary employment and/or private practice will invoke the health board's Disciplinary Policy.

Where employees have or are contemplating other employment, they must ensure this does not compromise their availability or physical or mental fitness to carry out their duties as an employee of the health board. Employees must also ensure this does not place them in a position where their judgement or actions might be influenced by considerations arising from their other employment.

Employees have a responsibility to ensure that their line manager is made aware of any hours worked in order that the health board fulfils its statutory requirement of the Working Time Directive; this is available via the following link.

<http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm>

An employee, absent because of sickness, is regarded as unfit to work and should not undertake any paid or unpaid work in any capacity (including self-employment) during a period of sickness absence from the organisation, unless it is deemed jointly by their manager and the Occupational Health Department to be therapeutically beneficial to their recovery. The manager in advance in all such cases must grant express written permission.

An employee found to be undertaking other work during sickness absence without the prior written consent of the manager may be considered in breach of contract and will be subject to disciplinary action that may result in the involvement of the Counter Fraud Department, the possibility of criminal investigation and/or dismissal. Such action will only be taken following advice from the Workforce & Organisational Development Department.

13.2 Private Practice

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There are codes of practice in place relating to private patient practice that clearly include the fact that private practice should not adversely affect NHS duties.

Failure to notify their line manager of secondary employment and/or private practice will invoke the health board's Disciplinary Policy.

The time spent in private practice does not count towards the 48 hours of the Working Time Directive Regulations, however, health and safety law indicates that no employee of the health board should work in a way detrimental to their health and performance.

For medical staff, the amendment to the consultant contract in Wales clarifies the relationship between NHS work, private work, and fee-paying work; in that it sets out that an NHS consultant's first responsibility is to the NHS. Participation in private medical services or fee-paying services should not result in detriment to NHS patients or services or diminish the public resources available for the NHS.

Employees should:

- Seek prior approval before taking up private practice.
- Declare where they practice (name of private facility); what they practice (specialty, major procedures); when they practice (identified sessions/time commitment).
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.

14 Managing Personal Relationships

A personal relationship includes a business/commercial or financial relationship, as well as any relationship where a close family relationship exists, for example, including mother, father, daughter, son, sister, brother (and including step and in-laws) partner, ex-partner (including spouse or cohabiter), civil partner. This definition is not exhaustive and therefore anyone who considers that they may be in a potential conflict of interest situation should declare it. The scope of the term "personal relationship" also applies to prospective staff that have a relationship with a current member of PTHB's staff, or where a relationship starts during employment with PTHB.

Situations where a personal relationship may expose staff to conflict of interest or bias include, but are not restricted to, the following:

- Perceived or alleged breaches of probity (understanding the limits of authority and acting within those limits)
- Unfair advantage/favouritism
- Breach of confidence/confidentiality
- Harassment or bullying
- Employee relations issues

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- Conflict of interest
- Any other issues perceived to be gained from the overlap of a personal and professional relationship.

In order to maintain the Health Board's integrity and reputation, it is necessary to acknowledge when personal and professional relationships overlap. It is recognised that there will be some relationships that may require an employee to withdraw from certain decisions or from undertaking certain duties to protect themselves and the Health Board from any conflict of interest, misuse of power or unfair bias. This applies to all members of the Health Board community including, but not exclusive to employees, Independent Board members, bank workers, agency workers, contractors and any third party engaged to work at the Health Board, including students on work placements, apprentices and volunteers.

- If employees have a professional or working relationship with someone that they consider having a personal relationship with, they must ensure that their relationship with the individual does not impact, or appear to impact, the ability to perform their role. Where a personal relationship exists or develops between employees who are in a line management or supervisory relationship at work, they must avoid participating in decisions that might raise the appearance of a conflict such as recruitment and selection, allocation of funding, appraisal, disciplinary matters, sign off of expenses or in any other management activity or process involving the other party.
- Employees must declare any existing or new personal relationships they have which involves a professional colleague and which may give rise to an actual or potential conflict of interest, misuse of power or unfair bias. If the employee is unsure whether or not the personal relationship could give rise to an actual or potential conflict of interest, misuse of power or unfair bias situation, the employee should contact Workforce and OD in the first instance for advice and guidance.
- If employees undertake a role of Investigating Officer or Hearing Officer under Disciplinary Policy, Grievance Policy, Dignity at Work Policy and Safeguarding Procedure they should disclose that to a Workforce and OD representative.
- Any breaches to the disclosure of the personal relationship may result in disciplinary action being taken against the employee. Any behaviour that is considered inappropriate (i.e., evidence of unfair bias/personal conflicts brought into the workplace) will be investigated under the All Wales Disciplinary Policy.

15 Rewards for Initiative

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Potential intellectual property rights (IPR) should be identified, as and when they arise, in order to protect and ensure that the health board receives any rewards or benefits (such as royalties) in respect of work commissioned from third parties, or work carried out by its employees in the course of their duties. The Intellectual Property Policy can be accessed here: [Intellectual Property Policy](#)

Most intellectual property is protected by statute e.g., patents are protected under the Patents Act 1977, and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988. Appropriate specifications and provisions should be built into contractual arrangements before they are entered into, before work is commissioned, or begins. Legal advice or advice provided via the Research & Development Department should be sought if in doubt in any specific cases.

With regard to patents and inventions, in certain defined circumstances the Patents Act gives employees a right to obtain reward for their efforts, and the health board should agree a suitable reward for individual circumstances as appropriate. Other rewards may be given voluntarily to employees who within the course of their employment have produced innovative work of outstanding benefit to the NHS. Similar rewards should be voluntarily applied to other activities such as giving lectures and publishing books and articles.

In the case of collaborative research and evaluative exercises with manufacturers, the health board should obtain a fair reward for the input its employees provide. If such an exercise involves additional work for an employee outside that paid for by the health board under their contract of employment, arrangements should be made for a share of any rewards or benefits to be passed on to the employee(s) concerned from the collaborating parties.

Care should be taken that involvement in this type of arrangement with a manufacturer does not influence the purchase of other supplies from them.

Employees are reminded that all information generated during the course of their employment with the health board is the property of the health board and remains so, irrespective of origin or authorship.

Conflicts of interest can arise when a member of staff who hold patents and other intellectual property rights, is involved in decision-making and procurement. In addition, where product development involves use of time, equipment or resources from the organisation, this can also create risks of conflicts of interest, and it is important that the health board is aware of this in order to manage it appropriately.

Employees are responsible for:

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- Declaring patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might reasonably be expected to be, related to items to be procured or used by the organisation.
- Seeking prior permission from the health board before entering into any agreement with bodies regarding product development, research, work on pathways, etc., where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest, then the management actions outlined in this policy should be considered and applied to mitigate risks.

Members of staff are also reminded of their responsibilities to ensure the correct use of copyrighted information.

16 Social Networking Sites

All employees must uphold the reputation of the health board, and their professional body where appropriate, at all times. This means that conduct online and conduct outside of work should be judged in the same way, and should be of a similar high standard.

The All Wales Social Media Policy sets out employees' responsibilities when using social media, and the implications involved.

The health board acknowledges that everyone has a right to express himself or herself using social media, but also recognises its role in offering advice on the safe use of social media and highlighting the responsibility of employees to be aware of the potential consequences of posting content on to publicly accessible platforms. There are risks to the individual and to the organisation if boundaries between an individual's private and professional life are blurred on social media, and it is important that employees are mindful of this, understand their role as ambassadors for the health board, and are conscious of the impact of their actions and words online, which may negatively affect the reputation and trust of the public.

The relationship with social media changes as soon as employees identify themselves or are identified as employees of NHS Wales or the health board. In these circumstances, they must make it clear that any views and opinions are personal and not necessarily those of the health board.

The health board reserves the right to monitor and log comments and references on social media sites, including those made by its employees, relating to itself, its employees, its services and the patients in its care as part

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of our wider duties to protect patients, staff and the organisation as a whole in line with relevant information governance requirements.

Failure to adhere to the All Wales social media Policy may lead to disciplinary action up to and including dismissal, depending on the individual circumstances of the case.

17 Time Keeping

The time of employees is a health board resource in the same way as the buildings and equipment. The health board spends a significant amount of its funding on salaries and wages; therefore it is essential that it receive the full value for this expenditure. Where an employee is occasionally late for work or may have to leave early, this does not necessarily present an issue provided it is discussed with the line manager concerned. What is not acceptable is where the employee falsifies time records to disguise absence or to claim attendance. Such action may constitute fraud and will be dealt with in line with the Health Board's Disciplinary Policy and Counter Fraud Policy and Response Plan.

Employees must ensure that all time keeping records are accurately completed and if an inadvertent error is noticed, their line manager notified immediately. The types of records where care should be taken are:

- on-call registers
- additional duty hours claims
- annual leave records
- shift registers
- sickness records, including "self-certification"
- expense claims
- bank claim forms
- domiciliary visit claims
- clock cards
- flexi/time-in-lieu sheets

18 Election Campaigns

All PTHB staff and Independent Members should take account of guidance for the pre-election period for UK Government, Welsh Government and Local Authority.

The general principles that should be observed during the period of elections are that, as at other times, NHS staff should not engage in activities which could give rise to the criticism that individuals paid from public funds are being used for party political purposes, or which distract attention unduly to election campaigns. These principles apply to the NHS at all times, but particular note should be taken in the period between the start of formal campaigns and polling day.

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All employees and Independent Members are requested to follow these guidelines:

- The NHS and its constituent bodies have no party-political affiliation. Nothing should be said or done NHS employees or Independent Members should not engage in activities which could give rise to the criticism that people paid from public funds are being used for party political purposes.
- No visits to Powys Teaching health board premises will be permitted by party political candidates and/or spokespeople for the purposes of personal canvassing. Party political meetings should not be held on NHS premises during the pre-election period. by any employee or Independent Member in their official capacity that suggests otherwise.
- Political posters should not be displayed in public areas on NHS premises. Other posters and advertising material purporting to be apolitical and published by other groups should be carefully scrutinised to ensure that they cannot be regarded as favouring or opposing a particular candidate or party.
- Existing health promotion campaigns can continue, but new campaigns and all high-profile publicity (large-scale mail drops, posters and advertising) should normally be deferred until after the elections.
- All enquiries from political parties and candidates should be directed to the Chief Executive's Office and treated even-handedly.
- All media enquiries should be directed through the health board's Engagement and Communication Department.
- Routine health board meetings that would normally be held in public may be held in the pre-election periods. Any public lectures given for educational purposes by the health board employees on health matters need not be cancelled or postponed but should avoid debate or speculation on the outcome of the election and any impact that might have on government health policy.
- NHS employees are free, in their private capacity, to engage in public debate or comment during the election period. However, they should not use NHS premises or equipment and should not make comments based on information not generally available to the public. It must be clearly stated that the views expressed are those of the individual and not of the health board.

Employees of PTHB or Independent Members standing for election as Senedd Members, Members of the UK Parliament or members of a Local Authority should notify their line manager and the Director of Corporate Governance so that appropriate advice and support can be provided, including in relation to contractual arrangements if elected.

Further advice on standards of behaviour during pre-election periods is available from the Director of Corporate Governance.

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A full copy of Welsh Government's most recent guidance document on conduct during election campaigns (Welsh Health Circular 2016/002) is available via the following link: <https://gov.wales/uk-general-election-2019-guidance-welsh-government-officials-whc2019035>

19 Failure to adhere to Standards of Behaviour Policy

If any employee or Independent Member fails to declare an interest or gift, hospitality, honoraria or sponsorship as defined within this policy or the Standards of Behaviour Framework, and then participates in a decision-making process where special favour is shown to unfairly award a contract; or abuses their official position or knowledge for the purpose of benefit to themselves or their family or friends' disciplinary action may follow. The action taken will depend on the individual circumstances and will be in accordance with the health board's Disciplinary Policy. Under some circumstances, failure to follow this policy could be considered gross misconduct.

In addition to any potential disciplinary action being taken, if there is any suspicion that fraud, corruption and/or bribery has been or is being committed, then all such cases must be reported at the earliest possible opportunity to the Local Counter Fraud Specialist (LCFS) within the health board. This is also extended to include the inappropriate acceptance of any gifts, hospitality, honoraria or sponsorship.

Furthermore, if an employee breaches the Standards of Behaviour Policy or Framework, this could in certain circumstances result in notification/reporting to the appropriate professional codes of conducts/registration/memberships i.e. Health Professions Council (HPC), General Medical Council (GMC), Nursing and Midwifery Council (NMC), etc. This could incur registrations being revoked and employees no longer continuing to be employed in their current position within the health board.

Failure to declare a relevant interest by an Independent Member of the health board will be reported by the Chairman to the Minister for Health and Social Services.

20 Equality

The health board is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflects their individual needs and does not discriminate against individuals or groups.

The health board has undertaken an Equality Impact Assessment to establish whether there are any possible or actual impacts that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

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The assessment found that there was **no impact** to the equality groups mentioned above. Where appropriate, the health board will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

21 Resources

The implementation and management of the arrangements associated with this policy and the Standards of Behaviour Framework do not present any significant resource implications to the health board.

22 Training

All staff are required to comply with this Standards of Behaviour Policy. Whilst there are no particular training requirements or formal training programmes in place to ensure implementation of the policy, each Executive/Assistant Director and Service/Departmental Manager must ensure that all employees are made aware of the policy provisions and that they are adhered to at all times.

Awareness of the importance of compliance with the policy will require reference to it in induction programmes, during Performance Appraisal Development Reviews, Consultant Appraisals, Consultant Job Plan Reviews and at times when employees and Independent Members are invited to make declarations.

23 Implementation

The Register of Interests, and Gifts, Hospitality, Honoraria and Sponsorship will be maintained by the Corporate Governance Department. The Department will also be responsible for issuing periodic communications to employees and Independent Members to encourage to declare interests, gifts, hospitality, honoraria and sponsorship.

To ensure that all employees and Independent Members are aware of their responsibilities concerning declaring interests, gifts, hospitality, honoraria and sponsorship, a number of communication methods will be utilised to raise awareness. Targeting of specific groups and forums will also be undertaken to raise awareness of the policy such as corporate and local induction.

Executive/Assistant Directors and Service/Departmental Managers will need to be aware of their responsibilities for advising employees accountable to them of their responsibilities in connection with the policy.

24 Publication of Registers

The Register of Interests and the Register of Gifts, Hospitality, Honoraria and Sponsorship will be published on the health board's internet site. An updated version will be added to the website at least annually. When making a

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declaration, employees and Independent Members are able to make representations that information on their interests or offers of gifts, hospitality, honoraria and sponsorship received, should not be published. This will allow for, in exceptional circumstances, an individual's name and/or other information to be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law.

An interest will remain on the public register for a minimum of 6 months and no more than 12 months after the Corporate Governance team, on behalf of the Board Secretary, has been informed that the interest has expired. A record of historic interests will be retained by the health board for a minimum of 6 years after the date on which it expired.

25 Audit and Monitoring

The Director of Corporate Governance/Board Secretary is responsible for the monitoring of this policy and its formal review every three years.

The Director of Corporate Governance/Board Secretary will arrange for the Declarations of Interest Register and an overview of the gifts, hospitality, honoraria and sponsorship activities within the health board to be presented to the Audit, Risk and Assurance Committee at the end of each financial year.

The Audit, Risk and Assurance Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests, gifts, hospitality, honoraria and sponsorship at least annually.

Audit Wales and Internal Audit may also review the arrangements in place from time to time with their findings reported to the Audit, Risk and Assurance Committee.

26 Distribution

The Standards of Behaviour Policy will be made available via the PTHB internet and intranet sites. Where employees do not have access to these sites, their line manager must ensure that they have access to a copy of this policy.

A reminder to all staff, together with a link to the policy will be circulated on a bi-annual basis to inform staff of the need to declare any interests and report offers of gifts, hospitality, honoraria and sponsorship.

Managers also have a responsibility to bring this policy to the attention of their staff. New members of staff will be made aware of this policy as part of the corporate induction process

27 Confidentiality

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As set out in employees' job descriptions, all employees may have access to confidential information about patients, staff or health service business. On no account must such information be divulged to anyone who is not authorised to receive it. Confidentiality of information must be preserved at all times whether at or away from work. Any breach of such confidentiality is considered a serious disciplinary offence, which may be liable to dismissal and/or prosecution under current statutory legislation; Data Protection Act 2018, General Data Protection Regulation (EU 2016/679), or any subsequent legislation to the same effect) and the health board's Disciplinary Policy. Any breach of confidentiality may lead to disciplinary action and may be regarded as gross misconduct justifying summary dismissal.

Where employees are unsure about the use or sharing of patient identifiable information, advice should be sought from the health board's Caldicott Guardian.

28 Please read in conjunction with:

Standing Orders & Standing Financial Instructions

- All Wales NHS Disciplinary Policy
- Confidentiality Policy
- Counter Fraud Policy & Response Plan
- Bribery Policy
- Secondary Employment Policy
- All Wales Policy
- Intellectual Property Policy Good Governance Guide for NHS Wales
- All Wales Procedure for NHS staff to Raise Concerns (AW document)
- All Wales social media Policy

29 Acknowledgements

This policy has been reviewed against the following Health Board / Trust policies across Wales:

- Aneurin Bevan University Health Board – Policy for Standards of Business Conduct (July 2023)
- Betsi Cadwaladr University Health Board - Standards of Business Conduct Policy (May 2024)
- Cardiff and Vale University Health Board - Standards of Behaviour Framework Policy (November 2022)
- Hywel Dda University Health Board - Standards of Behaviour Framework Policy (August 2022)
- Public Health Wales - Declarations of Interests, Gifts, Hospitality and Sponsorship Policy and Procedure for review March 2024)
- Velindre NHS Trust - Standards of Behaviour Framework Policy for review October 2022
- Welsh Ambulance Services NHS Trust – Gifts, Hospitality, Interests, Commercial Sponsorship and Fundraising Policy (July 2023)

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Appendix B - Standards of Behaviour Framework

The Board has established its Values and Behaviours Framework for **all** staff working within the health board. The behaviours underpin the values that we, as an organisation, want to portray and as such they outline the behaviours in our interactions with colleagues, patients, public and service users, partners and stakeholders. Our values and behaviours are key to making Powys a “great place to work”. They are the basis of all of our practices which will support a culture of continuous improvement and high performance.

To support this, all employees and Independent Members must ensure that they carry out their roles with dedication and commitment to the health board and its core values.

All employees and Independent Members must have the highest standards of corporate and personal conduct and behave in an exemplary manner based on the health board principles

To uphold these principles you must: -

- a. Ensure that the interests of patients and the public remain paramount;
- b. Be impartial and honest in the conduct of your official business;
- c. Use NHS resources to the best advantage of the service and the patients, always seeking to ensure value for money;
- d. Not abuse your official position for personal gain or to benefit your family or friends;
- e. Not seek advantage or to further private business or other interests in the course of your official duties, and;
- f. Not seek or knowingly accept preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the health board.

The Standards of Behaviour Policy outlines the arrangements within the health board to ensure that staff comply with these requirements, including recording and declaring potential conflicts of interest and handling of gifts, hospitality, honoraria and sponsorship (even if these are declined).

It is your responsibility to ensure that you are familiar with the requirements of the policy and supporting guidance. The relevance of

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this information will vary depending on your role within the health board and your interests outside of your employment.

In summary:

Do:

- Make sure that you are not in a position where your private interests and NHS duties may conflict.
- Declare any relevant interests. These include:
 - a) Directorships, including Non-Executive Directorships held in private companies or Public Limited Companies (PLCs), with the exception of dormant companies;
 - b) Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the health board. This includes shareholdings, debentures or rights where the total nominal value is £50,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;
 - c) Sponsorship or funding from a known NHS supplier or associated company/subsidiary;
 - d) A position of authority in a charity or voluntary body in the field of health and social care;
 - e) Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests;
 - f) Self-employment or employment by any other body. This includes the undertaking of agency working and private practice;
 - g) Research funding / grants that may be received by an individual or their department;
 - h) Any existing or new personal relationships which involve a professional colleague and which may give rise to an actual or potential conflict of interest, misuse of power or unfair bias.

If in doubt, declare it!

- Remember that the need to declare an interest also includes those of your close family and possibly friends.
- Seek your manager's permission before taking any outside work, including self-employment, in accordance with employment terms and conditions.
- Obtain your Executive/Assistant Directors permission before accepting any commercial sponsorship or hospitality;
Declare offers of gifts, hospitality or sponsorship using the appropriate form where required.

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Do not:

- Accept any gifts from suppliers or commercial organisations unless they are of low value e.g. pens, diaries;
- Accept any gifts over the value of £25 from patients or their relatives, these should be politely declined;
- Accept any inappropriate hospitality or sponsorship from suppliers or commercial organisations;
- Abuse your position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in your dealings with commercial organisations;
- Use NHS resources for your own private use.

If you need any further guidance please contact:
powysdirectoratorporategovernance@wales.nhs.uk

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Appendix C

Full Name:		Position/Title:		Department :	
<i>What has been donated- tick from the following options:</i>					
Gift:		Accepted:		Declined:	
Hospitality:		Accepted:		Declined:	
Sponsorship:		Accepted:		Declined:	
Honorarium:		Accepted:		Declined:	
Event Details including location (if applicable)					
Start Date of Event (if applicable)			End Date of Event (if applicable)		
Description (including description of gift, course title, fees, travel, accommodation (if applicable))					
Name of Sponsor/Donor/Organisation/Company :					
Address of Sponsor/Donor/Organisation/Company					
Are you aware of any current or future commercial relationship with the provider of the gift/hospitality/sponsorship/honorarium?					
Exact/Approximate Value:					
Travel					
Accommodation					
Meals/refreshments					
Conference/registration fees					
Other (please specify)					
Study Leave required		Yes:	No:	Not applicable:	
Has a study form been completed?		Yes:	No:	Not applicable:	
Annual leave required?		Yes:	No:	Not applicable:	

DECLARATION:

I understand:

- That the information submitted will be held by the Health Board for personnel or other reasons specified below to comply with the Health Board Policies and Procedures.
- This information may be held in both manual and electronic form in accordance with relevant legislation.
- Information may be disclosed to third parties in accordance with the Freedom of Information Act, and published in registers that the Health Board holds and makes available in the public domain.
- This information will be available in its entirety for public inspection.
- That copies of my declaration form will be shared with relevant functions to support year-end reporting e.g. Finance and Procurement.
- I understand that declarations will be published unless there are exceptional circumstances as to why they should not be – please see box below.

I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make a false statement

By ticking this box, I understand that I am indicating that I consider that there are exceptional circumstances as to why my declaration should not be published

PLEASE NOTE: If you have ticked the above box, the Corporate Governance Function will make contact to establish if you have reasonable grounds for your declaration to be excluded on registers that the Health Board holds and publishes.

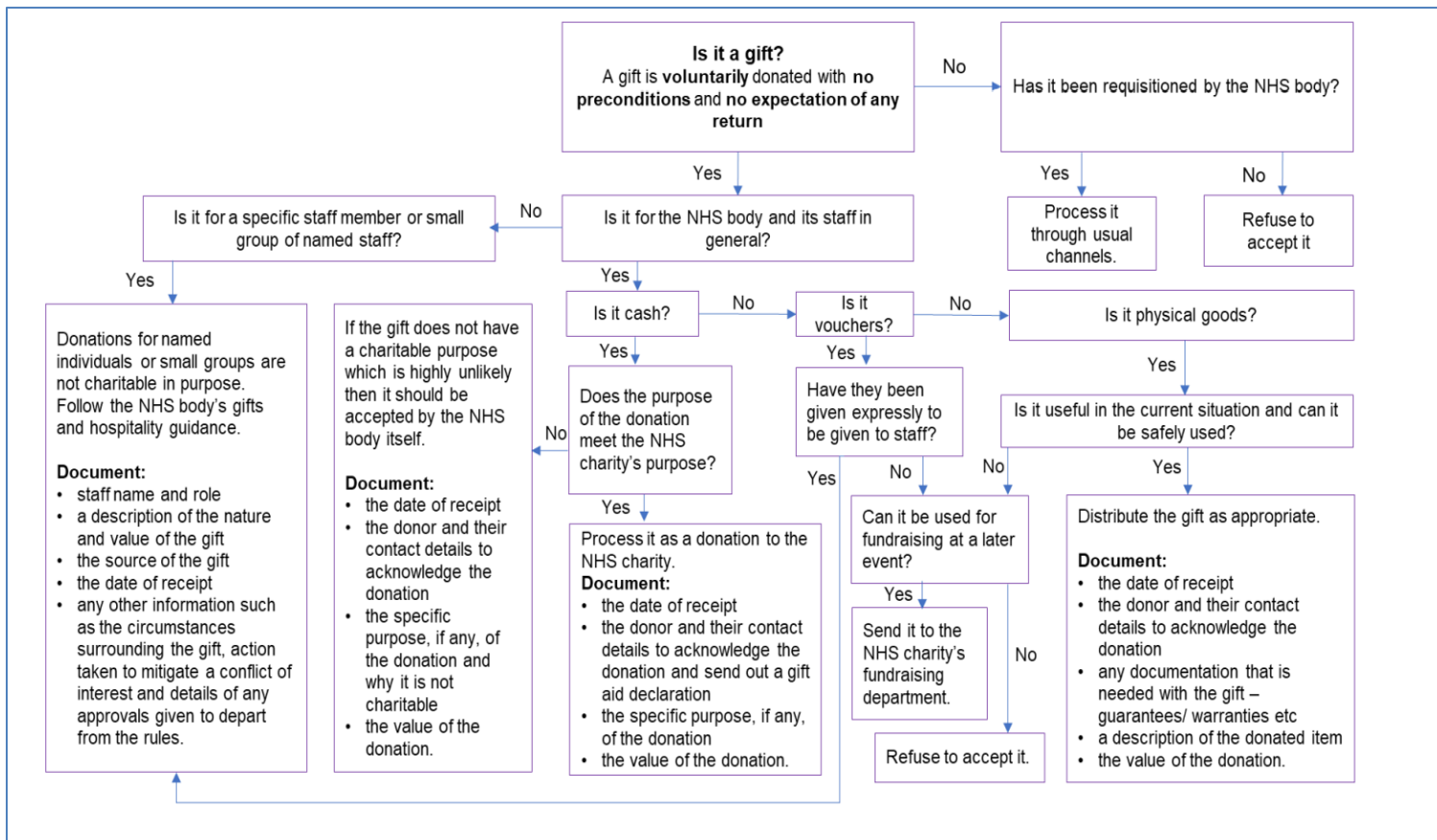
Signature of Applicant:	Date:
Approved by (Director/Executive Director) Print Name:.....	Date

Approved by (Director/Executive Director)
Print Name:.....
Liz Peterson
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Signature:.....	
Please return the completed approved declaration form to powysdirector@wales.nhs.uk	
For Corporate Governance Team competition only:	
Recorded on the Register of Gifts/Hospitality & Sponsorship: Print Name:..... Signature:.....	Date:

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Appendix D – Factors to consider when a donation is received



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Powys Teaching
Health Board

How to Record a Conflict of Interest via ESR

February 2025

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Introduction

- ❖ Declarations should be made as soon as reasonably practicable and within 28 days after the interest arises. This user guide will help you declare any conflicts of interest using ESR.
- ❖ If individuals are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or e-mailing an enquiry to Powysdirector@wales.nhs.uk
- ❖ Employees who do not have access to ESR (for example: immediately on appointment, General Practices, Volunteers) should complete the Declaration of Interest Form here: <https://forms.office.com/r/Na61Qjr3YJ?origin=lprLink>
- ❖ PTHB Standards of Behaviour Policy can be found here: [CGP 003 Standards of Behaviour Policy Incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship.pdf](#)

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How to Record a Declaration of Interest

- ❖ Using the Internet, search for www.myesr.nhs.uk and Login to your ESR homepage
- ❖ Use the Navigation tool on the left side bar and click '**My Personal Information**' which will navigate you to a Conflict of Declaration option. (A customised link will also be available via the rotating banner at the top of the page for quick access)
- ❖ Click the '**Conflict of Interest Declaration**' link. The Conflict of Interest Declarations Employee Summary page will be displayed.
- ❖ Click the '**Add Declaration**' option to enter a new Declaration.



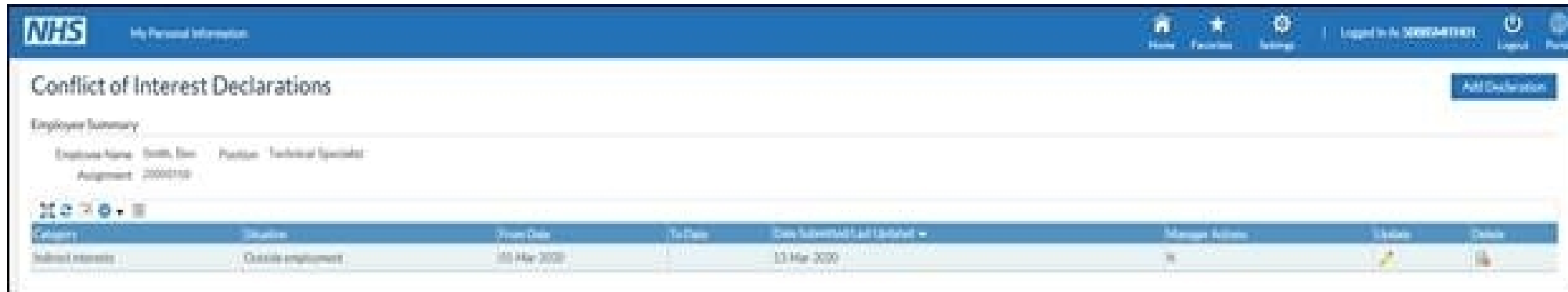
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How to Record a Declaration of Interest

- Click in the '**Description**' field and enter any details regarding the conflict as applicable. (This is an optional field.)
- Ensure the appropriate **Category** and **Situation** must be entered.
- The '**Date From**' and '**Date To**' field will default to the current date, ensure this is amended to reflect when the interest arose and, if relevant, when it ceased.
- Click in the '**Comments**' field and enter any further details regarding the conflict as applicable. (This is an optional field.)
- The '**I give my consent for this information to be published on registers that my Organisation holds checkbox**' will be ticked by default. (Please ensure that you read and agree to the disclaimer.)
- Click the '**Apply**' button.

How to Record a Declaration of Interest

- The declaration will be displayed on the Employee Summary page.



- Additional declarations can be recorded as required. Should the details of the conflict change, the record can be amended by using the '**Update**' icon. You may also add comments for the approver in the **Comments to Approver** box.
- Click the **Home** button to return to the Employee Self Service homepage or click the **Portal** icon to return to the My ESR Dashboard.

Submitting a NIL Declaration

- Fields that are prefixed with an * are mandatory.
- If there are no conflicts to declare the '**I have no interests to declare**' checkbox should be ticked and the record saved.



The screenshot shows the NHS 'My Personal Information' portal. The main heading is 'Declare a Conflict of Interest'. At the top right, there are navigation icons for Home, Favorites, Settings, and a user profile section showing 'Logged in as: S0003487168' with 'Logout' and 'Profile' options. Below the heading, there is a checkbox labeled 'I have no interests to declare'. Underneath, there are two dropdown menus for 'Category' and 'Situation'. A large text area for 'Description' is provided. Below that, there are 'Date From' and 'Date To' fields with calendar icons. A 'Comments' text area is at the bottom. At the very bottom, there is a consent statement and a checkbox for 'I give my consent for this information to be published on registers that my Organisation holds'. 'Apply' and 'Cancel' buttons are located in the top right corner of the form area.

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Summary

- Declarations made by employees are available to Managers and Supervisors to review.
- Clicking the '**Conflict of Interest Declaration**' option will open the hierarchy where the Conflict-of-Interest action can be selected for a given employee.
- If a manager has recorded any actions against a conflict-of-interest declaration, the Manager Actions column on the Employee Summary page will show a '**Y**' flag:
- Click the **Update** icon to view the details.
- Details of any manager actions are displayed. These are read only and cannot be updated.
- Click the **Home** button to return to the Employee e or click the **Portal** icon to return to the My ESR Dashboard.



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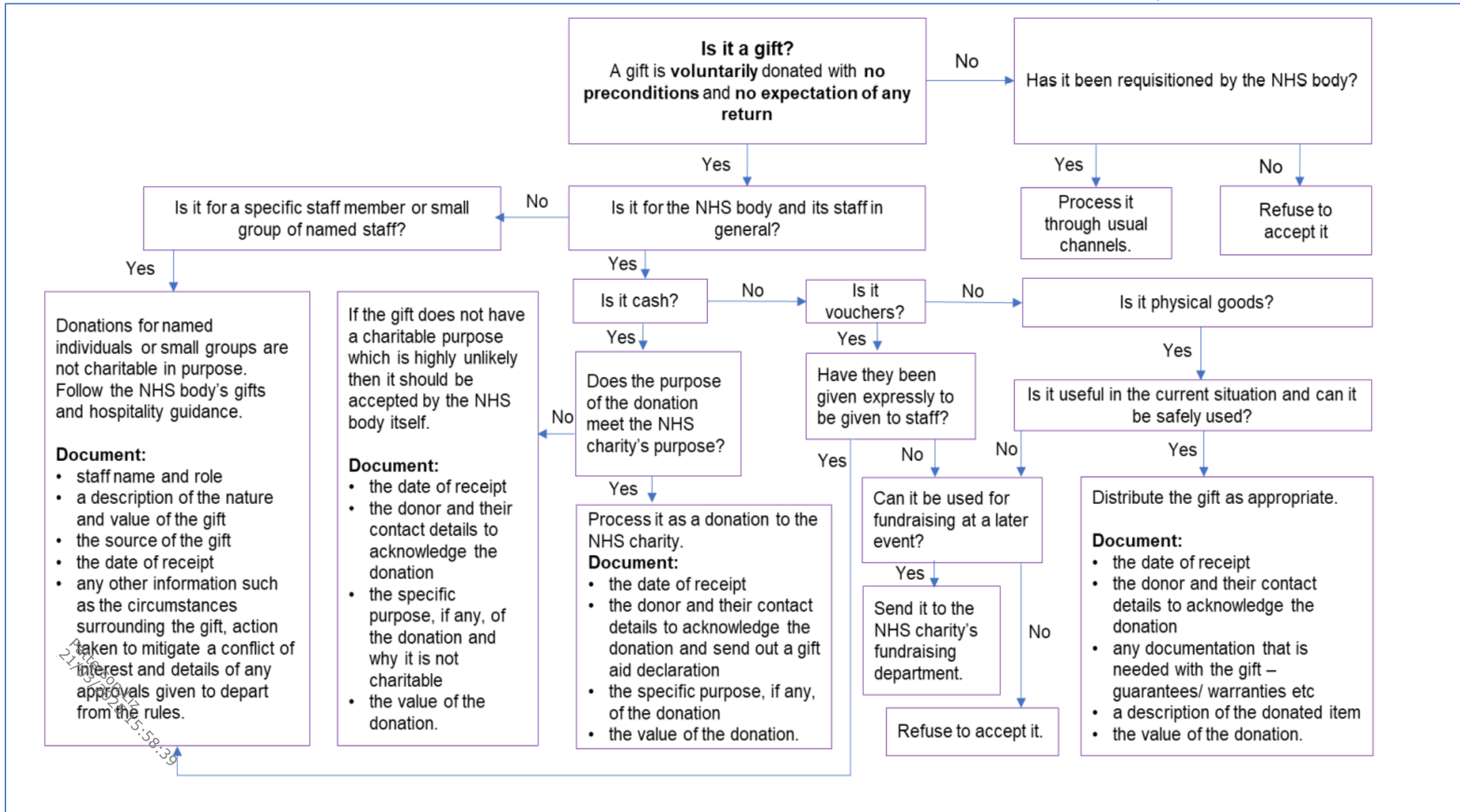
Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Thank you

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Appendix C: Factors to consider when a donation is received.

You must declare any gifts received and to Corporate Governance at: powysdirectorate.corporategovernance@wales.nhs.uk





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Agenda item: 3.5

BOARD		Date: 26 March 2025
Subject:	Risk Management Framework	
Approved and presented by:	Helen Bushell, Director of Corporate Governance & Board Secretary	
Prepared by:	Deputy Board Secretary	
Other Committees and meetings considered at:	<ul style="list-style-type: none"> • Risk and Assurance Group – 11 February 2025 • Executive Committee – 5 March 2025 – who endorsed the framework. • Audit, Risk and Assurance Committee – 11 March 2025 - who recommend the framework to the Board. 	
PURPOSE:		
To provide the Board with the revised Risk Management Framework for approval.		
RECOMMENDATION(S):		
The Board is asked to: <ul style="list-style-type: none"> • APPROVE the revised Risk Management Framework. 		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The effective management of risk is a key enabler of the achievement of the Health Board's wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The Risk Management Framework (RMF) sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

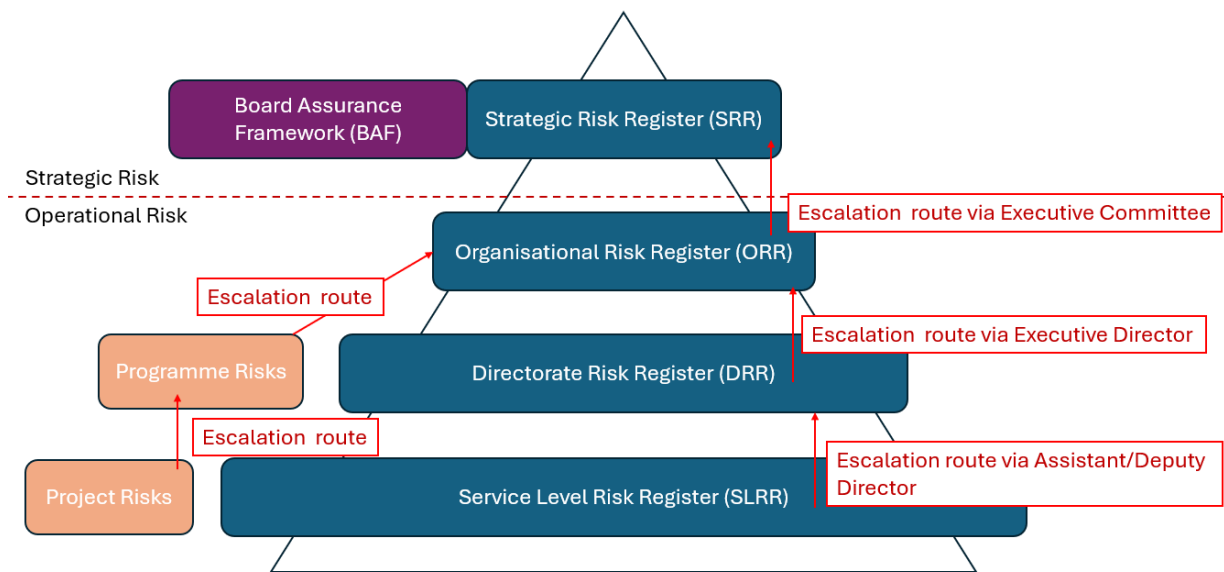
The revised RMF proposes the first material changes to the structure deployed to manage risk since 2019. The key fundamental change proposed is the closure of the current Corporate Risk Register, to be replaced with a Strategic Risk Register, owned by the Board and an Organisational Risk Register, focused on significant and cross-organisation operational risk, owned by the Executive Committee. Both registers will be co-ordinated by the Corporate Governance Team.

This creation of an additional risk register focused on significant operational risk will allow greater focus on the risks to Health Board's strategic objectives at Board level, as well as more dynamic escalation, oversight and management of significant, cross-organisational operational risks by the Executive Team.

If endorsed the Strategic Risk Register will be developed over the coming weeks in accordance with the Strategic Priorities outlined in the Integrated Plan 2025/26. An outline position is due to be presented and further developed at the forthcoming Board Development on 10 April 2025. This outline position will then be further developed in partnership with Executive Directors to provide a full Strategic Risk Register to the Board on 21 May 2025. The Corporate Risk Register will then be formally closed following confirmation of future management actions regarding the current Corporate Risks.

The system of Directorate and Service Level Risk Registers will remain unchanged.

A schematic of the proposed structure is included below:



It is recognised that an effective programme of training and support will be essential the effective implementation of the revised framework. Implementation will be supported by a suite of training, guidance and support which is currently under development by the Corporate Governance Team. This will include a revised Risk Management Toolkit, which will return to the Audit, Risk and Assurance Committee on 8 July 2025 for approval.

The framework also recognises that 2025-26 will be a transitional year in regard to Health Board’s risk management arrangements as a result of the transition to the Datix Cloud system as the mechanism for managing operational risk registers within the organisation, and the further work due to be undertaken to develop our approach to risk management in partnership and ensure the integration with the development of our Partnership Governance Framework.

The framework has also been updated to:

- clarify processes in relation to escalation and de-escalation;
- ensure currency with revised organisational structures, systems and processes; and
- align with established risk management guidance and best practice.

NEXT STEPS:

If approved, the Strategic Risk Register will be developed over the coming weeks in accordance with the Strategic Priorities set out in Integrated Plan 2025/26. An outline position is due to be presented and further developed at the forthcoming Board Development on 10 April 2025. It is the expectation that a full Strategic Risk Register will be available for reporting to the Board in May 2026, alongside a report formally recommending the closure of the current Corporate Risk

Register, and confirming the actions undertaken to appropriately manage any amended or de-escalated Corporate Risks. The Organisational Risk Register will be developed throughout Q1 of 2025/26 and a reporting schedule into the Executive Committee and the Board will be agreed.

Following approval by the Board, the Corporate Governance Team will also:

- Promote the revised RMF via the appropriate channels;
- Support the Board to review its Risk Appetite Statement in April/May 2025;
- Refresh the Risk Management Toolkit to reflect the changes to the RMF, for presentation to the Audit, Risk and Assurance Committee on 8 July 2025 for approval;
- Continue to support the implementation of the Datix Cloud Risk Management Module to enable a 'go live' of the system by September 2025;
- Develop and deliver a programme of Risk Management Training to support both the refreshed RMF and Toolkit and the transition to Datix Cloud;
- Further develop the Board Assurance Framework alongside the Strategic Risk Register;
- Review the Risk Management Framework in November 2025, and every 2 years thereafter.

APPENDICES

a. PTHB Risk Management Framework

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both	
Safe			X		Effective management of risk enables proactive and preventative use of actions and mitigations to reduce undesired effects and promote a culture continuous improvement.
Timely			X		
Effective			X		
Efficient			X		
Equitable					
Person Centred			X		
Workforce			X		
Leadership			X		
Culture					
Information			X		
Learn, Improve, Research			X		
Whole Systems Approach			x		

EQUALITY:

	No impact	Negative	Positive	Both	
Age	X				There are no identified impacts on equality.
Disability	X				

Gender reassignment	X			
Marriage / civil partnership	X			
Pregnancy / maternity	X			
Race	X			
Religion or Belief	X			
Gender	X			
Sexual Orientation	X			
Welsh Language	X			
Socio-economic status	X			
Social exclusion	X			
Carers	x			

RISK ASSESSMENT:

	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical	X			
Financial	x			
Corporate	X			
Operational	X			
Reputational	X			

The Risk Management Framework sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

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RISK MANAGEMENT FRAMEWORK MARCH 2025

Document Number:	CGP005	Classification	Corporate
Version No:	Approved by:	Date of Approval:	Date of Issue:
V5.0	Board	TBC	TBC
Review Date:	March 2025		
Brief Summary of Document:	This document aims to set out the organisational arrangements for developing and embedding risk management processes in Powys Teaching Health Board.		
Scope:	<p>This framework applies to all employees of the Health Board; Board members; agency staff; contractors brought in to undertake work on behalf of the Health Board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the Health Board, including those related to the commissioning of services.</p> <p>Managers at all levels within the Health Board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the Health Board.</p>		
To be read in conjunction with:	<ul style="list-style-type: none"> • PTHB Board Assurance Framework • PTHB Strategic Commissioning Framework and Commissioning Assurance Framework 		
Owning Committee	Audit, Risk & Assurance Committee		
Document Owner:	Director of Corporate Governance / Board Secretary	Document Author:	Deputy Board Secretary

Reviews and updates

Version no:	Summary of Amendments:	Date Approved:
2.2	2017 Version Updated to reflect changes in risk management arrangements and organisational realignment	September 2019
3.0	2019 Version Updated to reflect changes in risk management arrangements and organisational realignment	November 2021
4.0	2021 Version Updated to reflect changes in risk management arrangements and organisational realignment	November 2022
5.0	2022 version updated to reflect changes in risk management arrangements and organisational realignment	March 2025

Glossary of terms

Term	Definition
Risk	The effect of uncertainty on objectives. An effect may be positive, negative, or a deviation from the expected. In addition, a risk is often described as an event; a change in circumstance; or a consequence.
Risk management	The process which aims to help organisations understand, evaluate and take action on all their risks, with a view to increasing the probability of success and reducing the likelihood of failure.
Risk management framework	Organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management processes throughout the organisation.
Risk architecture	Risk architecture is the organisational arrangements for risk management detailing the roles, responsibilities and the lines of communication for reporting on risk management.
Risk assessment	A systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).
Risk treatment	The development, selection and implementation of risk treatment strategies and controls.
Risk appetite	The amount of risk that an organisation is willing to pursue in order to meet its strategic objectives.
Risk tolerance	Whilst risk appetite is about the pursuit of risk, risk tolerance is about what an organisation can actually cope with.
Risk owner	The person with the authority and accountability to make the decision to treat, or not to treat the risk.
Strategic risks	Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence.

Operational risks	Risks that are by-products of the day-to-day running of the Health Board and may include risks such as to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e. delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.
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1. The Board's Statement

The Board is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Health Board's governance framework and system of internal controls.

The Board is committed to having a risk management culture that underpins and supports the business of the Health Board; providing and securing high quality care in a safe environment, that is compliant with legal and regulatory requirements; meeting objectives; and, promoting its values.

The Board intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation by:

- Ensuring a dynamic approach to strategic risk management to support achievement of the Health Board's vision, aims, and strategic objectives;
- Promoting considered risk taking, within authorised and defined limits in-line with the Board's Appetite for Risk (see Risk Appetite Statement at Appendix A);
- Adopting an integrated approach to risk management that includes risks related to clinical care, professional standards, health and safety, staff wellbeing, financial and business planning, workforce planning, corporate and information governance, performance management, project / programme management, research and development;
- Embedding effective risk management systems and processes within the organisation and promoting the ethos that risk management is **everyone's** business, with clearly defined roles and responsibilities;
- Creating an environment that is as safe as is reasonably practicable, by ensuring that risks are continuously identified, assessed and appropriately managed, i.e. where possible eliminate, transfer or treat risks to an acceptable level;
- Fostering an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning;
- Establishing clear and effective communication mechanisms that enable a comprehensive understanding of risks at all levels of the organisation by the use of directorate, specialist and organisational-wide risk registers; and
- Providing appropriate training to staff to ensure effective implementation of risk management arrangements.

2. Purpose of the Risk Management Framework

This document sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

The Framework seeks to ensure:

- that risk management is an integral element of the Health Board's culture;
- that the Health Board's risks in relation to the delivery of services

(provided and commissioned) and care to patients are minimised through effective risk management practices;

- that the wellbeing of patients, staff and visitors is optimised;
- that the resources of the Health Board are protected;
- the implementation and ongoing management of a comprehensive, integrated (clinical and non-clinical) approach to the management of risk across the organisation;
- that the Board receives adequate assurance to ensure that strategic and operational risks are being managed effectively; and
- clarity in regard to respective responsibilities for strategic and operational risk management for the Board, Board Committees, relevant groups and staff throughout the organisation.

Should you have any queries in relation to this framework or an associated document please contact:

powysdirectorate.corporategovernance@wales.nhs.uk

3. Scope of the Risk Management Framework

This framework applies to all employees of the Health Board; Board members; agency staff; contractors brought in to undertake work on behalf of the Health Board, for example capital and estates works; students; locums; volunteers; individuals employed on honorary contracts; and, other third parties engaged in Powys Teaching Health Board business. It applies to all activities of the Health Board, including those related to the commissioning of services.

Managers at all levels within the Health Board must take an active lead to ensure that risks are managed effectively and to support the development of a risk aware culture within the Health Board.

4. The Board's Appetite for Risk

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk.

The Board is not open to risks that materially impact on the quality, safety or access to, services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which the Health Board operates.

The Board has greatest appetite to pursue innovation, and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Board’s Risk Appetite Statement, which is included at Appendix A, has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas. Our risk tolerance may be cautious, in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The Health Board will always aim to operate organisational activities within the levels defined within the Risk Appetite Statement. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

5. The Risk Management Process

Risk Management is the systematic application of management policies, practices and procedures to the task of identifying, analysing, assessing, treating and monitoring risk in a way that will enable organisations to minimise losses and maximise opportunities.

The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation. The process is defined in four key steps:



The Orange Book (2023)

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1. Risk Identification and Assessment

The Health Board cannot manage risk effectively unless it knows what the risks are. Risk identification is therefore vital to the success of the organisation's risk management process, and ultimately the safe delivery of care.

Assessment and scoring of risk are used to determine the level of risk, using the Health Board's risk matrix to ensure a consistent approach is adopted across the organisation.

2. Treatment

Treatment is how the risk will be managed, and what the required actions are to achieve an acceptable level of risk. All risks are recorded on a risk register, which is a formal record of the risks that the Health Board has identified.

3. Monitoring

Part of managing risk is to continually review and update, and to capture the changes and progress of mitigation.

4. Reporting

Risk reporting supports the organisation to assess whether decisions are being made within its risk appetite to successfully achieve objectives, to review the adequacy and effectiveness of internal controls, and to decide whether any changes are required to re-assess strategy and objectives, revisit or change policies, reprioritise resources, improve controls, and/or reconsider their risk appetite/tolerance.

The Health Board's detailed guidance in support of the risk management process is included in the risk management toolkit on the staff [intranet](#) and includes guidance on how to identify, assess, treat and monitor risks. The toolkit is due to be reviewed over the course of 2025-26 to align to revised Risk Management Framework.

6. Levels of Risk

The Risk Management Framework defines three levels of risk:

1. **Strategic Risks** – Risks that represent a threat to achieving the Health Board's strategic objectives or its continued existence. Strategic risks are recorded in the Board's Strategic Risk Register (SRR). The SRR provides an organisation-wide summary of significant risks that have the potential to hinder achievement of one or more of the Health Board's strategic objectives. Strategic Risks are owned by the Board, and are reviewed and monitored by the Executive Committee
2. **Operational Risks** – Risks that represent a threat the day-to-day activities of the Health Board. Operational risk registers may include risks such as to the achievement of directorate or service objectives; the day-to-day operation of the directorate or service, i.e., delivering a safe and sustainable service for patients; and risks in regard to any legislation or standards that the directorate or service should be compliant with.

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The Health Board is currently in a period of transition, with the adoption of the Datix Cloud Risk Module as our system for recording, and reporting on operational risks due to be completed in 2025/26.

There are three levels of operational risk register within the organisation:

- Organisational
- Directorate
- Service Level

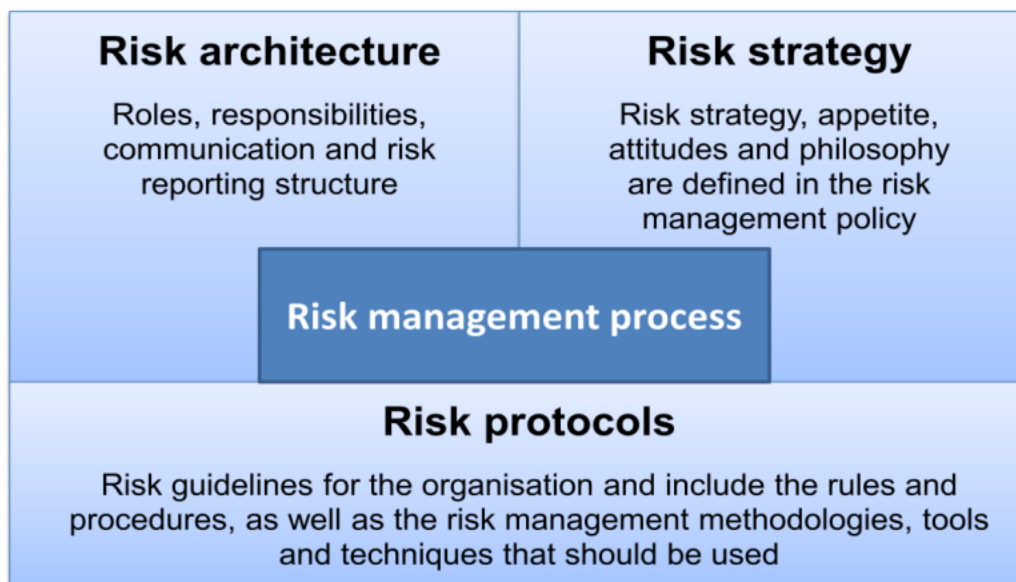
3. **Project/Programme Risks** – Risks that may impact on the delivery of a programme of work or project. All significant projects must be risk assessed before they are progressed, with each project required to have a separate risk register.

Powys Teaching Health Board is predominantly a commissioning organisation, buying services on behalf of the population from a wide range of providers including primary care contractors; independent sector care homes; ambulance services; district general hospitals; and other specialist hospitals. The Health Board's **Integrated Performance and Quality Framework** helps to identify and escalate and mitigate emerging patterns of poor performance and risk in health services used by Powys patients. Through this process, risks may be identified for recording in local or directorate risk registers or the Organisational Risk Register, dependent upon the level and type of risk.

7. Risk Architecture and Escalation

Risk architecture is the organisational arrangements for risk management detailing the roles, responsibilities and the lines of communication for reporting on risk management. A risk register provides an agreed, standardised approach to recording of the significant risks that have been identified through the risk assessment process, ownership of those risks, and will also serve as a record of the control activities that are currently undertaken to manage or mitigate the risk. It will also provide a record of the additional actions that are proposed to improve 'control' of risks (i.e., to treat the risk further), including responsibility and timescales for implementation. Effectively used, a risk register will not only drive risk management but should be used to inform decision-making processes. Risk registers are also used to provide assurance that risks are being managed appropriately and effectively.

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Fundamentals of Risk Management (2020)

Recording of Strategic Risk

Strategic risks are recorded in the Board's Strategic Risk Register (SRR). The SRR provides an organisation-wide summary of significant risks that have the potential to hinder achievement of one or more of the Health Board's strategic objectives.

The risks contained in the SRR are further scrutinised within the Health Board's Board Assurance Framework (BAF). The Board Assurance Framework provides a structure and process that enables the Health Board to focus on the key control gaps, assurance gaps and risks that may compromise the delivery of its strategic objectives. The BAF is more than a risk register as it provides assurance on the effectiveness and adequacy of the controls in place to manage the Health Board's Strategic Risks. It should support effective decision-making and inform Board agendas in addition to providing assurance on the system of internal control. It also ensures that the assurance mechanisms operating across the Health Board are fully aligned to support the Chief Executive as the Accountable Officer, and the Board, to deliver the organisation's objectives. Further detail can be found in the [Board Assurance Framework](#).

The SRR (alongside a high-level Board Assurance Framework dashboard) is reviewed by the Executive Committee in advance of presentation to the Board at each of its meetings. The Executive Committee is responsible for recommending risks for escalation to / de-escalation from the SRR for approval by the Board. The Executive Committee may also recommend to the Board the 'acceptance' of risks that cannot be brought within the Board's risk appetite/tolerance.

Each strategic risk is allocated to a Committee of the Board for additional scrutiny and oversight. Committee Risk Registers based on the most recent iteration of the SRR approved by the Board will be reported to each Committee as a standing item.

The detailed Board Assurance Framework will be reviewed by the Executive Committee in advance of presentation to the Board on a twice-yearly basis.

Recording of Operational Risk

The Health Board is currently in a period of transition, with the adoption of the Datix Cloud Risk Module as our system for recording and reporting on the risk management process due to be completed in 2025/26.

There are three levels of operational risk register within the Health Board:

Organisational Risk Register (ORR)

The Organisational Risk Register is a log of significant risks to the organisation that have been identified from a top-down and bottom-up approach (for example these may be identified by the Board or an individual Executive Director or escalated through the organisation's risk architecture).

These are significant risks that affect the organisation's ability to achieve organisational/directorate objectives and significant operational risks affecting the delivery of healthcare services. Individual Executive Directors are responsible for identifying risks potentially requiring escalation from Directorate Level to the ORR. Whilst the Executive Committee is responsible for approving risks proposed for escalation to the SRR and subsequent de-escalation/closure of risks on the ORR.

Whilst each Director will be responsible for the ownership of their respective risk(s) and identifying current controls and developing action plans, it will be the role of the Executive Committee to review controls and ensure appropriate action plans are in place, which might include the development and agreement of corporate risk management strategies to manage risk(s). The Organisational Risk Register will be reported to the Board as an appendix to the detailed BAF.

It will be the role of the Executive Committee to report by exception any risks on the ORR which require sightedness and/or additional scrutiny by the Board or Board Committees. The primary mechanism for reporting matters pertaining to risks to the Board will be the Risk Management and Board Assurance Framework report provided to each Board meeting by the Director of Corporate Governance, though information in regard to operational risks may also be included in individual papers and Committee Chairs Assurance Reports.

Directorate Risk Registers (DRR)

Directorate level risks are any risks that affect the directorate and its objectives, or risks that have been escalated from service level.

The relevant Executive Director is responsible for approving the inclusion and closure of risks on directorate risk registers and de-escalation to the Service Level Risk Register (SLRR). Executive Directors may also highlight risks for possible escalation to ORR or request for acceptance of risk above

appetite/tolerance.

Each Executive Director is responsible for identifying a 'Risk Champion' within their relevant directorate to attend the Risk and Assurance Group, a sub-group of the Executive Committee. The Risk and Assurance Group (RAG) provides the opportunity to collectively review DRRs, discussing any subsequent urgent, emerging or materialising risks, identifying potential thematic risks arising across Directorates and recommending potential actions for management and/or mitigation where appropriate.

Whilst recognising that the primary mechanism for the escalation of risk is through management channels, as part of the ORR process managed by the Corporate Governance Team the RAG may identify risks for consideration for escalation and de-escalation from/to the ORR and make a recommendation to the Executive Committee as appropriate.

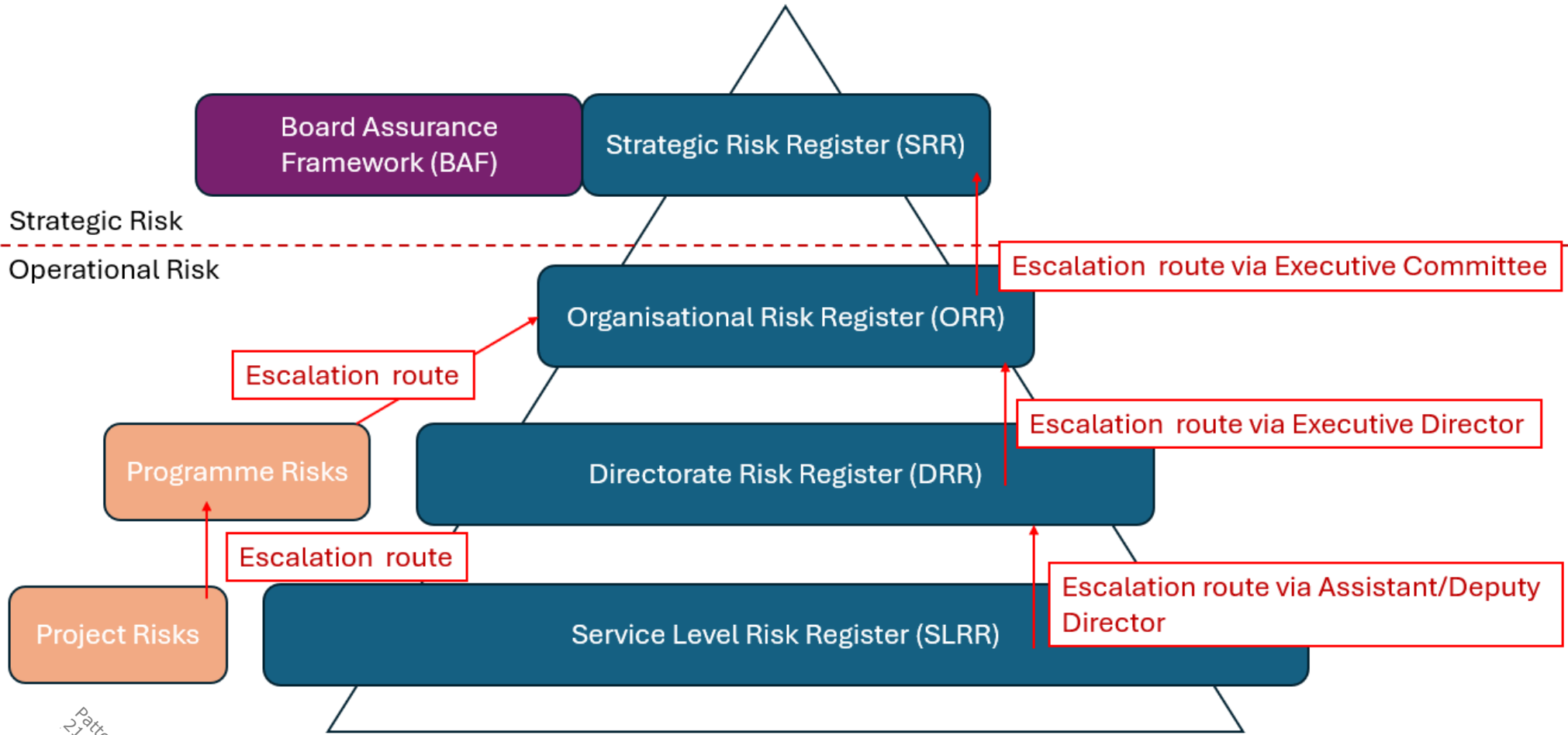
Service Level Risk Registers (SLRR)

Service level risks are risks which affect a service; the Deputy/Assistant Director/Head of Service is responsible for approving the inclusion and closure of operational risks on to the service risk register, as well as highlighting risks to the relevant Executive Director for possible escalation.

The relevant Executive Director is responsible for approving service level risks that require escalation to directorate level.

The risk architecture used in the Health Board and the relationship between strategic and operational risk registers is provided below:

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8. Risk Escalation

8.1 Escalation

The risk management system includes the opportunity for escalation through the levels of the organisation's risk architecture as outlined above. Risks should be managed by the identified owner, or a person otherwise appointed by the risk owner. There may however, be circumstances where the ability to manage a risk may exceed the authority of the risk owner.

Where significant risks have been identified which are deemed too challenging to manage, consideration should be given for the escalation of these risks to the next level of responsibility for additional consideration. These could include decisions for additional resources, increased oversight, review or the acceptance of the risk. Escalation also allows the opportunity for a risk to be considered against other risks at that level in terms of its potential individual and cumulative impact(s) e.g. organisation/directorate wide perspective. This allows for a higher level of authorisation to sanction continued tolerance or undertake additional actions to manage increasingly higher levels of risk.

8.2 Potential reasons for escalation

- A risk is above appetite level and there is nothing that the risk owner can do to reduce it to within appetite
- Risk treatments are outside of the delegation of the risk owner
- A risk is shared by other areas of the organisation and risk treatment cannot be agreed
- Significant threat to patient safety, the achievement of the Health Board's plans, targets or the Health Board's reputation
- A risk is assessed to be of significant concern (for example a risk score of 20+ at Directorate Level or 16+ at Service Level)

To enable dynamic escalation and empowerment of risk owners and managers there are no minimum scoring requirements for escalation. Some risk owners may however find scoring useful as a guide when considering whether to escalate a risk.

8.3 De-escalation

Risks can be de-escalated when the higher-level risk register owner is satisfied with the management of the risk, e.g. the risk has been reduced or the risk has been accepted above appetite and there is no further benefit of higher-level oversight

9. Accountabilities and Responsibilities

9.1 The Board

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The Board (Executive Directors and Independent Members) have collective responsibility for the setting and ensuring delivery of strategic objectives. Key strategic risks are identified and monitored by the Board. The BAF and SRR provide a central record of risks to the delivery of its strategic objectives. It is the duty of the Board to discuss and advise on the format and content of the BAF. It is also the duty of the Board to appropriately monitor Powys THB's significant risks, associated controls and assurances.

The Board is also responsible for ensuring that the Health Board consistently follows the principles of good governance; ensuring that the systems, policies and people in place to manage risk are operating effectively, focused on key risks and driving the delivery of the Health Board's strategic objectives.

The workplans for the Board and each of its committees will be aligned to the BAF and SRR, ensuring appropriate focus on areas of risk.

In the context of this Framework the Board will:

- demonstrate its continuing commitment to risk management through the endorsement of this Framework;
- ensure, through the Chief Executive, that the responsibilities for risk management outlined in this document are communicated, understood and maintained;
- take a lead role in 'horizon scanning' for emerging threats/risks to the delivery of the Health Board's strategic objectives, and ensuring that controls put in place in response, manage risks to an acceptable level;
- oversee and participate in the risk assurance process;
- ensure communication with partner organisations on problems of mutual concern including risks;
- ensure that appropriate structures are in place to implement effective risk management;
- commit financial, managerial, technological and educational resources necessary to adequately control identified risks;
- ensure that lessons are learned and disseminated into practice from complaints, claims and incidents, and other patient experience data; and
- receive reports from the committees of the Board in line with terms of reference and workplans of those committees.

The Terms of Reference for the committees that report to the Board are included on the Health Board's website:

[Powys Teaching Health Board Committees - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/health-board-committees)

9.2 Individual Responsibilities

All members of staff, and those working on behalf of the Health Board, have an individual responsibility for managing risk. They must understand and adhere to this Risk Management Framework.

The following individuals have specific responsibility, accountability and authority for risk management, as part of their existing roles:

Chief Executive Officer (CEO)

The CEO is the Accountable Officer of the Health Board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and governance. The CEO has overall accountability and responsibility for:

- ensuring the Health Board maintains an up-to-date Risk Management Framework endorsed by the Board;
- promoting a risk management culture throughout the Health Board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

Director of Corporate Governance / Board Secretary

The Director of Corporate Governance / Board Secretary is the delegated lead for risk management in the Health Board, and is accountable for leading on the design, development and implementation of the integrated Board Assurance Framework and Risk Management Framework. The Director of Corporate Governance/Board Secretary will:

- lead the embedding of an effective risk management culture throughout the Health Board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and, Executive Directors, to oversee an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a Health Board basis;
- work closely with the Chief Executive and Executive Directors to support the development and maintenance of Strategic, Organisational and Directorate level risk registers;
- oversee the effective execution of the Health Board's Assurance Framework and Risk Management Framework; and produce the Health Board's Annual Governance Statement.

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Deputy Board Secretary

The Deputy Board Secretary is accountable to the Director of Corporate Governance / Board Secretary, and in relation to risk management will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the Health Board, which link to the Health Board's Assurance Framework;
- develop and implement the Health Board's Assurance Framework;
- develop and implement the Health Board's Risk Management Framework; and
- lead the development of, and Chair, the Risk and Assurance Group (established by the Executive Committee).

Corporate Governance Team

The Corporate Governance Team is accountable to the Deputy Board Secretary, and in relation to risk management will specifically:

- support the management and development of the Health Board's Assurance Framework and Risk Management Framework;
- work with directorates and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Strategic Risk Register and Board Assurance Framework, for Executive Committee and Board;
- support the development and functioning of the Risk and Assurance Group;
- engage with Directorates to enable effective implementation of the Risk Management Framework and associated processes;
- and
- provide training, information and advice to operational staff and corporate functions on risk management and risk registers.

Executive Directors

Executive Directors are accountable and responsible for ensuring that their respective directorates are implementing this Framework, and related policies/procedures. Each Director is accountable for the delivery of their particular area of responsibility, and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the Health Board's strategic objectives.

Specifically, they will:

- lead the embedding of an effective risk management culture throughout the Health Board;
- communicate to their directorate, the Board's strategic objectives; and ensure that directorate, service and individual objectives and risk reporting are aligned to these;
- ensure that a mechanism for discussing risk and risk management is maintained within their area, which will encourage integration of risk management;

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- co-ordinate the risk management processes which include risk assessments; incident reporting; the investigation of incidents/near misses; and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required;
- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- Identify and manage risks that cut across delivery areas;
- Communicate downwards what the Health Board's strategic risks are;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, **Clinical Executive Directors** (Executive Medical Director, Executive Director of Nursing, Quality, Women and Family Health, Executive Director of Allied Health Professions, Health Science and Digital, and the Executive Director of Public Health) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this framework.

Independent Members

Independent Members have an important role in risk management. This role is restricted to seeking assurance on the robustness of processes and the effectiveness of controls through constructive, robust and effective challenge to Executive Directors and senior management. The role of Independent Members is not to manage individual risks, but to understand and question risk on an informed and ongoing basis.

Additionally, Independent Members chair Board level committees, and in line with the relevant committee Terms of Reference, should provide assurance to the Board that risks within its remit (determined by the SRR and BAF), are being managed effectively by the risk owners, and report any areas of concern to the Board.

Clinical Directors, Deputy/Assistant Directors and Heads of Service

Clinical Directors, Deputy/Assistant Directors and Heads of Service are responsible for implementation of the Risk Management Framework and relevant policies and procedures, which support the Health Board's risk management approach.

As Senior Managers of the organisation, Clinical Directors, Deputy/Assistant Directors and Heads of Service take the lead on risk management and set an example through visible leadership of their staff. These responsibilities

include:

- Taking responsibility for managing risk;
- Maintaining a Service Level Risk Register for their area of responsibility;
- Ensuring that risks are assessed where they are:
 - Identified within the working activities carried out within their management control or area of professional oversight;
 - Identified within the environment within their control;
 - Reported from the staff within their management control, or area of professional oversight.
- Identifying and managing risks that cut across delivery areas;
- Ensuring all incidents/accidents and near misses are reported;
- Monitoring mitigating actions and ensuring action owners are clear about their roles, and what they need to achieve;
- Discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focussed approach;
- Ensuring risks are updated regularly and acted upon;
- Communicating downwards what the Health Board's strategic risks are;
- Using the risk management process to support prioritisation and decision making;
- Ensuring staff are suitably trained in risk management;
- Promoting a risk aware culture in which staff are encouraged to identify and escalate risk;
- Ensuring that risk management is included in appraisals and development plans where appropriate;
- Ensuring the adoption and operation of the risk management framework across their work area.
- Escalating risks for further consideration where the ability to manage a risk exceeds the authority of the individual or the Board's risk appetite.

Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks within a structured risk management framework. Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers play an important role in managing and escalating operational risks and as such, must be fully conversant with the Health Board's and respective Directorate's approach to risk management and governance. They will support the application of this framework and its related processes and participate in the monitoring and auditing process.

All Staff

All staff will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety, and all others that may be affected by the Health Board's business;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work, and the notification to their line manager of any perceived risk that may not have been assessed; and
- be aware of the Health Board's Risk Management Framework and processes, and the local strategy and procedures, and comply with them.

Contractors employed by the Health Board e.g. capital and estates specialists

It is the responsibility of each contractor employed by the Health Board to ensure that any staff working on their behalf is fully conversant with both PTHB's and their own organisations risk management requirements for the activity for which they are engaged.

9.3 Internal Audit

The relationship between risk management and Internal Audit is critically important. Risk management is concerned with the assessment of risk and the identification of existing and additional controls, whereas Internal Audit's role is to evaluate these controls and test their efficiency and effectiveness. This is undertaken through the Internal Audit programme of work. Accordingly, the Head of Internal Audit will:

- a. Provide an overall opinion each year to the Accountable Officer of the organisation's risk management, control and governance; to support the preparation of the Annual Governance Statement;
- b. Focus the internal audit work on the significant risks as identified by management, and audit the risk management processes across the organisation;
- c. Audit the organisation's risk management, control and governance through operational audit plans, in a way that affords suitable priority to the organisation's objectives and risks;
- d. Provide assurance on the management of risk and improvement of the organisation's risk management, control and governance; by providing line management with matters arising from audit work.

9.4 Audit Wales

The Health Board's risk management arrangements are reviewed annually as part of the Audit Wales's Structured Assessment process.

9.5 Local Counter Fraud Services

The Health Board's nominated Local Counter Fraud Specialist (LCFS) provides assurance to the Board regarding risks relating to fraud and/or corruption. The Health Board's Annual Counter Fraud Work Plan, as agreed by the Audit, Risk and Assurance Committee, identifies the arrangements for managing and mitigating risks as a result of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS, and then reported to the Audit, Risk and Assurance Committee as appropriate.

The LCFS works with the Chief Executive, Executive Directors and Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Directorate concerned and are then escalated through the Health Board's escalation process.

9.6 Committee Duties and Responsibilities

Effective risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place. Specific duties and responsibilities are set out in the table below:

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee is responsible for overseeing risk management processes across the organisation, and will have a particular focus on seeking assurance that effective systems are in place to manage risk; that the organisation has an effective framework of internal controls to address strategic risks (those likely to directly impact on achieving strategic objectives); and, that the effectiveness of that framework is regularly reviewed.

The Committee is responsible for monitoring the assurance environment and challenging the levels of assurance in respect of key risks across the year, ensuring that the Internal Audit Plan is based on providing assurance that controls are in place and can be relied upon, and reviewing the internal audit plan in-year as the risk profiles change.

The Executive Committee

The Executive Committee has responsibility for ensuring implementation of the risk management process and has responsibility for agreeing the risks on the ORR, and the SRR and BAF, prior to consideration and approval by the Board.

The Executive Committee has the responsibility to discuss the BAF and any amendments, to ensure there is appropriate scrutiny and challenge of strategic risks, the current controls and assurances in place and the actions to address any gaps in these, prior to the BAF being submitted to the Board for consideration and approval.

It is also the role of the Executive Committee to agree that strategic and organisational risks are being managed to an acceptable level, balancing

priorities, resources and the risk to the Health Board, and recommending the best course of action to manage the risks, to the Board. The Board must be provided with assurance that everything that can be done is being done to reduce the risk, and that there are effective plans and controls in place to manage the situation should the risk materialise. This will help limit damage, control loss and contain costs for the Health Board. Whilst a risk may be accepted by the Board, the risk owner must ensure that the current control measures will be regularly reviewed to ensure that they remain effective.

Relevant Sub-group of Executive Committee

The Risk and Assurance Group is a sub-group of the Executive Committee. The Group reports to the Executive Committee and advises on any risk management issues, including all significant operational risks.

The Group is responsible for supporting the implementation of the risk, control and assurance processes established within the organisation. The Group will review the processes and report on any weaknesses identified to ensure that the Board has in place effective systems for the reporting of risk, and the management of risk registers (service level, directorate and organisational) and the Board's SRR and BAF.

Specifically, the Group is responsible for:

- Coordinating the achievement of the Risk Management Framework's objectives, through the organisation's directorates, by embedding risk management promoting the integration of risk and assurance management.
- Regularly reviewing Directorate Risk Registers, discussing any subsequent urgent, emerging or materialising risks, identifying potential thematic risks arising across Directorates and recommending potential actions for management and/or mitigation where appropriate.
- Reviewing updates to the Organisational Risk Register (ORR), and maintaining clear links with the Assurance Framework;
- Discussing and recommending the escalation and de-escalation of risks from/to the ORR for Executive Committee consideration when appropriate by ensuring significant risks are appropriately prioritised. Reviewing and monitoring closely risks that are identified by members as of potential significance organisationally however are not deemed to meet the criteria for inclusion within the ORR.
- Providing a 'Risk Champions' forum for support in relation to all aspects of risk management including sharing best practice and providing appropriate peer review and challenge to enable cross organisation consistency in the application of the Risk Management Framework and its supporting documents.

Directorate Risk Management Arrangements

All directorates must have the necessary arrangements in place for good governance, quality, safety and risk management and should align with corporate guidance and systems where required e.g. the use of standardised templates, systems and processes.

Directorates, through management, have responsibility for risks to their services and for the management of those risks in accordance with this framework. Directorates are also responsible for developing local arrangements for the monitoring and reporting of risk information both internally within their respective directorate and in accordance with the requirements of the Risk and Assurance Group

10. Risk Management Toolkit

To support delivery of the Risk Management Framework, a toolkit is available for staff on the [intranet](#). The toolkit is a means by which the Risk Management Framework is operationalised to put into effect the full range of activities outlined. The toolkit includes:

- Risk Management Process
- Risk Assessment Procedure
- Risk Scoring Matrix
- Risk Register Procedure
- Risk Register Template & Guidance

The Risk Management Toolkit will be reviewed in 2025-26 to align with the updated Risk Management Framework. For any queries in relation to the Risk Management Toolkit or its content please contact:

powysdirectorate.corporategovernance@wales.nhs.uk

11. Risk Management Training

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management. To support this, a programme of training will be delivered as follows:

Staff Group	Training Need	Frequency
Board Members	Review of Risk Appetite	Annual
	Risk Awareness Training	Every 2 years
Risk and Assurance Group /Risk Register Coordinators	Risk Awareness Training, including Risk Assessment and Risk Register Training	Every 3 Years
Service Managers / Risk Owners	Bespoke training delivered on a needs-based approach	Ad hoc / as required
All Staff	Open invite Risk Awareness Training	Annual

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12. Monitoring the Effectiveness of the Risk Management Framework

Compliance with this Framework is monitored by the Executive Committee and the Audit, Risk & Assurance Committee.

The Annual Governance Statement is signed by the CEO and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The Health Board's risk management arrangements are also subject to review annually, as part of the Audit Wales Structured Assessment process.

13. References

ISO 31000:2018: [ISO 31000:2018\(en\), Risk management – Guidelines](#)

Academi Wales (2017) [The Pocket Guide to Governance in NHS Wales](#). Available at: [Pocket Guide for NHS Wales Boards English.pdf](#)

UK Government (2023) [The Orange Book – Management of Risk – Principles and Concepts](#)

Hopkin & Thompson (2021) [Fundamentals of Risk Management: Understanding, Evaluating and Implementing Effective Enterprise Risk Management](#). 6th Ed. London: Kogan Page Ltd.

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Powys Teaching
Health Board

BOARD

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MINUTES OF THE MEETING HELD ON 29 JANUARY 2025 AT 09:30

HELD VIA TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kirsty Williams	KWi	Independent Member Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Vicki Cooper	VC	Chief Digital Officer
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Gill Howells	GH	Audit Wales
Hayley Hughes	HH	Corporate Business Manager (Minutes)
Mike Jones	MJ	Audit Wales
David Owen	DO	Assistant Director Digital Technology

Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/159)

The Chair (CC) welcomed everyone to the meeting. No apologies for absence were received. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating. Members of the public and other colleagues were able to view the meeting through the livestream and subsequent recording.

1.2 DECLARATIONS OF INTEREST (PTHB/24/160)

No interests were declared in addition to those already declared within the published register. It was acknowledged that that the register of interests had been included within the agenda for ease of reference.

1.3 BOARD ACTION LOG (PTHB/24/161)

The action log was presented, it was noted that action PTHB/24/131 (People’s Experience Framework) is on track and being referred to the Patient Experience, Quality and Safety committee for consideration at its meeting in February and would report back to Board at a future date.

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

1.4 STAFF EXPERIENCE STORY (PTHB/24/162)

CR introduced the item which provided an overview of a staff members personal experience of dealing with experience of grief, loss and bereavement and advised that this was captured as part of Grief Awareness Week.

CC expressed a heartfelt thank you to Elaine for sharing her story in a powerful and meaningful way with the Board. CC acknowledged the support that Elaine received from the various services, including health services, as she and her family went through this and expressed thanks to those colleagues who work in those important services. It was noted that death is part of life and affects everyone, without exception, and it was important for the Board to be reminded of the significance and difficulties involved.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/163)

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

1.6 UPDATES FROM: (PTHB/24/164)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

REPORT FROM THE VICE CHAIR

KW presented the report and took the opportunity to congratulate Catherine Davies, Learning Disability Nurse, who had received the Disability Nurse of the Year at the RCN Awards which was a wonderful recognition of all the work that Catherine has undertaken on behalf of the service users of Powys.

REPORT FROM THE CHIEF EXECUTIVE OFFICER

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

- **Stroke Services Update** – HT advised of the Cwm Taf Morgannwg University Health Board (CTMUHB) need for urgent emergency temporary changes to stroke services at Prince Charles Hospital (which is the main stroke service for parts of South Powys) and that with effect from the 6 January 2025, services were transferred to the Royal Glamorgan Hospital, mainly due to workforce fragility and problems with finding stroke clinicians. HT advised that the Health Board have been in discussions with colleagues at CTMUHB, Aneurin Bevan University Health Board (ABUHB) and Welsh Ambulance Service NHS Trust (WAST) to ensure clear pathways are in place for patients and residents of South Powys, and are continuing to work with CTMUHB in the further development of the South East Wales Stroke Review.
- **Stroke Services provided by Hywel Dda University Health Board (HDUHB)** – it was noted that HDUHB are refreshing their clinical services strategy to consider further changes needed to provide safe, quality and sustainable care including to hospital services accessed by Powys residents and will work with HDUHB to ensure that the communities of Powys are part of their consultation process. HT informed the Board that a more detailed report will be scheduled for the next Planning, Partnerships and Population Health Committee to discuss further, once HDUHB have had their meeting.
- **Emergency Medical Retrieval and Transfer Service (EMRTS) – Judicial Review Update** – a two-day hearing took place in Cardiff Crown Court in January, with a further day scheduled for the 7 February 2025. HT will share further updates when available.
- **Celebration of Staff** – HT shared that Heather Wenban, Lead Nurse for Dementia, was presented with her British Empire Medal, in recognition of the work that Heather has driven on dementia in Powys and across Wales.
- **Staff Excellence Awards** – HT drew attention to the awards and encouraged staff to nominate in the available categories.

The report states that Powys has achieved a welcome 7% reduction in delayed transfers of care against an all-Wales reduction of 14%. Why is the reduction in Powys half of other areas of Wales?

EL noted the difficulties when looking at pathway delays of care statistics as they are captured on one day each month, and not the totality. These are December/January figures where an increase in the number of admissions has been seen compared to the same period as last year, of 25% more. The Health Board has improved its ability to repatriate people back to Powys and sustained a reduction in the number of days of people being delayed (from 47 days in November to approximately 40 days at present). EL advised that the areas facing the longest delays is assessments and awaiting care home packages; where the service is working with the local authority and partners to resolve. The work looking at rehabilitation and reconfiguration of wards, flow hub continues to be of importance.

Is there anything that can be learn from others? There is a significant variance between our outcome and the general position across Wales. The challenges are understood but what is the reason for the variance?

EL noted that there are things to be learnt from others and that Powys is in a different position with no district general hospitals, which does have some

complexity in how to learn and respond. EL also noted that Powys has the second lowest length of stay days, across Wales.

It is noted the Judicial Review is to sit for a further day which will increase costs to the Health Board. Is it expected that the Judicial Review conclude on that date?
HT advised it was not able to confirm if there will be any further dates at this stage, and Board would continue to receive updates in relation to this. As part of the Joint Commissioning Committee (JCC) all seven health boards are involved in this process and share the costs of the legal process.

It is noted that the Respiratory Syncytial Virus (RSV) catch up programme has commenced with vaccinations offered locally to eligible residents. Given there has been some vaccine hesitancy, has the Health Board done everything possible to enable local access to vaccination?

MB advised that the RSV vaccine catch-up programme commenced in January 2025 and confirmed six GP Practices are participating in offering the routine programme.

For those practices unable to participate the Health Board are offering clinics in the community, and assured Board that consideration is being given to location, to increase outreach and uptake.

In relation to the proposed changes to stroke services in CTMUHB and HDUHB which will result in longer travel distances, what is the clinical impact of the additional journey time?

KW advised that the Health Board appreciate the fragilities of services in other Health Boards and will monitor the stroke pathways closely to ensure that Powys patients continue to receive safe and right care. There is a four and a half hour window to receive clot busting treatment and therefore treat and transfer is appropriate. The importance of accessing care in a specialist unit was stressed, even if this meant longer travel times, but the development of local stroke rehabilitation units would enable patients to be appropriately transferred back to Powys. KW emphasised the importance of patients getting to the right place at the right time and if patients are experiencing symptoms of stroke, they should dial 999 immediately.

What is the timeline for resolving stroke service provision in CTMUHB? Where will ambulances take stroke patients now stroke services have been withdrawn from Prince Charles Hospital?

HT advised that it was not possible to provide assurance with regards to the timeline, noting it is reliant on the CTMUHBs ability to secure workforce. It was unlikely to be resolved quickly. HT advised that work had been undertaken around modelling and stroke pathways and ambulances would take stroke patients to the nearest district general hospital with appropriate services.

What is the eligibility for the RSV vaccination programme?

MB advised the Board that the RSV Programme will be offered all year round commencing from 1 September 2024, for individuals turning 75 years and pregnant women at 28 weeks gestation. A one-off catch-up campaign for older adults will also target those individuals aged between 75-79 years (+364 days) old. This one-off campaign will run until 31 August 2025.

Digi-flo is referred to 'a shared platform with Powys County Council', does that give greater opportunity for improvements in this area?

EL confirmed that the Digi-flo system enables information to be shared more easily. It has been implemented and will continue to be developed.

Has any progress been made on implementing the trusted assessor model?

EL advised there is a pilot trusted assessor model working from Cottage View, that it is progressing well and learning from this will be used to consider how it can be extended more broadly.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/24/165)

The following Chair's Assurance Reports were received:

Audit, Risk and Assurance Committee

SE presented the report which provided an overview of matters considered by the Committee on 14 January 2025. Attention was drawn to the following matters:

- Noted that the 2025/26 audit plan is in development.
- Of the 7 internal audits; 3 received substantial assurance, 3 received reasonable assurance and one received limited assurance.
- The findings and recommendations of the limited assurance report have been noted and management action agreed.
- A useful update was received from Audit Wales on Counter Fraud and Post Payment Verification.
- An update was received on significant work being completed to address recommendations from a 2019 limited assurance report on records management and that area has now received a substantial assurance rating.

Charitable Funds Committee

CC presented the report which provided an overview of matters considered by the Committee on 2 December 2024 and 10 January 2025.

Executive Committee

HT presented the report which provided an overview of matters considered by the Committee on the 30 October, 13 November, 20 November, 26 November, 11 December and 18 December 2024.

Delivery and Performance Committee

RA presented the report which provided an overview of matters considered by the Committee on the 5 December 2024. Attention was drawn to the following matters:

- The NHS Wales Escalation Framework Enhanced Monitoring report had been received in relation to the organisation's escalated status.
- Had received a detailed examination of the financial figures for month 07.
- Overall, it was felt that performance across Powys had been maintained but cancer and other issues remained a challenge.

Received the Community Pharmacy annual report which demonstrated significant progress to strengthen performance and strengthen contract monitoring, but noted the number of challenges that still exist within that dimension.

- Received the General Dental Services (GDS) report noting that access to GDS continues to be a local and national challenge and supporting patients to appropriate GDS continues to be a high priority.

Planning, Partnerships and Population Health Committee

RL presented the report which provided an overview of matters considered by the Committee on the 14 November 2024. Attention was drawn to the following matter:

- The Committee took assurance on the health programme – Designed to Smile.
- Noted that the Committee considered a number of reports that are due to be considered at today’s Board meeting.

Workforce and Culture Committee

JOA presented the report which provided an overview of matters considered by the Committee on the 10 December 2024.

Local Partnership Forum

DWL presented the report which provided an overview of matters considered by the Committee on the 20 January 2025. Attention was drawn to the following matters:

- The Committee had received a lessons learned report on the Temporary Service Changes (what went well, what needs building into a future approach) and working with staff side to consider future approaches.
- Received an update on the Administration Review in relation to work to date and how to support this critical business support activity.

HB advised the Board that there were three escalated areas that are for the Board’s awareness; namely Infection Prevention and Control, Children’s Neurodiversity Services and Patient Experience. These will be considered at the next Patient Experience, Quality and Safety Committee and reported to Board at its March meeting.

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

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 CHARITABLE FUNDS ANNUAL REPORT AND ANNUAL ACCOUNTS (PTHB/24/165)

MJ and GH (Audit Wales) were present for this item. PH introduced this report to provide the Charitable Funds Annual Report and Accounts for the period ending 31 March 2024 for approval. It was noted that these have been considered and approved by the Charitable Funds Committee. PH referred to the positive audit report received with no significant issues to bring to the Committee’s attention.

MJ opened up opportunity for Trustees of the Charity (members of the Board) to raise any questions.

HT expressed her thanks to the Charity staff and financial colleagues for all the work contributing to the positive audit report noting the considerable progress made from previous years.

Is the £40k spent on supporting and training staff consistent with the aims of the Charity?

DWL noted that there is careful consideration around what is provided from the core budget and where additional funding might need to be sought from. In this case, additional funding is for provision of refreshments in well-being hubs. As reassurance, there is a well-being at work group that have benchmarked their activity against the Health Education Improvement Wales wellbeing best practice guide and the Health Board's offer to staff is considerable and comprehensive but there is a need to ensure that staff accessing it.

MG commended the progress made over the past year in areas including in relation to return on the investment, the way that the funds are used, the focus on patient services and additional value. *The proportion of spend and distribution between administering the fund is providing value.*

The Board as Corporate Trustee for the Charitable Funds:

- **RECEIVED** and **APPROVED** the Charitable Funds Annual Report and Accounts for the period to 31 March 2024 as **RECOMMENDED** by the Charitable Funds Committee
- **RECEIVED** and **APPROVED** the Audit of Accounts report (ISA260) from Audit Wales.

MJ and GH left the meeting 10.50.

3.2 NEXT STEPS – ANNUAL DELIVERY PLAN 2024/25 (PTHB/24/166)

HT presented the report which summarised the work undertaken since the Extraordinary Board meeting held on 10 January 2025.

The Health Board's deficit plan at month 8, was overspent by £16.3M, compared to a £10.5M target. This resulted in a projected variance of £9.4M against the full-year deficit plan. To mitigate the situation, the Board had initiated a vacancy freeze and reduced reliance on agency and locums.

Immediate actions that had taken place since the 10 January include:

- Recruitment and vacancy control measures implemented.
- Ongoing discussions with NHS England providers to assess options for elective care in quarter 4 (patients would mostly be seen in line with Welsh waiting time targets).

The integrated impact assessment considered two options (both excluded cancer treatment, patients on surveillance, under 18s and those through the initial triage under assessment identified as being an urgent appointment):

- Option 1 – Deferring unbooked patients - £924K savings opportunity.
- Option 2 – Deferring booked patients – over £2M savings opportunity.

Risks identified include administrative burden, potential stranded costs and increased pressures on patients and carers.

- It considered the patient impact noting that the majority would meet Welsh targets, but some patients (e.g. spinal pathways at RJAH) might not meet either Welsh or English targets.

- It also referred to socio-economic impacts on patients due to treatment delays, especially for those over 65, those unable to work whilst awaiting treatment and those dependent on carers.

Due to operational pressures and complex legal, policy and ethical considerations, the Executive team are recommending not proceeding with changes to elective activities in quarter 4.

There will be a focus on reviewing commissioning approaches for the next year to ensure sustainability, particularly regarding secondary and tertiary care services. A review of lessons learned will be used to inform future commissioning strategies. Future plans are in preparation including further discussions with WG as part of Level 4 escalation; consideration of changes to future demand and services to improve population health outcomes. Subject to the Board's decision, a formal letter to Welsh Government outlining the Health Board's current position and rationale, alongside a revised financial forecast and strategic cash support request will be submitted.

HT acknowledged the dedication and hard work of current staff and partners on the work to deliver the savings plan.

The information provided gives a rounded view to enable Board to make a decision, the recommendation of which is supported. The Health Board seeks a balance between focusing on the demands of patients now and investing in improvements to public health to dampen future demand. Are there opportunities to work with primary and community care to reduce demand?

HT noted the resource allocation challenge is to allocate resources effectively between primary care, community services, and other areas, while also protecting existing services and increasing local care provision.

MB highlighted the importance of population health and the need to strengthen wellbeing initiatives within the annual plan including in the following key areas:

1. Preventing the Preventable: The emphasis is on preventing chronic conditions before they occur, especially for individuals in their 40s, 50s, and 60s, to help them stay healthy for longer. This work involves partnerships with primary care, the community, and other partners.
2. Supporting Healthy Aging: With a third of the population expected to be over 65 in 10 years, it will be crucial to manage chronic conditions effectively and provide support for those with multiple conditions to help them live well.
3. Early Childhood Health: The importance of giving children the best start in life, particularly in the first 4-5 years, is highlighted for both development and preventing future health issues.

Next year's plan aims to strengthen these areas and ensure continued focus on population-level health programmes.

EL emphasised the importance of strengthening primary and community healthcare services, which already account for 85-95% of care in the population. While secondary care is necessary for certain cases, most people in Powys rely on primary and community care throughout their lives. Key priorities for improving this care include:

1. Sustainability of GP Practices: Ensuring all 16 GP practices in Powys are sustainable and can provide equitable care across the region.
2. Elective Care Services: Strengthening local elective care (e.g. ophthalmology, musculoskeletal care, and referral management) and bringing patients who typically receive care outside of Powys back to local services. Prioritising areas with the greatest potential impact will be necessary.
3. Emergency and Frailty Care: Enhancing care for frailer individuals and those with growing health needs, through virtual and community resource teams, as well as frailty schemes. This involves collaboration with the third sector, local authorities, and communities to improve care at home.

Initial planning is underway for these efforts, with the goal of building a stronger and more equitable healthcare system in Powys over time.

What actions can be taken to improve the planning process to ensure the Health Board is not facing similar challenges in 2025/26?

HT noted planning for the future will involve considering different scenarios to guide decisions, including tough choices in collaboration with Welsh Government. Growth and financial planning will be considered and the importance of balancing an ambitious but realistic plan for financial sustainability, especially under level 4 escalation, while managing emergency care and pathways to prevent delays. HT noted that there has been an increase in emergency care activity, particularly same-day emergency care, requiring actions to improve patient flow and reduce pressure on emergency services.

NJ advised that the development of a strategic commissioning approach will focus on managing demand and improving service delivery. Key points include:

1. Strategic and Tactical Commissioning: Efforts are being made to bend the curve of demand and ensure effective commissioning, with lessons learned from the previous year's NHS Wales contract, where only a minimal overspend occurred despite some unexpected issues.
2. Overspending and Growth Planning: With a £40M budget, the overspend was less than 0.01%, demonstrating effective planning, despite challenges like the Same Day Emergency Care (SDEC) issue and increasing waiting times.
3. Learning and Future Planning: The team is focused on learning from this year's experiences, refining tactical commissioning, and planning for next year's growth. Advice is being sought to optimise opportunities, particularly from the English system, before presenting the plan to the Board.

The projected delivery of £9.9m savings programme in year is a welcome and significant achievement. Has the enhanced scrutiny of agency spend raised any clinical concerns, and what confidence is there that it will be possible to reduce agency spend and off contract expenditure to meet Welsh Government targets in 2025/26?

DWL advised that the new risk assessment process is in place and is currently being tested ensure a full understanding. It is still too early to determine its effectiveness, but further discussion will take place at the next meeting. The messaging about additional scrutiny will encourage individuals to reconsider the need for agency bookings and explore alternative solutions such as cross-covering

and bank staff options. There is a focus on reducing agency usage by 30% and eliminating certain categories of healthcare support workers by September, which may require adjustments to ward configurations and bed management. Workforce planning will be crucial to meet these targets. It was also noted that recruitment processes are continuing for critical posts, but with tightening of recruitment and agency reductions, all options must be considered to meet the targets while continuing to deliver services effectively.

CR responded in relation to clinical risk providing assurance that this will be monitored through regular processes like monitoring concerns and incidents. The "Safe Care" programme tracks security and activity on the wards. The risk assessment focuses on both scrutinising agency or additional staffing requests and assessing the clinical needs of the ward, ensuring a balanced approach.

Have the potential consequences in pursuing this decision in relation to cost, time and resource should challenge from English providers be faced? Is it possible to proceed with implementation of the decision if disputes arise?

HT noted the challenges of making in-year decisions versus agreeing on an approach upfront with providers. If a decision differs from initial assumptions, providers have the right to challenge it, which could delay implementation. To avoid disputes and delays, upfront planning and agreement are crucial. Negotiating an affordable and agreeable approach with providers is essential for maintaining good relationships.

Has the potential cost shift in pursuing this decision been calculated?

HT observed in respect of cost movement, assessing the impact on other areas, like increased patient contacts with primary care, is difficult and has not been fully financially assessed, but it could be substantial. While the aim is to meet Welsh waiting times targets and avoid performance issues, there could be an increase in complaints and concerns, potentially compromising the ability to respond in the final quarter of the year if the decision is implemented.

NJ re-iterated that English providers have been open and constructive in discussions, acknowledging the challenges faced. The paper reflects pressures in the English system, including the capped elective recovery fund. Providers are seeking certainty and commissioning intentions for next year to aid their planning. After this meeting, feedback will be shared with providers, and discussions will begin next week to work together on planning for the upcoming year.

Does the Health Board have the capacity to support a shift to prevention?

MB noted the importance of partnership in prevention and early intervention is crucial, especially with a whole systems approach, such as the work being done around weight management in early years, particularly addressing obesity in children. Additionally, primary care is doing great work in managing chronic conditions, and there are specialist nurses within the Health Board. To build on this, increasing capacity and standardising messages across partners will be key to prioritising areas of need.

What were the previous variances that have been identified in the roster scrutiny work and will the reduction in handover time expose the Health Board to any clinical risks?

CR noted that staffing levels are set annually and agreed upon, with rosters being scrutinised against these levels. Recruitment efforts, particularly for internationally educated nurses, focus on areas with vacancies for registered nurses. The Health Board is working to improve efficiency in deploying registered nurses and healthcare support workers. Staffing levels are reviewed annually, and a report is due to be presented later in the agenda.

I wanted to ask about the Lord Darcy report. While it applies to England, I believe its general principles are relevant across the UK. In particular, I am conscious of his emphasis on rebuilding public trust and confidence in the NHS by being completely honest about where it stands. From my perspective, this is something you've done and continue to do in Powys, which I want to acknowledge.

Whilst the Lord Darcy report applies in England, its general principles are relevant across the UK. Does the Executive team agree that the Health Board acts to rebuild public trust and confidence by being completely honest about where it stands?

HT agreed it was important to set out clearly the challenges the Health Board are facing and have the right approach in engaging and communicating with the public around the choices faced in the public sector in relation to future models of care and commissioning decisions.

Would a vacancy freeze impact our ability to increase substantive staffing levels and reduce reliance on agency workers?

Despite the vacancy freeze, there still appear to be a number of roles advertised on the website, have these been through a robust review process?

DWL advised that since implementing additional scrutiny, 156 posts have been reviewed, 44 posts have been slowed down and 8 frozen, saving £150,000 per month. Decisions on these vacancies are made by Executives and overseen by senior leadership. Only essential clinical and professional posts are advertised, as agency cover would be required if posts are frozen. Going forward, criteria for recruitment will continue to be reviewed, and prioritisation of services and recruitment will be discussed in future planning meetings. Enhanced scrutiny remains in place to ensure effective decision-making.

The Board:

- **NOTED** the update on the delivery of variable pay reductions through reduced use of agency and locums and the vacancy freeze.
- **CONSIDERED** the more detailed assessment of the options for further action, following discussion with NHS England (NHSE) providers requesting the revision of elective activity during quarter 4 in 2024/25, noting the associated financial impacts and risks.
- **CONSIDERED** the final Integrated Impact Assessment which has been prepared to help inform this decision.
- **APPROVED** that the Health Board does not implement any changes to elective activity in quarter 4 of 2024/25.
- **NOTED** that further work is required with providers to review the approach to commissioning activity in 2025/26 within available resources.
- **NOTED** that ongoing dialogue will take place with Welsh Government advising of the Board's decisions and requesting ongoing discussion on next steps and strategic cash support for the remainder of 2024/25.

3.3 ANTI RACISM PLAN (PTHB/24/167)

DWL presented the report, which had been updated to include new activity as a result of the Welsh Race Equality Standards (WRES) report and the updated national anti-racism plan and the Health Board local context.

DWL lost internet connection and unable to respond to questions posed in the meeting.

Has a minoritised ethnic staff network been set up in Powys?

CM noted that a local network had been set up within Powys; there had not been a huge uptake but have also set up networks with neighbouring health boards which tend to be bigger, well established groups. The team work to publicise local events that people can access.

Whilst the action plan is largely complete there are two ongoing actions one of which relates to the development of a Welsh Anti-racist mental health anti stigma campaign. Which department is responsible for this and what progress has been made?

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The information presented lacks quantifiable objectives in some areas and without a baseline it will be difficult to ascertain the outcome of this work. Can assurance be given that this is supported by a SMART (specific, measurable, achievable, relevant and time-bound) objectives?

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The report contains two actions recorded without a target date.

It was agreed that this is recorded as an action to discuss at the Workforce and Culture Committee and would not be required to return to the Board.

Action: Executive Director People and Culture.

The Board **APPROVED** the anti-racism plan.

3.4 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/168)

HB introduced the report which summarised Board activity since the last meeting held on the 27 November 2024:

- One additional in-public Board meeting; no other In-Committee meetings; continued Board development as scheduled.
- The Common Seal has been applied on two occasions.
- Sought Board approval for the updated Terms of Reference for the Joint Commissioning Committee's sub committees, which have been updated to reflect that Chief Executive Officers are designated as members (not attendees) of sub-committees.

JOA left the meeting 12.16

The Board:

- **RECEIVED** the Director of Corporate Governance report.

- **RATIFIED** the application of the Common Seal applied on two occasions since 22 January 2025 and received **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **APPROVED** the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee and the JCC Planning, Performance and Finance Sub-Committee.

3.5 MINUTES OF PREVIOUS MEETING HELD ON 27 NOVEMBER 2024 AND 10 JANUARY 2025 (PTHB/24/169)

The minutes of the meeting held on the 27 November 2024 and 10 January 2025 were **AGREED** as an accurate record.

4. ITEMS FOR BOARD ASSURANCE

4.1 FINANCIAL PERFORMANCE: MONTH 09 – 2024/25 (PTHB/24/170)

PH updated the Board on the financial performance report for period 09 and brought the following key items to the Boards attention:

- Current actual variance of £18.3M against the planned deficit of £11.8M, giving a £6.5M revenue variance against the deficit plan.
- Savings are continued to be monitored against the deficit plan, which has been amended to £15.8M following the additional funding received.
- There is a total capital spend of £2.6M against the capital resource limit of £13.1M. Circa £9M of capital funding was received in October and a lot of those actions are profiled this year but will be closely monitored to deliver within funding as allocated.
- Key cost drivers against the financial position include commissioned services, continuing health care and Agency workers.
- The report includes details of the delays to the system, which is an area of work where colleagues are working closely with the Local Authority.
- Noting the Board decision today with regards to activity with NHS England Providers the finance team will reassess and provide a revised financial position.

The lowest agency spend in two years is welcome, could this not have been achieved earlier?

PH referred to the action controls around agency spend, which had been covered previously in the meeting, and noted there were many factors influencing the recruitment progress, the increased focus and whilst it was pleasing to note some of that benefit in month, it is an area that will be monitored.

Capital spend is heavily weighted to the latter part of the year. What confidence is there that this spend will be realised?

PH advised additional capital resource was received in October however, the spend is on target for completion by year end. Schemes underway include medical and dental equipment and improvements in Llandrindod. £3.6M funding had received for decarbonisation and Re-Fit which has a similar assurance around delivery.

Slide 7, the prescribing slide and graph seem to indicate quite a significant increase in prescribed units during the last calendar year. Why is this, and is it likely to feed into increased costs which puts further risk to the plan?

KW advised the Board that the Medicines team have a firm grip on monitoring and benchmarking. KW referred to the complexities and that it does fluctuate as increasing numbers of patients are treated locally, and as costs of medicines vary. PH noted that the finance and pharmacy teams review current position and trends each month.

The finance report is very clear and is easy to understand for a non-finance person, clearly setting out what is driving the cost pressures and more importantly what is being done to seek to address that. Why are Shrewsbury and Telford Hospitals (SaTH) unable to report activity, what is the implication of this and is it a risk to the projected financial outturn?

PH confirmed there was no risk to the financial position as a block approach had been agreed with the provider, so that both positions are de-risked, which has meant that activity information is not available as it normally would be.

NJ explained the issues that SaTH have had with data processing which may affect ability to plan, and performance manage in-year noting that SaTH had advised they will be able to report from May 2025.

The Board:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **RECOGNISED** that, given the current overspend and underlying trends, remedial actions with an impact of £9.4m are necessary to achieve the financial plan.
- **RECOGNISED** that the financial forecast will be revised following the Board's decision not to delay elective treatment from NHSE providers.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25: MONTH 08 (PTHB/24/171)

NJ presented the Integrated Quality and Performance Report providing an update on the latest available performance position up until the end of November 2024 (month 08) and drew attention to the following matters:

- Good achievements across half the indicators, with improvement in others.
- Vaccinations and prevention measures are performing well.
- Treatment measures: good performance in provider services for the 104 week waits and 52 week waits.
- Mental Health measures for children and young people: compliant with all measures.
- Diagnostics: continue to improve.
- Cancer provider services – still room for improvement.
- Mental Health Measures: very good in terms of interventions and improving Part 1A (time to assessment) but noted the decreasing compliance in terms of care and treatment planning with expected improvement from January 2025.
- Neurodevelopmental Services for Children and Young People remain in escalation. As of November, the improvement was not seen, but in terms of the escalation meeting are seeing an improvement which will be included in future reports to the Executive Committee and PEQS Committee.
- Noted the differential waiting times between the Welsh and English commissioned services. Additional monies released in the autumn was

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acknowledged but that improvement is not quite shown in this November 2025 report.

- Confirmation from Welsh Government officials is to expect four out of the six provider Health Boards to meet the 104 week wait by the end of the year, with continued improvement in the other two Health Boards.
- Delayed follow ups are a data quality issue, a deep dive will be undertaken to ensure it is assessed and performance management appropriately.

Can assurance be given that Neurodevelopmental Services for Children will continue to receive intervention support and that improvement in this service will begin to be seen?

CR noted the importance of Children's neurodevelopmental services and that a comprehensive report will be presented to PEQS Committee in due course. Assurance was given of the intense amount of work and focus in this area which was recognised as needing to be placed into escalation, to increase focus and implement a comprehensive improvement programme. Areas of improvement include joint appointments, further support; multi-disciplinary team working and procurement to use Welsh Government funding to scale up assessments.

Given the lack of psychologists nationally, what can the Health Board do to upskill local staff to deliver psychological services under the supervision of a psychologist to improve performance?

EL noted the good Child and Adolescent Mental Health Service performance, which is strong in comparison, across Wales. It will be critical to continue to embed that; ensuring that the triage and assessment process works for the Powys population. This work feeds into the psychology therapies and looking at how the service can be timelier and more responsive.

CM acknowledged the challenge, nationally, to recruit psychologists and the Health Board were working with HEIW on future planning and training. There is an active programme of recruiting psychology assistants but cautioned there needed to be a balance with supervision requirements.

The Board **DISCUSSED** the content of the report and took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

4.3 PTHB TEMPORARY SERVICE CHANGE UPDATE (PTHB/24/172)

KW presented to the report outlining the evaluation and monitoring of the temporary service changes and updates against the Mitigation Plan bringing the following key highlights to the Board's attention:

- Minor Injury Unit (MIU) changes were implemented in November. Co-location plans were implemented in early December.
- KW is now Chair of the Temporary Service Change Programme Board
- Monitoring arrangements are in place with a group that meets monthly. The first meeting met in February and will report directly into the Programme Board. It will monitor the progress and the evaluation but also take assurance on mitigation. A full evaluation in June will be brought to Board in July.
- All mitigations are on track.
- Committed to taking feedback from key stakeholders with plans in place.

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- An improvement in flow and a reduction of out of county delays has been seen over the past two to three months.
- No significant negative impacts to report.

At the time of the decision there was some concern around transport support. Have any difficulties around transport been raised, and what was the outcome of engagement with the County Council in this regard?

CM advised that regular weekly meetings are held to review the colocation implementation and any issues that are occurring with Council colleagues invited to attend. It is understood that public transport is currently one of the Council's main reviews. To date, no specific concerns have been raised from patients or family members.

KB noted that Llais have not received any complaints but were keeping close contact with the Board overseeing this. Llais will be undertaking visits to sites in early February to speak with patients and understand their experience of the temporary service change.

When the review in June is undertaken, will it include an assessment that the MIU has resulted in a more stable service?

KW noted that previously there were concerns of the short-notice overnight closures of MIUs, and reported that to date, there have been no closures, but reminded the Board that it is still early in the process, and this will be included and considered in the formal evaluation.

The Board **RECEIVED** the update on progress to date including the evaluation and monitoring plan.

The Board took **ASSURANCE** in relation to the delivery of the mitigation plan.

4.4 CORPORATE RISK REGISTER (PTHB/24/173)

ND left the meeting 13.35

JOA joined the meeting 13.15

HB presented the Corporate Risk Register and brought to the Board's attention:

- Following review, it is proposed that the risk score for CRR001 (Financial Forecast) increases to from 16 (L4 x I4) to (L5 x I4) 20, due to scale of remedial actions required to achieve the Financial Plan.

The Board:

- **REVIEWED** the **January 2025** Corporate Risk Register update, included at **Appendix 1**, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks
- **SUPPORTED** the increased risk score of CRR001 (financial forecast) from 16 to 20 as recommended by the Executive Committee
- **TOOK ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

4.5 DIGITAL STRATEGIC FRAMEWORK: ANNUAL UPDATE (PTHB/24/174)

CM introduced the Digital Strategic Framework annual update, which reflected on the past year with a look forward to delivering against the Digital First Strategic Objective. CM invited VC to present the key highlights:

- Strengths: successful programme of improving digital infrastructure and connectivity across sites; in-house application development capabilities are improving efficiency across the health board.
- Weaknesses: Cross Border project has seen some challenges and delays, but actions and increased capacity now in place. Pathology results will be delivered by May 2025 (noting this is much wider than Powys). National policies that need to be reviewed by Welsh Government and Digital Health Care Wales means some targets are impacted. Recognise there are some gaps in digital confidence and training which can slow down the adoption of some of the digital solutions. The aim is to bridge the gap by introducing a recognised training function. Noted the corporate risk around local and national digital programmes (conflicting priorities and resource constraints) and are actively monitoring this.
- Opportunities: include developing a training function to improve digital capabilities; digital demand and capacity review that is fit for the future and focus on ensuring a single source of the truth through data consistency and consolidation.
- Threats: recognition of digital, as an enabler is putting an increasing demand for digital services and skills. Threat of some short-term funding models and ever evolving cyber threat.

What progress has been made on cross-border collaboration (England: Wales) and are there similar concerns in relation to the Welsh app?

CM advised that there had been some concerns in achieving the outcomes regarding cross border, but following escalation, there is now increased confidence to deliver on target by March 2025 (with one area that will be delivered a couple of months beyond that date). Development of the Welsh app is being centrally led. Powys colleagues are attending meetings in connection with this and will be participating in the roll out of the app.

Short term funding is identified as one of the key threats, in regard to the benefits anticipated when digital investment is put in place. Is there a process in place for tracking those benefits and ensuring that where there was an intention to make savings that would help fund the ongoing investment that process is in place?

VC detailed the local benefits efficiency framework, which is new, and needs embedding throughout programmes, noting the need to understand the benefit owners and feeding that back through the organisation.

CM outlined that it is intended to build in another six months into programme plans to allow sufficient time for evaluation.

The need for more digital experience and expertise is noted, is the organisation investing in the staff training to develop such expertise? Are we linking in with colleges to 'grow your own'?

CM noted work was in place to support staff and engagement with local organisations to empower and train people in technology and make those courses accessible to staff. Bringing a clinical voice into the digital team had helped embed these changes; and noted that uptake and delivery is key to success.

Connectivity between the Welsh and English system has been in the news since the evidence given to the Welsh Affairs Committee. Is it as simple as just Wales's system does not speak to the English system? Or is it because there are multiple providers in the English system, and it is necessary to try to find solutions across multiple providers? Would adopting one way be better?

VC described the different standards; noting that providers, whilst they might be on different systems, have worked on the same set of standards. Connectivity was not quite there yet in Wales, but the English systems have opened up to enable information flow and there is a need to ensure that the Health Board's digital architecture allows us connectivity in a safe and secure way.

The Board:

- Took **ASSURANCE** that arrangements are in place for continued delivery against the Digital Strategic Framework.
- **CONSIDERED** the updates in the Annual Report in relation to the first twelve months of delivery against the Digital Strategic Framework (DSF) and took **ASSURANCE** of the actions and workstreams undertaken to improve and upgrade the Digital Services offering as set out in the DSF.
- **NOTED** the key achievements and successful implementation of the Target Operating Model (TOM) following the S33 Tupe, and the implementation of the first UK NHS Federated Data Lakehouse.
- **NOTED** the structure realignment of Clinical Informatics to the Digital Directorate.

4.6 NURSE STAFFING ACT 2023/24 (PTHB/24/175)

CR introduced the annual update on the work, actions and processes in place to ensure the Health Board complies with the requirements of the Nurse Staffing Levels (Wales) Act 2016, for the period 2023/24. The following key items were raised:

- The Annual Report would ordinarily be brought to Board in September but had been delayed due to a number of unforeseen circumstances.
- The Nurse Staffing Act 2016 places a duty on all Health Boards to ensure that sufficient nurses are required to enable sensitive care for patients. The Act consists of 5 sections; with the Health Board's community wards falling under Section 25A.
- The designated person for the Health Board's nurse staffing levels agrees the required level of both registered nurses and healthcare support workers to be rostered on each shift.
- Annual ward establishment reviews take place with the model to be reviewed in 2025/26.
- Section 25 of the Act places a duty on the Health Board to have robust workforce plans to both recruit and retain nurses. The report contains a high-level summary of the work programmes and actions that support this.
- From 2022 to date, 25 internationally educated nurses have been recruited and placed in the Health Board's community hospitals.
- In Spring 2025, 6 internationally educated nurses will join Brecon hospital. Teams were thanked for welcoming colleagues and enabling them to settle into Wales.
- Nurse staffing levels in commissioned services are reviewed under the commissioning agreement

What progress has been by the Workforce Retention approach in supporting recruitment and retention?

DWL acknowledged that recruitment and retention is an essential element and HEIW have allocated funding to all Health Boards for a local lead, who has been in post for 6 months with an extensive plan across nursing and other professional groups. Over the past 6 months a 3% reduction in turnover rates has been seen; and the work taking place around culture and the importance of relationships between line management and staff.

What mechanisms are in place to identify compliance with the staffing levels set and how this relates to quality and safety for service users?

CR acknowledged that this a high-level report to provide assurance to the Board on the arrangements in place to monitor staffing levels. The relationship between staffing levels and quality and safety for services users is identified via investigation of concerns and complaints and will be subject to proactive triangulation during 2025/26.

Page 4 of the report, references compliance levels for data capture, within a range of 60 to 98%, which seems a significant variation. What the reasons for that and what does that mean in terms of data quality? What is being done to make that more consistent?

CR noted that the data on page 4 relates to safe care, which the organisation has not had for some time. There is some variation in relation to data reporting between teams and the service are working to increase consistency across all of the wards.

The system for monitoring compliance against the framework; does that go through to the PEQS Committee or is it an operational performance issue?

CR advised that when reviewing nurse staffing levels, it is necessary to consider a wide range of factors including ward environment, patient demographics and site responsibility. Staffing arrangement and compliance is reported through to the Executive Committee on an annual basis.

A brief discussion took place around the Board / Committee oversight of Nurse Staffing Levels. HB and CR would further consider the role of the Board and Patient Experience, Quality and Safety Committee in advance of future reports.

What support mechanisms are in place to assist Internationally Educated Nurses to settle in their new location and enable them to pass their Objective Structured Clinical Examination (OSCE)?

CR advised on the successful recruitment strategy for internationally educated nurses in Powys, focusing on attracting individuals who are interested in working in rural community settings. This approach has led to a high retention rate, with nurses settling in the area and staying long-term. The Health Board has learned from experience, improving support for new recruits. As a result, the latest group of nurses passed their OSCEs on their first attempt, which is an improvement over previous cohorts, demonstrating the success of ongoing learning and adaptation in the recruitment process. The Health Board have linked with the British India Nurses Association in terms of maximising opportunities for accessing support and the sharing learning with colleagues in other organisations.

On page 2 of the report, it details the various sections of the Act and that for the majority of wards Section 25A applies across the Board, but later in the report it says although the health board is not required to do Section 25B duties, the overarching principles and guidance are followed. When I look at Section 25B, there is a statement saying the health board is also required to inform patients of nurse staffing levels; do we do that and how is that done? Could you explain why that principle does not apply to us? Further questions will be submitted via email for a response.

Is the Health Board required to advise patients of Nurse Staffing Levels and if is this done?

CR confirmed that the Health Board are only required to advise patients of staffing levels on Section 25B wards which the Health Board do not operate. The Health Board are not secretive about nurse staffing levels; however, more could be done to communicate this information with patients.

The Board:

- **RECEIVED** the report and took **ASSURANCE** that the Health Board meets its statutory requirements under Section 25A of "The Act".
- **NOTED** the arrangements in place to ensure that Powys Teaching Health Board (PTHB) is meeting its requirement to consider outcomes for Powys patients receiving care from other providers, which may be affected by nurse staffing levels in commissioned services.

4.7 REPORT OF THE CHIEF OFFICER OF LLAIS (PTHB/24/176)

KB presented the Chief Officer's report to the Board and drew attention to the following matters:

- A Public forum had been held in Crickhowell; a roundtable discussion with representatives from the Health Board, the Local Authority, County Councillors and 40 members of the public. Outcomes will be shared once the report has been finalised.
- Stroke Services: Llais continue to raise at a national level the need for a co-ordinated understanding of the different pathways.
- Currently planning for 2025/26 with some operational changes to be implemented.
- Continuing to focus on Llais Local – listening to communities, which works well in Powys. KB will share this information once it has been finalised.
- In March, will be visiting the Ready to Go Home Units.

HT referred to the changes of stroke services of neighbouring health boards and noted how critical the strategic change which provides a summary of that work and look forward to working with Llais to understanding the map of complex pathways. HT asked KB if there are any particular key themes or analysis of concerns locally that Llais are aware of for the health board's attention?

KB advised that if there are any themes or any particular service concerns, Llais will share with Executive Directors and to date have a strong relationship with colleagues in arranging for these concerns to be acted upon.

The Board **NOTED** the report.

5. CONSENT AGENDA

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

- **FOR ASSURANCE:** Assurance Report of the Board's Joint Committees
- **FOR ASSURANCE:** Assurance Report of the Board's Partnership Arrangements
- **FOR ASSURANCE:** Board Work Programme
- **FOR INFORMATION:** Glossary

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/177)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/24/178)

The next meeting is scheduled for Wednesday 26 March 2025.

Meeting closed 14:40

The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"

PRESENT

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas	IT	Independent Member (General)
Chris Walsh	CW	Independent Member (Local Authority)
Kirsty Williams	KWi	Independent Member Vice-Chair (to 15.30)

Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
Mick Giannasi	MG	Independent Member (General)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
None		
7. CONFIDENTIAL MATTERS		
The following motion was passed:		
Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.		
7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/24/179)		
The Chair welcomed everyone to the meeting. No apologies for absence were received.		
7.2 DECLARATIONS OF INTEREST (PTHB IC/24/180)		
JOA declared an interest as a patient of the Rhayader Medical Centre and confirmed she would not contribute to item 7.4.		
7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS AND ACTION LOG (PTHB IC/24/181)		
The minutes of the In-Committee meeting held on 27 November 2025 were CONFIRMED as an accurate record.		
It was confirmed there were no outstanding Board In-Committee actions.		
7.4 INTEGRATED PLAN 2025-28 UPDATE (PTHB IC/24/182)		
Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and not in the public interest at this time. The final plan would be published at a future date.		
The Board:		
<ul style="list-style-type: none"> • NOTED the recap provided in relation to the Strategic Framework, based on the situational and baseline analyses considered at Planning, Partnerships and Population Health Committee in November and Board Development sessions in December 2024 and January 2025 • NOTED the updates provided in relation to the Draft Level 4 Escalation Framework, NHS Wales Planning Framework and Allocation Letter, Performance Framework, and associated correspondences • Took ASSURANCE on the plan development, noting the work to date and further work scheduled to ensure a Final Draft Plan is presented to Board for approval consideration and then onward submission to Welsh Government, at the end of March 2025 		

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- **RECOGNISED** that it is unlikely that the organisation will meet the statutory duty to break even over the three-year plan period and expectation of break-even year on year, this is subject to further planning that will be presented to the Board in March.
- **NOTED** that an Accountable Officer letter is required to be submitted to Welsh Government by 14 February 2025, this will advise that at this stage of planning the Health Board will be submitting an annual plan.

7.5 CHIEF EXECUTIVE UPDATE (PTHB IC/24/183)

Nothing further was added as all updates had been covered within agenda items.

7.6 FUTURE PROVISION OF GENERAL MEDICAL SERVICES AT RHAYADER MEDICAL PRACTICE (PTHB IC/24/184)

Rationale for item being held in private: Disclosure of the information would be likely to damage an organisation's commercial interests.

The Board:

- **AGREED** to procure the tender for a GMS contract for Rhayader Medical Practice through either an APMS or GMS contract arrangement.
- **NOTED** the proposed procurement timeline does not align to the current contract termination date agreed, and the contract will be extended with Dr MT until 30 September.
- **AGREED** for PTHB to prepare for a Health Board Managed Practice during the tender process, should a successful contract award not be determined.
- **NOTED** a patient engagement plan will be developed to provide assurance on the future delivery of general medical services to the Rhayader population, to be jointly considered between Llais and the Health Board.

7.7 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/185)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

The Board

- **REVIEWED** the **January 2025** Corporate Risk Register update in respect of In-Committee risks, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks
- Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

7.8 ANY OTHER BUSINESS (PTHB IC/24/186)

There was no other business.

Meeting closed 16:04

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Powys THB Finance Department Financial Performance Report Board

**Period 11 (February 2025)
FY 2024/25**

**Date Meeting: 26 March 2025
Item 4.1**

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 09 OF FY 2024/25
Approved & Presented by:	Pete Hopgood, Director of Finance, Estates & Support Services
Prepared by:	Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 19 March 2025
PURPOSE:	
This paper provides an update on the February (Month 11) Financial Position, including progress with savings delivery.	
RECOMMENDATION:	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the financial report and take ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. • NOTE that it is forecast that the Health Board will achieve the financial plan of a £15.8m deficit. However, the underlying deficit is assessed as £30.6m. 	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:		
• Focus on Wellbeing		✘
• Provide Early Help and Support		✘
• Tackle the Big Four		✘
• Enable Joined up Care		✘
• Develop Workforce Futures		✘
• Promote Innovative Environments		✘
• Put Digital First		✘
• Transforming in Partnership		✓
Health and Care Standards:		
• Staying Healthy		✘
• Safe Care		✘
• Effective Care		✘
• Dignified Care		✘
• Timely Care		✘
• Individual Care		✘
• Staff and Resources		✓
• Governance, Leadership & Accountability		✘

Approval/Assurance/Decision	Discussion	Information
✓	✓	

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-1,314	-826	↑
Reported Year To Date financial position – (deficit)/surplus	-14,457	-14,479	↑
Year end – (deficit)/surplus	-15,770	-15,770	→

Capital		
	Value £'000	Trend
Capital Resource Limit	14,326	↑
Reported Year to Date expenditure	7,743	→
Reported year end – (deficit)/surplus – Forecast	0	→

Following notification of additional WG funding allocations of £7.178m in Month 8, the Financial Plan for 2024/25 has been revised from a £22.948m deficit to a deficit £15.770m.

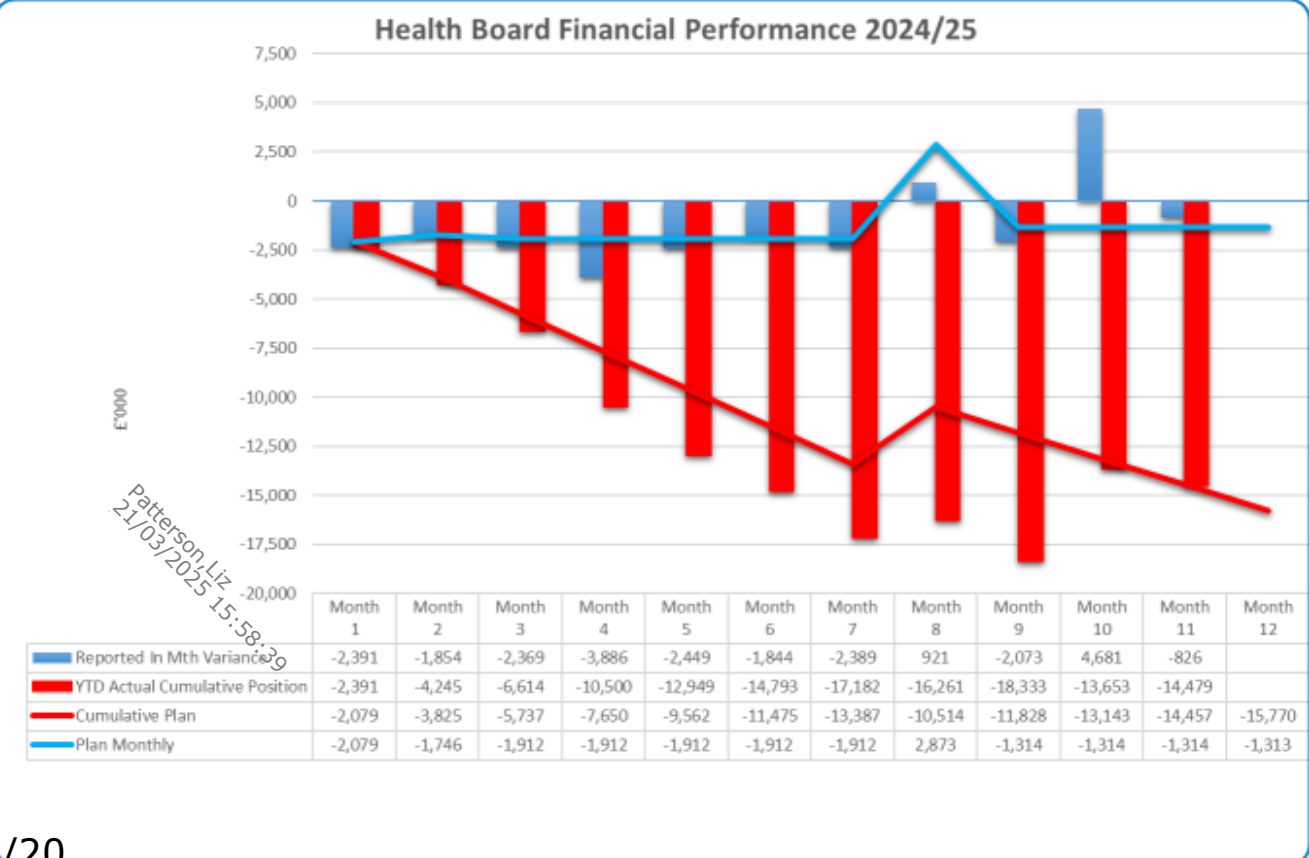
At month 11, there is a £14.479m overspend against the revised planned year to date deficit of £14.457m giving the Health Board an operational overspend of £0.022m.

The year end forecast remains in line with the adjusted Plan at £15.770m.

The capital resource limit for 2024/25 is £14.326m. To date £7.743m has been spent - £4.230m in Month 11. The work in progress, plans and action are in place to ensure that this is utilised in full. Robust project management arrangements are in place to maximise delivery.

DAY FIVE – summary report

- Commissioning is £1.5m YTD overspent at M11. The overspend is lower than previously due to WG allocations of £6.4m to support commissioned services.
- Agency expenditure of £0.735m in the month, which is higher than last month and at a similar level to the equivalent month in the prior year.
- CHC is overspent by £1.7m YTD in month 11. There are 348 packages of care, a net increase of 5 this month.
- Mental Health Private Provider forecast overspend has increased from £2.2m to £3.3m this month. This is subject to urgent focus. (New further info page 7)
- Pressures above have been offset due to increased slippage on Non recurrent funding and one-off accountancy gains.



Revenue Variance Position 2024/25

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(404,647)	(404,647)	0
02 - Capital Donations	(119)	(119)	0
03 - Other Income	(9,605)	(10,601)	(996)
Total Income	(414,371)	(415,367)	(996)
05 - Primary Care - (excluding Drugs)	45,520	43,821	(1,699)
06 - Primary care - Drugs & Appliances	35,024	32,647	(2,377)
07 - Provided services -Pay	104,947	107,277	2,331
08 - Provided Services - Non Pay	25,055	22,565	(2,490)
09 - Secondary care - Drugs	1,298	1,246	(53)
10 - Healthcare Services - Other NHS Bodies	168,422	169,920	1,498
12 - Continuing Care and FNC	30,080	31,826	1,747
13 - Other Private & Voluntary Sector	4,211	6,430	2,219
14 - Joint Financing & Other	9,402	9,243	(159)
15 - DEL Depreciation etc	4,735	4,735	0
16 - AMF Depreciation etc	136	136	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	428,828	429,846	1,017
Reported Position	14,458	14,479	21

At Month 11, there is a £14.479m overspend against the readvised planned deficit of £14.458m giving the Health Board a year-to-date operational overspend of £0.021m.

The most significant adverse variances are on:

- Continuing Care and FNC at £1.747m. The number of CHC packages has increased to 348, so a net increase of 5 patients in February.
- Provider Pay at £2.331m - driven by the use of agency, from both on and off contract suppliers running at a high rate.
- Other private and voluntary sector is overspent YTD by £2.219m. This is due to an increased number of acute mental health placements with private providers.
- Commissioning of Healthcare Services from other NHS Bodies is £1.498m overspent at M11.
 - This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

The pressures above have been partly offset due to reduced expenditure on Prescribing, Dental and other non-pay expenditure.

Health Board Provider Services

We are focused on this because:

This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget	Actual	Variance
03 - Other Income	0	0	0	0	(9,605)	(10,601)	(£996)
07 - Provided services -Pay	2,323	2,116	(207)	2,107	104,947	107,277	£2,331
08 - Provided Services - Non Pay	0	0	0	0	25,055	22,565	(£2,490)
Grand Total	2,323	2,116	(207)	2,107	£120,397	£119,241	(£1,156)
Directorate View							
Assistant Director Community Services	999	919	(80)	906	44,107	42,505	(£1,602)
Assistant Director MH/LD	503	414	(88)	410	23,437	28,026	£4,589
Assistant Director Women and Children	165	164	(1)	158	6,869	6,975	£106
Estates and Support Services	198	204	6	204	14,943	14,920	(£23)
Corporate and other Sevices	459	416	(43)	429	30,204	25,979	(£4,225)
Grand Total	2,323	2,116	(207)	2,107	£119,560	£118,404	(£1,156)

Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce, and associated premium spend.

Explanation of Performance

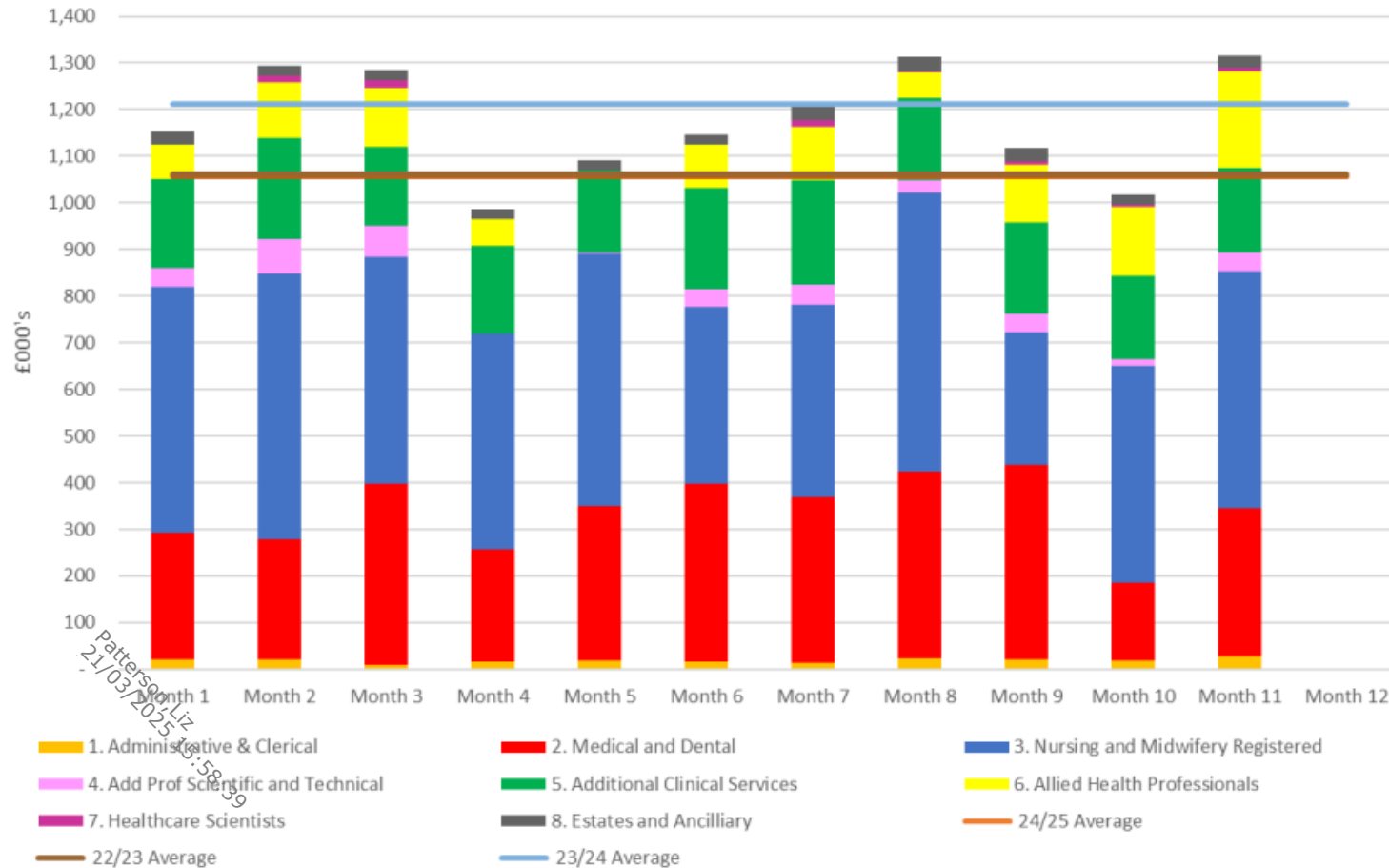
- The Month 11 YTD position is showing an underspend of £1.156m over these categories.
- The service with the largest overspend is Mental Health. This is predominately due to increased agency and locum expenditure and the underachievement of savings.
- Community services is underspent due to management of vacancies and slippage against non-recurrent funding received.
- Vacancies are running at 18% (88 WTE) for MH Services and 8% (80 WTE) for Community Services.
- Corporate and other Service are underspent. This is where accountancy gains of £2.4m are recorded. Plus, vacancies and slippage on investments.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Health Board Agency and Locum Spend

We are focused on this because:

Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).

Total Actual Variable Pay 2024/25 vs Previous Years



What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Performance and Actions

- Pay budgets are overspent by £2.331m against the year-to-date plan, due to the high level of vacancies.
- The chart opposite demonstrates in February variable pay is higher than prior months. It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as agency spend was on average 9.2% of total pay in Month 10, against the Wales average of 2.7%.
- The HB's Variable Pay Reduction group is implementing its action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to use of off-contract agencies.

Commissioning and Contracting

We are focused on this because:

Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

Status Update

Welsh LTAs for 2024/25 were agreed by the deadline of 30 June and the contract proposals from English providers are currently being negotiated. The variances against budget are based on the 10 months of activity information that has been received to date, with the exception of Shrewsbury and Telford Hospitals (SaTH), which is unable to report its activity (block contract agreed). Providers ability to deliver both core and recovery activity is variable and is monitored closely.

NHS Commissioning Variance to Date 2024/25

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	41,550	42,370	820
English Providers	70,992	71,297	306
JCC	50,927	51,234	307
Other NHS Providers	4,141	4,174	33
Mental Health (LTAs Only)	813	845	32
Total	168,422	169,920	1,498

Risks

- Capacity and performance of Adult Social Care services
- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

Performance

Expenditure is affected by system delays for patients (see next page), increased emergency activity and the pace of recovery of elective activity by provider organisations.

Additional funding of £5.7m for contracting with English NHS and £0.650m for specialist services (JCC) has helped mitigate the overspend this year.

Notable pressures:

- Cwm Taf Morgannwg Health Board is reporting a 19% increase in emergency activity (at Prince Charles Hospital in Merthyr Tydfil).
- Wye Valley Trust - significant increase in community hospital attendances; length of stay in hospital and emergency and elective admissions.
- JCC - the ICP approved on an All Wales consensual basis above financial plan allocation with assumption that further savings would be achieved.

Secondary Care and Community hospital delays

We are focused on this because:

The delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing an increasing pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
 - 5,782 days within Powys community hospitals related to Health processes and 15,004 days as a result of Social Care. Associated costs of £3.4m and £8.9m, respectively.
 - 5,363 days within English community and district general hospitals (DGHs) related to Health processes and 11,392 days as a result of Social Care. Associated costs of £1.7m and £3.7m, respectively.

Please note the days are costed at full cost to PtHB of £590 in Powys, £432 for a community hospital in England and £301 for an excess bed day in a DGH.

Gross Cost of Delays	Health		Social Care	
	YTD		YTD	
	Days	£m	Days	£m
PTHB Provider Delays	1,817	£1.1	8,017	£4.7
PTHB Provider Assessment Delays	3,965	£2.3	6,987	£4.1
Subtotal PTHB Provider	5,782	£3.4	15,004	£8.9
Shropshire Community Bed Delays	48	£0.0	483	£0.2
WWT Community Bed Delays	256	£0.1	1,448	£0.6
DGH Bed Delays	5,059	£1.5	9,461	£2.8
Subtotal English & Welsh Providers	5,363	£1.7	11,392	£3.7
Total Opportunity Cost (at full cost)	11,145	£5.1	26,396	£12.5

Performance and action:

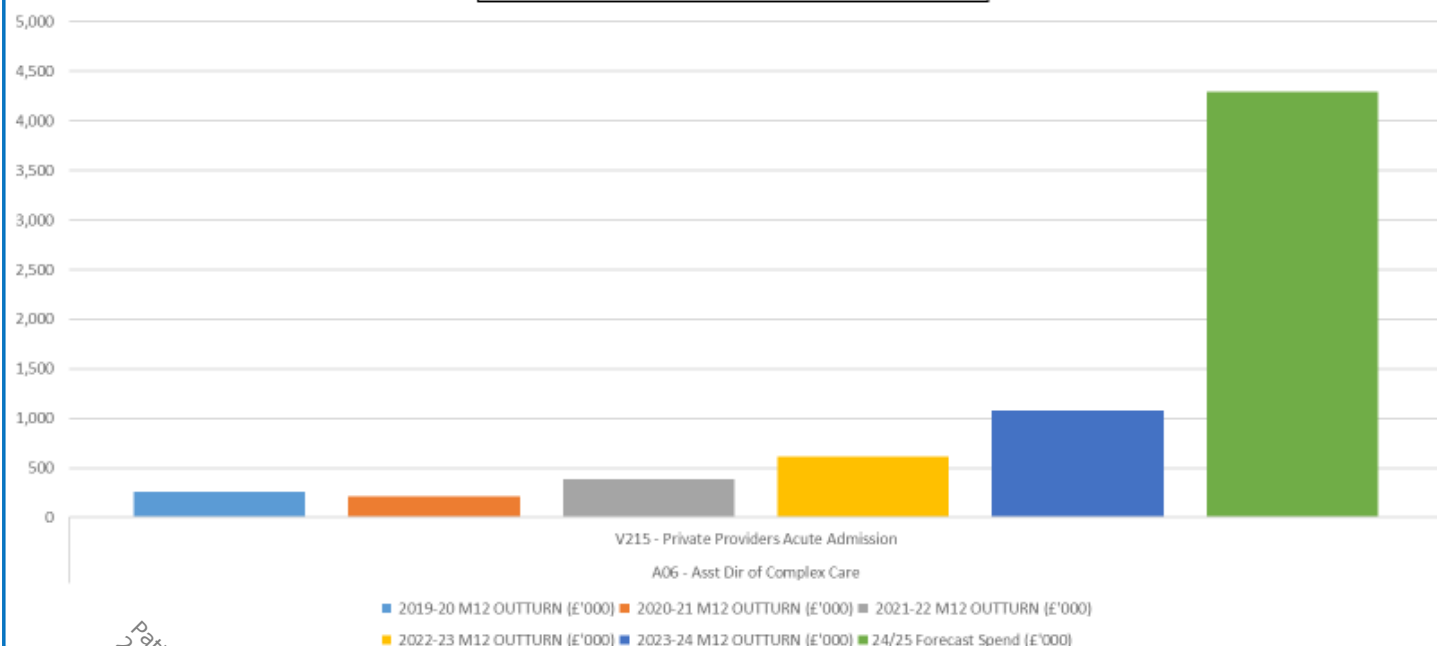
This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Health Board works in partnership with the Council to address the underlying issues.

Private Providers

We are focused on this because:

Commissioning of Private providers packages is an area of significant expenditure growth (price inflation and number of packages). Maintaining strong and transparent governance over Private providers processes is crucial for financial sustainability and relationships with our partners. **(previously this has been highlighted on the Commissioning and Contracting page, but due to increasing significance it has been drawn out separately)**

Private Provider Spend 19/20 - 24/25 Forecast



Performance and Action

The 2024/25 financial plan had provision for private provider inflation and growth.

As at month 11, there is an overspend of £3.937m on a budget of £0.925m. The number of open packages is 21 at the end of February.

The forecast spend of £4.3m is a significant increase on prior years.

Increase in demand has been experienced due to internal bed/ward closures on Velindre Wards earlier in the year. Pressures remain with limited acute capacity and no capacity for Psychiatric Intensive Care beds(PICU).

The level of patient acuity has not been seen since 2017. Prior to that, pressures were absorbed into the capacity of the other health boards that were providing services to PTHB.

What the table tells us

The table shows the significant growth in Private provider costs across all categories (mental health, learning disability,). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring Private provision , there is a risk the growth continues in 2024/25 above that planned for and beyond the levels that can be mitigated. There is a pressure on the weekly fees charged for packages of care.

Prescribing

We are focused on this because:

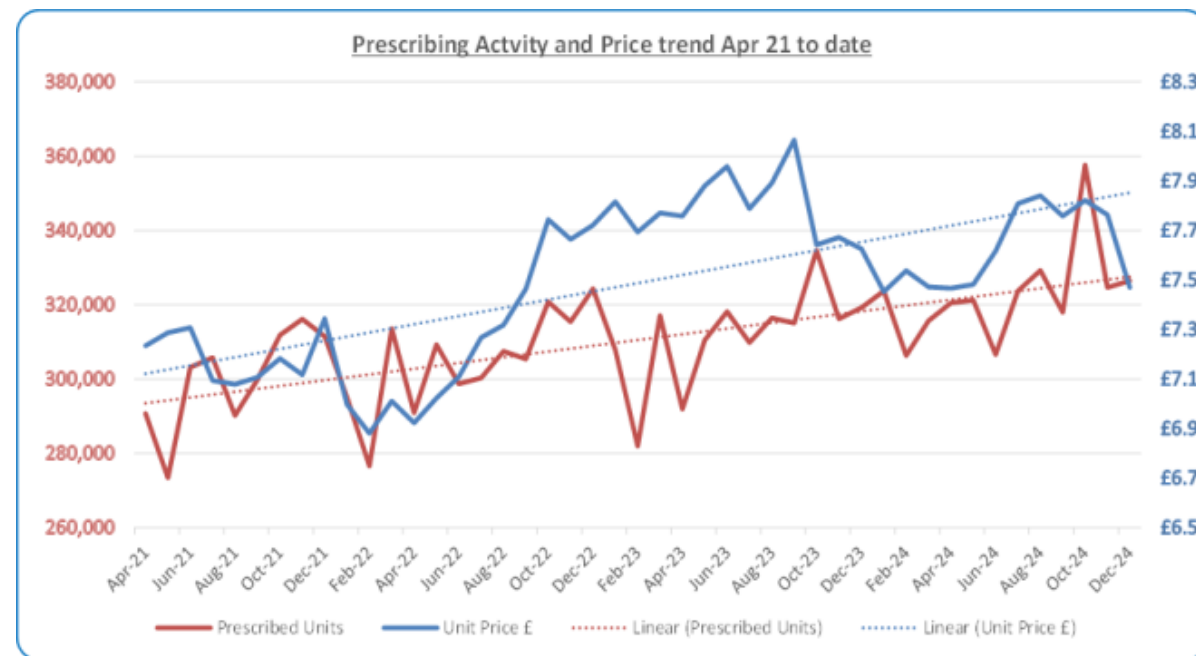
The costs of prescribing have risen significantly from April 2022. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued into FY24-25 which is driving a significant saving against budget in the M11 forecast.

Status Update

A forecast underspend of **-£1.63m** on 2024/25 budget of £31.1m (incl £1.1m saving target). Prescribing costs are reported 2 months in arrears. This is no change from the M10 forecast.

- YTD costs, M1-M9, are broadly in line with M1-M9 in 2023-24, 1.1% increase.
- Unit price decrease year on year of **-0.7%**.
- Reducing % in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate until Q4 when the full year effect of the Apixaban cost reduction is fully included.
- Prescribing activity year on year increase of 3.3%.

Prescribing cost increases	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25 (f'cast)
	£k	£k	£k	£k	£k
Prescribing Budget	22,320	23,182	24,694	28,959	31,161
Prescribing Annual costs	25,953	25,610	27,469	29,195	29,524
Yr on Yr % increase/decrease	4.4%	-1.3%	7.3%	6.3%	1.1%
Yr on Yr increase £ Total	1,086	-344	1,859	1,727	328
Yr on Yr increase £ Growth	-109	475	655	747	977
Yr on Yr increase £ Inflation	1,196	-819	1,204	980	-648



Risks & Challenges

- High proportion of dispensing practices: (38% of patients receive medicines from a dispensing practice; 79% of patients are registered with a dispensing practice)
- Access and control to prescribing data, audit participation, other services driving prescribing activity.
- Responsibilities for prescribing vs accountability for the prescribing budget.

Medicines Management savings performance and actions

- Schemes forecast to deliver £2.181m savings, an increase over target of £1.081m, but with inherent challenges in some schemes.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums, including the Value and Sustainability Board workstream

Continuing Healthcare

We are focused on this because:

Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages). Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Budget £'000	24/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast %
Children	£267	£151	£157	£296	£310	£339	£613	£303	97.5%
Learning Disabilities	£957	£1,568	£1,639	£2,461	£3,549	£3,925	£4,297	£748	21.1%
Mental Health	£7,344	£7,801	£10,611	£13,949	£16,201	£17,728	£19,771	£3,571	22.0%
Mid Locality	£981	£925	£1,635	£1,882	£2,123	£2,350	£2,249	£125	5.9%
North Locality	£1,365	£1,537	£2,098	£2,646	£3,475	£3,906	£3,883	£408	11.7%
South Locality	£1,495	£1,958	£1,853	£1,904	£1,955	£2,077	£1,634	(£321)	-16.4%
Grand Total	£12,410	£13,941	£17,994	£23,138	£27,613	£30,326	£32,446	£4,833	17.5%
Number of active clients	230	243	285	295	327	315	343	16	4.9%
D2RA				£696	£201	£0	£8	(£194)	-96.2%
FNC	£2,218	£2,095	£1,960	£2,131	£2,279	£2,489	£2,729	£450	19.7%
Total	£14,628	£16,035	£19,954	£25,966	£30,093	£32,814	£35,182	£5,088	16.9%

Performance and Action

The 2024/25 financial plan had provision for CHC inflation and assumed that the number of packages would remain consistent with the position in autumn 2024.

As at month 11, there is an overspend of £1.747m on year-to-date budget of £30.080m against Continuing Care and FNC. The number of CHC packages has increased by 5 in February to 348.

Across Wales, at Month 10, the forecast is for an 9.3% increase in costs in 2024/25 compared to 2023/24. It is 17.5% in Powys.

The CHC team is working with local care homes to simplify the fee rates and promptly review placements. It is responding to the opportunities identified by the national V&S Board.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2024/25 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

Health Board 2024/25 Savings Programme

We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

Targeted Area	(£ '000s)						
	In-year 2024/25					Recurrent for future years	
	24/25 Recurrent Savings Target	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Forecast FYE	FYE vrs Recurrent Target
2% Saving	970	3,352	0	3,352	2,382	923	-47
Continuing Health Care (CHC)	430	430	0	430	0	430	0
Commissioning	1,650	808	0	808	-842	810	-840
Community	1,180	1,268	0	1,268	88	1,177	(3)
Covid	1,250	1,236	0	1,236	-14	730	-520
Medicine Management	1,100	2,181	0	2,181	1,081	2,181	1,081
Mental Health	1,320	655	0	655	-665	0	-1,320
Commissioning - Delayed Transfer of Care Repatriation	750	434	0	434	-316	434	-316
Community - Discharge Support	1,250	176	0	176	-1,074	0	-1,250
Total	9,900	10,541	0	10,541	641	6,686	-3,214

What the table tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Risks

Timescales and capacity of teams to deliver the schemes.

WG Value & Sustainability Board

V&S Board Category	24/25 Recurrent Savings Target £'000
CHC	430
Medicines Management	1,100
Other - Commissioning	2,400
Other - Primary Care	0
Pathway	0
Procurement & Non-pay	3,470
Workforce	2,500
Grand Total	9,900

Performance and Actions

- As shown in the table £10.541m savings have been forecast in 2024/25, against the £9.9m target.
- The recurrent impact of saving schemes at £6.686m, is a shortfall of £3.214m against the £9.900m recurrent target. This has an adverse impact on the Health Board's underlying deficit.

Note: RAG rating is per WG's guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Risks and Opportunities

We are focused on this because:

The revised £15.770 deficit budget is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the revised £15.770m target deficit total.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Continuing Healthcare Prescribing	-200	Medium
Joint Commissioning Committee Performance	-500	Medium
Other Contract Performance	-200	Medium
Band 2 to 3 HCSW employment dispute	-400	High
Other Non Pay	Not Quantified	Medium
	-200	Medium
Total	-1,500	

Opportunity	£ '000	Likelihood
Commissioning - reduced activity than forecast	500	Low
Continuing Healthcare - Winter Impact	250	Medium
Core	100	Medium
Prescribing - Drug Price Reduction	500	Medium
Total	1,350	

Risks

At this stage of the financial year, the magnitude of risks is reduced.

- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan and Forecast.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.500m.
- There is a potential risk of circa £0.400m for the Health Board relating to the level of activity undertaken by our providers, compare to Forecast.

2024/25 Financial Forecast and associated Underlying Deficit

We are focused on this because:

Currently, the financial forecast for 2024/25 is to achieve the readvised financial plan of £15.8m deficit budget. However, the underlying deficit is greater than had been planned for and has grown in comparison to 2023/24.

1. In March 2024, when the financial plan for a £25m deficit was approved, it was acknowledged that it was challenging, but reflected the ambitions of the Board and was based upon clear, robust assumptions.
2. In May 2024, the financial plan was improved to £23m based upon the identification of two specific further actions to seek funding for the Ready To Go Home units from the RIF and to prioritise the repatriation of patients in Herefordshire and Shropshire.
3. In November 2024, the financial plan was improved to £15.8m following the notification of additional funding allocations of £7.2m from Welsh Government to be applied to the planned deficit.
4. Based upon the financial position at Month 11, the Health Board is forecast to achieve the financial plan.
5. The underlying deficit of the organisation has been re-evaluated. Due to non-recurrent funding and actions to defer and constrain expenditure, which are non-recurrent in nature, the underlying deficit is assessed at £30.6m. This is a deterioration compared to £26.9m reported at the end of 2023/24. It will be kept under review.

Summary & Key Messages

1. At month 11, PTHB is reporting a £14.479m deficit. This comprises the profiled revised planned deficit £14.458m, with an operational overspend of £0.022m. This position has been supported by additional one-off funding from Welsh Government amounting to £6.4m.
2. Following the additional allocations of £7.178m in Month 8, there is a revised plan for 2024/25, which aims to achieve a deficit £15.770m. Due to a combination of additional funding and actions to reduce and defer expenditure it is forecast that the Health Board will achieve its financial plan.
3. The Health Board's planned underlying position has been revised to £30.6m. This is a deterioration compared to £26.9m reported at the end of 2023/24.
4. Other financial matters:
 - The Health Board has a £14.326m capital allocation, which it will manage within. As highlighted on Page 1, capital expenditure in the first 11 months is relatively low with work in progress, plans and action in place to utilise the allocation in full. This will be closely monitored.
 - Due to the £15.8m revised forecast financial deficit, the THB has requested Strategic Cash of £10m to meet its obligations to suppliers and staff.
 - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices. By number, the YTD performance is 93.5%.

Powys THB Finance Department Financial Performance Report – Appendices

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21/03/2025 15:58:39



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13th March 2025.

MMR Narrative



MMR Tables

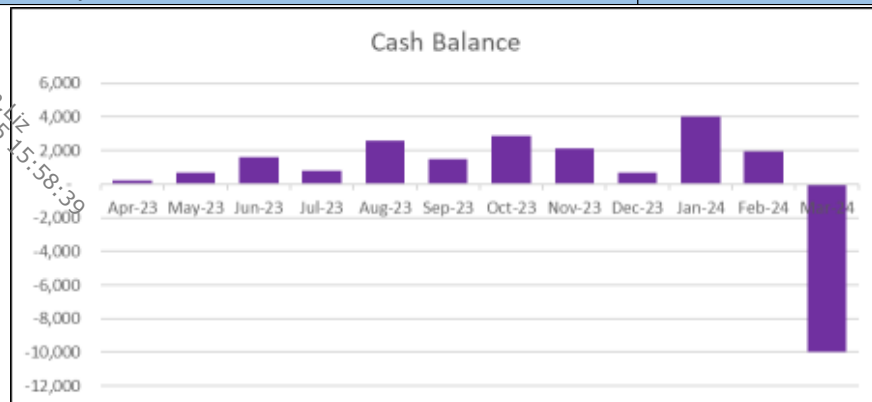


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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 28th February 2025
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.978	1.256	1.219
EFAB Infrastructure	0.304	0.304	0.041
EFAB Fire	1.208	1.113	0.403
Replacement Roofing, Bronllys Hospital	0.216	0.128	0.128
Diagnostic Equipment 2024-25	1.700	1.700	1.075
Backlog Maintenance 2024-25 - Uandrinodod Wells	3.000	2.905	0.986
DPIF - RISP	0.214	0.214	0.162
DPIF - Electronic Prescribing and Medicines Administration (0.198	0.198	0.107
Decarbonisation Programme	3.624	3.624	2.871
Year End Funding - October 2024	1.028	1.028	0.360
Diagnostic and Medical Equipment 2024-25	0.100	0.100	0.000
Digital Equipment - December - 2024-25	0.391	0.391	0.391
Year End Funding - January 2025	0.188	0.188	0.000
Year End Funding - February 2025	0.300	0.300	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
IFRS16 Leases - Tranche 2	0.610	0.610	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	14.236	14.236	7.743

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	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OPENING CASH BALANCE	215	201	663	1,577	783	2,559	1,465	2,845	2,092	682	3,998	1,927
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	40,899	35,800	38,570	37,129	27,394
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(232)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	57	4	969	308	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	500	4,464	7,639
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	681	425	887	817	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	567	700	671	703	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,570	37,676	42,354	39,926	41,445	43,189	39,141
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,781	2,779	3,287	4,457	3,000
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,087	319	607	626	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	3,022	1,561	1,484	1,430	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	407	494	449	334	0
Non Cash Limited Payments	86	130	152	135	134	118	117	137	116	90	140	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,557	10,953	9,567	9,696	9,750
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	24,655	23,752	21,731	24,347	31,145
Capital Payment	0	111	83	63	48	62	410	461	1,362	914	4,230	6,623
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	36,664	36,296	43,107	41,336	38,129	45,260	51,068
NET CASH FLOW IN MONTH	(14)	462	914	(794)	1,776	(1,094)	1,380	(753)	(1,410)	3,316	(2,071)	(11,927)
Balance c/f	201	663	1,577	783	2,559	1,465	2,845	2,092	682	3,998	1,927	(10,000)



Due to the £15.8m revised forecast financial deficit, the THB will require Strategic Cash to meet its obligations to suppliers and staff. An Accountable Officer letter has been sent formally requesting Strategic Cash support.

Core Financial Plan Year 1 2024/25

Financial Plan	(£m)
Underlying Deficit	25.4
Inflationary Pressures	11.7
Demand / Service Growth	5.7
Net Effect of Allocation Adjustments and COVID	-10.0
Mitigating Actions	-9.9
Additional Funding from Welsh Government	-7.2
TOTAL DEFICIT	15.8

The original 2024/25 Financial Plan was a deficit of £24.9m.

The Health Board was asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit.

Submission of supplementary papers and associated Minimum Data Set on 31 May 2024 revised the deficit financial plan to £22.9m, after £2.0m of additional savings were identified.

There is a range of significant risks to be managed.

Following the additional allocations of £7.178m in Month 8, the 2024/25 Financial Plan has been revised further. It aims to achieve a deficit £15.770m.

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